PAAM Medical Letter
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Dear Colleagues,

Welcome to another edition of the PAAM Medical Letter! Thank you for your presence inPAAM. Our organization is growing in membership, and we offer many opportunities to learn and develop to become ever more effective representatives of anthroposophic medicine. Without question, the coronavirus (SARS-CoV-2) pandemic, and our response, is the greatest medico-social event of modern times. This PAAM Medical Letter has tried to provide a sampling of the research and its critical appraisal to help readers be better able to assess the one-sidedness, as well as the incomplete and flawed presentation of much of the research. There has been much further research and reappraisal of the stated "truths" claimed about all aspects of the pandemic. Consequently, this current issue will have a further sampling of recent literature on the COVID pandemic, the disturbing problems with the medical literature, as well as presenting some non-COVID-related topics.

Please note: This Letter is for your thoughtful consideration and personal research and isnot to be taken as something dogmatic to believe in nor to promote as something official from PAAM or from the international Anthroposophic medical movement. The content of the letter is the sole responsibility of the editor.

Meditation

Faithfulness

Create for yourself a new, indomitable
perception of faithfulness. What is usually
called faithfulness passes so quickly. Let
this be your faithfulness:
You will experience moments—fleeting
moments—with the other person.
The human being will appear
to you then as filled, irradiated,
with the archetype of his Spirit.
And then there may be—indeed will be—
other moments; long periods of time,
when human beings are darkened.
But you will learn to say
to yourself at such times:
"The Spirit makes me strong. I remember
the archetype. I saw it once. No illusion, no
deception shall rob me of it."
Always struggle for the image that you
saw. This struggle is faithfulness.
Striving thus for faithfulness, we shall be
close to one another, as if endowed with
the protective powers of angels.

~Rudolf Steiner

I have come to the frightening conclusion that I am the decisive element.
It is my personal approach that creates the climate.
It is my daily mood that makes the weather.
I possess tremendous power to make life miserable or joyous.
I can be a tool of torture, or an instrument of inspiration,
I can humiliate or humor, hurt or heal. In all situations,
it is my response that decides whether a crisis is escalated
or de-escalated, and a person is humanized or de-humanized.
If we treat people as they are, we make them worse.
If we treat people as they ought to be,
we can help them become what they are capable of becoming.

~Johann W. von Goethe

Calendar of the Soul

Verse #26 Michaelmas, September 29
Nature! Your maternal being
I bear within the true nature of my will;
And my will's fiery might
Shall steel my spirit-striving,
That sense of self spring forth from it,
To bear myself in me.

[Reflection: Micha-el is the solemn, reticent star facing the soul. His luminosity spreadscalmness throughout. Micha-el's stern, earnest gaze pours strength into the deepest core of our being. Micha-el's endeavor is to engender selfless self-awareness and a spiritual cosmic intelligence reflected in human beings.]

Verse #27 (complementary verse)
To penetrate into my being's depths:
Stirs a longing that is promise-filled,
That I in self-beholding find myself
As sun-gift of summer, which as see
In warming autumn mood lives
As impulse for my soul's forces.

Virtue of the Month
Virgo (8/21 – 10/1) Courtesy becomes heartfelt tactfulness
Libra (9/21 - 11/1) Contentment [inner satisfaction with life] becomes composure,equanimity

Medical and Relevant Literature

~~**Attachment 1**~~: This article by Renatus Ziegler and Ulrich Weger, “Exploring conceptual thinking and pure concepts from a first-person perspective”, in Phenomenology and the Cognitive Sciences, 2019, 18:947-972 (doi.org/10.1007/s11097-018-9593-8) is unfortunately not an open access one. However, it is an important, detailed extension ofthe introspective analysis done by Rudolf Steiner in his philosophical and epistemological works. The article’s publication in an academic journal shows how

