



H. E. Mr Karl Nehammer
Federal Chancellor of Austria
March 29, 2022

Compassion is the highest form of existence.

Fyodor Dostoevsky

Dear Mr Chancellor!

Please find enclosed the Humanistic Outlook Group's comparative analysis of statistics prepared by the Johns Hopkins University and the Worldometer reference site which reveal a questionable difference in COVID-19 cases and deaths between Austria and Eritrea (homeland of the WHO Director-General, Mr Tedros Adhanom).

We are convinced that the above mentioned statistics comparison will be of interest for decision-makers in relation to the limitations of the International Health Regulations IHR (2005, third ed.: 2016), and consequently to end the health, economic, humanitarian, culture related crisis resultant from the so-called COVID-19 pandemic. In our opinion, the analysis provided will also help to end the increase of morbidity and mortality caused by the decline of people's immunity fuelled by the fear and panic arising from the constantly announced threats of COVID-19 and its new variants.

Every one is really responsible to all men for all men and for everything.

Fyodor Dostoevsky

Attached:

1. Analysis of the Humanistic Outlook Group (HOG)
2. HOG appeal to the Director-General of the WHO, Mr Tedros Adhanom Ghebreyesus

Sincerely,

A. TSERETELI

A. Tsereteli,
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Analysis of the Humanistic Outlook Group (HOG)

Medica mente non medicamentis.
(Heal with your mind, not with medicine.)
Paul Niemeyer

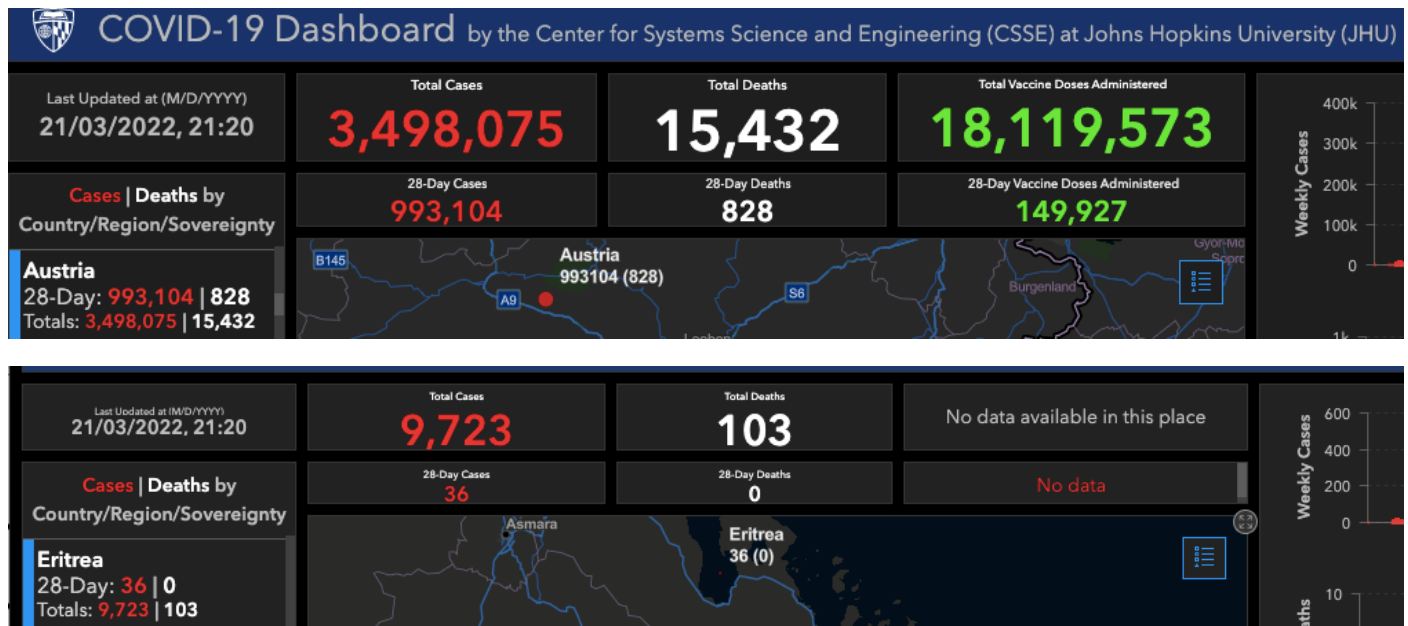
According to the Worldometer statistics below dated March 20, 2022:

- Austria has 384,641 COVID-19 cases per million of population and the same figure for Eritrea is 2,678 (i.e. 0.69% of the corresponding figure for Austria).
- 1,697 deaths per one million people due to COVID-19 in Austria - 28 in Eritrea (i.e. 1.65% of Austrian deaths)
- 18,799,024 PCR tests conducted per one million people in Austria and 6,526 in Eritrea (i.e. 0.03% of the number of tests used in Austria)
- there are 48,143 active cases per one million people in Austria, 0.3 in Eritrea (i.e. 0.0006 % of the corresponding figure for Austria)

