Twitter Thread by Bobby Rajesh Malhotra ■



Bobby Rajesh Malhotra ■
@Bobby_Network

Today we peek inside the current situation in Israel: how Netanyahu sold his people to Pfizer/BioNTech & Co, conducting mass-experiments on the populace, dividing the nation into a two-class society with a ■■■■■ ■■■■-push, thus entirely ignoring the Nuremberg Code.
■■



2/: 18th November 2020:

Israel's health officials were desperate.

@Pfizer announced: Their vaccine was "95% effective VS COVID-19".

Israel had ordered millions of doses from @moderna_tx & @AstraZeneca, the @Pfizer/@BioNTech_Group-miracle cure was missing in their stock.



3/: How did Israel subsequently acquire an estimated four to five million doses of the Pfizer miracle in Dec 2020- enough to vaccinate at least two million people in Israel? Netanyahu wanted to outdo himself and show that he could single-handedly save the nation, thus the world.



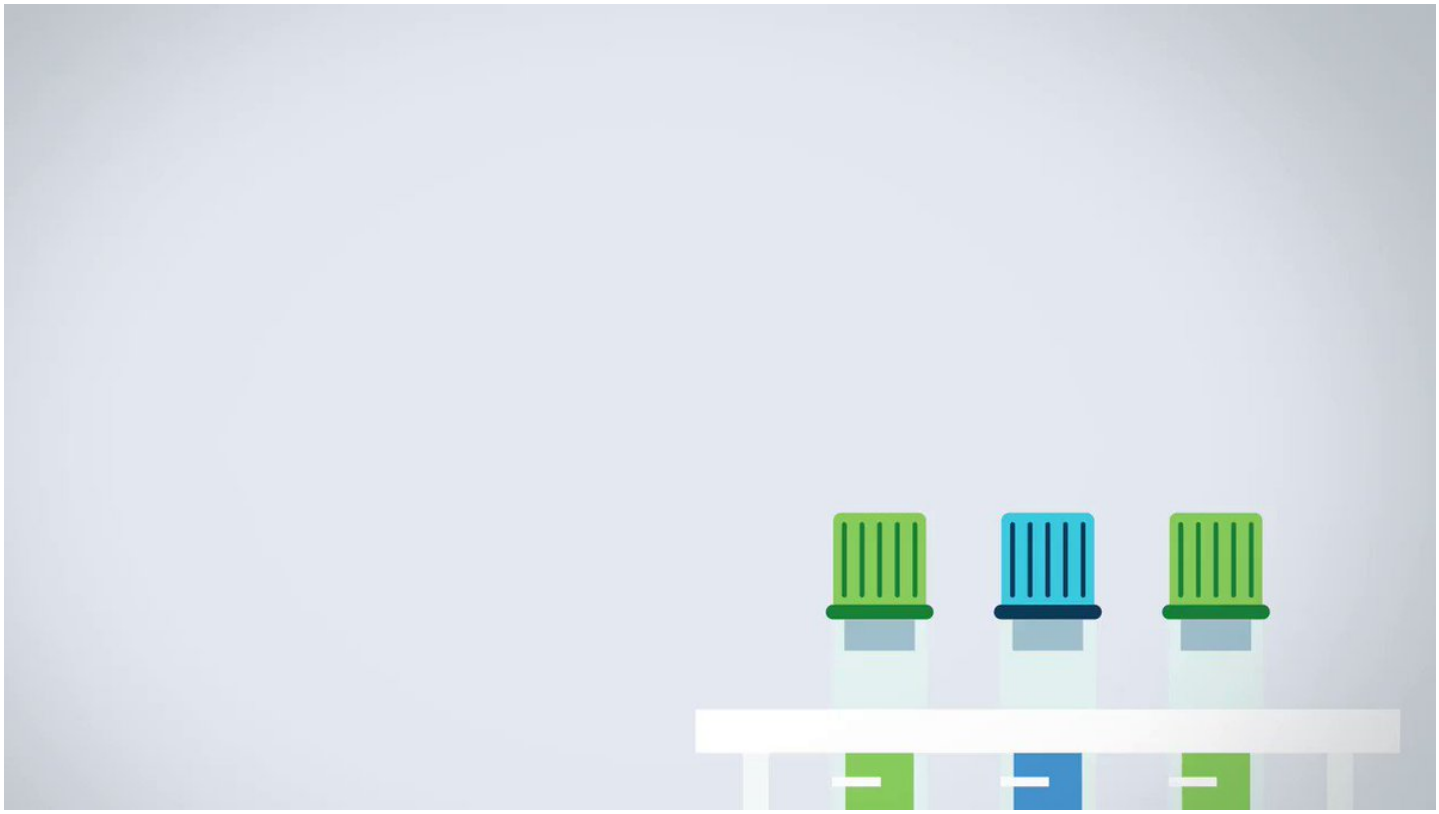
4/: Meanwhile Donald Trump's Operation Warp Speed had highest priority in the US, @netanyahu & Trump held secret negotiations w/ all major manufacturers at the same time. Both failed to disclose in their campaigns: COVID-19 mRNA-vaccines are experimental. https://t.co/MzpyZzc1ul

