GRAND JURY: The Court of Public Opinion, DAY 4 – Injections & Psychological Warfare
Initiated by Reiner Fuellmich & Viviane Fischer, Attorneys at Law
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[0:00:13] *Introduction, Injections*

[01:00] *Video 1 - Bill Gates*

[0:03:29] *Video 2 - A victim of the mRNA (SA)*

[0:06:55] *Day 3 Summary, Judge Rui Fonseca E Castro (PT)*

[0:11:53-0:47:10] Dr Alexandra Henrion-Caude (FR), Director of Research in G enetics

[0:28:34] *Questions*

[0:47:10] *Dr Vanessa Schmidt-Krüger (DE), Molecular Cell Biologist, Specialist in Cardiovascular Diseases*

Part #1 – the infection fatality rate is much less than officially delcared [0:47:50]

Part #2 – we already have strong cross immunity against all coronaviruses [0:50:12]

Part #3 – injections are inefficient and useless

Questions [??]

[1:04:06]

[1:08:38] *Deanne McLeod (CN), Principal & Founder of Kaleidoscope Strategic Inc, Background in Immunology & Psychology*

[1:38:22] *Prof em Dr med Sucharit Bhakdi (DE), Microbiologist, Immunologist & Infection Epidemiologist*

Questions [2:00:07]

[2:00:51] *Dr Mike Yeadon (UK/USA), Former Chief Scientist & Vice President of Pulmonary Research at Pfizer*

[2:26:10] Prof em Dr med Arne Burkhardt (DE), Pathologist (screen problems

[2:32:15] *Prof Dr Antionietta Gatti (IT), Physicist and Bio Engineer, Nano-Pathologist*

[2:55:46] *Prof em Dr med Arne Burkhardt (DE), Pathologist*

[3:33:11] *Prof em Dr Ing Werner Bergholz (DE), Professor of Electrical Engineering, Quality & Risk Management*

[3:51:40] *Questions*

[4:06:45] *Virginie de Araujo Recchio (FR), Attorney at Law - Conclusions*

[4:13:39] *Psychological Warfare*

[4:14:20] *Meredith Miller (US), Trauma Coach & Author*

[4:37:44] *Dr Ariane Bilheran (FR), Philosopher, Clinical Psychologist, Doctorate in Psychopathology*

[5:13:48: *Questions*

[5:49:00] *Closing*

Introduction
Dr Reiner Fuellmich, Attorney at Law (DE/US): ***[0:00:13]***

Good morning, good day, good evening, wherever you are. This is the fourth session of the Grand Jury Investigation with a real judge, real lawyers, real expert witnesses and real witnesses, outside of the system.

The last session dealt with the PCR test and alternative methods of treatment. We will have a brief summary given to us by Judge Rui in a minute but this is just to inform you that last time we learned that there is no real pandemic only a PCR test pandemic and that the virus which is out there can be dealt with with regular methods of treatment. Before we go *[...]* we will show you two videos just to remind us what this is about. The first one shows one of the chief proponents of the so-called vaccines, Bill Gates, explaining how, ultimately, natural immunity is better than vaccine-induced immunity and another video that shows a victim of these shots.

- Video 1 – Bill Gates at the Munich Security Conference 2022 *[00:01:00]*
- Video 2 – Victim of injection (Terrrance Munsamy, Terrance Munnamy, South Africa *[0:03:29]*

Now that we've heard from the famous medical expert Bill Gates and one of his victims, we will very quickly hear from the real medical experts. But before that Judge Fonesca e Castro will summarise the last session.

Judge Rui Fonesca e Castro (PT) [*0:06:55*]

Good evening, everybody. Summary of Day 3 of The Grand Jury Investigation of The Court of Public Opinion February 2022. Dr Astrid Stuckelberger explained how the PCR test was introduced in 2020 as a diagnostic tool which had never happened before. Also, normally in pandemics there is a Patient Zero but there wasn't a Patient Zero in this so called pandemic. She explained also that all attempts in the past for a coronavirus vaccine had failed because it mutates all the time. In addition, there's a conflict of interest involving Drosten, since there were three payments from GAVI to La Charité between 2019 and 2020. She stated that Drosten must have known the PCR test design would produce a massive amount of false positives; he knew. Dr Ulrike Kämmerer explained how the PCR test works and why it is technically not able to decide if a sample which is found positive is indicative of an infectious (contagious) person. Even if performed under perfect conditions it can't be used as a 'gold standard' and a basis for non-medical actions intended to stop spread of a virus, since all the active material is destroyed in the process of the PCR. She showed the protocol from Christian Drosten is technically very poor and explained how the PCR tests with the Drosten protocol started to be misused as a diagnostic tool and also how the PCR test design can lead to a massive number of false positives. She stated that it is the first time in history that the molecular genetic test is used as a diagnostic tool and agreed that the goal must have been to create false cases in order to create a pandemic.

Dr Soña Peková explained the difference in genetic sequences between the different waves during 2020, concluding that there were different viruses causing them, that would explain why the Drosten PCR tests aimed at (since the beginning) 2-3 targets in order not to miss anything so it would produce the required number of cases for a required pandemic that he wanted. She explained, furthermore, that if you have a virus that is changing so much it's not possible to use one single vaccine that was designed against the original virus which does not circulate anymore which could lead to antibody dependent enhancements. Dr Bryan Ardis explained also, many people were dying in the early 2020 which was related to the use of remdesivir, leading to massive acute kidney failure,

liver failure and heart failure. John O'Looney, funeral director in the UK, said that there was no indication that there was an increase of the deaths in January 2020, only after the starting of the massive vaccination does the death rate increases dramatically when it was clear that many young people were dying from thrombosis. Dr Shankara Chetty says that he found it very suspicious that the new so-called virus spread from Wuhan to the rest of the world but not to the rest of China. He found it weird that the PCR test started being used as a diagnostic tool and that the health authorities were saying asymptomatic people were able to infect others. He explained his medical practice in South Africa (during 2020) were treating persons that were showing an uncommon kind of anomaly, using hydroxychloroquine which is used for a long time and has antiviral effects. This is a summary of the history. Thank you very much.

Reiner Fuellmich: Thank you. Thank you very much. Now let's hear from the real medical experts what is it about the vaccine? We've learned last time that no pandemic exists and that the virus can be treated with traditional methods of treatment, effectively and safely, What is the truth?

Prof Dr Alexandra Henrion-Caude (FR), Director of Research in Genetics *[0:11:53]*

Alexandra Caude: Hello everyone. My name is Alexandra Henrien Caude. I will share my screen.

- Slide 1 – Who I am

Can you see it correctly? OK. So I am Dr Alexandra Henrion-Caude, Director of Research in Genetics and Director of Simplice (my Research Institute) and declare no conflict of interest.

- Slide 2 – Unprecedented problem (3.3 million adverse reactions + deaths)

It seems that we do face an unprecedented problem and I want to stress to start with, to give more relief to the testimony you just showed, Reiner, that we have in the present database over 3 million adverse reactions that have been notified in the database of ViGiAccess by the World Health Organization. This is unprecedented because if we gather all the deaths, for instance, that took place only after the COVID-19 vaccinations, in comparison to over the 30 years of any other vaccines, they account for over half of the deaths over 30 years. So, basically within one year of those Covid vaccinations we've already reached over half of the deaths.

- Slide 3 – The problem is actual

The problem is actual, because no matter how the way we look at the data talking with ourworldindata.org, we have an increase of the weekly confirmed COVID-19 deaths per million people that keeps on increasing, specifically all the more in the countries that do vaccinate at a high rate, and more so than in countries where the the rate is not as .. it's difficult to assess basically because it's India and Africa. But the trend of the curve is just so obvious that we can only say that the vaccination is not the solution.

- Slide 4 - The problem is not an anti-vax or a pro-vax problem

I want to stress that the problem is not an anti-vax or a pro-vax problem, as it had been constantly presented to the people. The problem is to openly discuss our scientific knowledge and the gaps of this knowledge. And typically we need to accept that RNA viruses undergo relatively rapid mutation which can typically impact vaccination strategies. To take an example, I will take the ancestral Wuhan SARS-CoV-2 variant that is likely extinct (that is to say that we haven't seen it in Europe or in any other countries) and this Wuhan variant happened to be extinct without a vaccine.

- Slide 5 – For 2 years, sole answer to COVID-19 has been repeatedly the “vaccine”

So, for the last two years a sole answer to COVID-19 has been repeatedly offered to us which was presented as the “vaccine”.

Yet we have at least five issues with this presentation of this sole solution to COVID-19:
1. First issue is with *unwary and unethical* products. We all know, I hope, that they are still at the R&D stage (Research and development). Those products were still in the research and development stage and therefore are still under clinical trial status.
2. The second aspect is that they were presented as the sole solution *with false and changing promises*, mainly due to the fact that, again, there was this ‘ongoing status’ of the clinical trial that would end in 2023.
3. The third aspect is that they could be imposed to the world because *they excluded any other treatment*. Basically, we have this conditional existence of this emergency authorization that solely depends on the lack of any alternative treatments, so one can only understand why no other treatment were presented.
4. The fourth aspect is that there was *no assessment of the epidemic dynamics* in terms of the decision of going further to vaccinate massively. And this is also something very important as well as defectuous pharmacovigilance because the issue was so big.
5. And the last but not least aspect, the fifth one, is that there was ‘*flawed’ risk-benefit analyses* that would not take account the age nor the disease status nor the status of immunity whether natural or even the waning one now, as well as the adverse reaction. With these five items of the background, we understand how this COVID-19 was imposed to us as the unique solution.

I will go reverse so instead of going 1,2,3,4,5, I will quickly browse the fifth point, the ‘*flawed’ risk-benefit analyses* but we’ll go further later on in detail because those are concerned the future.

- Slide 6 – 5. ‘Flawed’ risk-benefit anlyses

The fifth point is the fact that there was no assessment of the epidemic dynamics and this is important because normally when you do vaccinate the population you try not to be in a replicative stage of the virus that will go beyond a certain threshold, and you don’t want to be in the dynamic that there is an increase. In Israel, the black line, (here) was the start of the vaccination campaign and after that you got the strongest peak of COVID-19 death of the Israeli population. The same happened in the UK where it was actually more in the the lower part of the dynamics of the epidemics but yet, again, the start of the campaign was followed by the highest peak of Covid-19 death. Same with Emirates and with those three countries that took place quite early because they were the soonest to vaccine massively their population.

- Slide 7 – 3. Exclusion of any other treatment

They shouldn’t have had the exclusion of any other treatment. We have loads of studies that do show other treatments yet those were excluded just for the sake of saying that there was no other solution.

- Slide 8 – 2. False and changing promises; a)

These *'false and changing promises’* are important. The failed promises those are typically the fact that those products were presented to us as *a mean to end the pandemic.* Instead of ending the pandemic, we can read like in on the World Economic Forum on the conversation in September 2021

that Covid-19 was likely shifting *"from pandemic to endemic",* so this is a failed promise of the virus. The other problem was that it would be 'a weapon to eradicate the virus'. Now in Bloomberg in the last month in January one could read that Europe was slowly starting *"to consider treating Covid like the flu"* meaning to take medication and not solely rely on vaccination, so it was a failed promise. Another failed promise was it was *a drug to protect from the disease* but we all know (and Bloomberg again published it, I think it was yesterday) that *"New Covid Variants Complicates the Question of Vaccine Mandates"* because these variants cannot ensure the fact that those drugs will protect from the diseases.

- Slide 9 – False and Changing Promises; b)

The other part that is important in this *false and changing promises* is that at no stage was the immune status taken into account and this is a big issue. There is this very nice paper taking over 52,000 health employees that clearly shows that whether you have been previously infected or whether you have been vaccinated you have a substantial protection against the COVID-19 and that vaccination of previously infected individuals does not provide additional protection against COVID, meaning that all these passports, imposed on the people, not taking consideration of their immune status, are wrong.

- Slide 10 – 1. Unwary and thus unethical solutions; a) Warnings for ANTI-CORONA

The first two stand to end up with the first point which was the *unwary* aspect of these products. One should know that there was sufficient data in the literature to have all the warnings to understand that any anti-coronavirus vaccines were never successful. No anti-coronavirus vaccines were ever approved in France, whether in animals or in human. And this led scientists to publish this very nice paper early on, stating that independently whether you would fight against SARS, against MERS, with vaccine candidates you had a phenomenon with antibodies that were associated with a high inflammatory mobility in all the clinical models and therefore obstructing the advancements to the clinic. So, they bypassed this knowledge. They also bypassed the fact that this phenomenon was consistent across any sort of vaccines used. It was not a question if the strategy was a mRNA or DNA or what kind of vector but it was irrespectively of the type of vaccine on issue. And therefore they were asking that if we were to vaccinate anyone we would disclose to them the specific risk of worsening Covid-19 disease from the vaccination.

- Slide 11 – 1. Unwary and thus unethical solutions; b) known warnings for any mRNA 'vaccine'

The other part is that there was known warnings for the mRNA vaccine as well as such, a little bit like the anti coronavirus vaccine, there were no mRNA vaccines ever approved worldwide for any disease in human. And this you see very well in the literature through reviews. Basically, when you unravel all the clinical trials in the past, with the exception of Covid, they did not reach beyond Phase 2.

- Slide 12 - 1. Unwary and thus unethical solutions; c) The known issues of choosing 'SPIKE' in the design of vaccines

The last issue that I want to stress with these *unwary* products is the fact that through this part choosing spike in the design of all these vaccines (because no vaccine does not target spikes specifically) were a big mistake for three reasons.

1. Spike is known as a hotspot for evolutionary selection of mutations. All these little triangles that you get means that you have intense mutation in the spike. So, now if you build up antibodies against the region that keeps on changing and mutating, obviously you know in advance that your product may be very well outdated.