#	Country, Other	Tot Cases/ 1M pop	Deaths/ 1M pop	Tests/ 1M pop	Active Cases/1M pop
98	Austria	384,641	1,697	18,799,024	48,143
131	Eritrea	2,678	28	6,526	0.3

(source: <https://www.worldometers.info/coronavirus/>)

According to the below statistics quoted from Johns Hopkins University, a total of 18,119,573 doses of vaccines have been administered in Austria until March 21, 2022, as opposed to Eritrea, where no vaccination took place.



(source: <https://coronavirus.jhu.edu/map.html>)

The puzzling difference in statistics between Austria and Eritrea raises the following questions:

1. Could the the reason be for the huge difference that 18,799,024 PCR tests per one million population were used in Austria, whereas only 6,527 in Eritrea ?
2. Could the reason be that 18,119,573 doses of vaccines have been used in Austria until March 20, whereas they don't vaccinate at all in Eritrea (the birthplace of Mr. Ghebreyesus)?

Remarks:

In line with the WHO Director-General Mr Tedros Adanom's repeated statement on "vaccine nationalism". Particularly about the claim that rich countries, above all the G20 states, have ordered excessive amounts of vaccines, and that African governments, including Eritrea, have no funds to purchase vaccines, does not stand up to criticism.

1. Firstly, vaccine manufacturers are willing to produce as many vaccines as needed.
2. Secondly, Eritrea is not a poor country if it can afford to maintain an army that outnumbered that of 16 European Union countries combined (Austria, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, Hungary, Ireland, Latvia, Luxembourg, Malta, Slovakia, Slovenia and Sweden).
3. Is it possible that the reason for the huge difference in the statistics are due to the fact that the vaccines and PCR tests recommended by the WHO Director-General have not undergone animal testing (in accordance with Article 3 of the Nuremberg Code) and the Eritrean authorities are waiting for the human experiment to be completed on European territory?

4. Is it possible that in Mr. Tedros Adanom’s home country refrains from PCR testing and from vaccination, because despite vaccination rates and high rates of testing in Austria and other European countries, the number of infections and deaths resulting from COVID-19 are on the rise instead of decreasing. This was personally stated by Mr Tedros Adhanom at the WHO briefing of August 11, 2021: (para 11): “... we have a number of effective vaccines and yet the number of cases and deaths continues to rise”. (source: www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-atthe-media-briefing-on-covid-19--11-august-2021)

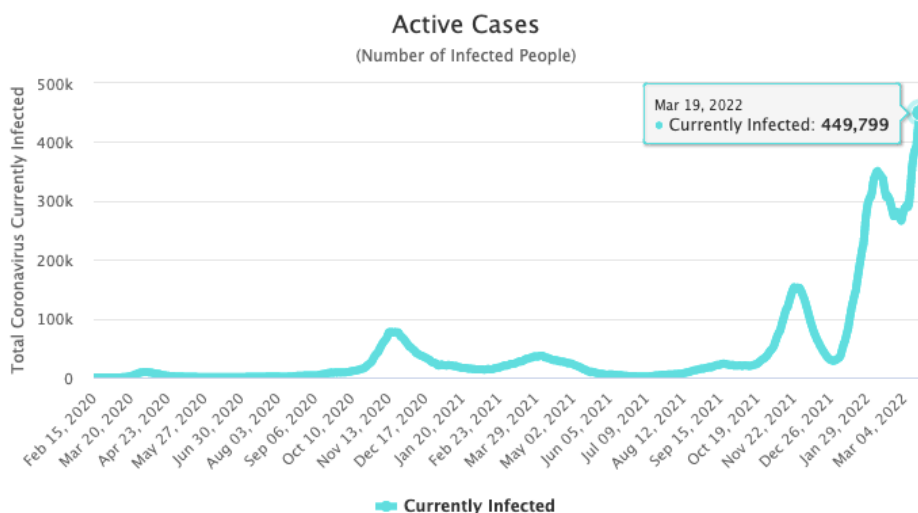
5. If Mr. Tedros Adhanom, at the WHO press conference on August 11, 2021, personally admitted that the use of “effective vaccines” increases morbidity and death rates, why did not he ban the use of these vaccines?

6. If Mr. Tedros Adhanom, at the WHO press conference held on August 11, 2021, personally admitted that the use of “effective vaccines” increases morbidity and death rates, why did the Austrian Parliament passed a law on mandatory vaccination with these vaccines on February 3, 2022?

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Active Cases in Austria



Active Cases in Eritrea