psychology, the cognitive sciences, and phenomenology have advanced and changed to accept first-person-based research into thinking. The authors are both well-published anthroposophic researchers. Through detailed analysis and repeated practice, they observe, through reliable and rigorous introspection, that thinking can be differentiated into process- and content-components, i.e., between direct experiential awareness of thinking and the subsequent reflection upon it. Like Steiner, they find that thinkers, philosophers and cognitive scientists usually only a pay attention to the content of conceptual and sense-based thinking. The experienced process of pure thinking is elusive, barely perceptible, quick and transitory. It requires a focused, active attention to conscious, productive conceptual thinking. After doing truly conscious, active and self-productive conceptual thinking, it takes effort and repeated attempts to observe the thinking just done. This nonverbal reflection of the thinking just produced also uses a type of thinking to observe what has happened. This is "thinking about thinking." The authors clearly differentiate this produced, pure thinking from the words, images, reflections and content of the thoughts; instead, they focus on the relations between the thoughts, i.e., the relations of the concepts to each other. This is just a bare sketch of the detailed content in this article. The two authors, singly and together, have published several articles on this topic.

The authors are careful to review the extant literature on the subject and go through various methodological considerations. In their conclusion, they state that they have shown the phenomenological character to what it is like to truly think, that true thinking involves our own effort or agency, and that this thinking consciously and experientially reveals the world of conceptual relationships in our consciousness. While this research article goes into great detail, some examples of pure conceptual thinking can be found in Steiner's *Philosophy of Freedom*, especially the first seven epistemological chapters. The last seven chapters, as well the whole of *Fundamentals of Therapy*, demonstrate non-sense-based, non-brain-bound intellectual thinking, but a living conceptual thinking as it isapplied to freedom, psychology (mental states) and medicine. Because of the of thespecial character of the vigorous, living thinking used in these two books (as well as in numerous other writings and lectures), many readers find it difficult to understand Steiner, unless they are willing to go through the hard process of thinking without the support of scientific tradition, education and the senses. This type of conceptual thinking will certainly refer to the sense world, when necessary, but doesn't sink down to natural science's materialistic and reductionistic mechanisms (for example in molecular biology). "The common goal" of anthroposophy (spiritual science) and anthroposophic medicine is "to lift humankind [including healthcare workers] out of the materialistic current of the present"(Rudolf Steiner, GA 62, 2/1/1904, Berlin).

Attachment 2: This is a 1916 lecture Steiner gave to an audience familiar with anthroposophy as found in his books Theosophy and Occult Science, anOutline (aka Esoteric Science, an Outline). This lecture complements the content of AnthroMed Training courses and what is found in Steiner's written works, including Fundamentals of Therapy. The lecture was given during World War I in the midst of the deaths of soldiers and civilians. It seems apropos to include it in the PAAM Medical Letter, given the various tragic wars in our lifetime, including the current Ukrainian war. In addition, in our personal and professional lives we confront death and dying.

Steiner shows what happens supersensibly at the moment of death, and concretely and graphically describes the various supersensible phases/periods after death. The significance of our members, the physical body (without the material content that is left on earth), etheric body, astral body and ego or "I" after death are not only important for us, but also for the whole cosmos, filled as it is, with lofty spiritual beings. We gradually discover the purpose and task of our recent life experience and future lives and how we are an important part of the spiritual and physical world. What Steiner says can feel overwhelming. In assimilation and contemplation of what he says we can feel moved, inspired and

determined to become better human beings; that something is expected of us, however insignificant it may seem. The fate and transformation of the physical body, the etheric body and the unredeemed astral body are all described. In the supersensible-spiritual world, we sense other souls present whom we were related to on earth. To fully recognize them requires our active engagement and initially forming an image/an imagination of them. Later on, we form the spiritual shape of the related dead souls. If we remain passive or in disbelief, then much will remain incomprehensible in the supersensible worlds.

Towards the end, Steiner mentions the phenomenon of so many young people dying from the war. Their unused etheric and spiritual forces are not lost, but are used co-operatively in the spiritual progress of humanity. However, it is incumbent on there being humans on earth who understand this for the spiritual progress to occur. In another lecture, Steiner says that youth who have died provide creative, loving forces for the spiritual world, for the spiritual community of beings.