5/: @Pfizer/@BioNTech_Group & @moderna_tx mRNA vaccines (better call them gene therapies) haven't yet completed phase 3 clinical trials.
Both mRNA miracle cures haven't been licensed by the @US_FDA, approved for "Emergency Use Authorization" (EUA) only. https://t.co/sdee0gRaCc

6/: The EUA reads:

"a mechanism to facilitate the availability and use of medical countermeasures […]. Under an EUA, FDA may allow the use of unapproved medical products."

To avoid misunderstandings at this point: phase 3 clinical trials have a minimum duration of 2-3 years.



7/: In other words: The safety of these experimental gene therapies hasn't been established yet at all, no matter what #BigPharma PR-think tanks are trying to push.

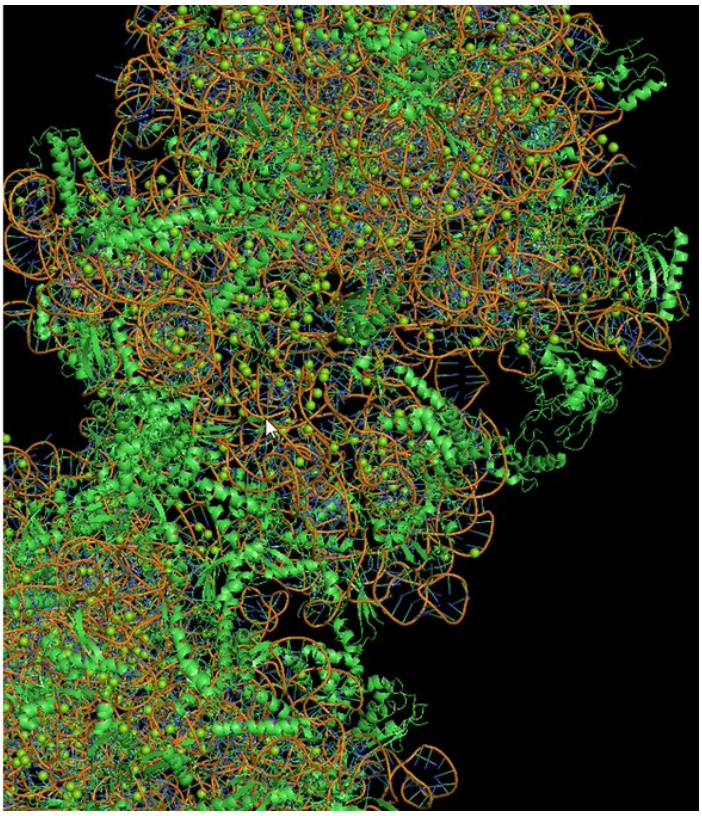
There is simply not enough data available, couldn't be obtained in context to serious, long term adverse effects.



8/: mRNA technology used in these vaccines is experimental. No other vaccines using this technology have been approved. The long-term risks are unknown.
The image below shows Ribosomes, they translate the information to proteins, so called “antigens”.

