

# News from the Front Lines

Switzerland stops the COVID vaccines, Spike protein kills brain cells, AAPS updates, Twitter at war with Substack.



**Robert W Malone MD, MS** ✓

Apr 8

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# REPORT 24

*<Note: Switzerland, a non-aligned nation (not NATO, EU, or BRICS) is generally considered the global hub of the pharmaceutical industry. The Government of Switzerland coming out with this position is a clear recognition that objective scientific analysis of the risk/benefit ratio of COVID-19 “vaccines” does not justify “vaccination” in any cohort. Note that the Swiss position is that physicians can prescribe, but will need to carry the risk of liability in the case of adverse events - the exact opposite position of the US HHS position. This clearly demonstrates that this issue has become politicized in the USA, and that the objectivity of HHS decision making has been compromised. This decision is based in part on the widespread natural immunity which has developed in Switzerland, something which was long denied by the US Government, US corporate media and US information technology (social media) companies and their NGO surrogates.>*

**Machine translated from the original German**

By Vanessa Renner: [vanessa.renner@report24.news](mailto:vanessa.renner@report24.news)

April 07, 2023

## **Bang: Switzerland withdraws all Covid vaccination recommendations**

**Switzerland stops the Covid vaccinations: all vaccination recommendations have been withdrawn, doctors can only administer the controversial vaccines in individual cases under**

**certain conditions - but then bear the risk of liability for vaccination damage. When will countries like Germany and Austria follow this example?**

The Federal Office of Public Health (BAG) and the Federal Commission for Vaccination Issues (EKIF) stated in their vaccination recommendation (as of April 3rd, 2023) ([to be found on this website](#)):

In principle, the FOPH and EKIF will not formulate a recommendation for vaccination against Covid-19 in spring/summer 2023 due to the expected low virus circulation and the high level of immunity in the population.

Vaccination is only possible in individual cases – namely:

Vaccination is possible for people who are particularly at risk (BGP)  $\geq 16$  years of age if the attending physician considers it to be medically indicated in the respective epidemiological situation in the individual case, a temporarily increased protection against serious illness is to be expected and the last vaccination dose at least 6 months ago.

However, no vaccination recommendation for risk patients is explicitly given here.

In the following, it will be discussed that the effectiveness of vaccinations against current variants is reduced and short-lived – especially for people who are at risk. The adaptation of the mRNA vaccine could not keep up with the development of the variants. The recommendations of the BAG could change if there is a new wave of outbreaks, but even then, according to the document, vaccinations are no longer recommended for people under the age of 65.

**No positive risk-benefit ratio**

The remarks on “Adverse Vaccination Symptoms” (UIE) are also piquant:

According to the current state of knowledge, the risk of severe UIE with a recommended vaccination is much lower than the risk of a complication from Covid-19, against which the vaccination protects. The benefit of the vaccination administered according to the recommendation therefore outweighs the possible risks.

In the case of the valid non-recommendation, this essentially means that there is no longer a positive benefit-risk ratio for any Covid vaccination.

**Liability: the federal government is out, doctors have a duty**

The new recommendations also have consequences for liability. This is what the BAG document on the Covid vaccination strategy (as of November 29th, 2022) says:

Compensation by the federal government to injured persons for vaccination damage can only be considered for vaccinations if they were officially recommended or ordered (see Art. 64 EpG).

However, the federal government only stepped in if the damage was not covered by the vaccine manufacturer, the person vaccinating or an insurance company. The person vaccinating – i.e. generally the doctor – can be held liable if he has breached his duty of care. In this context, it is pointed out that the same rules regarding patient information apply to the Covid vaccination as to all other vaccinations.

The fact is, however, that very few doctors are likely to have informed their patients correctly about all the risks and side effects and the limited effectiveness of the Covid vaccinations. The off-label use of vaccines (not unusual for Covid vaccinations, for example the bivalent mRNA