Steiner says a lot more about life after death in his numerous lectures. One would have to read many of them to get a more complete view of life after death and the meaning of our earthly life.

Attachment 3: This is an open access research letter from Danish researchers published in Eu J Clin Invest 2023;00e13998 (doi.org/10.1111/eci.13998). It reports for the first time that in Denmark there appeared to be marked batch-to-batch variability of Pfizer'sBNT162b2 mRNA COVID genetic vaccine in the rate of suspected adverse events (SAEs)reported in the DMKA, Denmark's passive VEARS-like system for reporting vaccine adverse events. The SAEs investigated varied from non-serious ones to serious/severe SAEs (hospitalization, life-threatening illness, permanent disability or congenital malformation) or to SAE-related death. Overall, the SAEs analyzed revealed that 23.5%were severe SAEs and 0.9% were SAE-related deaths. However, the rate of SAEs varied depending on the batch of the mRNA vaccine. The batches were grouped into three. A minority, 4.22%, of the batches had a majority, 70.78% of all SAEs and high rates of serious/severe SAEs and SAE-related deaths, 27.49% and 47.15%, respectively. Another group, comprising 63.69% of all vaccine doses had 28.84% of all SAEs, 71.5% of serious/severe SAEs and 51.99% of all SAE-related deaths. The third group, comprising32.09% of all vaccine doses had low rates of SAEs, serious/severe SAEs and SAE-related deaths, 0.38%, 1.01% and 0.86%, respectively. Please see the fig. 1 graph for a visual representation of the trend lines. While the study has some limitations and with no data on specific types of SAEs, demographics, temporal relationships, or associated vaccine effectiveness, the study gives evidence of serious batch-dependent safety signal (poor quality control) that should be further investigated.

Another early study using VAERS data, Ceacareanu AC, Wintrob ZA published "Summary of COVID-19 vaccine-related reports in the vaccine adverse event reporting system" in JRes Pharm Pract 2021;10:107-13 (https://pubmed.ncbi.nlm.nih.gov/35198503/). The authors were only able to look at 33.54% of the total lots in VAERS, and none for Pfizer'sBNT162b2 mRNA vaccine (because of missing lot numbers). The authors detected a higher incidence of death associated with Moderna's mRNA-1273 gene-based vaccine lots, especially during May 2021 and July-August 2021. The authors regression analysis largely supports conclusion that the majority of the variability of the lot numbers associated with adverse vaccine events, including death, seem to be explained by the older age of the vaccine recipients and living in an assisted living facility. The first analysis above by Danish researchers is much larger and more complete.

That some batches have higher rates of SAEs and others a lower rate, may help explain why some people get serious vaccine reactions and the majority of others don't. There have been other independent researchers publishing their evidence of the poor-quality control of the mRNA vaccine

vials. Because of censorship, they haven't been able to publish their findings in a journal, but instead have given presentations at conferences or written up their findings on Substack websites.