https://t.co/4hOC4uZpms

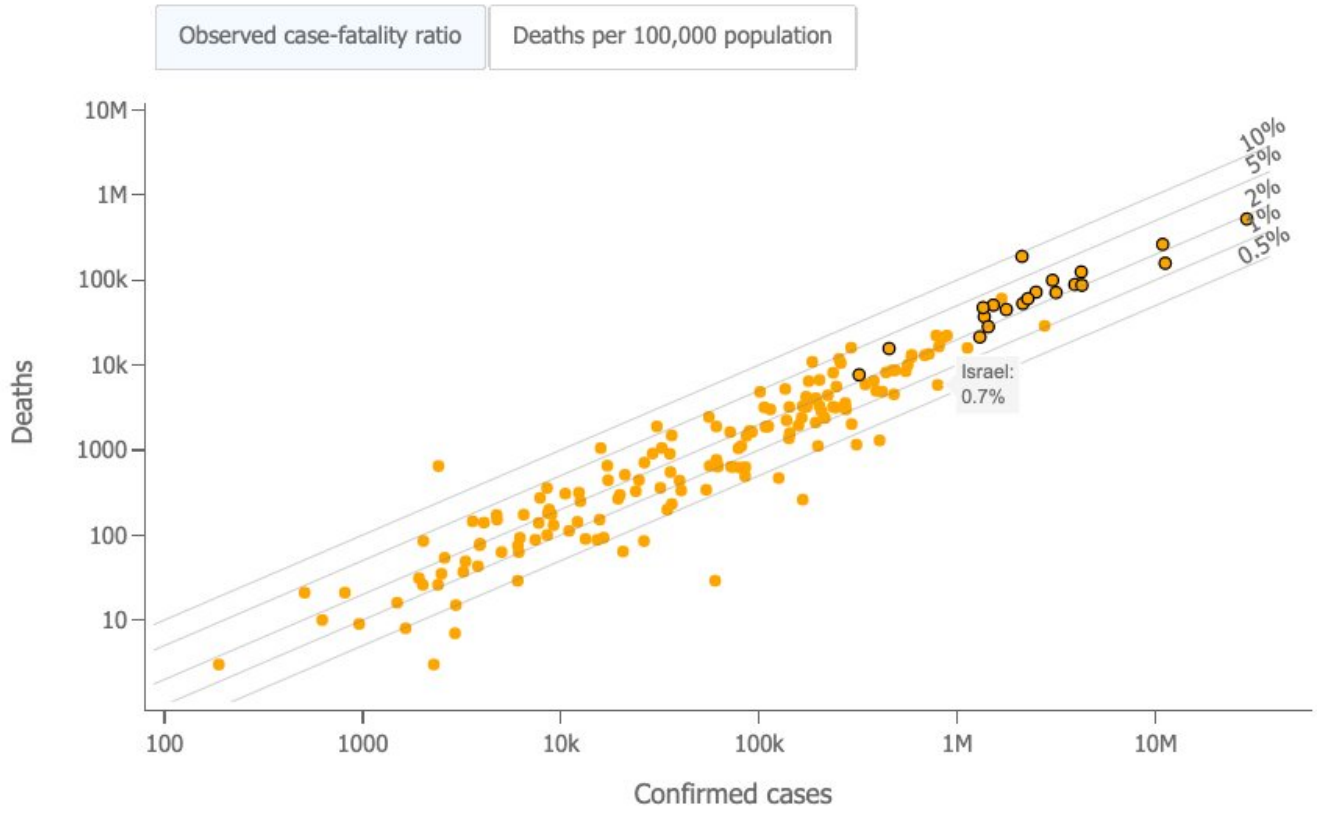




9/: The video below is a greatly simplified promotional video by CurVac and it of course doesn’t really get into the potential risks or side effects, but explains the general concept of the mRNA platform and its supposed promise.