2. The second part, spike is a hot spot for glycosylation. It is a little sugar that is added to the spike protein (in red that you see), this is the virus in red, the spike and glycosylation are the sugar, meaning that the patterns of those sugar on the spike keep on changing and this again will clearly make any certain vaccination more than tricky. And the last part, not the least, is the fact that they chose a pathogenic antigen that they did not try to attenuate or to inactivate (which too is normally the case in vaccination) that is to say that the toxicity of the spike remained. So then, the last part is the fact that we know now that there will be repeated boosting, repeated injection and this is again, from our past knowledge, a critical issue because systemic autoimmunity appears to be an inevitable consequence of overstimulating the host's immune system.

- Slide 13 – In conclusion

To that, I will pass it on to Vanessa and to Sucharit, I believe. I want to stress the fact that *we face an unprecedented worldwide situation harming a few people (at least three millions already) potentially endangering all of them meaning (billions of people) and likely future generations with a lack of demonstrated benefit as compared typically to vitamin D for instance*, because they could have compared their strategy. So it is, I believe, our responsibility to stop at once this never-ending campaign, as the 4th dose has already been announced in Israel. Thank you

Questions for Dr Alexandra Henrion-Caude [0:28:34]

Reiner Fuellmich: Thank you very much, Alexandra, One question I have. You said, no mRNA vaccine has ever been approved for humans. Is it correct that mRNA technique has only been used in Cancer Research and been used on patients who literally had nothing to lose, not on healthy patients?

Alexandra Henrion-Caude: Cancer and infectious disease, that was the the different trials, the clinical trials are ongoing.

Viviane Fischer: And could you quickly say what the second step of the trials is. Phase 2, what does that mean (for the audience who doesn't know)?

Alexander Henrion-Caude: So it means that you have a number of the critical steps that you need to reach in order to ensure a safety that you can move forward to into human - and those are like the practicle issues, the practical stages, that you normally have; Phase 1, Phase 2, Phase 3, Phase 4. And because they were not successful, they did not pursue further.

Viviane Fischer: So, but Phase 2, what does it mean?

Alexandra Henrion-Caude: I saw that, Vanessa will want to elaborate on that, I think.

Viviane Fischer: OK

Reiner Fuellmich: Any other questions from... yes, sorry Dexter.

Dexter L-J Ryneveldt: No problem. Dr Henrion-Caude, I just wanted to find out you are a geneticist; is that correct ?

Alexandra Henrion-Caude: Correct.

Dexter L-J Ryneveldt: For how long have you been practicing as a geneticist?

Alexandra Henrion-Caude: ....I'm very bad with time. Since I graduated with my doctorate, so it was in 1997.

Dexter L-J Ryneveldt: So 1997. That's definitely quite a number of years. And we are talking more than 20 years approximately.

Alexandra Henrion-Caude: Yes, and more than that, yes. And 12 to 15 years on RNA biology, on RNA specifically.

Dexter L-J Ryneveld: OK. So, you could say that you are an expert when it comes to genetics. You know all the in's and outs, basically, when it comes to genetics?

Alexandra Henrion-Caude: No. that's something that's very nice in our job is that we never know nothing and that we are always in the process of of acquiring knowledge. So we are supposed to be a specialist, that is to say that we have a good knowledge of the literature, of a number of things which is the stage at which the knowledge is. So, it's never the truth. It's never something that is completely established. It is always evolving.

Dexter L-J Ryneveldt: So, it is public knowledge that when it comes to the Covid-19 vaccines, we are talking about (and you have presented evidence), we are talking about the mRNA vaccine which is then genetics or it is a genetic way of introducing new cells to the human body. Is that correct doctor?

Alexandra Henrion-Caude: Again? I didn't understand your point.

Dexter L-J Ryneveldt: It is common knowledge that the Covid-19 vaccines (and you have given evidence there) these mRNA vaccines which means it is a gene therapy. So it is then certain cells that is injected into the human cell, the human DNA. Is it correct if I say that?

Alexandra Henrion-Caude: And I still didn't get your point, so It is correct to say that it is an advanced medicinal product based on gene. Some call it 'gene therapy'; even the FDA, I believe, has called it gene therapy . I am not comfortable with the fact it is a 'gene therapy' because therapy means that you are being cured of something when, here, in the current case it has been injected in people who did not need to be cured, who did not mean to get treated. So that's why I'm not comfortable with this 'gene therapy'. What it is, is that indeed you, by injecting those mRNA in the cell, what one cannot say that you do not reach a status of modified gene modification, by this sole fact that this viral gene goes into the cells and, to the best of our knowledge, we don't know yet when it is it gets degraded (but I think Vanessa again will elaborate on that) - that you are modified without - we don't know at which stage you cease being modified.

Sucharit Bhakdi: May I comment, Dexter?

Dexter L-J Ryneveldt: Yes, you may make a comment, yes.

Sucharit Bhakdi: What Alexandra was saying is actually that you're not injecting the body with cells, you're injecting the body with the viral gene and the gene gets into your cells. So, it's a big difference but, otherwise, whether you want to call this gene therapy or not is a matter of semantics.

Reiner Ryneveldt: OK. Excellent. Thank you so much for clarifying it. Dr, just before you go, ...

Alexandra Henrion-Caude: I'm staying so and I think you will get to know much more now.

Dexter L-J Ryneveldt: OK. So you have given evidence. And for me, I actually regard it as very crucial evidence. And you have stated that no assessment of the epidemic dynamics has been done. According to you, how crucial is it for that to have been done? So, let me just clarify it, how important is it?

Alexandra Henrion-Caude: It is crucial enough as to be in any books of any medical student in medicine. That is to say, it's the basics that you get to learn. You do not want to vaccinate someone when there is a chance he or she is sick or getting the disease, so you don't want to to take the chance.

Dexter L-J Ryneveldt: OK. So my last question to you, Dr, is that - and I believe that you are aware when it comes to the four basic ethical bioethics code of medicine - and I am going to mention it to you briefly. The first principle - that's the four main ethical principles - there is a beneficence, and then we have nonmaleficence, autonomy and justice.

Now having regard to the evidence that you have presented, will you say that any doctor who presents or actually injects any citizen in the world with this mRNA vaccine which has never passed Phase 2, any of those doctors, are they in a breach concerning the four ethical biomediccal principles that I've mentioned? And I'm going to quickly read them: beneficence, nonmaleficence, autonomy and justice?

Alexandra Henrion-Caude: What it is, it is their ignorance.

Dexter L-J Ryneveldt: But when it comes to me, it will stop there ...

Virginie de Araujo Recchio: If you don't mind, perhaps we can put some points to Professor Henrion-Caude about the Nuremberg Code. It's about enlightened consent and I think it's very important. If you don't mind, I will confront the scientific conclusions of Professor Henrion-Caude with the principles which were determined in 1947. ... The Nuremberg Code of International Criminal Jurisprudence presents a list of 10 criteria. The first is the following: The voluntary consent of the human subject is absolutely essential. This means that the person concerned must have the legal capacity to consent that he or she must be placed in a position to exercise freedom of choice without intervention of any element of force, fraud, coercion, trickery, deception or any other forms of compulsion or coercion, and that he or she must have sufficient knowledge and understanding of what is involved to enable him or her to make an informed decision. What this says is consent with irrevocability, it is an essential criterion for distinguishing from a criminal perspective between the victim and the subject. Professor Henrion-Caude, in your point of view, can we consider that people injected with so-called anti-Covid vaccines are given a true and enlightened consent, following what you say?

Alexandra Henrion-Caude: Yes, I do.

Virginie de Araujo Recchio: You think that they gave a very enlightened consent to the anti-Covid vaccines?

Alexandra Henrion-Caude: No, they were not giving enlightened consent. They were not enlightened, so they could not. Due to what I think was their ignorance, they were not in the capacity of informing the patients.

Virginie de Araujo Recchio: So they are victims because they cannot be subject of an experimentation if they did not give an enlightened consent, a true consent.

Alexandra Henrion-Caude: So basically, the victims are dual. The victims would be the medical doctors , a number of whom injected without having the knowledge and the other were the victims themselves because they were not having an informed consent sufficient.

Dexter L-J Ryneveldt: Can I quickly jump in there? And I think this is very, very important, Dr, is that we need to make this differentiation because why? You have actually defined two types of victims. One victim you've defined is the medical doctor who actually injects this experimental injection mRNA in unsuspected citizens; that is then the first victim that you said. The second class of victims that you've identified is then ultimately the patient *per se*.

So, what I want to get to, and that is the first class. I am of the view - and you can tell me as to whether you agree with me - is that when it comes to a medical doctor, a medical doctor cannot plead ignorance under any circumstances, based on the four critical basic principles that I've read to you. And this is one of them, whatever they inject, or whatever a prescription they give, it must be to the benefit of the patient. So a doctor who has not done his or her research in any country of the world, injecting this mRNA, now we've got evidence it has never even passed the Phase 2, that doctor cannot plead ignorance and he must or she must be held liable. Do you agree with me on that statement that I've made doctor?

Alexandra Henrion-Caude: Not quite because, as I said in my presentation, I think we were facing an unprecedented situation. That is to say, the pressure of the medical doctors to do the job of injecting the people was so strong that I do not see where they could possibly look for the information. And because the information they were receiving themselves was not sufficient to get their information, that's why I I really think that this is a very unprecedented situation.

Dexter L-J Ryneveldt: Thank you very much for that, doctor. (I'm taking note of you Professor Bhakdi I'll come to you just now.) So you've now clarified basically according to you. And it's basically then your evidence. And in the evidence, it is unprecedented, which means these medical doctors, in a sense, it is justified for them to be ignorant. Although, I will completely disagree with that because, as a medical doctor you actually put yourself out there to ensure that you look after the best interests of your patients. And it is your duty, even when it comes to pandemics and epidemics and any kind of illness, to actually do thorough research and to actually consult with whomever you need to consult. And this is the problem what we have because everything has been talked down from the World Health Organization, there are ministers and ministries of health in each and every country in lockstep but what I just wanted...

Alexandra Henrion-Caude: I agree with you but, as I said, when you don't know where to find information, this is more critical.

Dexter L-J Ryneveldt: Thank you Dr. And I just want to put it on record because we do have evidence in this Grand Jury where a South African doctor gave evidence last week. And in his

evidence he explained to us what was the medical analytical process he underwent when he was confronted with this novel coronavirus. So then, in conclusion and seeing that he could have been actually done it (as a General practitioner that's actually not from one of the main cities in the country but he could have done that), so I will say, when it comes to a duty of care the medical doctors - and specifically here I'm actually making reference to Dr Fauci he's supposed to have known and I'm talking about all the medical experts as well also a medical societies in each and every country they were supposed to have known and again not ignorance. I thank you for your evidence. I really appreciate it. In conclusion, Professor Bhakdi, would you like to say anything?.

Alexandra Henrion-Caude: I just want to say that what I presented was a little browsing and the details are upcoming now with the presentations of Sucharit and Vanessa. So it was just meant to be a browse, so I I took shortcuts in presenting it.

Sucharit Bhadki: I just wanted to say that I would absolutely share your opinion about the responsibility of doctors to get informed, especially when they see that something is going wrong, not perhaps at the very beginning, but after months of these deaths and injuries that we're seeing, no-one can plead innocent. The only other detail I wanted to say is that, this new vaccine has passed the Phase 4 because of the manipulation of the studies, alright. So, let's not make a mistake here.

Alexandra Henrion-Caude: No, about the Covid, I said that but I said to the exception, to the exception of the Covid, exactly.

Dexter L-J Ryneveldt: I think we should we can move on I'm done. Thank you very much, Vanessa would you like to go ahead. I'm done thank you very much. Vanessa would you like to go ahead?

Dr Vanessa Schmidt-Krüger (DE), Molecular Cell Biologist, Specialist in Cardiovascular Diseases [0:47:10]

Vanessa Schmidt-Kruger: Yes, thank you. So, thank you very much for having organised this event. My name is Vanessa Schmidt-Krüger. I am molecular cell biologist and I think it is very important that you inform people with real scientific facts that the mainstream media obviously hide or do not know better. So there's this event, basically we want to show the public that there are also other opinions both about the virus and also about the vaccination than the ones that the vaccination propaganda tells us every day. In my presentation I will address four main messages and after that I will hand over to my wonderful colleagues.

So I'll just start with the first message, what you should know is we don't need any vaccination against coronavirus. So, I have divided it into three points:

1. [0:47:50]
Not nearly as many people have died from corona as the governments and the media would have us believe. So the first thing that people should know is that SARS-Cov-2 is not the killer virus. This is also shown by the official statistics. It is only the media and the government that make basically a mountain out of a mole hill. Now several countries including the US, Italy, Sweden have published that in far over 90% of the Covid-19 deaths, the patients suffered from several underlying diseases. These diseases damaged the patient's immune system to such an extent that these patients could no longer fight the virus as healthy people easily do. We would also like to emphasise here that the average age of death in connection with Covid-19 is higher than the average life expectancy.

John Ioannidis, a word famous epidemiologist, has calculated the worldwide infection fatality rate from an incredible huge number of publications and comes up with 0.15%. This number also

includees people who did not die of Covid-19 part of other chronic or acute diseases but who had a positive PCR test but no Covid-19 symptoms. And we know from the previous session last weekend that the PCR tests is of no use for clinical diagnostic . According to this knowledge the infection fatality rate of 0.15% must be must be lowered even further. And just as a comparison for you, I would like to mention the infection rate of cancer (which is over 3%) which is double, and of cardiac diseases of 0.44% (which is three times more) and still people regularly eat at fast food restaurants even though we know that high sugar consumption is one major risk factor for this disease so our message here is we do not have to be afraid of this coronavirus.