One important published, open access review article documents the contradictory safety regulations for gene-based therapy for infectious disease vs. cancer and other rare genetic diseases. Citation: Banoun, H: mRNA: Vaccine or Gene Therapy? The Safety Regulatory Issues. Int J Mol Sci 2023, 24, 10514 (doi.org/10.3390/ijms241310514). After considering all the changing and contradictory regulatory definitions and requirements, the PhD pharmacist and researcher, Banoun, concludes COVID-19 mRNA vaccines should be classified as new gene therapy products and should be subject to more stringentrequirements for purity, quality and batch homogeneity, as well as for pharmacologicstudies to assess biodistribution, persistence of the disruptive synthetic mRNA and for various potential toxicities (perinatal, genetic, tumorigenic, etc.) The regulatory agencies inEurope and the USA have excluded the gene-based synthetic mRNA vaccines from adequate assessment, including no inspection or auditing of manufacturing facilities. Further proof of the poor-quality control of mRNA vaccines: 1) a news report that Japan sent back 1.63 million Moderna mRNA-1273 vials because of visible foreign material present; this was addressed, along with other sources of contaminants, in the journal Vaccine 2022 (doi.org/10.1016/j.vaccine.2022.02.034); 2) a very small study by independent researchers (without public funding from NIH, FDA, CDC, academic medical centers, or pharmaceutical companies) documented dsDNA contaminants from E.coli usedin mass bivalent synthetic mRNA production as well dsDNA from the DNA tumor virusSV40 (promotor and enhancer sequences) used to upregulate the synthesis of the genetic code. Both contaminants were above the limits set by the FDA and EMA. This preprintpaper also documents other researchers finding similar contaminants. See
McKernan, K.,Helbert, Y., Kane, L. T., & McLaughlin, S. (2023, April 10). Sequencing of bivalentModerna and Pfizer mRNA vaccines reveals nanogram to microgram quantities of expression vector dsDNA per dose. (doi.org/10.31219/osf.io/b9t7m). Given the belief and ideology in conventional medicine that "vaccines are safe and effective", and the current censorship in mainstream medical journals of well-done studies that contradict that ideology, it is difficult to get adequate funding, sponsorship and publication of results like these; only a few can get through.

Attachment 4: Here is an alarming article by two well established researchers andpublishers in the medical literature, Peter C. Gøtzsche, MD, former head of the Norwegian Cochrane Collaboration, and Maryanne Demasi, PhD, an independent researcher and investigative medical journalist. This article is still only an open access preprint (for reasons stated above) of a systematic review of the reported serious harms of the gene based COVID vaccines. The authors define serious harms as "death, life-threatening illness, requiring hospitalization or prolongation of an existing hospitalization, results in persistentor significant disability or incapacity, or is a birth defect." There were 52 studies that they reviewed. It is a scathing review of the poor quality of most of the studies, often omitting accurate reporting of adverse vaccine reactions. Some of these studies were published inthe Lancet and the New England Journal of Medicine. In their results section, the authors go through the serious harms in general, as well as specific harms such asmyocarditis/pericarditis, thromboses, serious adverse events in people with previous infection, serious events in children, or after booster doses. They critically go through the studies in each type of serious harms and found most of the published studies very inadequate, problematic or uninterpretable.

The most methodically rigorous, reliable, and relevant research paper they found was a systematic review of regulatory data (from US's FDA and Health Canada websites) onthe two pivotal randomized trials of mRNA genetic vaccines, from Pfizer's BNT161b2mRNA and Moderna's mRNA-1273 (Fraiman J, Erviti J Jones M, et al. Serious adverseevents of special interest following mRNA COVID-

19 vaccination in randomized trials inadults. *Vaccine* 2022; 40:5798-5805 doi.org/10.1016/j.vaccine.2022.08.036). SAEs of special interest had a significant risk ratio of 1.43 and an excess risk over placebo of 12.5 per 10,000 for the two gene-based vaccines combined. Pfizer's mRNA vaccine risk ratio was a significant 1.36 and its excess risk over placebo of 18 per 10,000. Moderna's SAEs in its RCT were misleading because Moderna included efficacy outcomes in its SAE tabulations so that COVID-19 illness complications were counted as SAEs, and these complications were more common in the placebo group. The FDA's analysis of SAEs from their trials was severely criticized for not reflecting the observed excess of multiple SAEs in the vaccine group and for using a different analysis population, which resulted in insignificant difference of SAEs between vaccinated and placebo groups. It should be noted that these excess risk data are likely to be significant underestimates because biased, industry-employed researchers made the determination of what constitutes an adverse vaccine reaction, and there have been credible reports in the BMJ and elsewhere of fraudulent under reporting of serious adverse vaccine events or misrepresenting the events as minor or only psychological in nature.

This is a great, informative paper that should be peer-reviewed and published. Given theirtrenchant and scathing analysis of the research published on mRNA vaccine-induced SAEs, the medical profession, as reflected in medical journals, may not want to expose their poor-quality, published studies.