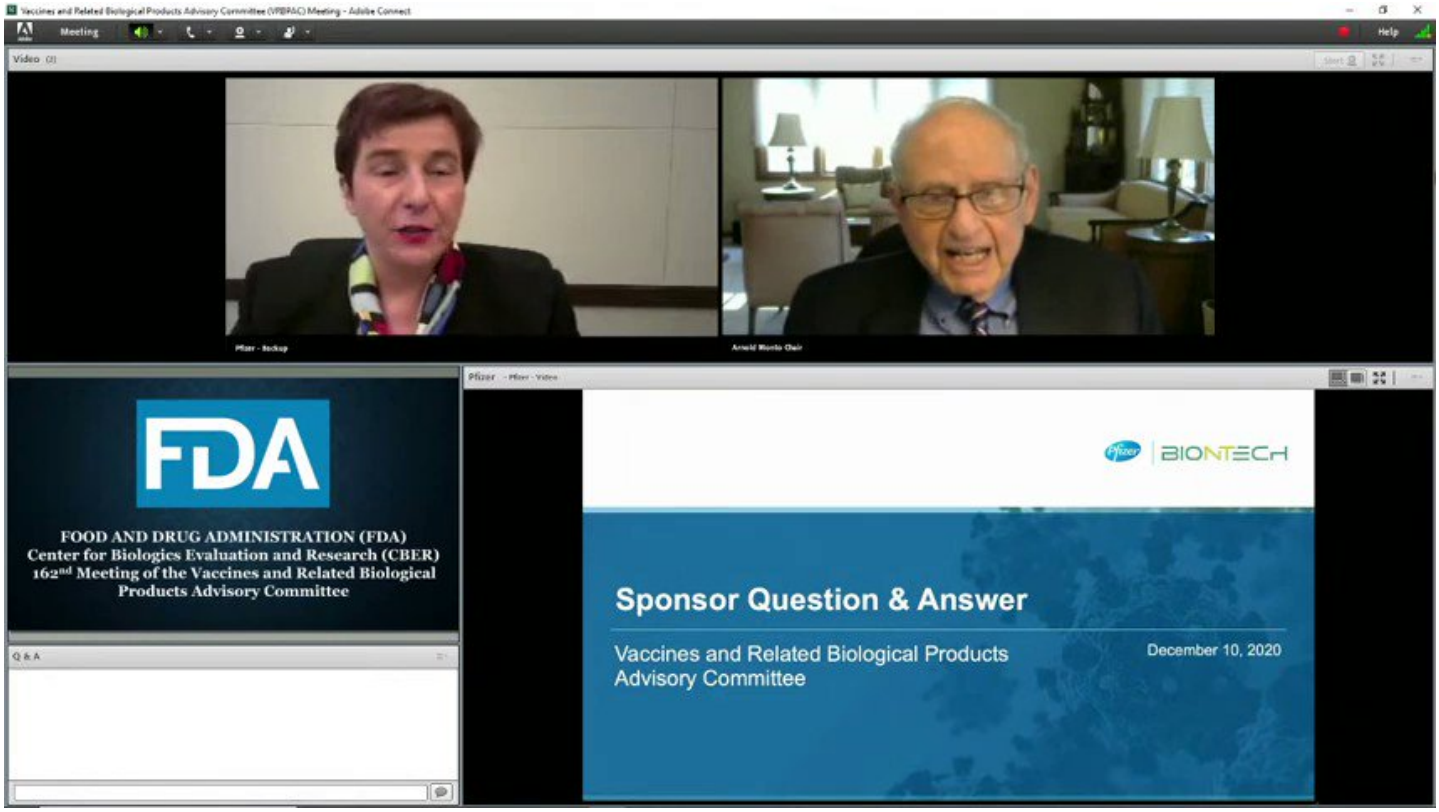


10/: IFR in Israel is 0.7% (J.Hopkins, 6.3.21). Adverse event rate after the vacc was 2.79% (CDC, as of 18.12.2020 -mass vacc. start). Indication: short-term risk of harm from vaccine is greater than the risk of dying from COVID-19.
https://t.co/cJLufufRMt
https://t.co/fUQFeDJ4aQ



11/: 10th Dec 2020, FDA's advisory committee meeting, Dr. Kathrin Jansen, Pfizer's lead representative:

“[...] explore whether our vaccine is efficacious VS asymptomatic infection. [...] we hope- [...] we hope that we'll have those analysis completed very soon in the new year.”



12/: In other words:

Pfizer did not test whether vaccinated people could also become infected and spread the infection. It is entirely possible that the vaccine is no defense against infection.

Transcript: https://t.co/7eXTD0ek3E
Full 8 hours Hearing: https://t.co/rL7CcOn8As

DR. ARNOLD MONTO: Thank you very much to both of you. I wanted first to ask Dr. Gruber about how he is going to be measuring asymptomatic infections. In addition, I wanted to let everybody know that Bill Gruber is not related to Marion Gruber. So, Bill.

DR. MARION GRUBER: That's correct. Not to my knowledge.

DR. KATHRIN JANSEN: Alright. If I understood you or heard you correctly because there was a little bit of a delay, you were asking about our plans how to monitor asymptomatic infections.

DR. ARNOLD MONTO: Correct.

DR. KATHRIN JANSEN: So indeed, our protocol, our trial was actually designed not just to look for symptomatic COVID-19, but also to monitor and explore whether our vaccine is efficacious against asymptomatic infection. And we are monitoring individuals and screening them with a serological test that measures exposure to SARS-CoV-2 infection N-protein test.

DR. ARNOLD MONTO: Right. The N-protein. Yes.

DR. KATHRIN JANSEN: And we hope -- yes -- and we hope that we will have those analysis completed very soon in the new year.