2. [0:50:12]
So, I come to the second point then. Why we don't need any vaccination against coronavirus. We all have already and strong natural cross immunity against all coronavirus also against SARS-CoV-2. SARS-CoV-2 is not a new virus. Whether a virus is novel or not depends on the genomic sequence of the virus. SARS-CoV-2 has a 82% sequence identity at the nuclear level so on the genome level SARS-CoV-1 the flu in China 2003. But much more important than the nucleotide sequences is the amino acids of the protein and the code of the virus. Because these proteins are the docking sites for antibodies and lymphocytes. In fact all proteins of SARS-CoV-2 (except of two proteins) have 95 to 100% amino acid sequence identity to the respect of SARS-CoV-1 proteins and they also have equal protein 3D structure. This is important in assessing whether antibodies or T cells which are already present in the body from previous coronaviruses can recognise and bind these proteins. Indeed, only three proteins are of great importance, namely the three proteins that are embedded in the viral envelope. These are S-protein so for spike, the M-protein for memory and the E-protein for envelope. Antibodies and lymphocytes can only neutralise the virus from outside. This means that interaction with these three proteins of the envelope is crucial and precisely these three proteins of the SARS-CoV-2 virus are highly identical to the proteins of the virus from 2003. So we have 91% identity for the M-protein, 96% for the E-protein and still 76% for the Spike protein.

There is a study from 2020 that compared all the cross immunities between proteins within the coronavirus family. In this study the authors came to the conclusion that only 67% sequence identity needs to be present in proteins for having cross immunity. And we have far more identities SARS-CoV-2 in the important code proteins. I also want to mention that there are already 149 studies and these 149 studies have confirmed that we have already have a big *[...]* on specific T cells and antibodies in the body against all human coronaviruses, including SARS-CoV-2. Blood plasma of individuals who were not infected with SARS-CoV-2 *[...]* and also blood plasma of individuals taken years before the pandemic showed very good pre-existing cross immunity in the Multiplex SA that detected antibodies against different SARs-CoV-2 proteins. Even babies below the age of six months had already these antibodies in their blood plasma, most likely through breastfeeding. These anti-bodiess in young children disappear but the kids quickly come into contact with coronavirus during the time of flu each year that in the end at the edge of 3.5 years the children are already immune to circulating coronaviruses. Children need contact with SARS-CoV-2 as early as possible so they can build up an immunity already from early age which protects them by cross immunity to new coronavirus later in life. If we lock the children away, we are changing the immune system in a way that nature did basically not intend. What we are doing to the children now, at least in Germany, is catastrophic.

3. I want to come to the third point now, why we don’t need any vaccination against coronaviruses. So, besides the high sequence identity and the bioproteins which our body already knows, there’s another evidence that we all have good cross immunity. The injections shows it. Infants who are still naive (so, before the age of four) may produce a certain type of antibodies after contact with the virus; these are the IGM antibodies. The amount of these antibodies reaches an optimum plateau at the age of six years and from there on is herd immunity. These IGM antibodies and not found in

adults, only very very low levels (if at all). In adults only IGG and IGA antibodies are produced after virus infection. And IGG antibodies are also the prominent type of antibodies after vaccination. IGM and IGA antivirus are almost not seen after injection. This is basically the final proof for a pre-existing cross-immunity and a re-exposure of the spike proteins to a pre-existing repertoire of memory immune cells persisting in our body.

Within this 149 highest quality of robust scientific studies I mentioned earlier which confirmed cross-immunity, there's also a publication which showed a long-lived immunity. The authors of this publication states, that in recovered patients from SARS-CoV-1 infection 2003 still possessed long lasting memory T cells reactive to subsequent nuclear capsid proteins bringing 17 years later, as well as robust cross reactivity to SARS-CoV-2 nuclear capsid protein. So that means natural infection cause long lasting immune defense. The scientific evidence also destroys any narrative of the need for boosters. The pressure that you have to boost again and again because you can no longer find antibodies in the blood plasma is completely nonsense and contradicts any basic knowledge in immunology. So, the body strictly regulates the amount of antibodies in your body. Antibodies always have residents time and then they they are discarded from the blood. It would be a waste of resources then if the body keeps the quantity for all antibodies always at high levels throughout lifetime; therefore, antibodies are broken down after a while. What remains are the memories cells which can react immediately and produce directly new antibodies when the pathogen arrives again. Keeping the quantity of antibodies high for years by regular booster vaccinations is absolutely nonsense.

The narrative that people get reinfected as antibody levels in the blood drop is also wrong. People get infected because the vaccines cannot prevent infections (and I will discuss this later in the sections). So, for example, during the summer there were just a few people infected because other external factors help the immune system such as vitamin D levels, warm temperature etc but definitely not vaccines. And while I am on the subject of booster shots, the second narrative for booster vaccination is also wrong, namely that we always need new boosters for a new virus variant. As I mentioned before, the three proteins (S, M and E proteins) of the virus envelope are relevant as docking sites for antibodies and lymphocytes to neutralise the virus. We looked at the amount of amino acid sequences of these three proteins of the most relevant SARS-CoV-2 variants. Among them there was the original sequence of the Wuhan virus from 2020, as well as the Alpha, the Beta, the Delta and also the Omicron variant. The protein sequence of the M and E proteins of the original Wuhan virus are 100% identical iwith Alpha, Beta and Delta variants and 99?% identical to the Omicron variant. So, I mean, again 100% identity. The spike protein's also 98 to 99% identical in all five variants.The current mRNA and DNA injection that trigger antibody production against spike with the Wuhan sequence should also work against the spike proteins of all other virus variants. The problem is, the vaccines simply do not work and there is absolutely no need to adjust the mRNA sequence, no way. No vaccine that triggers antibody production in the bloodstream can neutralise the virus that comes via the air into the lungs. It cannot physiologically work. These vaccines can never work. I have a speaker about that in a minute. So, basically, the whole thing, I think it's a big, big hoax.

So, in conclusion, the SARS-CoV-2 is not a novel virus. For me, the high identity and the protein sequence proves this. We know this virus already at least since two decades and therefore we must and can rely on the experience and knowledge from already published data. We all display a very good and robust cross-immunity against SARS-CoV-2. Our immune system can easily handle this virus. We are not dying from the virus. Some people die because they have underlying diseases which weaken their immune system; they die due to a weak immune system. I think I make a break here and maybe there are some questions before I go for the next chapter.

Reiner Fuellmich: We'll wait for the questions. Dear colleagues, let us ask our questions at the end of the expert witnesses testimony.

Vanessa Schmidt-Kruger: So I should continue? OK. Then I come to message two, that you should know, The so-called vaccinations are inefficient and useless.

So, besides the already existing robust natural cross-immunity in us (which I just mentioned), the public should know that Pfizer has cheated. Peter Doshi, an editor of the famous British Medical Journal, published last year, 'Major concerns about the trust ability and significance of the reported efficacy of the Pfizer vaccine'. He has criticised that conflicts of interest existed in the conduct of the Phase 3 clinical trial. Three or four experts the Pfizer personnel who decided whether symptoms that occurred could be attributed to Covid-19 disease and whether the subjects should therefore undergo a PCR test.

This is of importance since it has some emerged that the Phase 3 study displayed serious errors, including at least partial unblinding of the study. A very large number of individuals, the symptoms in both the vaccinated and placebo group were excluded from the study for various reasons and no one knows why. Also, the vaccinated persons received three to four times more medications for post vaccination side effects than the placebo group. That means that these persons may have escaped the data collection as symptomless although they had infection. Numerous technical errors occurred in the study so, basically, this study should have been declared invalid as manipulations cannot be ruled out. So, it is very close questionable whether the higher relative vaccine efficacy is true at all. The manufacturers use the relative risk reduction for its statistics but this number is actually not relevant. Instead, they should have used the absolute risk reduction which also includes the probability of being infected at all in a population. You must also include the number of persons in the study who do not get symptoms but still get infected with SARS-CoV-2. So, if we calculate the absolute risk reduction of the four vaccines, we are at the protective effect of only about 1% or below. 1% is not enough. Each vaccination is stopped below 50%. Also very, very few positive cases were found during the study. The statistical power is practically zero. In a serious scientific work and these results would be meaningless and unthinkable to publish. For example, if only one person out of 20,000 of people would get sick (by chance or not by chance) and no person in the vaccinated group gets sick then, according to this strange logic of the vaccine manufacturers, we will get 1% efficacy, this is ridiculous. And the real numbers were not much higher. So the meaning of this, we can see, must be clearly questioned.

2. So, point 2 of why the vaccines are completely inefficient.
The lung has its own defence system against pathogens. It is very important to know that the antibodies formed outside the lungs and the spleen or lymph nodes after vaccination flow with the bloodstream and can never reach the virus that enters the lungs with the air. First of all, the antibodies in the blood cannot cross the inner wall of the blood vessels which is lined with a specific cell layer. It's endophelium, the endophelium is a barrier. There are some organs which have holes in the endothelium, like in the liver. And there are also some organs which have small pores in the endothelium (this is for example in the glomerulus of the kidney and in the bone marrow for better blood exchange). But in all other organs, including the lungs, this endothelium layer is continuous. There are no holes so the antibodies cannot get out of the blood vessels and never reach the small air bubbles in the lung.

And there's also a second barrier it's epithelium. So basically you have epithelium here and if ithe respiratory virus comes here on the top and then the antibodies are produced in the lung tissue in the organs below the barrier. And basically only IGA and IGM antibodies produced in the lung and these antibodies can cross this epithelium in the lung and reaches the virus. Why? Because they are

transporters in this barrier which bind these antibodies and take them up transport them through cells and release them on the other side of the barrier where the virus are located. And these two antibodies are IGA and IGM are basically not produced in the vaccinated people. So actually IGM almost nothing you see nothing and IGA at very low levels. So that the main majority, I think it's more than 90% are IGG antibodies. But, IGG antibodies in the lung tissue can never cross the epithelium, never, because they are not transporters for this kind of antibodies. So it's completely useless. So, there are two barriers. So, the vaccination produces antibodies with *[...]* and there are two barriers which they cannot cross. So these vaccinations can never prevent infection or neutralisation of the virus in the air pockets in the lungs. So, It could be that some must say, oh it is proven that the generated antibodies after vaccination can neutralise the virus. Yes, but this is only possible in an in-vitro experiment in an artificial cell culture system, never in-vitro in a human body. So, what you do in this experiment is you have a bottle of isolated antibodies and the bottle of the virus, often artificial virus, then you put the antibodies to the virus, you mix and then you put it on a cell cultures and then you look whether it's neutralising the virus infection or not. Of course, this is possible because you mix before antibodies together with the virus. But this never happens in the body. So this is all ridiculous. So, in conclusion, the antibodies are absolutely useless to prevent any infection and they cannot neutralise the virus in the lung. So should I continue with the next message?

Reiner Fuellmich: Some of our experts are under pressure. OK, so please give them a chance to tell us whether one of them or two of them need to be pulled forward in our chronology .

Deanna McLeod (US), Principal & Founder of Kaleidoscope Strategic Inc, Background in Immunology & Psychology [1:08:38]

So, my name is Deanna McLeod and I am the principal and founder of a medical research firm called Kaleidoscope Strategic. I have a background in immunology and psychology from McMaster University which is the home of evidence-based medicine here in Canada. My particular perspective is unique in that I've worked in the industry for ten years in many roles in medical marketing and sales. And I became concerned at the end of about 1999 by a trend that I saw in pharmaceuticals, where benefits were emphasised and risk minimised, both in how they conducted their trials, both in how they conducted their marketing, and also their business practices. So, in 2000, I launched and founded an independent medical research firm that was designed to help clinicians prepare objective clinical guidelines. We provide medical research, writing, administrative support to help that. So, what we're doing is, we've worked with hundreds of doctors in Canada to prepare guidelines in oncology and we spend a lot of time looking at clinical trials and clinical trial design. And one of the unique perspectives that we have is that we've acquired over the years an ability to see how pharmaceutical companies manipulate data.

And so when I'm presenting, what I'm doing is, I'm bringing our firms many years of experience in preparing these guidelines to look at specifically the Pfizer Phase 3 trial, and particularly the six month publication or the six month follow up data for that particular trial. And I'd like to highlight a number of things that would make me question whether the reported benefits and risks are actually accurate.

- Slide 1 – The Hierarchy of Evidence

So moving on to that, one of the reasons why I'm choosing to look at the Phase 3 clinical trial for the Pfizer data is that, here in Canada, Pfizer is the backbone of all our mRNA vaccines and although there is also use for Moderna it's much more limited. And Pfizer is the vaccine that's being promoted

for children. And what I wanted to do, because this particular trial is the backbone trial, meaning that all the other trials are built on this trial, I wanted to make sure that in scrutinizing this data that it was that the benefits and risks were actually fairly reported. And so that's what we're going to get into. And in Canada here, one of the other things, too, is that there's a lot of discussion. You know, after this Phase 3 trial was completed at two months with two months follow up and they began a mass vaccination rollout, they then shifted to observational studies (and observational studies being real world analysis of data) that basically said, this vaccination rate is this high and our numbers were this, and we looked at Covid-19 cases etc. But that type of data is actually fraught with bias. It is very difficult to interpret correctly. And so, our firm basically sought to look at exactly the Level 1 data because that is the only way that you can actually create a causal link. So, if you have an observational trial you can say, it's associated and there may be a benefit but the only way to actually prove something in clinical trials is in the context of a Phase 3 trial and so proving efficacy or proving safety. And that's what we're going to look at today.

