



We, Belgian doctors and health professionals, would like to express our serious concerns in this way, in connection with the state of affairs in 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 the mandatory implementation of the corona measures.

We call for the policy debate on corona to revisit the purpose that the measures should serve: improving our public health, physically, mentally and emotionally.

We argue that the measures to get the coronavirus under control are disproportionate and cause more damage than they do well.

There is no longer any medical ground to justify this policy: we therefore argue for an immediate end to all measures.

We demand a restoration of our normal democratic governance and legal structures and an open debate, where all experts are discussed without any form of censorship.

‘A solution should not be worse than the disease’ is a proposition that is more topical than ever in the current situation. However, we note in the field that the collateral damage that is now being caused to the population will have more impact in all layers of the population in the short and long term than the number of corona victims that are now being protected.

The current corona measures and the strict penalties for non-compliance are, in our opinion, contrary to the values formulated by the Belgian Superior Health Council, which until recently as a health authority has always monitored quality medicine in our country: “Science – Expertise – Quality – Impartiality – Independence – Transparency. ”

We believe that the policy has introduced mandatory measures, which are not sufficiently scientifically founded, are unilaterally steered, and that there is insufficient room in the media for an open debate in which different views and opinions are heard. Moreover, every municipality and province is now also given the power to add its own measures, whether well-founded or not.

Moreover, the strict repressive policy on corona is in stark contrast to the hitherto minimal policy that the government pursues when it comes to disease prevention, strengthening the own immune system through a healthy lifestyle, optimal care with attention for the individual and investment in healthcare personnel.

The concept of health

Anjana Dev

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 ailments." ³

So health 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, in 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.

Current global measures taken to combat SARS-CoV-2 violate this vision of health and human rights to a great extent. The measures include the mandatory wearing of a mouth mask (also in the open air and during sports activities, and in some municipalities even when there are no other people in the vicinity), physical distancing, social isolation, mandatory quarantine for some groups and hygiene measures.

The predicted pandemic with millions of deaths

Sangsan Saenjit

At the start of the pandemic, the measures were understandable and widely supported, even though their implementation differed with the countries around us.

The World Health Organisation originally predicted a pandemic that would claim 3.4% casualties, that is, millions of deaths, and a highly contagious virus for which no treatment or vaccine was available.

This would put unprecedented pressure on the ICUs (intensive Care Units) of our hospitals.

This has led to a global alarm, unprecedented in human history: “flatten the curve” was proposed by means of 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

A new photography book, *Informal Portraits of This Time* by photographer JJWaller out now. The Brighton photographer used the brief exercise time allowed him by government restrictions to photographed more than 100 individuals and families from behind windows, doors, and balconies.

Along the way, many sources sounded the alarm: the objective facts showed something completely different.

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 up 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 yields many false positives, showed an exponential picture.

This test was rushed through with an urgent procedure and was never seriously tested itself. The maker explicitly warned that this test was intended for research and not for diagnostics.

The PCR test works with cycles of amplification of genetic material – a piece of genome is enlarged each time. Any contamination (eg other viruses, debris of old virus genome) can possibly test false positive.

The test therefore does not measure how many viruses are present in the sample. A real virus infection means a massive presence of viruses, the so-called virus load. If the test is positive in someone, it does not mean that that person is actually clinically infected, is ill or will 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.

Lockdowns

Daniel Thomas

If we compare the contagion waves of countries with strict lockdown policies with countries that did not (Sweden, Iceland...), we see similar curves. There is therefore no connection between the imposed lockdown and the course of the infection.

Lockdown did not lead to a lower mortality.

If we look at the date of application of the imposed lockdowns, we see that it was set after the peak had already passed and was falling. The decrease was therefore not the effect of the measures taken.

As every year, it seems rather climatic conditions (weather, temperature and humidity) and growing immunity, which reduce the wave of infection.

Our immune system

Kuba Ryniewicz

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

The entry of these microorganisms is prevented by an advanced defense mechanism – the immune system. A strong immune system is based on normal daily exposure to these microbial influences. Over hygienic measures have a detrimental effect on our immunity.

Only people with a weak or defective immune system should be protected by applying extensive hygiene or social distancing.

In the fall, influenza will re-emerge (in combination with covid-19) and a possible decrease in natural resilience could lead to even more victims.

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

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

If they do attach themselves, macrophages can ensure that the microorganisms are 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 the humoral immunity (IgM and IgG antibodies produced by the B cells).

Recent research has shown that both systems are highly intertwined

It turns out that most people already have innate or general immunity to eg influenza and other viruses.

This is confirmed by the findings on the cruise ship Diamond Princess, which was quarantined for some 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% turned out not to be infected. So even in this risk group, the majority are resistant to the virus.