Attachment 5: The Cochrane Evidence Synthesis and Methods journal in May 2023 has published an important open access review on what the peer-reviewed scientific literature tells us about what pharmaceutical industry does in corrupting medical science and practice using internal industry documents. The authors did not do an independent analysis of the internal documents, but instead they sought to do a scoping review of articles that reported their independent analyses. This was a comprehensive search of several databases, and 37 peer-reviewed papers were in their final results. Of note is that this scoping review search went up to 2/19/2022 and did not include any internal documents from mRNA gene-based therapies, as was done by Fraiman J, et al cited above. This scoping review found long-standing industry manipulations and corporate influences of the medical profession at every stage of product development and marketing, including, and particularly, in clinical research and clinical practice. Almost all of the studies of internal documents were the result of legal proceedings against pharmaceutical companies. These unscientific and promotional practices date back to when chlorothiazide (Diuril) first came to market in the 1950s and 1960s. The types of dynamic "ghost management" strategies commonly used were: 1) scientific capture by ghost writing and publication planning; 2)nondisclosure/selective reporting instances; 3) downplaying negative results in clinicaltrials; 4) conflict of interests in research and publications; 5) professional capture using biased key opinion leaders, detailing and promoting products to physicians in offices and conferences, off-label promotion, seeding trials, sponsoring clinical education/training, advertising to healthcare professionals, conflict of interest in clinical practice guidelines, gifts and bribes; 6) regulatory capture by lobbying efforts, claiming to employ self-regulation, conflict of interest of the regulators and their revolving doors into the industry; 7) market capture by market concentration, chargeback, influence over reimbursement decisions, unlawful commerce, strategic patenting in technological capture; 8) civil society capture with conflict of interest with patient groups, misinforming patients during recruitment, and astroturfing; and 9) "other," including willful unlawful activity and preventing whistle blowing through intimidation. This evidence synthesis documents the further erosion of the independence of the medical profession and medical journals from the pharmaceutical industry. Even results of industry sponsored RCTs is manipulated by the industry. Much of the biomedical literature can't be trusted because of its corruption, as Marcia Angell, MD, a former editor of the New England Journal of Medicine stated in the 1990s.

Attachment 6: Richard Smith, MD, former editor of the BMJ until 2004 wrote this opinionpiece on the BMJ Blog website on July 5, 2021. The provocative title is “Time to assume that health research is fraudulent until proven otherwise?” He focuses on fraudulent research that is perhaps in 20% of the published research; fraudulent research that was never done, and was instead made up (called "zombie trials”), and systematic reviews and meta-analyses that unknowingly include them in their analyses, and therefore can’t be trusted. This is another type of untrustworthy medical research that plagues the literature. Surprisingly, most of these trials are never retracted. While some of the fraudulent research comes from the USA and other developed countries, most of the fraudulent research and trials repeatedly come from the same countries (Egypt, Iran, India, South Korea and Turkey). John Ioannidis, MD, ScD, the famed professor, researcher and critic of the medical literature, from Stanford University, concluded, after looking at the individual patient data from these trials, that there are likely hundreds of thousands of zombie trials published from these countries alone.

Peer review seems to be ineffective in detecting fraud, especially if the reviewers start by assuming that the research is honestly reported. There has been a proposed checklist of40 items to assess whether a trial is fraudulent or not. This would be very time-consuming to peer reviewers to do. Some argue that the research misconduct is a systems problem. The system provides incentives to publish fraudulent research and does not have adequate and robust regulatory processes. Researchers progress in their careers by publishing papers so there is an incentive to do easy fraudulent research. The publication system is built on trust and peer review was not designed to detect fraud. The business models of journals and publishers depends on publishing as many studies as cheaply as possible. There is little incentive to check for fraud or scientific misconduct. There is also a positive disincentive to avoid reputational damage and the legal risk from retracting studies. Regulators also lack legal standing and the resources to respond to what appears to be clear fraud. Lastly, detecting fraudulent research is complex and time-consuming, so in general, it’s not done.