- Slide 2 – Inadequate: Pfizer Trial Design

So, I know that my colleague, Vanessa, mentioned some of the strengths and limitations of this particular trial but one of the things that I want to highlight is the fact that it was conducted in healthy individuals, which is not uncommon whenever you're thinking about a vaccine trial because what you want to do is treat the healthy in order to minimize transmission to the more vulnerable people in the society who might not be able to mount an appropriate immune response; however, if the vaccine or the purported vaccine (I'll call it an inoculation) is unable to stop transmission then it actually isn't a vaccine and should be studied in actual population that it is meant to benefit. And in this case, the benefit add the population at risk with specifically elderly people in Canada in long term care facilities specifically with multiple comorbidities and, in addition, one of the things that we found when we did a Royal Commission report in Canada was that, these patients, the the majority of them had, I guess, documentation that said that they would have no medical intervention.

So it's it's a wildfire, where you have a disease that transmits through community spread, you have elderly patients who have no strong immune systems, all that, we have under-resourced facilities and we have a virus.And then we have people who basically have mandates that say no medical intervention. So, you can imagine that in Canada the death rates were very, very high, in fact 81% of the death rates were in people who were in long term care facilities. So studying a treatment which I will call an inoculation (because I don't really think it qualifies as a vaccine) in a population of healthy people does not help us with the problem that it is specific to long-term care facility transmission in elderly people who are immuno-compromised. And, again, I believe my other colleagues have mentioned this, that the vaccine should have been compared to the standard of care if you wanted to prove something. And the standard of care was natural immunity in treatment, and it was not a placebo in the sense of non-treatment or somebody without any natural immunity. So, we should have basically compared those two things out rather than comparing it to a placebo.

And based on the trial design, we cannot say anything about whether the inoculation is better or worse than natural immunity because they weren't compared. In terms of the testing, it's also been mentioned previously that it was selective testing, they did not systematically test for. They did not do systematic testing in the sense that they waited for somebody to be symptomatic and then they were able to be left at the discretion of the investigator to actually test or not to test. And what that actually did was it created an investigator bias. And I think my colleague also mentioned the fact that they were taking treatments to lower temperatures that might have minimized symptoms, there might have been infection without symptoms which might have been compromised the efficacy endpoint, in that regard. But they also weren't able to detect asymptomatic infections. And also, they didn't use the standard virological test so, for instance, in ours when we're looking at clinical

trials we want to make sure that whatever tests they're using to determine the efficacy endpoint is validated and the standard for testing viruses is a virological assay and that was not used. So when we look at a trial like this, we immediately begin to say, you know, is this a manipulated endpoint. And that's what we begin to question.

Further to that (let me just going here) the endpoints for the trial and again I'm going to focus in on the primary endpoints because the primary endpoints are such that this study is actually designed to detect statistically significance in those particular endpoints. One of the endpoints was, of course, Covid-19 symptoms plus a positive PCR test seven days after the second dose. And the second one was safety data. So, the safety data, there were different forms of safety data collected. One was solicited and that was the reactogenicity data and they only took that a subset of patients they only tested that the reactor genus data and only looked at a subgroup of patients not the whole trial and they only did it for seven days. And then they had unsolicited safety so that means that a patient could say, you know I'm not feeling well, and they would report it in an open diary and then they would mention it. And if it was any type of unsolicited adverse event that it would basically be recorded for one month only. And if it was a severe or serious outcome, it would be reported for six months. So, you can imagine that if you're reporting the endpoint, continuously monitoring the endpoint but only measuring or monitoring the safety data for seven days or one to six months, then what you'll miss is a lot of the safety data. And so, there was inappropriate safety monitoring for this particular trial, especially when you're considering that you're using a genetic therapy in a population of healthy people.

They also focused on clinical rather than subclinical endpoints and when I'm talking about subclinical endpoints that means that they didn't look at biomarkers and different factors so they could have been looking at D-dimer levels for instance, if they were suspicious that thrombosis might be an issue. And the other thing too is that the secondary endpoint was severe Covid-19 symptoms so, although we're claiming that it reduces both Covid-19 cases and severe Covid-19 cases, the other one was a secondary endpoint and the numbers and the events were insufficient to actually establish causality.

Finally, I'd like to talk about the fact that, really what we want to be looking at is all-cause morbidity and all-cause mortality. All-cause morbidity means looking at the sickness from the disease, Covid-19, as well as the sickness from the actual vaccine, both looking at the symptoms of the symptomatic burden for that and also for the death related to that. And, of course, the trial reported de-emphasised that and emphasized something that really isn't clinically significant which is symptomatic positive PCR tests. And the reason for that is that the majority of those symptomatic cases were mild and really not of the concern. What we really needed to know size whether it was going to stop Covid-19 hospitalisations and deaths in elderly people, and whether the all-cause morbidity and mortality was higher in the inoculation group versus the placebo group. And I guess the other final thing is (and we mentioned this earlier), if it's going to be presented as a vaccine then it would have to be we would have to be able to prove that it stops transmission and this was never part of the clinical trial design and so, therefore, anybody who's claiming that it stops transmission would be making false claims. Anybody that claims that it reduces severe Covid-19 disease based on this trial would be, again, making false claims because the number of events weren't sufficiently high. And anybody who's making claims regarding lowering deaths again would not be supported by this particular trial.

So, I did want to emphasise the fact that, after two months we had a crossover so there was an unblinding of the two groups. And when they were unblinded, people in the placebo group were offered the opportunity to crossover into the inoculation group and more than 80% of the people (I believe it was close to 89% of the people) actually crossed over and what that means is that, as of

two months, we no longer have efficacy and safety data from a controlled trial. S- o all the safety data that we're going to be looking at and that's the angle that I want to be looking at specifically - is really obfuscated by the fact that now most of the placebo group have actually been on inoculated. And so, when we present the data, we'll be looking at the unblinded phase which was really only two months of the trial and we don't actually get the full benefit of a randomised clinical trial to the point of six months which is this data because of this crossover. And I don't want to ascribe intent; however, there is a great benefit if you're interested in minimising safety, to have your placebo group crossover at a very early stage, therefore you will never be able to have a causal link to long term safety issues.

- Slide 3 – 6 Month Data Manipulation: Mixed Cohorts

When it comes to efficacy one of the things that we noticed in this particular trial report is something called combined efficacy endpoints. So, one of the things in this particular trial is they noted in the discussion was that the immunity was waning at about four to six months in the adult population. And this is a publication that presents six month follow up data and in this particular publication what they did, instead of reporting adult income/outcomes as they should have as a follow up to the original 2-month report, what they did is they combined the reporting of the efficacy outcomes of adults and adolescents. And the adult outcomes, of course, had six months of follow-up but the adolescents had two months of follow up. And by combining these two together what they did was they boosted the numbers overall so that they could continue to report a 90%-ish efficacy rate, and that was likely due to the boosting of the younger adolescent group which was basically only followed up for two months. So, we actually at this point do not know what the efficacy at six months was for the inoculation in adults, that data was not provided in the particular report.

- Slide 4 – Increades Risk Of Illness

So, one of the other things that I'm going to do here is I want to compare what we did was we pulled the data from the supplements. And we compared it to how they were presenting the data for efficacy and we used the same treatment using relative risk reductions and absolute risk reductions as Vanessa had noted previously. And we put them in one table so that you can compare the efficacy versus the risks of this particular vaccine, by looking at it in one particular table. So here you'll see for symptomatic cases which is again our primary endpoint, there was a net reduction in the number of symptomatic cases from the inoculation group to the placebo group. And there is our beautiful 91% efficacy, remember that this is both adults and adolescents combined. It's not adults alone. And what that does is it provides about a 4% absolute risk change which is over here, minus 4%. So there is a purported benefit but if you're inoculating 20,000 of the people of 4% benefit is not that great, it's not dramatic. Here it looks much better whenever you're looking at relative risk change and that's why they tend to emphasise that because that looks much more impressive than the 4% benefit that you're getting when you're looking at an absolute risk change, which is the number of people who are actually benefiting from the inoculation.

And what I'm going to do, is I'm going to just jump right here to the other primary endpoint and these are all primary endpoints. So, treatment related adverse events, severe adverse effects, and serious adverse effects are all primary endpoints of this trial which have not been mentioned to the same degree as the efficacy. And one of the things you'll note, here, is in the inoculation group, the investigators ascribed adverse effects which, when you looked at the reactor, this data, are actually Covid-like symptoms. So, 5,241 people who participated and in the placebo arm, only 1,311, for a 300% increase. And if you consider the absolute risk increase was -4% (that's the benefit there), the risk is +18% here so there's more people at risk with this particular inoculation than you have people

benefiting from the inoculation overall. When we look at severe cases here you can see that there's a net difference of 22, this number of events is clearly not clinically meaningful; 22 difference is not. But although if you put it in a relative risk change setting then it looks like 96%; however, there's only a 0.1% benefit overall to reducing severe symptomatic Covid cases. So again, an overemphasis by looking at the relative risk reduction in a very modest or minor benefit overall. However, when we look at severe adverse effects associated with the vaccine you see that, in this group you have 262 versus 150 so that's a difference of 100 cases. Severe adverse event cases here, an increase in 75% and it's an absolute risk increase of 0.5%. So again, what we're seeing here, again, when it comes to severe cases and severe adverse effects that you have more risk than you do hot benefit for this particular inoculation. When we look at serious adverse events which are very concerning to me because we're treating very healthy people and serious adverse event as defined in this particular study is an event that requires inpatient hospitalisation, is life threatening, results in death or persistent disability, and you can see once again that you have more severe adverse events at 127 versus 116 in the inoculation group, which is an increase of 10%. And the incidence of these is about the same as the risk of many people in getting Covid-19 overall. I mean, it's small but significant when you're considering how severe those adverse events are. So that is as close as we got to looking at all-cause morbidity versus benefit.

- Slide 5 – Increased Risk of Death

And here, when we're looking at deaths, again we went to the supplements table and we pulled the deaths and these deaths are basically from the unblinded phase only, which means it's the first two months of the actual trial or the first two months of follow-up from that actual trial (because they crossed over then it's more difficult to find out). But in this unblinded phase, the deaths were comparable, 15 to 14, inoculation to placebo; however, we have to remember that this is a very healthy population with their diseases that were controlled with controlled disease. So, to see this number of deaths in the placebo arm where they actually caught Covid-19 might be reasonable within a two-month time frame in 40,000 people. But to see this many deaths when people are reportedly not getting Covid-19 but are getting inoculated is concerning to us. When we looked at the deaths after unblinding you can see here that there were five deaths in the unblinded phase (oops sorry excuse me I'm missing a number), there were five deaths in this case and zero deaths in the placebo arm for a total of 20 in the inoculation arm and 14 in the placebo arm.

So again, just to be clear, after the patients in the placebo arm crossed over and received their inoculation, they were an additional 5 deaths for a total of 20 deaths in people who are inoculated in this study and 14 in the placebo. Again, we have to consider that, at least in this particular case for the second half, there were more patients who had gotten inoculated than the placebo group but still this is concerning, this is not the trend that we would like to be seeing. And finally, if we actually look at Covid-19 related deaths there was really only a difference of one death between the inoculation arm and the placebo arm. However, when we looked at cardiovascular deaths, we saw that there were nine cardiovascular deaths in the inoculation arm and five in the placebo arm. So again, what we're seeing is, if our desire was to see morbidity and mortality decrease in the target population (which was elderly people), what we're seeing in this particular study is an increase in morbidity, in the sense of risk, and mortality in a healthy population. And so, we are very much familiar with Cancer Research and, if we ever saw something like this in Cancer Research, we would not even proceed with administering this to people who were in the end of their life. So, these results are extremely concerning.

- Slide 6 – Not Designed to Assess Efficacy: Immunobridging Trials

And I'm just going to touch base very briefly on the companion trials that were conducted for children. And so, one of the things that they do is they create a Phase 3 trial and then they basically do these companion trials where they, in this particular case they're called immunobridging trials. These immunobridging trials, basically we're just focusing at an antibody neutralising (antibody titer production) and what they did rather than doing a clinical trial - you know if we were to be thinking about the people who were at greatest risk it would be children they're at no risk of severe disease therefore what we would have liked to see is the safety being much higher, much more rigorous larger numbers of people enrolled, very strong endpoints like sub clinical safety, clinical safety, long term safety morbidity/mortality, we would have liked to see all of that. However, the trial that was designed for the end point that was used to approve these vaccines (or these inoculations) was non inferiority of in neutralizing antibody titers, what that means is that they compared antibody titers in people who were 12-to-15 years and they compared them to antibody titers in 16- to 25-year-olds. So, this study wasn't even designed to make any claims regarding clinical efficacy or safety. And anybody who makes clinical efficacy or safety claims based on this study is basically misreporting or making false claims.

Again, they did the same thing with five to 11-year-olds, again a slightly smaller dose, and they compared them to the neutralizing antibodies of 16- to 25-year-olds. And if you could note, here, that the number of patients or people enrolled in each of those two cohorts is very small. And so, this is the basis by which we are moving forward with the vaccination of children. Now they did enroll 1,000 people in the clinical side of things and, in the placebo side of things about 1,000 in each arm, and these particular endpoints (unlike the main trial) are descriptive endpoints, so they're not meant to actually claim anything. But they do give us some sort of a window into the benefits and risks of the inoculation in this particular group. And I'm just going to very quickly move to this side because this is the absolute risk change. And this is the one that we really need to keep an eye on when we're looking at absolute clinical or clinically meaningful benefit. For symptomatic cases, it was -2%, so there was a reduction based on this. And if you could note, here, that it's really only a difference of 15 cases. And we also have to note that symptomatic cases in children are really not clinically concerning. So, I would probably move to say that this is a clinically meaningless endpoint. Again, they're at no risk of severe disease and, of course, there was no differences in severe disease, so that's not a benefit for them.

