

The great COVID-19 pandemic: How the district of Schwaz in Tyrol was saved by BioNTech

Right at the beginning of my work as Full Professor of Biochemical Pharmacology at the Medical Faculty of the Leopold Franzens University in Innsbruck in the spring of 1984, I was confronted with certain peculiarities of my new environment that I was not familiar with from my work in the USA or Germany. Highly educated (local) friends helped me to get closer to the local soul by quoting from Thomas Bernhard's "Old Masters" for hours at night or giving me one or two literary treasures. Among them was Jörg Mauthe's "*Die große Hitze: Oder die Errettung Österreichs durch den Legationsrat Dr. Tuzzi*". I couldn't help but think of this book (the association with mining tunnels, silver below Mariazell and the "under- and abysses of the civil service state" was a given) when I came across the *European model region* of the Schwaz district with its unique vaccination campaign in the course of my research. I was looking for a region with roughly the same population as the island of Guernsey. Although the district of Schwaz has a third more inhabitants than the island, this does not affect the following considerations. The district of Schwaz even managed to be mentioned in the *New York Times*, and rightly so. After all, this was the first region in Europe, according to the authors (Paetzold *et al.* [10.1038/s41467-022-28233-8](https://doi.org/10.1038/s41467-022-28233-8)), where between March 11 and 16, 2021 (first injection) and between April 8 and 11, 2021 (second injection) over 70% of the adult population was provided with potentially lethal (author's references) transfecting mod-mRNA (packaged in LNPs, lipid nanoparticles) from BioNTech. A total of 42,807 people took part - 11,955 of them in a prospective observational cohort study (REDUCE). In REDUCE (Tschiderer *et al.* [10.1016/j.isci.2022.105380](https://doi.org/10.1016/j.isci.2022.105380)), the title "*rapid vaccination*" escalated to "*ultra-rapid rollout vaccination*". The results of the first publication (Figure 1) are impressive. One might think that - analogous to the title of Jörg Mauthe's book cited above - speculation could be made about the salvation of the Schwaz district from the COVID-19 epidemic by BioNTech. Malicious tongues suggested that injections of isotonic saline solution, combined with fewer and fewer PCR tests every week, could lead to a similar result.