Attachment 7: This open access and peer-reviewed JAMA Network Open article was published on 8/15/23. It is a disturbing example, not of possible fraudulent research or compromised research by the pharmaceutical industry, but of a superficial and poor-quality study with a particular agenda of supporting the CDC narratives during the pandemic, and its goal of increasing gene-based COVID-19 vaccinations. The authors are from the University of Massachusetts School of Public Health and Heath Sciences. All the errors and biases cannot be explored in this brief summary. One key problem of their researchwas that they didn’t bother to penetrate and assess the scientific literature independently. They instead relied on the US CDC guidelines for the prevention and treatment of COVID-19, during the study window of January 2021 and December 2022 to define misinformation found in high-use social media platforms. Defending the various social media bites and opinions made by physicians is not the purpose here. Social media doesn’t lend itself to any rigorous scientific debate, discussion or elaboration. The focus here is on what the science was saying vis á vis what the CDC and public health officials were saying to the public during the study window (https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4381627). The JAMA Open Network authors use unreliable CDC data to quote an exaggerated number of deaths from COVID. Some of the problems with the CDC’s figures include an overly broad definition of death from COVID, using too high cycling times (up to 45) for a positive PCR test and diagnosis of COVID, and errors in miscounting 72K deaths attributed to the total death count that had to be subsequently removed, etc. The authors are either unaware or willfully blind about the many deceptions or errors by the NIH, FDA and CDC that subsequently came out to the public. For example, the NIAID, under Anthony Fauci and the CDC, claimed that the gene-based vaccinations would prevent transmission (spread) and illness, and would lead to herd immunity. However, there was no good evidence for this, and the COVID mRNA RCTs were not designed to assess the effect of the gene-based vaccines to prevent transmission and illness. The RCTs only showed a potential trend

(small numbers) to decrease hospitalizations and deaths from COVID. Unfortunately, the 6-month all-cause mortality data for Pfizer's mRNA vaccine revealed 21 deaths in the vaccinated group and 15-17 (the numbers reported vary) in the placebo group; the NIAID, CDC and FDA never mentioned this, most likely because the agenda was to push the vaccines to all, regardless of risk for serious illness or death. Given the waves of COVID the world and the US experienced, by end of 2021 or early 2022 it became clear we would never reach herd immunity, largely because the gene-based vaccines' inability to sufficiently prevent spread and illness.

The CDC and FDA claimed that the risk of myocarditis was rare and mild, and that the benefits of the gene-based vaccines outweighed the risk. There was even published literature to support this claim. However, by the end of 2022, there was alarming and contrary published literature about the risk of myocarditis in young men or male adolescents that outweighed the small benefit of the gene-based vaccines in this age and gender group. As only one example, this 9/23/22 article summarizes, the serious adverseevent rate and ethical problems of vaccinating young adult men against COVID (doi:10.1136/medethics-2022-108449). Subclinical myocarditis (elevated troponins) has been shown to be an even more frequent adverse vaccine reaction in two prospective and detailed studies published in 2022 by cardiology groups from Thailand and Switzerland(the Swiss group first published their abstract and presented their findings at a European cardiology conference in 2022, and later published a full article in 2023). In addition, both the CDC and FDA receive a large portion of the operating funds from the pharmaceutical-vaccine industry, which certainly creates a conflict of interest and dependence. SeeMaryanne Demasi's article in the BMJ about the share of regulatory agencies' funding coming from industry (BMJ 2022; 377 doi: https://doi.org/10.1136/bmj.o1538 (Published29 June 2022)).