However, if we look at treatment related adverse effects, what we see is this concerning trend again where we have more risks more adverse events in the inoculation arm than the placebo arm. And I'm just going to emphasise this very carefully. The types of adverse events that were reported in the placebo arm and the inoculation are very similar, and they're clinical symptoms, they're Covid-like symptoms for the most part, when they were reported at least based on the reactogenicity data. Just to see more Covid-like symptoms in people being inoculated versus the people who are actually getting Covid-19 according to this particular data is very curious. And again, that's a 1% increase in adverse events, here, but when we look at severe adverse events, remember there's no benefit, here, and suddenly there's an increased number (although small) of serious adverse events in the inoculation arm for a 0.4% increase. And again, when we look at the serious adverse events (and remember that this means inpatient hospitalisation, life threatening results in death or permanent disability) we have four of those in the inoculation arm versus one in the placebo arm. And how many patients or how many children that you know, where they get when you take 1,000 children and you treat them, that you would allow four of them to have inpatient hospitalisation, a life-threatening event results in death or permanent disability, if they're at no risk of severe disease? So again, because this is descriptive statistics, we can't ascribe cause to the inoculation and say that it is causing harm. However, it certainly looks like the trend is in the similar direction at two months as the data was for the adults at six months.

- Slide 7 – Increased Risk of Illness

I'm just going to move very quickly to our wee ones, the 5- to 11-year-olds who are being inoculated. Again, no risk of severe disease, no episodes of severe disease, slight differences in the number of actual Covid-positive symptomatic, Covid-positive events or cases, here. But we can see again, here, that in terms of any adverse event, it's 46 versus 16. So, they're actually getting Covid-like symptoms more in the inoculation group than they are in the placebo group. And just on that note, what we would say, if we started to see something like this where the symptoms were similar in both groups and you're getting more in the inoculation group than you would in the placebo group, we would begin to say, how rigorous or how reliable is the actual test that you're using to ascribe efficacy?

- Slide 8 – The British Medical Journal: Publishes Whistleblower Story

I'm just going to whisk past this. This is the whistleblower report from the BMJ that basically questioned the integrity of the data that was going into this. Our firm is basically questioning the reporting of the data and the emphasis to the data. We definitely noticed some tricks in terms of trying to boost efficacy and minimise safety by underreporting. And also, by using, you know, considering one was relative risk reduction and then what they did with safety was they buried it in the supplements and they considered it as percentages.

- Slide 9 – Conflicts of Interest: Among Pfizer Report Authors

And the other thing, too, that we look at when we see this type of reporting is, we immediately go to say, what are the conflicts of interest? Who conducted the trial and who wrote up the report? Because the conclusions for this particular report were that the inoculation was both safe and effective. When we took a closer look, and with no concerns related safety - 'no new safety concerns' I believe is how they actually phrased it in the six-month trial - and we would not agree with that conclusion whatsoever, based on our analysis. And therefore, we go to look at conflicts of interest. And it is notable that there were conflicts of interest, significant conflicts of interest in the majority of people who were involved in this trial, notably employment and stock for the corresponding author, the last author, and notably the two BioNtech founders who basically have earned $9 billion at the time when we made (I think this was made early in the fall of last year). So again, have made incredible amounts of money based on this particular report. So, we're trusting these people with these incredible conflicts of interest. And again, even the senior author, the lead author, SJ Thomas, has had conflicts of interest. They've experienced grant or consultancy or clinical trial development. And notably also - and I just discovered this recently - is, after the publication of this particular trial result which basically boosted the Pfizer stock prices, the CEO of Pfizer divested of his stocks and, again, this is pure speculation but if I were an insider and I knew the safety data and I knew the underpinnings of this safety data and what had gone on behind the scenes, then I would probably be concerned about people eventually finding out about these safety issues and might very well be prone to divest of my stocks as well.

- Slide 10 – The Inoculations Should Be: Withdrawn Immediately

So, my position is such that this trial should have never been passed, that (again it's hard to describe causality) but definitely there were tendencies towards over emphasizing benefits and minimising risk, both in the manner in which that it was unblinded and crossed over, the short duration of trial, the short monitoring periods for the safety results, the questionable test used for efficacy, and again the emphasis on clinical benefit without really taking a very close look at the safety. And I would have loved to see all of the unsolicited adverse events to see what kind of adverse events were reported but, again, all that they allowed us to see was Covid-like symptoms in both groups. And so,

again, I would say that that's an obfuscation of safety data and that that's minimising the representation. So, it would be difficult for me to understand how, based on the reporting of this particular trial, anybody could possibly say that they had informed consent when they agreed to the inoculation. Thank you very much.

Reiner Fuellmich: Thank you very much for this devastating testimony. Let me just add one thing because we want to ask our questions at the end of this session. Your group's findings have been confirmed by a whistleblower from one of the companies or the company that conducted the trials for Pfizer (I believe her name is Brooke Armstrong) and we will delve into that in more detail tomorrow because this has significant economic impact as well. Their share price is dropping rapidly right now. Thank you very much. Who will be next? Sucharit?

Prof em Dr med Sucharit Bhakdi (DE), Microbiologist, Immunologist & Infection Epidemiologist [01:38:17]

Sucharit Bhakdi: (Vanessa, listen, if I could come in now and you could take it over afterwards because it has just given me sort of the right starting point. Would you consent that I come in with my 15 minutes? I don't need longer and you could take over from there. Thank you because time is running for me too.)

Listen these have been very, very important information and presentations. And I want to bring in another aspect which is, we don't really have to discuss very much anymore because also molded in the Nuremberg Codex, if anything is under experimental use, if an experiment is ongoing (as it is right now, we are at the R&D stage) then whenever something happens that is a clear indication that that agent that is being administered to the experimental group is causing illness and death, it has to be stopped. You must first delve into the question of whether it could be the reason.

Now, we are not talking about one or two or three cases, we're talking about thousands, thousands, hundreds of thousands of cases of serious adverse events. And so, for this simple reason, if the propagators and the instigators of this whole vaccine madness cannot show that it is not due to the vaccine, it must be stopped on the spot. Now, we have heard from Vanessa that the vaccines could never work in the first place. And they don't work. And we don't have to ask whether protective antibodies (so-called) are being produced or not because they're not playing any role in preventing infection, that's what we're witnessing all the time.

So, let's not go off on a tangent and stick to the point. If there can be no protection, can there be any damage? And there, of course, the answer is, of course. Because these (I'll talk about the mRNA, although the adenovirus vaccines are similar) these so-called vaccines have two toxic components. One being the envelope, the packaging. And people should be made aware of the fact that these lipid packages have never been tested and passed for safety; never been tested in any animal or human model. And yet, although they are only chemicals that have never received license for use in humans, they are being used on billions of people. These people who continue to do so have to go to jail. There's no other way, because these lipids are now known to be highly inflammatory. They are similar to one of the major bacterial toxins and killers of mankind, the so-called endotoxin, which is the cause of the cytokine storms when you have a bacterial infection. And these lipids do the same thing. This has been published and shown. And there is no doubt that when one injects people with these vaccines, you are putting poison into the body, poison that causes severe illness and death in animals and this cannot be allowed.

Apart from these lipids, which have many pathways to injuring you, we have the gene of the virus itself, encoding the spike protein, and that can lead to harm by so many mechanisms. But the two major categories will be,

First, the spike itself ,when it is produced by your body cell and released by the body cell, is a poison; the spike itself is a poison. This is something that people now know. It wasn't known five years ago but now we know it and it's published. And so, you cannot inject an agent that causes the production of poison. It's ridiculous.

Second, when the spike starts to be produced, the cells producing the spikes are going to be attacked by the immune system. This is a fact. Everyone knows this. Anyone who studied medicine must know this. If they don't know this then they have to be prevented from practicing medicine, they have to. There's no excuse for not knowing this.

So, we have basic mechanisms that are straightforward and, of course, they must occur. The systemic effects are predictable. And when we predicted them one year ago it was no big deal because there was no other way they were going to work. The only thing that one had to assume was that these substances would enter the bloodstream, enter the circulation (well, would cause the lymph nodes and then enter the circulation) and this is the first major lie that everyone was confronted with by the FDA, the EMA, the producers, the agents would stay in the muscle. But anyone who studied medicines must know, that if you inject something into the muscle it's going to reach the lymph nodes. And anyone who served in medicine must know that, if something reaches the lymph nodes and it is not a protein, it will reach the blood street. And then of course was known Pfizer was forced to reveal these data to the Japanese authorities who asked for them and it's all there for anyone to read. And now it's all there for anyone to read who knows about human medicine because it's now been proven that the spikes appear in the bloodstream. And, lo and behold, they don't appear for one day or two days, if they appear in the bloodstream, the producing cell must be touching the bloodstream because there is no other way for a spike (which is a protein) to reach the blood stream unless the producing cell is not directly in contact. This is something so simple, so elementary in medicine that, if a doctor says I don't know this, he's got to get his license taken away.

Now, what happens? If we know that the spike is in the bloodstream, we know that the mRNA has reached the circulation and, in all probability, has reached the lining of the vessels (which are the endothelial cells). That, of course, will create a focus for vessel damage. And that is what we said one year ago - it's got to happen - you've got to get vessel damage. What will happen then? The vessels will leak. What will happen then? If the vaccines are still there, they will leak into the tissues, into the heart, into the lungs, into the liver, into the brain, into whatever you want. And if those cells begin to produce the spikes, they are going to come under attack by the immune system because this is what the immune system is trained to do. And, as Vanessa told you, we all have lymphocytes that have been trained over the years to kill those cells that are producing the spike. So, you are going to get vessel damage. Where this damage occurs, if there is a God he knows, we do not. Because it's going to be haphazard. Probably, in the small vessels where the blood flows slowly so there's lots of time for the cells to seek up these damn substances and produce them. Small vessels probably. You know, the vessels in the brain, the sinus vessels, the veins in the brain, there the bloods sometimes is almost stopping. Or, in the heart, you know, when you have the heart beating, the effort with every beat, there's a pause where the blood stops to flow. So, of course, those are the predilection sites where these packages are going to be taken up. And those are the organs that, probably, I would think are going to be hit. The same, by the way, for the spleen because the blood flow in the spleen is complicated, it's known, but you have very slowly flowing blood there. Now, what will happen? You will be getting damage to the blood vessels that will cause blood clots.

This is also what we said a year ago. We were God damn worried that these clots are going to form in the whole body. It may form in the brain of one person, the heart of another person, the liver, who knows? Because this is what one calls destiny. It's destiny. Now, the brain is especially fascinating because the brain is full of small blood vessels going through the whole brain, keeping your brain cells alive (grey cells, white cells) and the tiniest disturbance can lead to death of nerve cells. And the death of nerve cells, depending on where these cells are, can produce anything, anything you want to think of. Of course, the whole thing may just start with a headache, splitting headaches, which are the typical symptoms that about 50% of everyone getting the second shot complains about, "But, it's only, headaches"..already the first sign that clots are forming in the brain. But, you know, if you are lucky, you start to get palsies, nerve issues, the eyes start becoming unseeing, the ears don't hear anymore, people start getting paralysis. Where that happens, no one knows. But, yeah, other things that are going on.

Dear colleagues, many people tell me that they are seeing psychological changes in people, the whole personality changes. Now, you know we have our brain with the linked system; that is you, it's your person. This is the human being, God-given, if there is a God. I'm a Buddhist, you see, but I believe in nature and that we are all individuals. Each has developed during his lifetime to become what he is now. And this is all your whole personality, everything that is human is here; starts there, it ends there. Your memory - so, people are getting Alzheimer's. Some people are developing symptoms that are horribly similar to "mad cow" disease, you know. I don't want to go into this. I'm just telling you that the vision is so horrible, so horrible.

Now, next and last and then I'm finished... I told you that these vaccines must reach the lymph nodes and it is now known that the ruthenium lymph nodes, it is known that the cells in the lymph nodes are going to die. Why they die and how they die, we don't have to discuss it but they will die. And the cells in your lymph nodes are the cells that are keeping you alive because they're taking care of latent infections in your body, viral infections, shingles and blah-blah-blah, tuberculosis in 95% of the world population of the third world. And I have the tuberculosis bacterium in my lungs. I don't want to get that shot. If my lymph node cells start dying, the cells that are responsible for controlling tuberculosis, this is what's going to happen anytime and the same - not the same cells - but other cells are responsible for keeping cancer cells under control, cancer cells that are arising all the time in our body, all the time. People who have had cancer, have lost control once, they may be healed now but they are also healed because their controlling lymphocytes are also there to keep the cancer cells that come anew to get eliminated.

And we are hearing stories from all over the world of strange cases of tumors exploding into action into people. Very strange, isn't it? Now we know, we are looking at an agent that has no benefit whatsoever. No benefit. Zero. But has the capacity over a million pathways to kill you and has been killing and is killing and is going to kill our children. How can anyone stand to see this happen? We don't have to talk about anything else. Look at the Nuremberg Code (I think it's number 6); if there's any suspicion that an agent in the experimentation phase is causing illness and death, that experiment has to be stopped on the spot. This has nothing to do with consent. It has to be stopped. Now, I'm going to finish now.

Listen, if this were a question of one or two days, Pfizer's going to come, BioNTech, yes. OK. The benefit is still greater then because the risk only goes on for one or two days when this mRNA is causing the spikes to be produced. And in fact, yes, there are cases where this has been acknowledged to happen. There have been cases but they're so rare. Now, guys, you know how long has it been. Vanessa? in the last six weeks or no, two months? Two months ago, these people appeared that was so shocking, that the spike protein can be found in the blood of vaccinated

people for 3-4 weeks? (I don't really care; it was many weeks) and so we will ask ourselves how can that be? Because we know that this mRNA has been tampered with to make it long-lived. How long-lived is the mRNA? Question? Answer. The answer has been published now in a paper called, 'Cell'. You know, Cell is one of these papers where it's like the word of God. It's not fake, it's true. 60 days after vaccination they could still find the mRNA in the lymph nodes of the vaccinated. They did not look further. But you know what's happening to those billion people that have received this damn vaccine, it has been in their body creating the poisonous spikes that is killing people for at least 60 days.

