

CONCERNED GHANAIA DOCTORS,

10TH JANUARY, 2022.

H.E. THE PRESIDENT OF THE REPUBLIC OF GHANA,
OFFICE OF THE PRESIDENT,
JUBILEE HOUSE,
ACCRA.

Your excellency,

**PETITION TO RESCIND VACCINE MANDATES IN PUBLIC AND
PRIVATE INSTITUTIONS ACROSS THE NATION.**

Over the past 2 years the world has been embroiled over a fight against the COVID-19 pandemic employing many measures, protocols and tactics. This pandemic seems to have fostered an appearance of global unity and sense of community in an attempt to win this battle. Being a novel virus, many of these measures, protocols and tactics have been, at best, educated guesses at fighting a virus of which we are still learning. Vaccines have been touted as our most recent and best tool at winning this war. However, we disagree with the strategy of banking all our hopes on these vaccines and directly or indirectly coercing Ghanaians to go for inoculations against this novel coronavirus disease which, as previously stated, we are still learning about. We, as Concerned Ghanaian Doctors, are writing to you requesting all forms of mandates across the country requiring proof of vaccination with COVID-19 vaccines be rescinded with immediate effect and a pause in the vaccine roll out.

We as physicians, pledged to consecrate our lives to the service of humanity, practicing our profession with conscience and dignity with the health of our patients our first consideration. Indeed, we are to uphold the principle of *primum non nocere*, first do no harm. As Ghanaians also, we pledged ourselves to the service of Ghana, to boldly defend the cause of freedom and of right, to cherish fearless honesty, resisting oppressor's rule. We cannot in good conscience stand by and watch the lives of innocent Ghanaians be gambled away, and their basic freedoms and rights of health abused.

Before the roll out of any vaccine programme, there are three (3) major concerns that must be addressed. Namely the necessity, the efficacy and the safety of the vaccine. Looking at the available data and research concerning this pandemic and these novel vaccines, it is clear, at least to us, that these vaccines are not necessary, neither are they effective nor safe.

NECESSITY

As of the 5th of January 2022, there had been 148,079 total cases of COVID-19 with 13,576 active cases, 1,313 deaths associated with COVID-19, 45 severe and 8 critical cases. These numbers amount to an infection fatality rate of 0.89% with 0.39% of active cases being severe or critical cases.

At first glance these numbers do not seem to adequately portray this pandemic with quite a number of Ghanaians who trust in the media seeing this disease to be a death sentence. It is worth noting that the majority of deaths are in individuals above 65 years with multiple serious co-morbidities, in a country with a life expectancy of 64 years.

Also, case fatality rate is probably much lower if you consider the fact that most people are not testing (both symptomatic and asymptomatic) which underestimates the denominator and probably exaggerates the case fatality rate. Seriously ill people and those who eventually die will most likely seek medical care in hospital and be tested, so the likelihood of people dying from COVID-19 outside hospital is probably low.

Moreover, significant effort is not being made to differentiate those who die *with COVID-19* (i.e. those who die from other causes but tested positive for COVID-19 shortly before their death) from those who die *from COVID-19* (those for whom COVID-19 is the primary cause of death). Making that distinction would probably reduce the number of COVID-19 deaths reducing the infection fatality rate even further. A seroprevalence study from a town in Japan shows more people in the community have antibodies to COVID-19, **396 to 858-fold** more than confirmed cases with PCR testing.(1).

Furthermore, the reliability of PCR tests for diagnosing COVID-19 has always been in question since the beginning of the pandemic. The technique of PCR was never meant for diagnoses but to provide enough genetic material for culture. There have been issues with false positives, concerns with what cycle threshold should be used among many others throughout this period of the

pandemic. The WHO formulated a retraction implying that the RT_PCR may be flawed and potentially invalid (2). The CDC's decision to revoke emergency use authorization for the RT-PCR test for COVID-19 in favour of a multiplexed method that can facilitate the detection and differentiation of SARS-CoV-2 and influenza viruses has cast further doubts on these already questionable tests. (3).