The authors falsely claim that only the Janssen (Johnson and Johnson) gene-based vaccine led to deaths when the VAERS data managed by the CDC and FDA clearly showed a temporal trend of deaths from mRNA vaccines. Published autopsy data in 2022also implicated the mRNA vaccine as the cause of death (doi.org/10.1007/s00392-022-02129-5). A 2023 preprint of a systematic review of all autopsy studies published up to May2023 (many of the studies were published in 2021 and 2022) show the mRNA vaccine as the likely cause of death (ssrn.com/abstract=4496137). The CDC claimed that vaccine-induced immunity was superior to natural immunity, but without good data to back it up, and published data to the contrary (found in prior PAAM Medical Letters) existed. Only much later did the CDC concede that natural immunity was at least as good as vaccine-induced immunity. However, there was additional evidence in a few studies of negative vaccine effectiveness (increased risk of getting COVID) after 4-6 months of a completed vaccine series, which did not happen with natural immunity. Vaccine-induced immunity required more booster vaccination for only a temporary improvement in protection. There was also evolving evidence of immune imprinting or original antigenic sin from COVID gene-based vaccinations. (Where the immune system is fixated only on the spike protein of the strain in the vaccine and can't respond well or responds less optimally to a new strain of the virus.) This seems to be due to the reprogramming of both adaptive and innate immune responses by the gene based COVID vaccines (doi.org/10.1101/2021.05.03.21256520). Lastly, the authors criticize many physicians' comments as "conspiracy theories" and a threat to reliable information about the pandemic and promoted vaccines. However, there is now public evidence (after FOIA requests, threats of lawsuits, and successful lawsuits) that: the FDA concealed damaging mRNA companies' internal documents about mRNA vaccines causing serious adverse vaccines reactions; the CDC concealed damaging V-Safe data on adverse reactions from the public; that the NIH leadership colluded with publishing authors to support a natural, zoonotic origin of SARS-CoV-2 that led to prominent articles in the Lancet and Nature (revealed through released emails and later, US House of Representatives' investigations); that many scientists supporting the zoonosis hypothesis had serious conflict of interests in doing gain-of-function research (specifically on coronaviruses); that despite what the authors

reference in their paper about the support of the zoonosis hypothesis, there are other scientists and experts who would disagree andfavor a lab origin of SARS-CoV-2; and the authors fail to mention that much of the needed information to decide between these two hypothesis is concealed by the Chinese Government, the US-supported Wuhan Institute for Virology, the NIAID federal agency's support and deception of the research, and likely through the US military's non-transparent DARPA research funding. In general, the authors seem either naïve and superficial in their research or willfully blind to the evidence supporting many of listed physicians' short statements on social media.

Attachment 8: Last, but certainly not least, is an informative book review by PAAM member, Branko Furst, MD, of Otto Wolff's Fundamentals of Biochemistry in the Light of Spiritual Science (English translation, 2023). Otto Wolff MD, PhD (1921-2003) was a physician, Waldorf school doctor, researcher, writer and educator who travelled throughout Europe, the Americas and Africa to teach the basics of anthroposophic medicine, principally to medical students and young physicians. This is a unique book on the specifics of biochemistry in the light of Rudolf Steiner's spiritual science (anthroposophy). Itis therefore not a dry compilation of molecular structures, pathways and facts. Even practicing clinicians would benefit from reading this book because it more thoroughly goes into detail about substances that we already know from our education, and that Steiner and Wegman, in Fundamentals of Therapy (1925), could only go into the basic principles of living, sentient and spiritual substances in the human organism. Beginning by reading the last chapter, "Methodology", first can give the reader an orientation to Wolff's Goethean and anthroposophical approach which he uses throughout the book when discussing various biochemical substances. In this remarkable book, Wolff does not start with the primacy of matter as atomic and molecular building blocks, but from a holistic "spirit to matter" approach. Like Steiner, he views substances as vessels or carriers of supersensible (etheric, astral and "I") forces that work in our biochemistry, cell biology, physiology and anatomy. This book review gives a good sense of what the reader might find in the 420-page book. The book itself is the long-waited result of Otto Wolf's accumulating knowledge and wisdom of substances in the light of what Steiner and Wegman first brought forth in 1925.

On behalf of the PAAM Board, and to You, our Valued Colleagues,

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