Now, I'm going to stop at this because I get so furious that nothing is happening. I get so furious. People are killing our children. And this, I'm afraid to say, looks premeditated. It looks pre-meditated. No-one can say, I didn't realise this. Everything is published. Now of course the whole case will be closed if anyone could come and show that indeed these spike proteins are being produced outside the site of injection in the whole body and at those sites you have immune attack going on and organ damage. And that is why this Grand Jury is going to maybe make the case because we have professor Burkhardt is going to come tonight to show you that he has proof. The proof is there. The proof is there for anyone in the world to see and once the proof has been shown in 15 cases it's going to be shown in thousands of cases and then whoa! You protagonists and producers of the vaccine, and my prediction and my hope is, that the stocks are going to plummet below the ground because they're going to go bankrupt. That is my big goal.

So, Vanessa, I give the floor back to you and then I think Arne Burkhardt is going to show you, you know, what Arne has done, I think, I'm going to pose him for the Nobel Prize; that's what I'm going to do because he may be the person who is saving our children. Thank you.

Reiner Fuellmich: Thank you very much. I'm not sure because Mike said that he's not feeling well but if he's still on the Zoom and if he can hear us, we should allow him to make his case because you just gave him the introduction. You suspect that this could be premeditated murder. Please Mike, go ahead.

Dr Mike Yeadon (UK/USA), Former Chief Scientist & Vice President of Pulmonary Research at Pfizer [2:00:51]

Mike Yeadon: *(OK just give me a few seconds. I'm struggling to get my iPad to unlocked. Thank you. Yes, this is ridiculous and I know how to go into this thing. I can't think. OK, I found it, so can you hear me? OK)*

So, I'm well aware that there's been excellent testimony already. So, just very briefly for the record, I'm Dr Mike Yeadon. I spent 32 years in the biopharmaceutical industry as a biologist, immunology toxicology, biochemistry. I was, 11 years ago or ten years ago, at Pfizer and since then where I was vice president Head of Respiratory & Allergy Research worldwide and I've spent ten years in the Biotech sector.

I'm speaking out because, as we're heard this afternoon, these vaccines are very bad products. It's been established already that it's not necessary to have a vaccine but I think it's worth making a point at a higher level because I know that the drug companies know this too. it's never appropriate to seek to invent, develop, manufacture and distribute a novel vaccine for a respiratory pathogen of such modest lethality, even if it was a bit worse than it is. And the reason is, by the time you've done all the work necessary to establish that it's 'safe' (because that's the watchword for any public health intervention that you might give to billions of people) that's the most important thing. It's

more important than efficacy. So, in order to establish that that's true it's going to take you longer than any plausible expectation of the length of time a pandemic will be around. So, I only realized this recently really, although we've probably already known it. So, what I'm telling you is, it could never have been a proper thing to do, to do what they claimed to have done. Of course, they haven't actually done it at all. It's a fake vaccine, badly developed, badly designed and so on. So, that's an important point.

Reiner Fuellmich: One quick interruption. I think that was a slip of the tongue. You said, "of such modest lethality". I think you meant so say, such modest efficacy.

Mike Yeadon: No. Sorry, yes. No. It was because the virus is not like it's flying Ebola. If it was 50% lethality, you would take different risk benefit. But for something only a little worse than flu, if that's true, you wouldn't deal with all these things. And we've also established that it's not necessary, that there are good treatments and so on.

But nevertheless, ladies and gentlemen, these vaccines have been made, these gene-based products. So, we have to ask, what was the intention? Because it could never have worked, even if it was safe (for the reasons Vanessa and Sucharit have given) but they've been done. So, why was that? And there are various answers. One is just to make money, rip everybody off. I think, for me, the dominant reason was this control grid idea that we've talked about before, that people would have to be vaccinated to qualify for a vaccine passport. which is the Digital ID. But there's another possibility, though, and it was to establish in the public mind that these are legitimate products so they could use them for other purposes (and although I won't extend my thinking at this point), I think it's quite obvious why they use this particular kind of gene-based products because they are going to use them again, ladies and gentlemen.

On the safety, just very quickly. These are an entirely new kind of medical intervention, although they've cunningly managed to disguise them on the word "vaccine." The only thing they bear in common with traditional vaccines is the word. That's it. There's no other similarity. And so, when someone says you're being over cautious about safety, I will tell you that with any new class of products, in fact every individual version of the products of any new class, you have to establish the safety in trials. People's opinions are worthless, including my own. But the onus is on the part of the manufacturers to prove safety, not for me to prove that it's harmful (although they are harmful).

I think we've already talked very briefly about how, and I too actually status this, the design of these vaccines. So, I'm a drug discoverer. I spent 32 years in R&D and in toxicology training, so I think I can state, and you can believe me, being in that environment. These are what I would call toxic by design. That is, if you were discussing around a whiteboard in research office by the time you've even agreed to make a spike protein-based genetic vaccine, you know exactly what's going to happen. So, these are not rational design. They couldn't work and they would likely carry risks. And you wouldn't be able to characterise the long-term outcomes. But they did it anyway and these are clever people from highly paid drug companies with decades of experience.

So, the three faults are:
1. It expresses spike proteins (this has already been talked about) without any modulation of that biology.
2. The spike is, again, genetically the least stable part of the virus (again, that was mentioned by Alexandra).
3. (and no-one's mentioned this yet) It's the part of the virus that's least different from humans. You really want to pick something that's very unique to the pathogen and very different from you. Why? Because if there are familial similarities, then when you raise an immune response to this injected

material, there's a possibility of autoimmunity. And in fact, I'm confident that is occurring and other people think so too. And I would say, it's my opinion, that the companies knew that spike was toxic, unstable genetically, and similar to many human proteins, with all the consequences that you would expect from that. Obviously, they're going to need to defend themselves but I'm telling the general public that that's my view and I've had it confirmed by other veteran drug discoverers.

(I think Sucharit and others talked about) In the design there is nothing that limits how long the gene is transcribed to make protein. It could be minutes, hours days, years. There's nothing about it that tells us how long that will happen. We can't just say, it'll be OK. How long is it going to last? They were not required to measure it. They were not required to measure it because they managed to persuade the regulators (or maybe they were corrupt) but these are "vaccines" and they were allowed to proceed down a development pathway that's relatively light in terms of obligations on the innovator, the drug companies. Really, it should have been classed as, I would say, a genetic medicine where the obligations, right we are, extremely onerous, will take a long time, and certainly would have included measurements of how long they are producing spike for and where in the body the secret spike is doing that and they're not required to do either of those things. That's a catastrophic failure on the part of the regulators who knew fine what I'm saying is true because it's conventional. I've never seen an exception other than in vaccines where you do not have to study what's called pharmacokinetics and pharmacodynamics. So, they haven't done that.

It should never be done again, by the way. You know, Bill Gates was quoted recently as saying we were a bit too slow. Mr Gates, you're not a drug discoverer. I think I've established that I can back up when I've said that in order to move into a public health environment so those billions of people highest obligation is safely, not even efficacy, and you can only do that by treating very large numbers of people and reserving them for a long time, not 2 ½ months. It's completely inadequate. So, his suggestion that next time we'll get it done in six months, you must not let him do that. It's a completely inappropriate thing to do and it's only going to be harmful.

Again, moving on to the manufacture. Again, the earlier colleague (I'm afraid she's just left) but she gave a good account herself in explaining that, as the drug goes through, as this vaccine goes through development it's necessary to demonstrate that you can manufacture the product consistently so that is characterised as having in the vial phase. Now, the clinical trial was done with relatively lower quantities of material because they're going to dose a few tens of thousands of people at most. But when you go into production instead of it being a few tens of thousands, in total it's going to be of the order of a billion doses, a billion doses. So, this is orders of magnitude higher. What that implies, for people who don't know, is that you can't use the same process for manufacturing the clinical material. You can't scale that up. So, you have to start again and make an industrial scale process. When you do that, the stage is required to characterise what you have made, that is the drug substance, the gene-based material, and then when it's been formulated what's called then the drug products. Those two steps, drug substance and drug products, require (I would say) roughly half of the entire workforce of an R&D based organization such as Pfizer. I worked there. Roughly half the people are involved in that later stage of synthesis, manufacturer characterisation, on all that stuff. And the reason they've got 50% of their resources over there is it's very, very complicated.

So, the idea that they manufactured of the order of a billion doses and got all of those processes stabilised, characterized, inspected, agreed by the regulator, is 'for the birds'. They did not do those things because it's not possible to do them within under a small number of years, probably at least five years. So, what they claim to have done, a consistent manufacturer, is impossible and the regulators know it's impossible. And it's clear so people who have read the regulatory interactions between the European Medicines Agency and Pfizer (that's the one I've actually seen because

someone leaked it in November 2020, for example) the technical assessors at the EMA in Amsterdam had listed 7 what are called MO's, major objections, and they're all related to the things I've just listed. They did not have control of the process giving rise to consistent pure material and they didn't have control of what happened to it between manufacturer and formulation in these lipid nanoparticles that Sucharit mentioned.

Of the seven major objections, I can say Just to give you an example, when I was at Pfizer if someone had filed all the quote department company filed a new drug application and even one major objection came up, heads would roll. Because it meant you would not have had dialogue with the regulators so as to understand what was required by then. So, to have seven listed in November 2020 and then, no more than a few weeks later in December of that year, that vaccine product was given whatever conditional marketing authorization emergency use authorization. So, I'll leave the listeners to decide for themselves, given what I've said to you about complexity (and I'm in close contact with people who have analogous to me in research and spent their whole life in that part of pharmaceutical industry. Is it possible that all of those major objections were resolved? Now, it's not. So, what they have issued and rolled out and had injected into people, on materials which from batch to batch, vial to vial, syringe to syringe, they've got no idea what you're actually getting. And I think that is probably a major contributor to the huge range of toxicity that we see in the database such as VAERS in the US, some batches or locks are associated with 6,000 adverse event reports and some with a small handful. That's not possible to be due the differences in sensitivity not across one and a half million doses per batch. The average should be pretty much the same and yet they're so different there's got to be a reason. And the reason is, it's not the same stuff in each in each of the lots. So, I would say, it's a criminal manufacture. The authorisation by the European Medicines Agency and subsequently, other global regulators, I think it should be investigated because I think there's criminal level of collusion and fraud to sign off these packages as suitable when they're absolutely... it's impossible that they were.

And then we heard from other witnesses, and I would agree, they don't do the things that they were intended to do. They don't protect you from infection or replication of the virus in airway or transmission. And I also am coming to the conclusion looking at medical statistics, statisticians analyzing the data, I'm afraid it looks like what you see in the public domain is almost certainly data fraud at the country level. So, in other words, you're being lied to even there about what these products actually do.

I guess what I've listed is critical miscellany, that is, a group of other things I couldn't quite make out into a separate item. It was never appropriate or that Bill Gates said it was, you will remember, "*The world won't respond to normal"*, he said, smiling, *"until we pretty much vaccinated the whole planet."* Well, the only people you would want to, assuming this was appropriate route to protect people (and it wasn't) you would only want to protect the people who are at severe risk of harms if they're getting infected and that would be people who are elderly (older than me) and ill, 3 or 4 concomitant comorbidities (other diseases that are life shortening). So, why would you want to vaccinate the whole planet. Even if this worked and even if it was completely safe, you would not do it, even down to the issue of money and medical resources supplied to unnecessarily injecting in more than once billions of people who are not at risk at all. So, something is seriously wrong there. I'm mentioning it because people think it's an appropriate thing to do and it's absolutely not.

We've learned recently that people who have had certain viral diseases (it's probably been known and I never knew it) that, if you survive certain viral diseases in childhood, it's associated with reduced chronic diseases in later adulthood, including certain cancers. So, it is not, as suggested by the media, always desirable to evade or avoid infection. Honestly, if you're a young healthy person you're not any meaningful risk of severe outcomes and, if anything, I suspect that getting the

lifetime immunity from this particular rather bland virus for young people is actually slightly positive. And so, it would be inappropriate. So, why were they wanting to vaccinate every human being on the planet? Well, those of you who have been looking at this for a couple of years will know it's got nothing to do with public health but, again, it's this control grid idea. So that was that one.

Yes, just quickly, if mass vaccination policies were really about public health... I'll just give you three quick examples of the kind of people you wouldn't vaccinate. One is, if you've had disease already and recovered, as that anaesthetist in the NHS (Steve James, I think his name is). He was arguing with the UK Health Secretary, Mr Javid, saying, *I'm not going to be vaccinated, amongst other reasons I'm already immune having been infected*. So, it's a dangerous thing to do. It's not, oh, well, maybe you'll give them more protection. No. It's a dangerous thing if they already have immunity to the virus, including to the spike protein, what do you think is going to happen if you introduce into their body a gene sequence that will manufacture large quantities of the thing they're already immune to? Well, they'll get hyper-immune responses that may kill them. So, it's a stupid thing to do, it's reckless and unnecessary, since they're already protected by their own immunity, to vaccinate people who have been infected and recovered. And by now, if it really is as contagious as they say, after two years who would not have encountered this virus by now. So, it's over. So, you know, we shouldn't be chasing people who are already immune.