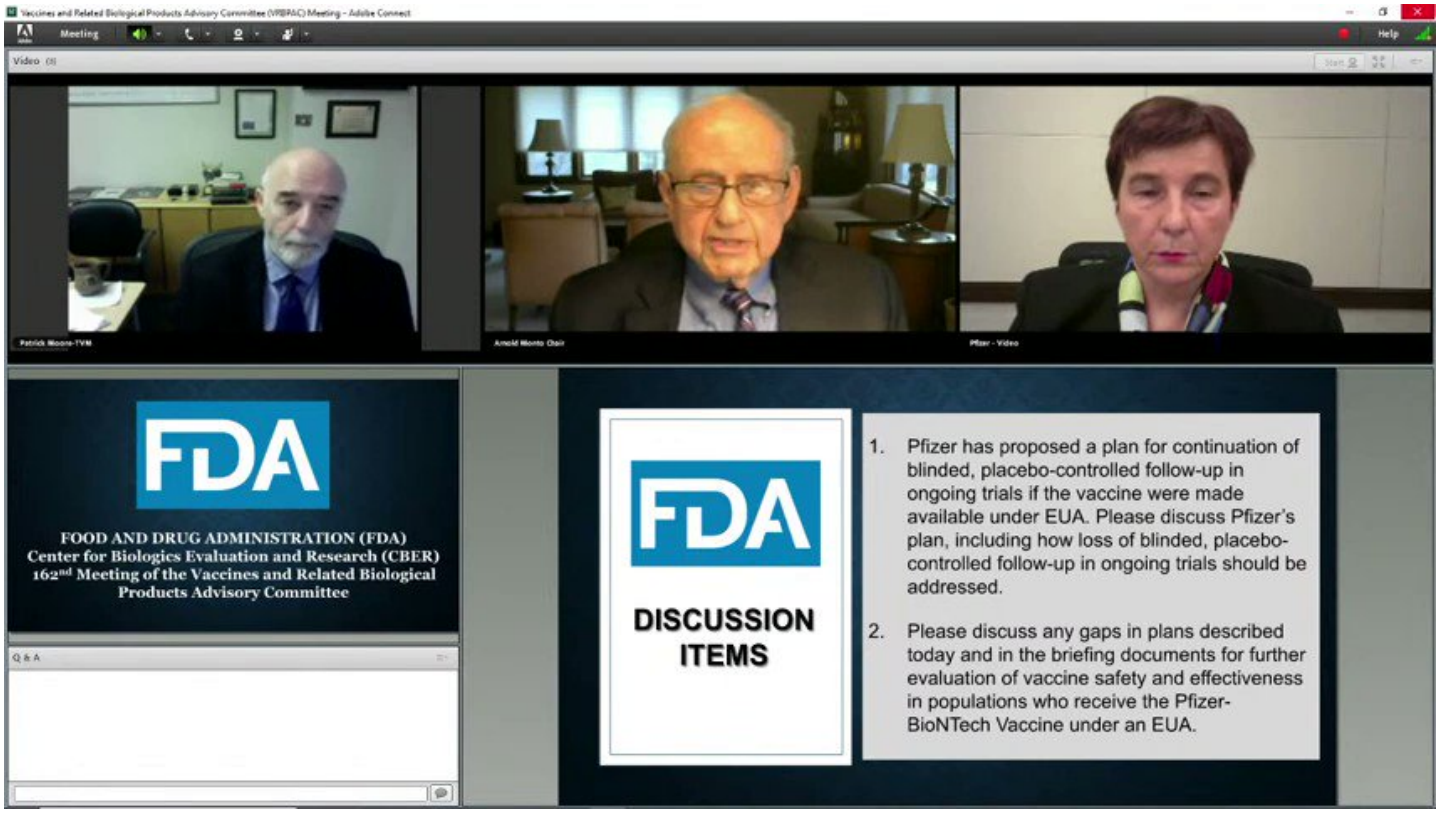
TranscriptionEtc.
www.transcriptionetc.com

13/: Further Dr. Jansen admitted:

“[...] we have data, not from humans but from non-human primate study, that would argue that the vaccine does prevent infection [...]”

“[redacted]”

@pfizer found that vaccinated monkeys did get COVID-19 despite being vaccinated.



14/: Dr. Jansen extenuates after the “would argue the vaccine does prevent infection” -statement:

those vaccinated primates had a shorter duration of infection (!);

this does not alleviate her initial confession.

Transcript below, 7 hours 29 mins in: https://t.co/nlrVOxYRdw

DR. KATHRIN JANSEN: Yes, we actually are looking into this to do precisely that. Not just to look for prevention of asymptomatic infection but also doing the PCR testing to look for virus equation -- or

