Att. Minister of the Interior and Health Sophie Løhde
CC. Prime Minister Mette Frederiksen
C.c. The Danish Parliament

Dear Sophie Løhde

Date. 01-01-2025

Thank you for your response (19-12-2024 (ISM) Id no: 271413) to the letter of concern from NORTH-Danmark delivered at Christiansborg on November 25, 2024 on behalf of the NORTH group representing scientists, doctors, politicians and professionals from now 18 countries in Europe (1).

Your answer is very brief: "The Ministry has received the request and we have taken note of your views".
We would first like to point out that these are not "views" but evidence-based science including peer-reviewed documentation given in the accompanying Lay summary, which is why the content of this open letter is as follows:

1. Notice of Liability.
2. Reply to your response to the letter of concern delivered to Christiansborg on 25-11-2024 on behalf of the NORTH group, including documentation of the latest scientific data confirming that DNA residues from the vaccines circulated in the blood of vaccinees 2 days after injection(4, 5).
3. Request for access to documents in accordance with the Public Access Act.

The seriousness of the case and the claim of responsibility

The letter of concern from North addresses two key issues (quoted from the letter of concern):

- COVID-19 vaccines resulted in an unprecedented level of reported side effects.
- Analysis by multiple independent researchers shows that Pfizer and Moderna products were contaminated with varying and unprecedented levels of residual bacterial-derived plasmid DNA from their poorly controlled manufacturing processes(3).

  In this response, with reference to the letter of concern submitted by the North group on 25 Nov. 2024(1), co-signed by more than 400 professionals, once again draw attention to the seriousness of the matter.

  In light of recent scientific findings that strongly suggest that COVID-19 vaccines can integrate into the human genome with the risk of serious consequences for the health of our nation's citizens(2, 4, 5), we have hereby brought the potential risks to your attention. Therefore, the letter of concern should be seen as a statement of responsibility to you, as the highest responsible minister in the area. The Prime Minister is of course also considered to have overall responsibility in this matter.

1

We recommend (quoted from the letter of concern):

1. An immediate halt to the use mRNA vaccines and a recall of the product.
2. An independent and transparent investigation into their approval and use.
3. Scientific evidence proving that there is absolutely no risk of damage human DNA.

Item 3 is also a request for access to documents under the Public Access to Information Act, as follows:

Documentation that there is absolutely no risk of damage human DNA including risk of cancer as a result of this measured DNA contamination.

In this context, it is important to note that the COVID-19 mRNA products that were given to the population were manufactured following the commercial process 2 that was put into use after the conditional approval was granted.

It is this commercial manufacturing process that poses an increased risk transferring residual artificial bacterial plasmid DNA in the vaccines to the human genome.
The reason why these plasmid DNA residues are unlikely to degrade in the bloodstream is that they are encapsulated in lipid nanoparticles that make them resistant to the body's immune system. This makes the applied DNA content limits of 10ng/dose obsolete and inapplicable, as they are set for naked DNA.

This is not the first time you have been made aware of this issue. On February 5, 2024, you received and acknowledged an open letter of concern the risk of transferring DNA residues to the body's genetic material in the presence of strong human biologically active sequences, such as the SV40 enhancer, which works by pulling DNA residues from the cell fluid to the nucleus where the genetic material is located(1, 6).

Misinformation to the Danish Parliament

Considering your answer to Lars Boje Mathiesen during the question hour in the Danish Parliament on December 4, 2024, which read:

"It is highly theoretical and highly unlikely that even very small amounts of DNA residues in vaccines can be transferred to the body's own DNA. In practice, there is no scientific evidence it is even possible to transfer DNA to the body's own DNA regardless of the presence of small residues in any of the vaccines and therefore there is no evidence of risk of genetic damage."

2

This statement shows that you are misinformed by your health authorities, for which you have overall responsibility. Selected peer-reviewed sources and reproduced studies in this response prove the opposite, that there is indeed a risk, as the excess amounts of DNA from the mRNA

products actually integrate into the cell nucleus and are also found in the bloodstream of vaccinees (2, 3, 4, 5).

A recent study by Ryan et al from Australia has now detected residual DNA, SV40 enhancers along with antibiotic resistance genes (kanamycin) in the blood of 75 people who had received Pfizer and Moderna's COVID-19 mRNA products (4, 5). The finding has also been confirmed by an independent geneticist. This finding has just been reported to the Australian Prime Minister via a number of Members of Parliament, including MP Russell Broadbent.

In your response to Lars Boje Mathiesen on 04-12-2024, you refer to a recent study by Andersson et al. from Statens Serum Institute covering Denmark, Sweden and Finland. Your claim was that this study last year (2023) found a 58 percent comparative effect of the COVID-19 vaccine on the risk of hospitalization for COVID-19 and a 75 percent effect on death compared to "unvaccinated" until 24 weeks after injection (7).

However, this was not a comparison with unvaccinated people. Again, you have been misinformed by your advisory health authorities, as the comparison group is called "non- recipients", which is not the same as unvaccinated. Instead, this is a comparison between the group who received the 5th or 6th COVID-19 booster and those who had already received at least 4 COVID-19 injections a year or more ago. The authors (from SSI) have thus deliberately chosen to compare with a group that been documented (8, 11, 12) to have reached the phase that implies a negative effect and poorer survival chances if they are vaccinated(11); that is, a group with weakened immune systems, and increased risk of COVID-19 and increased risk of death regardless of the cause(8, 11, 12).

Another thing the authors failed to include in the study by Andersson et al is data from the period between the injection and a week later, when most deaths and serious early adverse events traditionally occur. These early cases of COVID-19 and deaths were thus filtered from the study data.