The second class are people who are young and healthy (probably anybody under 60) but certainly where it comes to children, it's again, it's just completely nightmarish that you would want to inject them. They're not at any risk and so the risk versus benefit it can never be other than negative. You'll harm and kill children and save none of them. And the third group I'm very passionate about this because I follow the research myself, pregnant women. I've said this before, since 1960 and Thalidomide, everybody in the pharmaceutical industry, every health care professional, and I would say every pregnant woman, knows that you don't take anything you can possibly avoid. And if you have to take something, you really want to do the research and make sure it's proven safe in pregnancy. Have they done full reproductive toxicology with these gene-based products? No. And yet you will have heard your government tell you that it's entirely safe. 1. They don't know; 2. They can't know because the studies haven't been done; and 3. We know from history never to do this. So, the fact they're doing it, those three reasons I think are absolutely solid examples why this cannot be about public health. Similarly, (I won't spend any time on it) but the boosters, again, it's completely immunologically mad to keep injecting, injecting, injecting. If we've not gotten adequate immune response after one or at most two doses, forget about it. That's another piece of fraud for which reasons I don't really understand.

And then, finally, a few things, four warnings. We are not these people on this call giving evidence. We're not being wise after the event. Dr Wolfgang Wodarg and I, as long ago as December 2020, before any of these products had even Emergency Authorisation, were concerned just based on the design of them. And we wrote what I guess turned out to be the first full scientific critique and concerns. There was no reply from the European Medicines Agency to this petition but, instead, what happened is the two of us became attacked by smear artists and censorship. So, we did try and lots of people tried.

So, good members of the public, ladies and gentlemen of the jury of the public, know that people like me and others on this call were very concerned (even before emergency authorisation) and have been raising to the attention of the regulators and others (including) of these problems. And the fact they didn't do anything with that information, even to say, my God that's worrying let's discuss this, tells you everything you need to know. It wasn't about public health and we're not going to broker an alternative view.

So, I think I'm done. I think that's probably enough. I hope I've demonstrated to you that, from someone experienced in the process of biomedical R&D (although not vaccines, I'm not claiming that) but these kinds of products would be the sort of thing I would work on novel, chemical and biological entities and understand the research, development and somewhat the manufacturing processes very well. And none of the normal processes have been followed and, as a result, they've ended up with products that are rushed, dangerous, of intrinsically poor and variable quality. And then the moves to inject the population, including mostly people who are not at any risk from the virus, I hope it will tell you, even if it's with horror, that this whole thing is a fraud. The entire thing is a fraud. And we have to be incredibly vigilant, as I close, for not only eventually, hopefully, prosecuting the driving people in this crime (because it is a serious crime) but also, we must stay hyper-vigilant for what else might be coming. I'll pause there and happy to take any questions if there are any.

Reiner Fuellmich: Just one quick question because I don't know if you're going to be able to stay on this much longer. If you look at the at the totality of the evidence, as we have received it tonight, is there any chance that the mistakes that we've seen happened by accident?

Mike Yeadon: No, there's absolutely no chance. I'll say why. But here's another example. The four leading companies that have brought forward these gene-based vaccines (so, Johnson & Johnson, AstraZeneca, Moderna and then the pairing of Pfizer and BioNtech), all four of them decided to choose the most inappropriate part of the virus to make a vaccine out of. So, how did all four of them independently (unless they're colluding?), how did all four of them make exactly the same set of mistakes? Well, no, it's not possible, Reiner. They would put each other right. They would probably come up with several different designs. If you can't be first in class or obviously differentiate over the different competition we'd usually withdraw from fight or we do something different - that's what I did 10 times, you know. So, once you learn what the others are doing, unless you think you're faster or better or safer, then you either quit or you do something else. But, no. So, all four of them brought forward a badly designed product and they made the same "mistake".

Just, by the way, if you start a new programme, the probability that you will get to market ever is a fracction of a percent. That's what's called the attrition statistics, as programmes move from your mind to a laboratory and eventually to development. The probability you'll reach the market is very low. What's the probability for all four started around the same time would succeed? I would say, we could demonstrate mathematically; it's infinitesimally tiny. So, they didn't do any of the things that they've said they've done. So, there's, I'm afraid, there is whatever, collusion, conspiracy between the drug companies, the regulators and the people allowing them to move forward. So, no. It can't possibly be a mistake.

Reiner Fuellmich: Thank you very much, Mike. I think we're very rapidly moving into RICO territory right now. Thank you very much, Mike. OK. We should continue now with either Vanessa concluding her testimony or with Professor Burkhardt. But I think Vanessa has been waiting for too long now. Yes?

Vanessa: I would make this suggestion because there are two chapters left and one of the chapters was already nicely summed up by Sucharit and Mike about biodistribution, so I can skip this. And the other one, it's about why all vaccination fails, so it does not sit really well in the context where we are now. So, I think it's completely fine that we can then go directly to Professor Burkhardt. I think that's more important.

Reiner Fuellmich: Thank you very much. We will we will surely ask some questions in our discussion.

Prof em Dr med Arne Burkhardt (DE), Pathologist, Reutingen [2:26:10]

Burkhardt: Hello, everybody. First of all, Sucharit Bhakdi introduced me but actually I just have to say, in the last two years what I've done for 40 years if somebody came to me and asked, why has my relative died, will you take a look? I said, yes. If somebody asked me, well, do I really have cancer? I said, well, I will take a second look. And I invited them to my microscope and this is what I do with the results that I will present today. Everybody can look at them if he comes here.

So, to show you my study I will need some slides to show...*[……..]*

Reiner Fuellmich: While we're waiting, Dexter asks questions.

Sucharit Bhakdi: Yes, Dexter, I'm here now. I just wanted to add one thing as we're at it now. All mRNA vaccines of the future are going to face the same problems that we're experiencing now. We have to demand that these gene-based vaccines are never ever allowed to be given Emergency Use Authorisation with this warp speed time of preparation. I mean, this is what MIke Yeadon also said. You cannot test the safety of any new vaccine within months. You cannot. Now, to end, also the other vaccines of Novavax (which are not gene-based) must never be allowed to be used under Emergency Use Authorisation because there is no reason. There's no reason, since there's no pandemic at the moment. Secondly, because no-one has ever shown the efficacy of these damn other vaccines like Novavax. And third, because their safety can be anything you want, has also never been tested. Ok. People are now trying to move to the gene-based vaccines and I think it's very important to say, No. No right now. Ok. So, if you wanted to ask anything, Dexter, please go ahead. That's what I wanted to say.

Dexter L-J Ryneveldt: Thank you, Professor Bhakdi.

Reiner Fuellmich: Maybe, while Professor Burkhardt is resolving the screen share issue, we can continue with Antonietta Gatti.

Prof Dr Antionietta Gatti (IT), Physicist and Bio Engineer, Nano-Pathologist [2:32:15]

Antonietta Gatti: OK. Thank you very much. I want to introduce myself. First, I am a physicist and bio engineer. And I face the problem over this pandemic from my original point of view. It means that I studied the vaccines directly. Also, because I had the experience of innovative analysis and scanning electron microscopy coupled with energy space spectroscopy. And I verified the chemical composition and the contamination of 42 standard vaccines. Of course, I applied this new technique also to the new gene therapy products. And, of course, they are completely different from the standard vaccines. I don't talk to you about the spike protein because you are more expert than me. But I wanted to discuss the nanotechnological content of these vaccines, sorry, this product, because they are not vaccines from my point of view. And probably, you know, Big Pharma developed a new technique of nanomedicine for these products and they wanted to introduce mRNA inside the cell. Every biologist knows that mRNA is recognised by the sensor of the cell membrane and that they are rejected []? it means that they fill ribosomes, nano, liposomes with mRNA because these nanoparticles are not recognised by the sensor of the cell membrane. When someone constructed the human bodies, probably they didn't know that there were also nanoparticles, so there are no efficient defence mechanism against nanoparticles. So, they are phagocyted by the cells and when they are inside the coating of the particular components are degraded and mRNA is released inside.

So, Big Pharma didn't release any knowledge about the mechanism of degradation of the liposomes. I don't know if this mechanism is related to the low temperature, the initial low temperature of minus 70 degrees probably was related to the storage of liposomes; we don't know. We think that there is a correlation.

The problem is that nobody controlled the mechanism and also these nano entities, nobody means no CDC, no EMA, no FDA, no other national organisations. So, there is no quality control on these products. And my investigations revealed that inside these products are present also something else. Something else means strange nano entities that probably are due to nanotechnological process; very, very strange. And these nano entities are out of the mission of the vaccines. There are aggregate of nano particles of stainless steel and we don't know also why. Surely, they are products of nanotechnologies. So, intentionally added to this product not to alter the products but I think that they are only in some batches and probably inside some safes of Pfizer and so on; there is a list of right batches and the wrong batches of vaccines.

If you want, I can show you some images so you can understand better what is [*wait a minute... I find... sorry]* and these entities are intentionally added [*Sorry, do you see that? Not yet? Wait a minute and then I try again. It's the same problem. Now do you see that? OK Wait a minute. Do you see something? Perfect]*

- Slide 1 -

These are white articles. I'm not exactly *[…]* to the vaccine but they belong, they are metallic debris inserted in the middle of the syringe and where the debris of the cold working of the needle. But when they inject there is a liquid, the vaccine, also where the debris are injected in the body.

- Slide 2 -

Do you understand this problem? And you see there *(wait, yes)*. You see here some white debris, very atomically dense and, in this case, the debris is composed of chromium. There is chromium inside and probably these softer entities are an agglomeration of liposomes or something else.

- Slide 3 -

For instance, graphene, for instance. it is very interesting because that is a microneedle and it is a nanotechnological product. And you see very well from the holes, the periodic holes that are created in this microneedle and probably this nanoneedle is filled with this product and after is released when the vaccination is injected in the body.

- Slide 3 -

But I wanted to skip to these entities. Again, they are a mixture of organic material with nanoparticles of silica, aluminum silicate and all these particles are teratogenic. They are not biocompatible. So, they can scratch the internal blood vessels and not only but they can trigger a coagulative cascade.

- Slide 4 –

So, some side effects that we see probably can have these particles as triggering aging? So, these spheres of micron silica, I don't know what is the meaning of, why it is inside.

- Slide 5 -

And there are other small particles of stainless steel, iron, chromium and so on.

- Slide 6 -

I wanted to show you other small particles that is very interesting. Because that is AstraZenica.

- Slide 7 -

And if you at the magnification of this one, you see an elixir full of nanoparticles. These nanoparticles are metallic composed of iron, chromium, copper, nickel, tin. it is a nanotechnological problem. But we don't know what is the mission of this, again, the entity inside the vaccine

- Slide 8 – Moderna with silver

I found also some particles of silver.

- Slide 9 - Moderna with debris of silicon, lead, cadmium, titanium selenium

But this is really interesting because it is Moderna. These are strange entities of 30 micron is full of holes, probably this also could be filled with something, they are inside the vaccine and they are aggregates; they choose a vaccine with a special aim, we don't know. This smaller particle is composed of silicone, lead, cadmium, titanium selenium. Cadmium selenide are nanoparticles, very interesting. They are the products of nanotechnologies. They are teratogenic but we don't know what is the scope of this further material inside the product.

- Slide 10 –

Another, particles composed of stainless steel and it is an organic/inorganic compound which means that probably liposomes/RNA glued together these metal particles. Probably you saw that many patients had some magnetic effect in the point of injection. These entities can make the effect if there are important magnetic fields. This particle can react inside in an electromagnetic field.

- Slide 11 -

Another strange particle of aluminum, silicon, in janssen, aluminium, titanium.

- Slide 12 -

I found many different things inside and probably there is a problem of quality control. Not performed by the manufacturer but also by the controller organisations. Because they are clearly visible under a scanning electron microscope.

So, I think that I want to interrupt this because I want to talk with you, especially with Michael Yeadon, because I saw a combination also in all vax's. But in the new ones there are nano-technological compound particles inside and the effect in the human body is unknown. I studied the biomaterials, biocompatibility of materials, for many years. So, I have experience in that but it is the first time that I see nanotechnological products inside a fluid. I coordinated a research project of the European Commission of the nanotoxicity and I know very well what is the effect of nanoparticles inside the cell. And I have beautiful photos (images) of a direct nano-biointeraction of these

nanoparticles with DNA, also, mitochondria organelles. So, from my point of view these new products are dangerous, very dangerous and I don't see the possibility for the body to counteract against these. Thank you very much.

Reiner Fuellmich: We will save our questions for the discussion. But Antonieta, do you have any idea if these nanoparticles could have been included in the vials by accident? What do you think?

Antonietta Gatti: In the last vaccines I am sure that there was a contamination during the industrial process to develop vaccines. I think that silver, nanoparticles, probably they are added for mistake because there was a contamination inside the process of the synthesis with other activities. But you saw two or three nano entities and they are nanotechnologically developed and they are intentionally added (that is my personal opinion of course). But you know that many other scientists that declare that there is a reason, a contamination with external electromagnetic fields. And I think that probably these entities can be the []? when they are inside, they can generate a small magnetic field that can interact in a new way inside the body.

Recently, I published an article about the Sudden Infant Death Syndrome and I worked with other collaborators, neurologists in analysing the brain of these babies. We discovered that inside there are contamination particles, also particles of aluminum or aluminum phosphate. And probably some of the scientists present know what it means. So, part of the standard vaccines was translocated from the mother to the fetus and inside the esophagus to the brain. So, it is a novelty because we say that there is a risk to give drugs to the mother during the pregnancy but now it is normal to vaccinate the pregnant ladies. It is wrong because inside the stomach inorganic nano entities, and they can be translated to the fetus and they can be disseminated inside all the organs of the fetus,

Reiner Fuellmich: Including the brain.

Antonietta Gatti: Also, the brain, of course, but I think also they can reach the liver, the kidneys and so on. Also, because they are transported there by the blood circulation, not only, but these particles I showed you they can interact with the proteins of the blood. They can activate a coagulative cascade but they also can create an organic/inorganic compound, not more []?, and that is a problem also because they can trigger the new system. So, these simple images suggest that a new mechanism can be generated, some pathological mechanism can be generated in the body due to the presence of these entities.

Reiner Fuellmich: Thank you Antonietta. And let us quickly see if Professor Burkhardt is ready to join us again. Hello, Professor Burkhardt?