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www.transcriptionetc.com

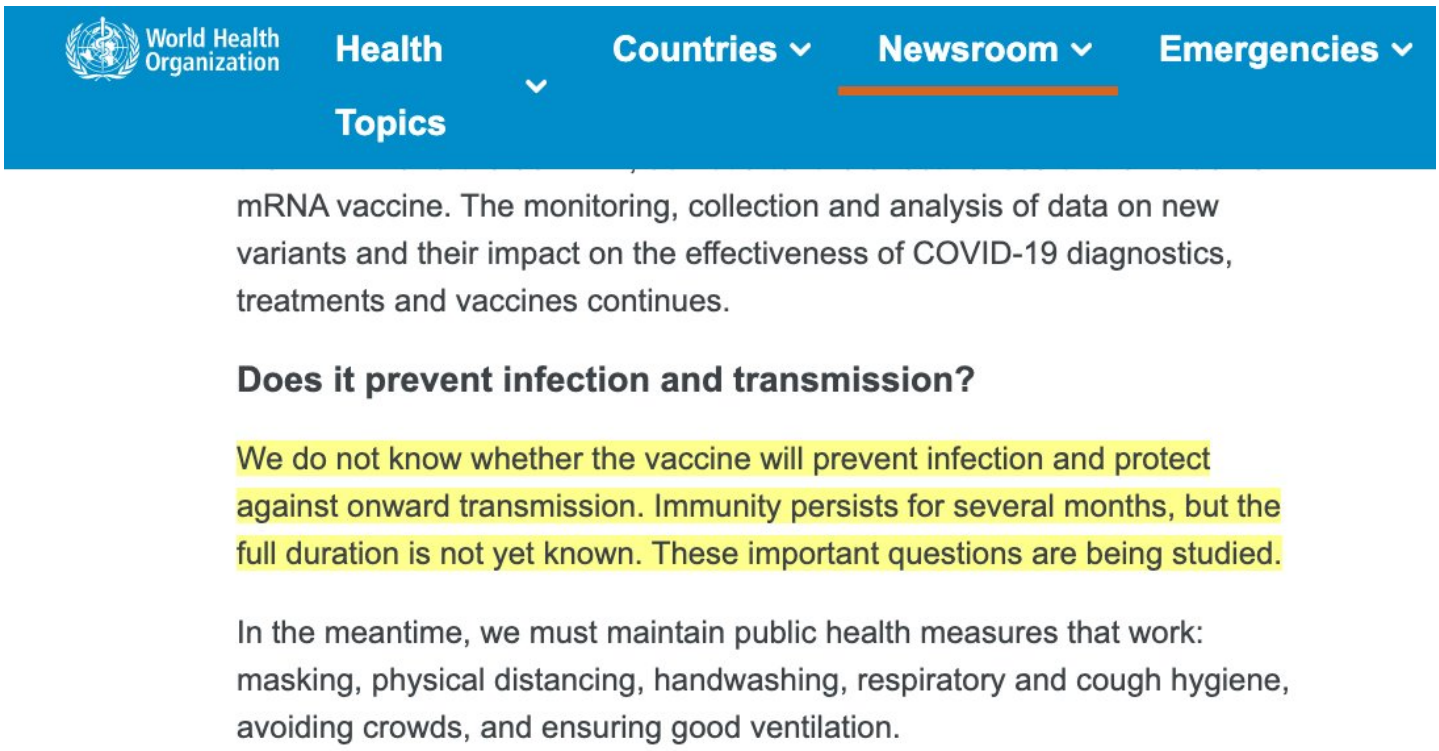
prevention of virus acquisition.

I may remind, though, that we have data, not from humans but from or non-human primate study, that would argue that the vaccine does prevent infection. We have seen that it prevents infection of the lung, and we have also seen some evidence that it has a more transient -- that the virus is more transiently detected in the vaccinated animals compared to the control animals.

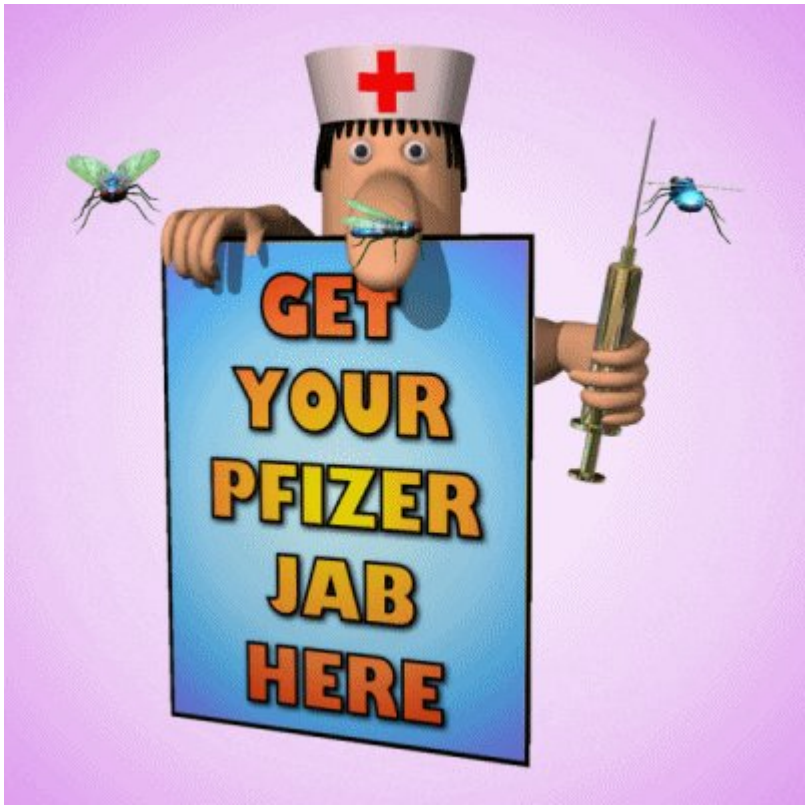
15/: 26th January 2021, @WHO about @moderna_txe-vaccine:

“We don't know whether the vaccine will prevent infection & protect against onward transmission. Immunity persists for several months, but the full duration is not yet known.

[...] being studied”
https://t.co/n6nq9C9xgI



16/: The widely publicized and pushed “90%-95% effectiveness”-narrative/claims are debunked, the acknowledged lack of evidence for the protective value of both mRNA gene therapies nullifies the PR-stunts. The absence of evidence eliminates the justification for exposure to risks.