A study in the journal Cell shows that most people neutralize the coronavirus through mucosal (IgA) and cellular immunity (T cells), while experiencing few or no symptoms. The researchers found up to 60% SARS-Cov-2 reactivity with CD4 + T cells in a population of uninfected individuals, suggesting cross-reactions with other cold (corona) viruses.

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 takes up a relatively small part of our defense. This may explain why with an antibody percentage of 5-10% there may already be group immunity.

The efficacy of vaccines is evaluated for whether or not they contain 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 exposed pillar: healthy, complete nutrition, exercise in fresh air – without mouth mask, stress reduction and nourishing emotional and social contacts.

Effects of social isolation on physical and mental health

A new photography book, *Informal Portraits of This Time* by Brighton photographer JJ Waller examines what it meant to be living in lockdown.

Social isolation and the economic damage has led to an increase in depression, anxiety, suicides, intra-family violence and child abuse.

Studies have shown that the more social and emotional connections people have, the more resistant they are to viruses. It seems much more that the isolation and quarantine have deadly consequences.

The isolation measures have also led to physical inactivity in many elderly people and the mandatory stay indoors. This while just enough exercise has a positive effect on cognitive functioning, reducing depressive complaints and anxiety and improving physical health, energy level, well-being and in general the quality of life.

Anxiety, persistent stress, and social distancing-induced loneliness have been proven to have a negative impact on mental and general health.

**An extremely contagious virus with millions of deaths
without any treatment?**

Stephen Jess

Mortality turned out to be many times lower than expected and approached that of a regular seasonal flu (0.2%).

The number of registered corona deaths therefore still seems overestimated.

There is a difference between death from corona and death from corona. People often carry multiple viruses and potentially pathogenic bacteria at the same time.

Considering that most people who developed severe symptoms suffered from concomitant pathology, it cannot be concluded that corona infection was the cause of death. This was often not taken into account in the statistics.

The most vulnerable groups can be clearly described . The vast majority of the deceased patients were 80 years or older. The majority (70%) of those who died, under the age of 70, had an underlying condition such as cardiovascular disease, diabetes mellitus, a chronic lung disease or obesity.

The vast majority of the infected persons (> 98%) did not or hardly became ill or recovered spontaneously.

Meanwhile, affordable, safe, and effective therapy is available for those who do show severe disease symptoms in the form of HCQ (hydroxychloroquine), zinc and AZT (azithromycin). When applied quickly, it leads to a cure and often prevents hospitalization. Hardly anyone needs to die now.

This effective therapy has been confirmed by the clinical experience of colleagues in the field with impressive results. This is in stark contrast to the theoretical criticism (insufficient substantiation by double-blind studies) that in some countries (eg the Netherlands) has even led to the prohibition to use this therapy.

A meta-analysis in *The Lancet*, which failed to demonstrate an effect of HCQ, was withdrawn. The primary data sources used were found to be unreliable and two of the three authors had conflicts of interest. Most guidelines based on this study, however, remained unchanged ...

We have serious questions about this state of affairs.

In the US, a group of physicians in the field who see patients every day have united in “America’s Frontline Doctors” and gave a press conference that has already been viewed millions of times.

The French Prof Didier Raoult of the Institut d’infectiologie de Marseille (IHU) also presented this promising combination therapy in April.

Dutch GP Rob Elens, who cured many patients in his practice with the above combination, calls on colleagues in a petition for freedom from therapy.

The definitive evidence comes from the epidemiological follow-up in Switzerland: death rates compared with and without this therapy. ²³

From the poignant media images of the ARDS (acute respiratory distress syndrome) where people in agony choked and were ventilated, we now know that this was caused by an exaggerated immune response with intravascular coagulation in the lung blood vessels. Administration of blood thinners and dexamethasone and the avoidance of artificial respiration, which turned out to lead to additional damage to the lung tissue, means that this dreaded complication virtually no longer leads to death. ⁴⁷

So there is no question of a killer virus, but an easily treatable condition.

Spread

Alys Tomlinson

Spread occurs through droplet infection (only in sick people who cough or sneeze) and aerosols in closed, unventilated spaces. Contamination is therefore not possible in the open air.

Contact tracing and epidemiological research have shown that healthy persons (or positively tested asymptomatic carriers) are virtually unable to transmit the virus . Healthy people do not endanger each other.

Transfer via objects (eg money, groceries or shopping carts) has not been scientifically proven.

All this seriously questions the whole policy of social distancing and mandatory face masks for healthy persons – there is no scientific basis for this.