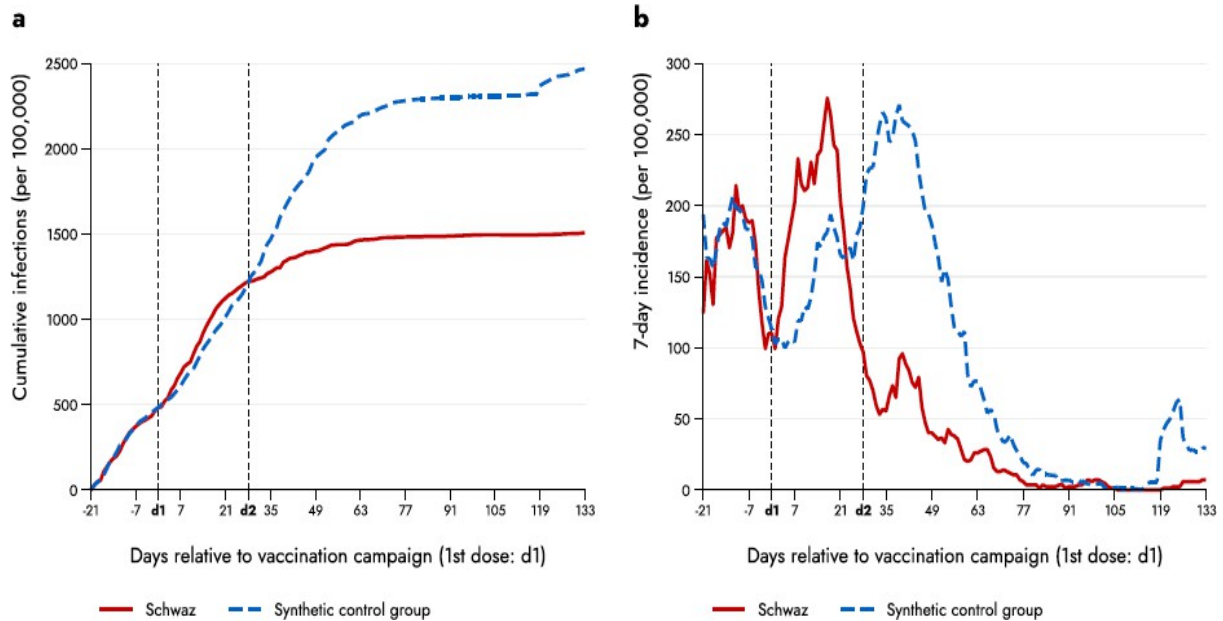


Figure 1: Figure 2 from Paetzold et al. *Nature Communications* (2022) 13:612; original caption: Daily infections of Schwaz versus synthetic control group. (a) depicts cumulative daily infections (per 100,000) for Schwaz (solid red line) and the synthetic control group (dashed blue line). (b) shows the 7-day incidence (per 100,000) for Schwaz (solid red line) and the synthetic control group (dashed blue line). The chosen donors include Hartberg-Fürstenfeld (24.1%), Hermagor (10.6%), Liezen (0.5%), Reutte (63.8%) and Steyr Stadt (1.1%). The horizontal axis indicates the number of days relative to vaccination campaign (dose 1, indicated by "d1"). The pre-treatment period started 21 days (three weeks) before the first dose, the post-treatment period ended 133 days (19 weeks) after the first dose. The vertical dashed lines represent the first dose (d1) and the second dose (d2) administered in the vaccination campaign.

In a press release from the Tyrolean state government, *Tiroler Landeszeitung* "Amtliche Mitteilung/Oktober 2021", experts from Innsbruck Medical University (including a co-author of the REDUCE study) clarified the "myths and facts" about the COVID-19 vaccination. I therefore wrote four "public distancing statements" (in addition to other communications), which were sent to those responsible (including all members of parliament). Reaction: zero. As a pharmacist who worked for many years on the Innsbruck Ethics Committee and had to deal with the risk-benefit assessment of experimental medicinal products in the interests of the Tyrolean population, the statement "with a Covid vaccination, serious side effects [must] be expected very rarely, in 1 in 100,000 vaccinations. Normal vaccination reactions usually pass after a few days" was provocative and deserved to be checked.

The narrative conveyed and publicly proclaimed by university medical staff ("safe and effective" - against severe progression) very probably persuaded many to accept the "game changer" (analogous to

lockdowns, FFP2 masks, exclusion of "unvaccinated" people from public life) recommended mod-mRNA injections.

The comparison of COVID-19 activities in Austria using the example of Schwaz with the rescue from the great heat described by Jörg Mauthe must end here - because the book makes you smile. The reality experienced (characterized by Gun- ter Frank in ISBN 978-39822771-4-1 as "The State Crime") surpasses the wildest fantasies and makes the blood freeze in the veins. Let's turn to Guernsey:

The leading cardiologist on the island of Guernsey, Dr. Dean Patterson (FRCP), writes to Charlie Massey, CEO of the General Medical Board, on February 19, 2024, reporting cardiac side effects as a result of the injections disguised as "vaccinations".

In the first part of the letter, Dean Patterson declares his explicit support for Dr. Aseem Malhotra, who is to be stripped of his license to practice. Patterson vehemently opposes this disciplinary measure. ([Wikipedia link](#)), writes: "*Aseem Malhotra is a controversial British cardiologist,^[1] health campaigner,^[2] author, and, contrary to public health consensus, an anti-mRNA vaccine activist.^[3] He contends that people should reduce sugar in their diet,^[4] adopt a low-carb and high-fat diet,^[5] and reduce their use of prescription drugs [...]*". Malhotra is one of many doctors and scientists who defied the official narrative that the injections disguised as "vaccinations" were "*safe and effective*". Interestingly, he belongs to the group who converted from Saul to Paul. He describes his conversion due to the unexpected death of his father in [10.4102/jir.v5i1.71](#).

