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# THE HOPE ACCORD

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WE, THE UNDERSIGNED HEALTHCARE PROFESSIONALS, SCIENTISTS AND CONCERNED MEMBERS OF THE PUBLIC, CALL FOR:

## 1. THE IMMEDIATE SUSPENSION OF THE COVID-19 mRNA VACCINE PRODUCTS

A growing body of evidence [suggests](#) that the widespread rollout of the novel Covid-19 mRNA vaccine products is contributing to an alarming rise in disability and excess deaths.

The association observed between the vaccine rollout and these concerning trends is now supported by additional significant findings. These include the discovery of plausible biological mechanisms of harm demonstrated in laboratory and autopsy studies, as well as high rates of adverse events seen in randomised clinical trials and national surveillance programs. Altogether, these observations indicate a causal link.

This new technology was granted emergency use authorisation to address a situation that no longer exists. Going forward, the

burden of proof falls on those still advocating for these products to compellingly demonstrate that they aren't resulting in net harm. Until such evidence is presented, regulators should suspend their use as a matter of standard medical precaution.

## **2. A COMPREHENSIVE RE-EVALUATION OF THE SAFETY AND EFFICACY OF ALL COVID-19 VACCINE PRODUCTS**

Independent investigations must be properly resourced to allow a comprehensive re-evaluation of all Covid-19 vaccine products.

There must be a full exploration of mechanisms of harm to provide insight into their impact on the human body, both short and long term. Effectiveness must be reassessed through a comprehensive review of actual clinical impact on illness and mortality, as opposed to synthetic results based on modelled assumptions.

We call on the scientific community to come forward with findings from unpublished Covid-19 vaccine studies. This will help mitigate publication bias, whereby unfavourable results were often rejected or withheld due to fears of reputational damage. Crucially, government bodies and the pharmaceutical industry must also provide full transparency, granting access to previously undisclosed anonymised patient-level data from clinical trials and surveillance programs.

These cumulative actions will help determine any real world

benefit of these products versus the true extent of the damage caused.

### **3. THE IMMEDIATE RECOGNITION AND SUPPORT FOR THE VACCINE-INJURED**

The denial of vaccine injury is a betrayal of those who followed official directives, often under coercion from mandates restricting their access to work, education, travel, hospitality and sports.

The vaccine-injured must be recognised and every effort made to understand their conditions. Support should include readily accessible multidisciplinary clinics offering investigation and treatment as well as appropriate compensation for all those who have been harmed.

### **4. THE RESTORATION OF ETHICAL PRINCIPLES ABANDONED DURING THE COVID-19 ERA**

Fundamental and cherished principles of medical ethics were disregarded on the premise of an emergency. These included: 'first do no harm', informed consent, bodily autonomy and the notion that adults protect children – not the other way around. The precautionary principle was inverted. Also, particularly concerning was the erosion of free speech – a democratic

principle that underpinned the ability to question untested interventions whilst ensuring other principles were upheld. The consequence was exposing the public, especially healthy young people – including children – to unacceptable risks of harm.

Emergencies are never a reason to abandon our principles; it is precisely at such times that we most profoundly depend on them. Only after acknowledging they were wrongly abandoned can we commit to upholding them consistently and in doing so, better protect future generations.

## 5. ADDRESSING THE ROOT CAUSES OF OUR

### CURRENT PREDICAMENT

The medical profession must lead by admitting we lost our way.

By drawing attention to these medical and ethical issues surrounding the Covid-19 response, we hope to validate and amplify the call to establish the relevant facts and ensure vital lessons are learned.

An honest and thorough investigation is needed, addressing the [root causes](#) that have led us to this place, including institutional groupthink, conflicts of interest and the suppression of scientific debate.

We ultimately seek a renewed commitment to the core principles of ethical medicine, returning to an era in which we strive for transparency, accountability and responsible decision-making throughout the spheres of medicine and public health.

ON 3 JULY 2024, THIS ACCORD WAS AGREED AND SIGNED BY:

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CO-SIGNED BY

9,652

TOTAL SUPPORTERS

387

MEDICAL DOCTORS

850

OTHER HEALTHCARE PROFESSIONALS

365



## SCIENTISTS & ACADEMICS

8050

## CONCERNED CITIZENS

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