The study also does not inform whether the quality and number of PCR tests for positive COVID-19 diagnosis in each group is comparable, including the number of cycles (CT score) run for a positive test result. It is well known in PCR testing that the higher the number of cycles, the higher the risk of false positive test results, therefore the same upper limit for the number of cycles should be defined and applied in both groups so that the risk of false positives is similar. If this uniformity is not applied, you use "elastic by the meter", which is unscientific.
The study period started 1. Oct. 2023 and ended April 21, 2024. It was either a prospective or consecutive study, during which PCR tests were performed at SSI and other participating similar institutes in Sweden and Finland, where some of the authors are employed.
It cannot be ruled out that SSI may have a financial interest in continued vaccination and is therefore biased in relation to both measurement parameters (PCR test quality) and the results of the study.

By omitting this information from the study, a critical insight into the results is prevented. This is perceived as data manipulation in order reach conclusions that can justify a political decision that the authorities continue to give these COVID-19 gene therapy-based vaccines to people over 65, immunocompromised and pregnant women.

A relevant question is why the authors did not choose to compare the vaccinated with the unvaccinated, which seems most natural.

As the responsible Minister of Health, you should publicly apologize and correct your misinformation stated in the Danish Parliament on December 4, as described above.

The regulatory process:

This appears from the Danish Medicines Agency's response to a request for access to documents (case number 2024024182) on August 12, 2024:

- That there are no placebo-controlled randomized clinical studies in humans with material from process 2 for Cormirnaty.
- That no objection was raised by the Danish Medicines Agency when Pfizer switched from process 1 to process 2.

This is a clear admission of a failure in the regulatory process, as the two manufacturing processes are significantly different (10).

According to Jakob Lundsteen, LMST, there is a comparability study that justifies this omission. This comparability study was never completed by the manufacturer (Pfizer) as only 252 subjects who received the COVID-19 vaccine from process 2 had 2.5 times more adverse events than subjects from process 1(6,10).

The study was stopped in violation of the planned study protocol and no one was ever compared to unvaccinated subjects(10).

For the benefit of you and your authorities, we hereby request access to the following in accordance with the Public Access to Information Act:

- The comparability study between process 1 and process 2, also between process 2 and placebo/unvaccinated, if performed. The requested documentation should show that the production of COVID-19 mRNA vaccines by process 2 is not significantly different from process 1.
- All information to citizens about these vaccines are based on process 1. Therefore, adverse event, blood, genotoxic and carcinotoxic studies conducted by both manufacturer and controlled in OMCL laboratories for process 2 can and should be available to ensure that these vaccines are absolutely without risk of damage to human DNA including cancerous tissue from these mRNA products.
- We also request access to the incoming and outgoing communication (e-mails, recorded telephone conversations, text messages and physical letters as well as

meeting minutes) that has taken place to and from the Danish Medicines Agency, the Danish Health and Medicines Authority, the Ministry of Health, the Ministry of State, the Ministry of Defense, EMA and Pfizer regarding:

1. The switch from process 1 to process 2 for Pfizer's COVID-19 mRNA vaccines (Comirnaty).
2. discovery and notification of SV40 sequences in these mRNA vaccines from both Pfizer and Moderna.

Regarding the above requests for access to documents, please refer to section 36(2) and (3) of the Danish Access to Public Administration Files Act for a response within 7 working days of receipt.

We also want answers to the following questions (repeated and quoted from the concern letter):

1. What would it take to launch an independent and transparent public and forensic investigation into the regulatory processes leading to the approval of these products?
2. What is preventing the Minister from initiating and prioritizing research into potential links between mRNA vaccines and cancer, infertility or other acute, chronic and genetic diseases?

With respect and kind regards

Malue Montclaire NORTH-Danmark

and

Jeanne A. Rungby,
Specialist in Otorhinolaryngology NORTH-Danmark and
World Council for Health Denmark.

EmailNORTH.Danmark@protonmail.com

Sources:
1. northgroup.info

2. https://publichealthpolicyjournal.com/biontech-rna-based-covid-19-injections-contain-large-amounts-of-residual-dna-including-an-sv40-promoter-enhancer-sequence/

3. https://www.mdpi.com/2409-9279/7/3/41#B6-mps-07-00041
4. https://pmc.ncbi.nlm.nih.gov/articles/PMC9935276/
5. https://osf.io/preprints/osf/hzyn3

6. https://www.dropbox.com/scl/fi/awyzen8r189jjoyfbvyng/2.-bne-brev-til-ministers.pdf?rlkey=jkmd1zfhtbnp3gbvlqzto2lf1Ce=1Cdl=0
7. https://bmjmedicine.bmj.com/content/bmjmed/3/1/e001074.full.pdf
8. https://www.medrxiv.org/content/10.1101/2021.12.20.21267966v3.full.pdf?fbclid=IwAR1ORORghCFpb9mmkJjvG1esNezOmdUoEZHTvsFXXotnV0Jr6XRImpzWaMT4
9. https://www.wch-denmark.org/en/post/answers-from-the-danish-medicines-agency-lmst
10. https://www.dropbox.com/scl/fi/uipcgplrjdmcjww9ux1zx/JOSH-GUETZKOW-EXPERT-REPORT-DRAFT-DEC-2-NO-MHRA.docx?rlkey=3px5t0313d3kanhfo5yvgp97hCdl=0
11. https://www.frontiersin.org/journals/medicine/articles/10.3389/fmed.2024.1495428/f wool
12. https://www.medrxiv.org/content/10.1101/2022.12.17.22283625v1