17/: A recent SEC filing by @Pfizer reveals:
“[...] which can vary in severity from minor reactions to death [...].
[...] managing the potential side effects [...] could result in patient injury or death.
[...] prolonged toxicities or even patient deaths”
https://t.co/znOYDgJTqA

Registration No. 333-

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM F-1
REGISTRATION STATEMENT
UNDER
THE SECURITIES ACT OF 1933

BioNTech SE
(Exact Name of Registrant as Specified in Its Charter)

Not Applicable
(Translation of Registrant's name into English)

Federal Republic of Germany	2836	NOT APPLICABLE
(State or Other Jurisdiction of Incorporation or Organization)	(Primary Standard Industrial Classification Code Number)	(I.R.S. Employer Identification Number)

Prof. Ugur Sahin, M.D.
An der Goldgrube 12
D-55131 Mainz
Germany
Tel: +49 6131-9084-0
(Address, Including Zip Code, and Telephone Number, Including Area Code, of Registrant's Principal Executive Offices)

BioNTech USA Holding, LLC
228 E 45th Street, Suite 9e
New York, NY 10017
(347) 694-5321
(Name, Address, Including Zip Code, and Telephone Number, Including Area Code, of Agent For Service)

Copies to:

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Approximate date of commencement of proposed sale to the public: As soon as practicable after the effective date of this Registration Statement.
If any of the securities being registered on this form are to be offered on a delayed or continuous basis pursuant to Rule 415 under the Securities Act of 1933, check the following

18/: @Netanyahu & his freak-show ad:

•Why not tell about adverse effects & possible deaths, @Pfizer/@BioNTech_Group state in the SEC filing?
•Why lie about "90-95% effectiveness"?
•Why not reveal that it's not known if mRNA gene therapies prevent infection in the first place?



19/: Lack of scientific evidence in context to mRNA gene therapy-effectiveness is @pfizer's/@BioNTech_Group's secondary concern.

2nd Feb 2020 via @FiercePharma, Pfizer revealed to its investors-the mRNA vaccine is expected to harvest $15 billion in 2021. https://t.co/C2N28g1c9R

20/: Nonstop fearpr0n-propaganda resulted in nonstop demand, global panic was the key to success. Public health officials discarded the precautionary principle in medicine: “First, do no harm”, despite serious uncertainty, officials acted full speed ahead, with mass vaccination.



21/: Shocking: @netanyahu assigned the nation's health to @pfizer, entering into a secret contract, enrolling the Israeli population to become guinea pigs, without their knowledge or consent:

Real World Epidemiological Evidence Collaboration Agreement.

https://t.co/anpUTCTi62

REAL-WORLD EPIDEMIOLOGICAL EVIDENCE COLLABORATION AGREEMENT

This REAL-WORLD EPIDEMIOLOGICAL EVIDENCE COLLABORATION AGREEMENT dated as of January 6, 2021 (this "**Agreement**") by and between the Israeli Ministry of Health, acting on its own behalf and on behalf of the State of Israel (the "**MoH**"), and Pfizer Inc., a Delaware corporation (together with its Affiliates, "**PFIZER**") (each, a "**Party**" and, collectively, the "**Parties**").

WHEREAS, PFIZER and BioNTech SE, a company organized and existing under the laws of Germany are collaborating to develop a vaccine to address the global COVID-19 pandemic; and

WHEREAS, the Parties had previously entered into the confidential Manufacturing and Supply Agreement dated [redacted] (the "**Manufacturing and Supply Agreement**"), under which MoH agreed to purchase the Product (as defined below) and PFIZER agreed to manufacture and supply the Product, all in accordance with the terms of the Manufacturing and Supply Agreement, and subject to certain conditions precedent, including but not limited to certain regulatory approvals and supply availability; and

WHEREAS, under Section 2.1(f) of the Manufacturing and Supply agreement, the Parties agreed to cooperate on a reasonable basis to share information and data regarding the distribution, administration and use of the Product, including to track its benefits; and

WHEREAS, PFIZER has obtained certain conditional approvals for the Product, including under Regulation 29(a)(9) of the Israeli *Pharmacist Regulations (Medical Preparations)*, 1986, as amended, and analogous emergency use authorizations in other jurisdictions; and

WHEREAS, the Parties agree that it would be highly beneficial from a public health perspective to track pandemic data in accordance with vaccination compliance in a Real-World context to evaluate whether herd immunity protection is observed during the Product vaccination program rollout.

NOW THEREFORE, for and in consideration of the premises and mutual covenants and agreements contained herein and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties hereto intending to be legally bound, hereby agree as follows:

22/: Under the "Real World Epidemiological Evidence Collaboration Agreement", the government signed a commitment to vaccinate the entire seven million adult population and to provide weekly data on its citizens during a 24-month surveillance follow-up study.