Mouth masks

Stephen Jess

Mouth masks belong in contacts with proven risk groups or people with upper respiratory complaints and in a medical context / hospital-RVT setting. They reduce the risk of droplet infection from sneezing / coughing.

Mouth masks in healthy individuals are ineffective against the spread of viral infections.

Wearing a mouth mask is not without side effects.

Oxygen deficiency occurs fairly quickly (headache, nausea, fatigue, concentration drops), an effect comparable to altitude sickness. Every day we now see patients who complain of headaches, sinus problems, respiratory problems and hyperventilation due to wearing mouth masks.

In addition, the accumulated CO₂ leads to a toxic acidification of the organism that affects our immunity. Some experts even warn against increased transmission of the virus if used improperly. ³⁴

Our Labor legislation (Codex 6) speaks of a CO₂ content (ventilation in workplaces) of 900ppm, maximum 1200 ppm in special circumstances. This toxic limit is well exceeded after one minute of wearing a mask to values three to four times these maximum values.

Whoever wears a mask is therefore in an extremely poorly ventilated room!

The improper use of mouth masks without an extensive medical cardio-pulmonary test record is therefore not recommended by recognized safety specialists for employees.

Hospitals have a sterile environment in their operating rooms where the staff wears masks and there is an accurate regulation of air humidity / temperature with adapted monitored oxygen flow to compensate for this, and therefore meet strict safety standards.

A second wave of Corona?

Sephen Jess. Creative Boom.

In Belgium there is now talk of a second wave, with the consequent tightening of measures once again. However, a closer examination of the figures of Sciensano, (latest report of September 3, 2020) [37](#), we find that an increase in the number of infections was observed since mid-July, but that there was no increase at that time in hospital admissions and deaths.

It is therefore not a second wave of corona, but a so-called “case chemistry” due to an increased number of tests.

In recent weeks, the number of hospital admissions and deaths has increased slightly for a short while (and has since leveled off again), but in interpreting this we have to take into account the past heat wave.

Moreover, the vast majority of the victims are still in the population group 75 years old and older.

This indicates that the proportion of the measures taken towards the working population and young people is out of proportion with the intended objectives.

The vast majority of the positively tested “infected” persons are in the age category of the active population, who develop no to limited symptoms due to a properly functioning immune system.

So nothing has changed – the peak is over.

Reinforcement of a prevention policy

The corona measures are a striking contrast to the minimal policy that the government pursues to date, when it comes to well-founded measures with proven health benefits such as a sugar tax, ban on (e-) cigarettes and making healthy food financially attractive and widely accessible.

It is a missed opportunity for a better prevention policy that could have brought about a change of mentality in all layers of the population with clear results in the field of public health. Currently only 3% of the health care budget goes to prevention.

The Hippocratic Oath

Brendon Barry

As doctors, we took the Hippocratic Oath:

“Above all else, I will take care of 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”, first, do no harm, assumed by every physician and health professional, is undermined by current measures and by the prospect of the possible introduction of a generalized vaccine that has not undergone extensive preliminary testing.

Vaccine

Sarah King. Wellington Times.

Overview studies on influenza vaccinations show that in 10 years we have only succeeded three times in developing a vaccine that achieved an efficiency of over 50%. The vaccination of our elderly appears to be inefficient. Above 75 years the efficiency is almost non-existent.

Due to the continuous natural mutation of viruses, as we also observe every year with the influenza virus, a vaccine is at most a temporary solution that requires new vaccines each time afterwards. An untested vaccine, which is undergoing an urgent procedure and for which manufacturers have already obtained legal immunity against possible harm, raises serious questions.

We do not wish to use our patients as guinea pigs.

Globally, 700,000 claims or deaths are expected as a result of the vaccine.

If 95% of people experience Covid-19 virtually without symptoms, the risk of exposure to an untested vaccine is irresponsible.

The role of the media and the official communication plan

*Alexis and David Brett with nine of their sons and baby daughter. ©
Peter Jolly / Northpix*

In recent months, newspaper, radio and TV makers seemed to follow the “panel of experts” and the government almost uncritically, where the press should be critical and unilateral government communication should be prevented.

This 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 present news as objectively and neutrally as possible, aimed at finding the truth and critically controlling power, whereby dissenting experts are also given a forum to express themselves.

This vision is supported by the code for journalism.

The official story that a lockdown was necessary, that this was the only possible solution, and that everyone was behind this lockdown made it difficult for dissenters and experts to air a different opinion.

Alternative opinions were ignored or ridiculed. We have not seen any open debates in the media where dissenters could express their views.

We have also been amazed by the many videos and articles by many scientific experts and authorities, which were and are being removed from social media.