Acquired immunity after recovery from infection, commonly referred to as natural immunity, has been largely ignored and even in some circles treated as conspiracy theory. For decades in the history of immunology, full recovery from viral infections (provided one has an intact immune system without any comorbidities affecting immunity) confers some form of immunity against the disease caused by those viruses, almost always better than any vaccine. That knowledge seems to have been thrown away with COVID-19. This truth is supported by an Israel study published in September 2021 which showed that individuals who recovered from COVID-19 were 13 times more protected than individuals who had been fully vaccinated with the Pfizer vaccine (14 days after the second dose) (4).

In addition to the above, many cheap, freely available medications have been shown in many studies by physicians all over the world to mitigate the effects of COVID-19. Almost all of these pre-existing medications which have shown promise in initial studies have been demonized, and in some cases ignored for no substantive reason. Hydroxychloroquine, ivermectin, azithromycin and others have always been known to be relatively safe. Some of these medications have been used for decades and are considered some of the safest medication in the history of mankind. Yet, almost all of a sudden, where COVID-19 is concerned, they've suddenly become dangerous medications.

If there is safe, effective, affordable, freely available early treatment for COVID-19, vaccines are no longer a priority. It doesn't take a genius to recognize the financial benefit of pharmaceutical companies in demonizing potential early, effective treatments. If these medications do work, that's wonderful in the human race's fight against COVID-19. However, they are practicably placebos if they don't work. Why the suppression and demonizing of these early treatments then, if the concern is health?

Considering all these, wouldn't it be prudent to pause and ask ourselves whether these novel vaccines are necessary in the first place? Especially where the

young and healthy are concerned. It should be noted that we are an expansive population with majority of our citizens young and vibrant.

EFFICACY

During the early days of the pandemic, the general sentiment was to hold on for a vaccine to come and save the day. We were told that these vaccines were our only way out of this pandemic, providing immunity against infection, preventing severe/critical disease, hospitalizations and death. Over time, however, all these have been shown to be false assertions.

These vaccines do not prevent infections or spread. Recent studies show that the vaccinated are becoming more relevant in the spread of COVID-19. Many studies show outbreaks within fully vaccinated populations. Other studies show vaccinated populations as sources for outbreaks (5) (6) (7) (8) (9). Over the last few months of 2021, the assertion that these COVID vaccines reduce the risk of hospitalization and death has been shown to be inaccurate as well. There are examples of this in other parts of the world. In the state of Vermont, USA, it has been shown that 79% of deaths in September 2021 were among fully vaccinated individuals (10).

Over the month of September last year in the UK, approximately 79% of COVID deaths were among fully vaccinated individuals as well (11). There are even schools of thought that theorize that the vaccinated are the main drivers of the pandemic (12) (13). Reports from some colleagues at one of the nation's leading COVID-19 treatment centre show that of the 25 patients that were on admission from the 13th of December 2021 to 3rd January 2022, 20 of them were vaccinated. Currently, out of the 8 patients who are on admission, 6 are fully vaccinated.

Are these vaccines really preventing transmission and spread? Many of the highly vaccinated countries are experiencing rising cases. In fact, 4 of the 5 most vaccinated countries are experiencing COVID-19 surges. Other studies also show that vaccination levels are unrelated to COVID-19 rates. In other words, higher vaccination rates do not equal to less cases and less deaths (14)

SAFETY

Many safety issues have been raised all over the world with these new vaccines, most of which were developed under a year. With no reliable Ghanaian database of adverse events to the COVID-19 vaccines, we had no option than to refer to foreign databases namely the United states' and WHO's databases.

Individually, as physicians, we have also personally seen many patients who develop known side -effects of these vaccines within days to weeks of going for these jabs. Some of these include facial paralysis from Bell's palsy, infarctive strokes, thrombotic phenomena (blood clots), myocarditis, visual disturbances among others.

However, there have been 20,622 deaths associated with COVID-19 vaccines as according to the United States' VAERS database as of 17th December 2021. Most recent available update as at the writing of this letter shows a total of 1,017,001 reports of adverse events from all age groups following COVID-19 vaccines, including 21,382 deaths and 166,606 serious injuries between Dec. 14, 2020, and Dec. 31, 2021 (15).