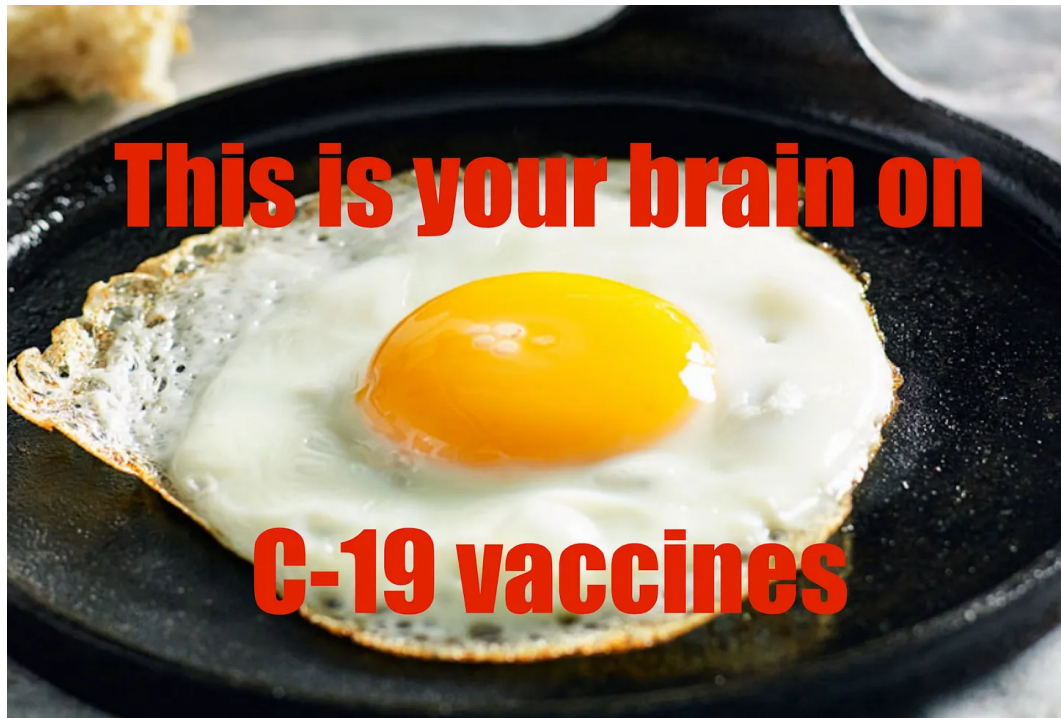
vaccines in Switzerland are not approved as first vaccinations, not as a booster for people under the age of 18 and not as a fifth vaccination) must be discussed become. For doctors, the justification of vaccinations is becoming more difficult due to the changed recommendations, according to a BAG document on liability issues:

If the doctor treating you bases his/her choice or prescription on the vaccination recommendations of the BAG, he/she can prove that he/she has observed the recognized rules of medical and pharmaceutical sciences and has therefore complied with the duty of care under the law on medicinal products.

The "[Weltwoche](#)" reports that from now on the doctors have to be liable for the vaccination - which should probably decrease their willingness to vaccinate significantly.

*<And then there is this article from the same Swiss source, Report 24. Those paying attention may recall that I was perhaps the first to raise the alarm that the SARS-CoV-2 Spike protein is a toxin and that it interacts with the brain, a statement for which I was repeatedly attacked for spreading false information by a wide variety of media including various "factchecker" organizations which (falsely) asserted that the SARS-CoV-2 Spike protein used in the vaccines had been modified to make it non-toxic. Are those organizations now liable for the damage incurred when patients accepted the COVID-19 genetic vaccines which caused their bodies to make high levels of Spike protein due to their suppression of scientific information required for true informed consent?>*

I guess Nancy Regan was right after all. Drugs kill brain cells. Only different drugs than she was thinking of. Specifically the drugs that the FDA and CDC call safe and effective "vaccines" which deliver SARS-CoV-2 Spike protein into your body. [This is your brain on C-19 vaccines.](#)



[German study: Spike proteins from viruses and vaccines cause brain cells to die](#)