We believe that this does not fit in a free, democratic constitutional state, especially since it leads to tunnel vision. This policy also paralyzes and feeds the fear and concern in society. In this context, we reject the intention to censure dissenters in the European Union!

The way COVID-19 has been portrayed by politics and media has also not helped the situation.

War terms were popular and warlike language was not lacking. There has often been talk of a 'war' with an 'invisible enemy' who must be 'defeated'.

The use in the media of phrases like "frontline care heroes" and "victims of Corona" has further fueled fear, as has the idea that we are dealing with a "killer virus" globally.

The relentless bombardment of numbers, unleashed on the population day after day, hour after hour, without indicating those numbers, without comparing them with flu deaths in other years, without comparing them with deaths from other causes, has induced true anxiety psychosis in the population.

This is not information, but manipulation.

We regret the role of the World Health Organisation (WHO) in this, which has called on the information disclosure (ie all dissenting opinions from the official discourse, also by dissenting experts) to be silenced by an unprecedented censorship in the media.

We urge the media to still take their responsibility here!

We demand an open debate where all experts are heard.

Emergency law versus Human Rights



New Atlas

The general principle of Good Governance requires weighing up the proportionality of government decisions in the light of the Higher Legal Standards: any government interference must be in accordance with the fundamental rights as protected in the European Convention on Human Rights (ECHR).

Government interference is only allowed in crisis circumstances. 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 for private and family life, freedom of thought, conscience and religion, freedom of expression, and freedom of assembly and association, right to education etc., and must therefore comply with fundamental rights as protected in the European Convention on Human Rights (ECHR).

For example, interference in the right to private and family life in accordance with Article 8, § 2 ECHR is only permitted if the measures are necessary in the interests of the country's security, public security, the economic well-being of the country, the protection of the public order and the prevention of criminal offenses, 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 clear, foreseeable enough and proportionate to the objectives pursued.

The predicted pandemic of millions of deaths seemed to respond to these crisis conditions, leading to the establishment of an emergency government.

Now that it appears that there is no emergency, the condition that it is impossible to act differently (no time to thoroughly evaluate if there is an emergency) is no

longer present.

Covid-19 is not a killer virus, but a treatable disease with a mortality comparable to a seasonal flu. In other words, there is no longer an insurmountable obstacle to public health.

There is no emergency Except the Immense Damage from Current Policy



London Soho district during there Pandemic of Coronavirus April 23. 2020. Copyright Ki Price

An open discussion about corona measures means that, in addition to the life years gained by corona patients, we must also consider other factors that influence the health of the total population. This includes damage in the psychosocial domain (increase in depression, anxiety, suicides, domestic violence and child abuse) and the economic damage.

If we take this collateral damage into account, the current policy is disproportionate, the proverbial shooting at a mosquito with a cannon.

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

As doctors and health professionals, we can only reject these extremely disproportionate measures for a virus that approaches seasonal flu in terms of harmfulness, mortality and transmissibility.

- **We therefore request an immediate termination of all measures.**

- **We question the legitimacy of the current advisory experts, who meet behind closed doors.**
- **We ask that an independent committee investigate extensively why all freedom-restricting measures are maintained, while the figures and scientific data have meanwhile clearly shown that there is no medical reason to maintain this for one more day.**
- **We request an in-depth investigation into the role of WHO and the possible influence of conflicts of interest in this organization. WHO was also at the basis of the systematic censoring of all dissenting opinions in the media. This is unacceptable for a democratic constitutional state.**

Distribution of this letter

We want to make a public appeal to our professional associations and fellow healthcare providers to comment on the current measures.

We draw attention to and call for an open discussion, in which care providers are allowed and dare to speak out.

With this open letter, we send out the signal that to remain on the same footing does more damage than good. We call on politicians to be independently and critically informed.

Occasional clumsiness in the English wording of this letter can be attributed to the translation algorithm.

Feature image: Sankar Ghose, : The Great Isolation.

The original of this letter including footnotes can be found at the Docs 4 Open Debate site [here](#).

AUSTRALIA'S INDEPENDENT NEWS SITES



September 19, 2020

blog

A Sense of Place Magazine, Belgian doctors, Covid-19, lockdown backlash, lockdown protests, lockdowns, Open letter Belgian doctors

Previous post

Next post

Your email address will not be published. Required fields are marked *

Comment

Name *

Email *

Website

Post Comment

- » [Home](#)
- » [Contact & About](#)
- » [Publishing Services](#)
- » [Search Millions of Books](#)
- » [Main Site](#)
- » [AUSTRALIAN INDEPENDENT NEWS SITES](#)

Select Month ▼

Become a patron

* indicates required

Email Address *

First Name

Last Name

Subscribe



Search form