2. THE PROJECT

2.1 Objective of the Project.

To measure and analyze epidemiological data arising from the Product rollout, to determine whether herd immunity is achieved after reaching a certain percentage of vaccination coverage in Israel.

2.2 Principles of Collaboration.

The Parties agree that the Project is intended to generate and analyze epidemiological and population-level vaccine effectiveness data, vitally necessary for public health purposes that may inform vaccine technical recommendations globally. The data generated by the Project is aimed at helping end the global COVID-19 pandemic for the benefit of all patients inside and outside of Israel. The Project will be based on the current medical literature, and guidelines adopted by respected medical bodies.

To conduct the Project and measure population level impact of the Product, MoH is relying on receipt of Product doses, in accordance with the terms of the Manufacturing and Supply Agreement, as may be amended from time to time, and on the product delivery rate by PFIZER to allow maintaining vaccination rate sufficient to achieving herd immunity and enough data as soon as possible, and should be agreed by the two parties. Nothing in this Agreement shall modify or amend in any way the terms of the Manufacturing and Supply Agreement. In case of a conflict between the terms of the Manufacturing and Supply Agreement and this Agreement in regard to the manufacturing and supply of the Product,, the terms of the Manufacturing and Supply Agreement will control. [redacted]

[redacted]

23/: The government disregarded potentially serious medical risks from the experimental vaccine, risks to privacy:

Through their centralized universal healthcare system, insurers maintain 40 years of digitized medical records, incl. vaccination records for each Israeli citizen.

24/: This centralized system helped Israel administer more than 2 million doses of the vaccine in under a month. In exchange, Israel received priority delivery of millions of doses of the vaccines. @wef (who else?) is celebrating the ongoing mass-propaganda stimuli 4 the masses.



25/: @netanyahu: “Israel has committed to send Pfizer data & details [...] gathered for them: consequences of the inoculations, side effects,[...] pre existing conditions etc. The agreement [...] details the various parameters that will be sent to Pfizer."
https://t.co/Uywe9fN0QP

WHEREAS, under Section 2.1(f) of the Manufacturing and Supply agreement, the Parties agreed to cooperate on a reasonable basis to share information and data regarding the distribution, administration and use of the Product, including to track its benefits; and

WHEREAS, PFIZER has obtained certain conditional approvals for the Product, including under Regulation 29(a)(9) of the Israeli *Pharmacist Regulations (Medical Preparations)*, 1986, as amended, and analogous emergency use authorizations in other jurisdictions; and

WHEREAS, the Parties agree that it would be highly beneficial from a public health perspective to track pandemic data in accordance with vaccination compliance in a Real-World context to evaluate whether herd immunity protection is observed during the Product vaccination program rollout.

26/: Patient-data protection is loosely mentioned only once as "de-identified", no further strict data regulations in regards to patient data privacy are defined. Pfizer is even not "obligated to return or destroy Project Data or Results" in case of agreement-termination. L■O■L■

1.7 "Project" means the COVID-19 Real-World epidemiological data analyses conducted by the Parties involving data collected during the MoH's vaccination program using the Product, as described in Section 2 and Exhibit A of this Agreement, including components thereof and enhancements thereto, developed and implemented by the Parties under the terms of this Agreement.

1.8 "Project Data" means any de-identified data provided by the MoH to PFIZER in the framework of the Project.

27/: @pfizer are giant noobs in regards to data sec.

“By not protecting this data, Pfizer compromised the privacy and security of people [...]"

Say goodbye to Israeli private patient data security.
Further: No external controls.
https://t.co/bquxYgBeYj
https://t.co/Kx1LqwLzmV



28/: Former PM Barak:

“This data is a treasure trove for Pfizer. It’s a huge asset to Pfizer, because it lets them show that when someone dies after being vaccinated [...], didn’t die because of the vaccine, but as a result of some background illness.”

https://t.co/FmJpBLgtkg

29/: Pfizer seeks to obtain basic safety/efficacy info that it lacks - to be eligible for a FDA license. No vax has ever been administered to millions of ppl w/out having met safety & efficacy req. b4, normally obtained via controlled clinical trials prior to public distribution.



30/:

•Pfizer needs to demonstrate the vaccine-effectiveness VS infection-prevention.

•Serious adverse effects need to be identified, frequency, duration.

•Risk for children, pregnant women, elderly identified, weighted VS benefits.

•Causes of deaths during the trial.



31/: “[...] Bibi has signed up his ppl, all 7 million citizens aged 12 years & over, w/out our informed consent, to become the 1st country in its entirety to do human testing on a technology which has been, for many decades, attempted & failed in the lab." https://t.co/R3f58ugL10