By Heinz Steiner

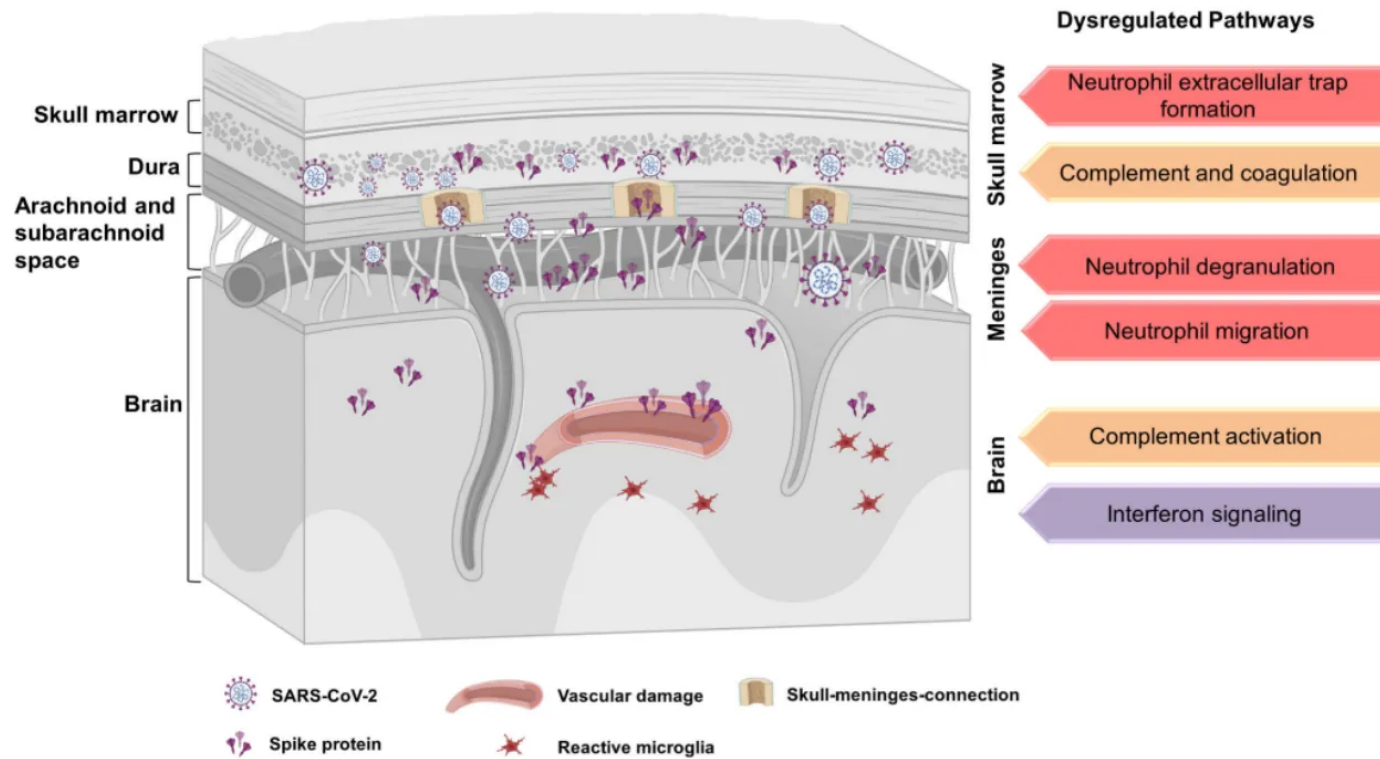
08 April 2023

A recently published German study indicates that the spike proteins from Covid-19 and the Covid vaccines cause brain cell death. Repeated vaccinations seem to be counterproductive in this respect. This can result in permanent brain damage.

How dangerous are the SARS-CoV-2 spike proteins really? In view of more and more critical study results, the question arises as to whether the ongoing injections with the gene syringes,

which also contain these spike proteins, are not just incredibly dangerous. This is also shown by the BioRxIV pre-print study [SARS-CoV-2 Spike Protein Accumulation in the Skull-MeningesBrain Axis: Potential Implications for Long-Term NeurologicalComplications in post-COVID-19](#), which examines the effects of these proteins on the brain. It says:

Our results showed accumulation of spike protein in the cranial medulla, meninges and brain parenchyma. Injection of the spike protein alone resulted in cell death in the brain, indicating a direct effect on brain tissue. We observed the presence of spike protein in the skulls of deceased individuals long after their COVID-19 infection, suggesting that spike protein persistence may contribute to long-term neurological symptoms.



Of all the SARS-CoV-2 virus proteins, only the spike protein was detected in the brain parenchyma. "This suggests that the spike protein might have a long lifespan in the body. This notion is supported by the observation that spike protein can be detected on patients' immune cells for more than a year after infection - a recently published preprint suggests that spike protein can be detected in plasma samples up to 12 months after of the diagnosis persists." And further: "Injection of Spike protein induced a wide range of proteomic changes in the cranial cord, meninges and brain, including proteins associated with coronavirus disease, the complement and coagulation cascades, neutrophilic degranulation, the formation of NETs and



the PI3K-AKT signaling pathway, demonstrating the immunogenicity of the SARS-CoV-2 spike protein in the absence of other viral components."