Let's let Dr. Dean Patterson (in excerpts) have his say [translated with DeepL Pro and only linguistically improved]:

"For the last 18 years I have been a partner, consultant cardiologist and GP at the Medical Specialist Group and the Princess Elizabeth Hospital in Guernsey, which has a population of 63,000. I am proud to say that we provide a purely consultant service here, which results in an exceptional continuity of care compared to the NHS, where several levels of doctors work in shifts to care for patients. In my personal experience, the COVID-19 vaccine here in Guernsey has caused me unbearable concern for patient safety. In my 33 years as a doctor, I have never seen a therapeutic intervention cause such harm. In 2021, I lost a patient aged 42 to myocarditis. In 2022, a 63-year-old fit woman died of myocarditis one month after her booster vaccination, after she had been

had developed shortness of breath within a week of the injection. In addition, I personally cared for a 20-year-old man with severe myocarditis that developed within 24 hours of his second Pfizer vaccination. In the first year of launch, I diagnosed 20 patients with myocarditis and 15 cases of pericarditis, including one death (42-year-old male) and another who required an ICD (79-year-old male). In the 16 years prior to that, I diagnosed an average of 2-3 cases of myocarditis per year, with severe cases limited to one (case) every 3-4 years. The UK ONS [Office for National Statistics] data for England and Wales shows 250 hospital admissions for myocarditis over 10 years. This equates to 2 cases per 10 years for Guernsey. In the first year of the vaccine introduction we had 10 hospital admissions for myocarditis. In the second year of the introduction of the vaccine I have seen a further 18 cases of myocarditis, including the death of the 63 year old woman mentioned above.

I have also noticed an increase in cases of heart failure and acute myocardial infarction. I am currently reviewing the ambulatory ECG data as I believe the burden of arrhythmias has increased. It is unbelievable :- the side effects are not limited to those just described, as the number of strokes has doubled since the introduction of COVID-19 vaccines. The number of thromboembolic diseases has also increased overall."

Conclusion

If one assumes that the district of Schwaz is roughly comparable to Guernsey in terms of population, one could conclude that the local cardiologists must have noticed something similar. Based on the existing literature, it can be estimated that between 0.1% and 1% of the population before the COVID-19 pandemic "rescued" - i.e. around 40 to 400 people have experienced or are experiencing cardiac side effects. It is rightly doubtful whether an equivalent of Dr. Dean Patterson will come forward in this country. The molecular mechanisms of cardiac side effects are only partially understood. Cationic lipids of the LNPs that activate caspases, contamination with endotoxin (which accumulates with the DNA plasmids), direct toxic effect of the Wuhan spike protein via TLR-4 or cell fusion (via ACE-2) with subsequent apoptosis or senescence could play a role.

Since, despite all the "cancel culture", professional bans and censorship, it can no longer be concealed that there are side effects (including myocardial ones), one recognizes

now a kind of forward strategy: yes, there are side effects - but the benefits are much greater (Faksova *et al.* [10.1016/j.vaccine.2024.01.100](https://doi.org/10.1016/j.vaccine.2024.01.100)). Or: yes, the cationic lipids (of the LNPs) are a problem, but we certainly have better solutions for the future (Bitounis *et al.* [10.1038/s41573-023-00859-3](https://doi.org/10.1038/s41573-023-00859-3)).

Horse and rider?

On February 26, 2024, Senator Ron Johnson hosted a roundtable in the US Senate entitled " *Federal Health Agencies and the COVID Cartel: What are They Hiding?* " From the approximately four-hour hearing, contributions from Kevin McKernan, Del Bigtree, Dr. Brian Hooker, Barbara Loe Fisher, Jason Christoff and Dr. Ryan Cole can be recommended. Examples of censorship, coercion of governments (Romania) and cover-ups of side effects by health authorities are cited. Since this is happening worldwide, the question arises as to the powers that organize and control the entire COVID-19 campaign to this day. Insights are provided by Tucker Carlson's interview with Mike Benz on February 16, 2024: "*The National Security State & the Inversion of Democracy*". According to Mike Benz: "U.S. military, CIA, NATO, Atlantic Council, Aspen Institute and EU institutions.". According to Mike Benz, the EU is to bring X (formerly Twitter) in particular to its knees (as this is not possible in the USA due to the constitution) by means of the DSA (Digital Services Act).

An impressive list of horses - the only question is who the riders are...

Em. O. Prof. Dr. med. Hartmut Glossmann

Institute of Biochemical Pharmacology

Medical University of Innsbruck