WHO's Vigiaccess reports 2,873,250 adverse reactions to COVID-19 vaccines as of 31st December 2021. The American VAERS has been shown to capture only about 1% of all adverse events. WHO's Vigiaccess shows that adverse drug reactions reported in connection to COVID-19 vaccines are about double all other adverse drug reactions of other drugs and vaccines combined, though these other drugs and vaccines predate COVID-19 vaccines by decades.

There have been reports of myocarditis and other cardiac issues especially among young men who have taken the vaccine (16) (17).

Although some may suggest that these adverse events are rare, they are still significant enough to the point where these vaccines cannot be in good conscience declared to be safe. Vaccine adverse reaction have also been over the years been shown to be grossly under reported.

HOW FEASIBLE IS OUR VACCINATION ROLL OUT PLAN AND WHAT ARE THE IMPLICATIONS CONSIDERING ALL THE INFORMATION PRESENTED ABOVE?

As previously stated, recent studies, cited above, show that vaccination levels are not related to COVID-19 case numbers. In other words, higher vaccination rates do not equal to less cases and less deaths. Countries like Israel and UK are typical examples of this. These countries have very high vaccination rates, currently deploying booster programmes, yet they are struggling to get the virus under control especially with these new variants.

Assuming as a country we are to vaccinate more than 50% of our population, are we going to continue with perpetual boosters every 3 to 6 months in an attempt

to maintain vaccine induced immunity for this disease? Where then is the end point when these vaccines do not stop infection or the spread of COVID-19? Is this financially feasible for us as a nation?

Again, as previously stated, contrary to the mainstream belief, some experts believe that vaccinated individuals may be the ones responsible for the emergence of these new, more infectious variants rather than the unvaccinated (13).

A vaccine that generates antibodies against the original strain, but does not prevent infection and spread, selects for variants by allowing mutants which are not affected by vaccine generated antibodies to spread and become dominant. Viruses mutate and we are going to continue to have mutants especially with these vaccines that are relatively ineffective at stopping spread of the virus. Perpetual vaccination with boosters is simply not a feasible strategy.

OUR RECOMMENDATIONS

Ghana and Africa at large should be expected to lead the whole world in the fight against COVID-19. Why do we say this? All the relevant metrics show that Ghana and Africa at large have done better than most of the world with respect to the pandemic even before the advent of these vaccines. It is possible the rest of the world are rather to learn from us.

We may well be on our way to herd immunity, if we are not there already. Per our cultural practices, it is not practical to expect Ghanaians to do away with social physical contact. Many Ghanaians have probably recovered from mild or asymptomatic disease and developed acquired immunity. A seroprevalence study in a lorry station in Accra, yet to be published, showed about 70% of the samples collected had antibodies to COVID-19 probably after recovery from the virus.

Per your dietary advice during the early days of the pandemic, Mr. President, many Ghanaians may have strengthened their immune systems after eating more of our local dishes and fruits which tend to be high in vitamins, minerals and other micronutrients. Further research into locally made remedies and treatments for COVID-19 should at least be considered

The treatment guidelines that the Ghana Health Service put together for the treatment of COVID-19 seem to have really been effective, enabling most of the peripheral hospitals to treat COVID-19 positive cases except those that may need

ICU care. Other cheap and safe treatment options like ivermectin, fluvoxamine and adjuncts like thiamine, methylprednisolone etc. should also be looked into.

Mr. President, as concerned Ghanaian doctors, we advise that the government quit the roll out of these vaccines whose risks, per the data and studies we have shown, far outweigh any potential benefits.

We hope our request, which has been made based on scientific evidence and a desire to see life and liberty preserved, is granted.

Thank you.

Yours faithfully,



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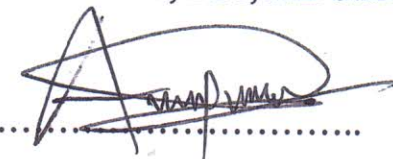
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