The researchers further report: "Our molecular analysis suggests an activation of the immune response in the craniocerebral axis, possibly through the recruitment and increase in activity of neutrophils, similar to what has been reported for the respiratory tract." Furthermore, the viral proteins would act as an inflammatory stimulus, triggering a "significant immune response in the brain". The study also states: "Proteins associated with neurodegeneration and damage to the blood-brain barrier were the most dysregulated molecules in the brain. The viral spike protein leads to the activation of RHOA, which triggers the disruption of the blood-brain barrier".

That is why there are mini infarcts in the brain parenchyma and an increased number of microbleeds in Covid patients (vaccinated people, who are also contaminated with large amounts of spike proteins, were obviously not examined by the scientists). This work proves that the spike protein of the SARS-CoV2 and Covid-19 mRNA vaccine enters the skull marrow, meninges and brain parenchyma. The spike protein also breaks through the blood-brain barrier. Spike protein alone causes cell death in the brain, activates complement and coagulation pathways leading to blood clots, mini-infarcts and cerebral hemorrhage, causes inflammation and local changes associated with neurodegeneration (dementia, Alzheimer's, Parkinson's).

We should be aware that the repeated administration of such spike proteins via the experimental gene syringes can be compared to multiple corona infections in terms of contamination of the human body with these spike proteins. But the more often such spike proteins are administered, the greater the potential health problems - in this case also in the human brain. We are talking about irreparable damage here, because the brain cells no longer regenerate.

## **Other news you can use**

The Association of American Physicians and Surgeons (AAPS) is a non-partisan professional association of physicians in all types of practices and specialties across the country.

Since 1943, AAPS has been dedicated to the highest ethical standards of the Oath of Hippocrates and to preserving the sanctity of the patient-physician relationship and the practice of private medicine.

Their motto, “omnia pro aegroto” means “all for the patient.”

The AAPS is the closest thing US Physicians have to an alternative to the American Medical Association, which has become captured by Pharma.

### **March News from the AAPS**



## [Excluding the Unvaccinated](#)

A study in 21 countries examined discriminatory attitudes that COVID-vaccinated persons held against the unvaccinated. Exclusionary attitudes toward the unvaccinated were 2.5 times higher than toward Middle Eastern immigrants. The level of antipathy was higher toward the unvaccinated than toward ex-convicts, atheists, or mentally ill persons, and about the same as toward drug addicts. In the U.S. study, respondents were also asked about restricting publicly recognized rights. There was significant support for restricting unvaccinated persons' freedom of movement, place of residence, freedom of speech, and access to unemployment and welfare benefits (*Nature* 1/26/23).

## [Feds Resist Another COVID Remedy](#)

A large, double-blind, randomized controlled trial (RCT) concerning a xylitol-containing nasal spray as a possible COVID preventive or treatment was published in October 2022. There were 62% fewer infections in medical workers using the spray compared with placebo. A comparable product, Xlear, is available in the U.S. The FDA has failed to carry out requested clinical trials, and the FTC has filed a lawsuit against Xlear for allegedly claiming usefulness against COVID

## [Trusted News Initiative Sued under Antitrust Law](#)

TrialSite Inc. and others have filed suit against TNI, which includes legacy media and Big Tech companies that control 90% of social media and search-engine markets, for their collusive censorship of online health and political news publishers who question TNI's reporting on COVID and U.S. political issues.

## **COVID 'Misinformation' Cases**

[Attorney Rick Jaffee provides a March 9 update on COVID cases in western states.](#) He reads the legislative history of AB 2098 as an acknowledgment that the board can't stop doctors from speaking out in public about any matter of public interest. So, that part of the Federation of State Medical Boards invitation to medical boards to pursue doctors for "soapbox speech" appears to be blocked in California, but not other states. The situation is complicated if treatment decisions are involved. *Høeg v. Newsom*, *Hoang v. Bonta*, *McDonald v. Lawson*, and *Couris v. Lawson* will be affected by the action of the Ninth Circuit Court of Appeals, expected later this year.

[\*Missouri v. Biden\*](#), also called the "Show Me versus Shut Up" case, could be, according to some, the "most important civil liberties case ever tried in a U.S. court." It has numerous plaintiffs and an expanding list of government agency and individual government defendants, a "devil's scorecard of weaponized agencies and bad actors." Plaintiffs claim that the government censored Americans both directly and indirectly "through bullying, bribing, hectoring, nagging, and setting up one-way 'partnerships' with big tech companies like Twitter, Facebook, and YouTube." The case has been to the U.S. Supreme Court more than once on discovery issues. Plaintiffs' investigators have unearthed evidence of government-sponsored censorship starting well before the pandemic. One official described the unprecedented "integrated, holistic partnership with social media" as the "model of the future." The case, filed May 5, 2022, has faced every government effort to obstruct it.

### **Fifth Circuit Rules Against Biden Vaccine Mandate for Federal Workers**

By a commanding majority including 10 judges on the U.S. Court of Appeals for the Fifth Circuit, sitting en banc, it affirmed the preliminary injunction against President Biden's mandate to force all federal workers to receive the Covid vaccine. While the Covid vaccine mandate has been lifted in the military, Biden has not repealed it for federal workers and it took this rare

sitting of the entire appellate court in New Orleans to block it. Foreign travelers are still not allowed to visit the United States to see loved ones or participate in events unless they comply with Biden's Covid vaccine mandate.

AAPS [filed an amicus brief](#) urging the Fifth Circuit to rule as it did tonight. Most of its decision is devoted to procedure, in overcoming an objection to its jurisdiction and affirming the issuance of a nationwide injunction to protect all federal workers against Biden's vaccine mandate. Biden should repeal his vaccine mandate as Congress has done for the military. Thanks to the Fifth Circuit for blocking this tyranny as Biden continues to fail to rescind his Covid vaccine mandate.

### [Information about AAPS amicus brief](#)

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[AAPS welcome members from all aspects of the medical field, as well as patients and community supporters.](#) Medical professionals are required to pay dues but patients, public and supporters of medical freedom can join free.

**Twitter at war with Substack: So much for the commitment to free speech.**

Warning: this link may be unsafe

**<https://rwmalonemd.substack.com/p/mind-viruses-and-their-vectors>**

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## Twitter restricts posts featuring Substack after it rolls out rival service

[Washington Examiner](#)

by [Christopher Hutton, Technology Reporter](#)

April 07, 2023 10:40 AM

[Twitter](#) is limiting any tweets that include links to Substack in an apparent response to the blogging platform's launch of a competitor.

Users [reported](#) on Friday that any tweets with Substack links in them could not be liked, retweeted, or replied to.

The restrictions were imposed shortly after Substack, a platform for newsletters, [announced](#) Notes, its own Twitter competitor. Twitter also restricted the ability of users to embed tweets onto Substack the day before.

"We're investigating reports that Twitter embeds and authentication no longer work on Substack," Substack stated on Thursday after users reported that embedding tweets into Substack posts did not work. "We are actively trying to resolve this and will share updates as additional information becomes available." The *Washington Examiner* tested the feature and found that direct Substack links were limited, while those with custom URLs were unaffected.

"We're disappointed that Twitter has chosen to restrict writers' ability to share their work. Writers deserve the freedom to share links to Substack or anywhere else," Substack founders Chris Best, Hamish McKenzie, and Jairaj Sethi said in a statement sent to the *Washington Examiner*. "This abrupt change is a reminder of why writers deserve a model that puts them in charge, that rewards great work with money, and that protects the free press and free speech. Their livelihoods should not be tied to platforms where they don't own their relationship with their audience, and where the rules can change on a whim."

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## 130 Comments



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**Tareq I. Albaho, PhD** Apr 8 Liked by **Robert W Malone MD, MS**

Aha, so people who have been taking repeated injections of an experimental drug, have as high a level of antipathy against those who refuse such injections, as they do against "drug addicts".

A saying comes to mind with the three words "pot", "kettle" and "black".

LIKE (94) REPLY ...



4 replies



**Mark** Apr 8

“Note that the Swiss position is that physicians can prescribe, but will need to carry the risk of liability in the case of adverse events - the exact opposite position of the US HHS position.”

This should be the default setting for prescribing anything. Would be a start to fixing big pharma.

LIKE (92) REPLY ...

3 replies

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