Prof em Dr med Arne Burkhardt (DE), Pathologist, Reutingen [2:55:46]

Arne Burkhardt: I hope I can get my pictures now. Let me see. You can see?

Reiner Fuellmich: No, not yet. It's coming up. Now we can see several images. You probably..., yes. Now we can see the first one Autopsy and Histology Study on Vaccination.

Arne Burkhardt: Well, yes.

- Slide 1 – Autopsy and Histology Study on Vaccination - Associated Complications and Deaths conducted in Reutlingen, Germany

The first slide gives you an overview of what we have been doing in the last year. So, it was about one year ago that a relative approached me and asked and they had the suspicion that their relatives had not died of natural causes, but of side effects of this vaccination. So, at that time, I wrote to the National Pathology Associations and I suggested that a nationwide study should be started to see the consequences of death occurring in the time associated with the vaccination. And well, I didn't get any answer at that time. So, I said, well, if nobody else would do it, I will do it. And through the months following, there have been many pathologists, physicians, biologists turning to me and they ask where we've received similar cases, we have the same observations. And so, we actually are now eight pathologists and medicals and one physicist also joined us just recently. So, the material is 30 autopsies and four biopsies. Actually, today four more cases arrived, so I have 35 cases now, and it's very time-consuming to study these cases. So, most of the data that I will give a link to, 15 initial cases that I prepared, I analysed by routine methods and three with advanced methods.

- Slide 2 - Characteristics of the 15 initial cases examined by histopathology a)

So, you see here, the people that died seven males, eight females, seven days to six months after the last injection, and the age range was 28 to 95 years. And you see, these were the usual vaccinations that are used in Germany, mostly Pfizer and Moderna.

- Slide 3 - Characteristics of the 15 initial cases examined by histopathology b)

So, we were asked to do a second opinion, these were autopsies that were carried out elsewhere, some in pathology institutes, some in forensic medicine. And, at the microscopic examination of the organs, did not result in any suspicion that the death was connected with the vaccination. All of the cases in the forensic medicine were not even examined based on pathology. And the only suspicion was arisen when the relatives insisted on a second opinion. And our second opinion showed that there are certain histological characteristics that are seen in most of the cases (I will show these characteristics in the following slides). But our result was that in five cases there was a very likely association with the death process; it was likely to possible, and in one case, we did not find any provable connection with the vaccination.

- Slide 4 - Place of Death (20 Cases total)

So, very important is the fact that most of the patients that we examined were not treated for a long time in the hospital. This rules out all therapeutic changes in the organs. For example, if a patient has been subdued to artificial respiration, the changes in the lungs are secondary and you cannot see what the vaccination did and what the respiration has done. So, this is very important because most of the autopsies are done in hospitals and most of these patients that are autopsied in the hospitals have been treated for a long time in the hospital. But our collective really was mostly non-treated, and they collapsed at home in the street, in the car, at work and in the retirement home.

- Slide 5 - Target organs and main lesions

So actually, we found lesions in most organs. And at the first place, the blood vessels were damaged in the small vessel, the endothelium (innermost layer) and the vessel wall. Then in the vessels, we found some unidentified intravascular material (which I will talk about later). Then spleen and lymph nodes. The lymphatic organs showed very characteristic changes in the heart, lung, brain. Also had, in most cases, inflammatory changes. And finally, we found what we called ‘lymphocyte amok' in most organs outside of the lymphatic organs, and these were very much reminiscent of auto immune phenomena observed in auto-immune diseases.

- Slide 6 - Histopathological methods used

So, what were our methods used? Routine histological preparation and conventional stains and immunohistochemistry and, especially, impressive chemistry is the second step that we are right now in. We use standard markers of lymphocytes/inflammatory cells, and in some cases, we were able to show the spike protein in these tissues.

- Slide 7 - Conventional HE staining of tissue samples highlights cells and subcellular structures

So, to anybody who is not acquainted with microscopy and the way organs look under the microscope, this is a normal liver. You can see there are these dark spots that are the nuclei. And then there's the cytoplasm, which has a little bit granular appearance. Mostly, these are mitochondria. So, we are able to see the nucleus and the cytoplasm and also some changes in the cytoplasm.

- Slide 8 - Stripping of endothelial cells in a venule after vaccination

And one of the most impressing changes was a change in the lining of the small vessels and the capillaries, and you can see the normal in the normal vessels. They are lined by a very thin layer of endothelial cells. You can only see these spindle cells, a spindle-shaped cell nuclei, but they are firmly attached to the wall of the vessel. And in the vaccinated patient before this phenomenon, it's the endothelial cells have swollen and nuclei they are detached from the wall and they are intermixed with their erythrocytes. So now and then you see this phenomenon also caused by a lot of other bruises, which is the decay after death.

- Slide 9 - A venule in advanced stage of disintegration, filled with lymphocytes and desquamated endothelia

But we definitely could prove that these small vessels are actually destroyed by lymphocytic inflammatory infiltrates. You still see the elongated, swollen, spindle-shaped nuclei and the whole area is infiltrated and they are really distracted.

- Slide 10 - Immunohistochemistry can detect the spike protein in individual cells

Now, of course, we were thinking about how could this be? We were interested in showing if the spike protein could be shown in these damaged cells. And just for those who are not familiar with the immunohistochemistry, so you can see the sequence here. And finally, we use multiple antibodies and the last one is some collaboration, some colour on it. And so, we have brown pigment and you'll see here a positive reaction in a cell of a cell culture.

- Slide 11 – Cell cultures

And actually, before we employed this method on our histological slides of the autopsy persons, we did studies in cell cultures and did these cell cultures. It was negative controls, and we know we have transfection with the vaccine and this is a larger magnification and you can see there a strong, positive reaction here.

- Slide 12 – Expression of the spike protein detected in capillaries, small arteries and veins (case 25)

And now we have applied it to the tissue that we were seeing and which where we saw damage to the visitor centre on the right side. You can see of these small capillaries that a definite and very specific staining of these cells and also in the smaller arterial walls, you can see that the inner the inner layer of the artery is definitely stained. Also, you can see inside some *[...]* cells.

- Slide 13 – A crack in the wall of the aorta, lined by clusters of lymphocytes (Case 10, death due to rupture of aorta)

And we observed these damages to not only in the small vessels, but also in the large vessel vessels, especially in the aorta. And we actually we have two cases now who died of a ruptured aorta. And here you can see one of the specimens. Here you can see the inside on the right side, the inside, where the blood flows and the wall of the aorta is composed of the irregular lining of alternating smooth muscle cells and elastic fibres. And you can see already here in the wall, there are some areas where the texture is irregular and there are some small points which are lymphocytes and more impressive even the inflammatory reaction on the outside of the aorta proper. So, these are the so-called *vaso vasorum* vessels of the vessel.

- Slide 14 –Lymphocytes infiltrating the wall of the aorta (Case 10)

And to show it in a larger magnification, you can see these defects in the interior wall of the aorta, and you can see there is an inflammatory reaction. Again, a proof that this is an intravitreal damage to the wall of the aorta. And then we saw the same thing in larger and smaller arteries.

- Slide 15 – Spike protein is expressed in myofibroblasts near lymphocyte inflitrates within the aorta

And again, we ask ourselves, could this be a toxic effect of the spike protein? Similar changes are known of one in some genetic defects, but also in some poisonings like what they call naturalism. That is a poison that is in some tissue. And I don't know the German, but the English word, but it's very rare and it leads to a dissection and disruption of the order. So, we know there that this could happen in poisoning. And you can see here we did a demonstration of the spike protein, and you can see this very clear marking of the nuclei of myofibroblasts, which line the aorta and also in the *vaso vasorum* of the smaller vessels in the outer layer of the aorta are definitely positive reacting.

- Slide 16 – Inflammatory vascular lesions – features and occurrence based on 20 cases

So, how often did we see this? First of all, the damage of the small vessels, the endothelialitis, as some people call it, the swelling and desquamation and lymphocytic infiltration in 11 cases, vasculitis and perivasculitis of larger vessels in 10 cases and focal vessel and necrosis with inflammatory reaction, actually as I have shown, in 6 cases and inflammation accompanied by thrombosis in 2 cases and I may add a rupture of the aorta in two cases.

- Slide 17 – Case 10 – Spleen and liver at low magnification: high level of spike protein expression in the spleen

Still, we come to another two other organs. We come to the liver and the spleen. You can see these two tissue specimens were in one paraffin block and they were sectioned and stained in the same method. And also, they were fixed and embedded in the same way. And here you can see the liver and the liver itself is largely negative. But, if you look closely, you may see some small vessels in there which are positive and the spleen shows a completely different picture. The spleen itself has a

diffuse positive staining. But even at this magnification, you can see that the vessels, these round areas here, are definitely strongly positive.

- Slide 18 – Expression of spike protein in liver blood vessels: non-specific staining of hepatocytes

So, first of all, I will show you these the liver. And you can see that the liver cells are negative. There's a slide, a non-specific reaction that this cannot be ruled positive. And you can see that the endothelial cells in the liver are strongly positive.

- Slide 19 – Spleen: intense spike protein expression and auto-immune disease-like lesions

And, in the spleen, we saw, as we have already seen in this low reputation, we saw a very diffuse and specific staining of the cells that we found in a phenomenon which is known from some autoimmune diseases, which is called this “onion skin” inflammation of the central arteries of this spleen. And this is, for example, seen in lupus erythematosus. And also changes that, as far as we know (and I think about 50 pathologists have seen looked at it by now), it's a focal destruction of follicular arteries, with prolapse of lymphatic follicular tissue.

- Slide 20 – Spleen, white pulp

And here you can see these are the spots where we found changes and, here, this is the area that is important. That's the white pulp of the spleen, and it's a follicle with central follicular artery.

- Slide 21 - “Onion skin” inflammation of spleen artery

And this is a phenomenon that I refer to it as the “onion skin” reaction, a phenomenon that means that the wall of this small artery has changed and is disorganised.

- Slide 22 – Expression of spike protein in a spleen artery and surrounding tissue

And finally, also in these arteries that show this phenomenon, we definitely could demonstrate a strong, positive reaction for the spike protein.

- Slide 23 – Lymphatic tissue invading a spleen central artery

And this is a phenomenon that I refer to, that as far as I know, has never been described. This is a small central artery of the spleen, and you can see this, this is a wall. And here is a defect in the lymphatic tissue, which is proliferating and has a prolapse into this artery.

- Slide 24 – Excessively proliferating lymphocytes (‘pseudolymphoma’) (Case 7)

And then the other lymphatic organs show an activation. You see the lymph nodes, maybe in some cases, very much enlarged.

- Slide 25 – Infarction (Necroses, tissue death) in a lymph node

On the other hand, we saw what is an infarct of the central lymph nodes in some cases. This is a normal one just to show you the follicles. And this is a phenomenon described by some Japanese office and may be associated with lesser changes with changes of small arteries or capillaries.

- Slide 26 – Lymphocytes invading heart muscle tissue

And now we come to the other organ lesions. By now, it is internationally accepted that vaccination may cause myocarditis, an inflammation of the heart muscle and you can see a normal specimen and, here, you can see the lymphocytes, these small dark dots that are infiltrating.

- Slide 27 – Heart muscle infiltrated with lymphocytes in advanced stage of disintegration of muscle fibres

And they are not only infiltrating, but in some cases, they lead to a necrosis of the muscle cells of the heart. And this is very important to differentiate this from a venal infarction of the heart tissue. Because in in fact, in a normal infarction, you don't see many lymphocytes, but predominantly granulocyte.

- Slide 28 – Lung alveolitis

So, we come to the lung on the right side again, along with normal alveoli, which are filled with air and some lymphocytes inside and some macrophages. But here and after vaccination and not after artificial respiration, you see, this lung tissue has collapsed and there are dense lymphocytic infiltrations.

- Slide 29 – Immunohistochemical (CD3) detection of T-lymphocytes in lung tissue

And these are T-lymphocytes, as we could show by immunohistochemistry.

- Slide 30 – Anatomy of the skull and the brain

And now we come to changes in the brain. And just for those who are not familiar, we have the skin and the skull, and we have the dense connective tissue here, the dura mater. And this loose connective tissue in the Arachnoida with some very delicate blood vessels. And then, of course, we have the brain tissue. And we found changes in all three of these locations.

- Slide 31 – Main pathological findings in the brain

And these are the main findings: transfection-associated encephalitis; lymphocytic infiltration and focal destruction of intracerebral and arachnoidal blood vessels; subarachnoidal bleeding without an aneurysma (as you may know, aneurysma of the brain are the most common cause of a rupture); then we have focal lymphocytic infiltration in the dura mater; and finally, in one case, necrosis of hypophyseal gland.

- Slide 32 - Lymphocytic infiltration of the dura mater

And here you can see the lymphocytic infiltration of the dura mater. And this is the heart membrane that covers the brain and the skull and you can see in this 26-year-old male who died after the vaccination. You find this infiltration.

- Slide 33 - Vasculitis of a brain blood vessel

And in the same case, we also found lymphocytic infiltration in the small vessels of the brain tissue itself.

- Slide 34 - Additional Case Report, Necrotising encephalitis

So, coming to an end with the autopsy cases, I will show you one additional case with the necrotising encephalitis. A 76-year-old man with a necrotising encephalitis, vasculitis of the aorta and coronary artery, as I have shown lymphocytic myocarditis.

- Slide 35 - Encephalitis with necrosis

And in this case, here you can see the changes of the brain tissue. There's a necrosis, and there is a granulocytic and lymphocytic inflammatory infiltration.

- Slide 36 - Expression of spike protein in small blood vessels within the brain

And in this case, also we could demonstrate the spike protein mainly in the vessel walls, as you can see here.

- Slide 37 - Expression of spike protein in brain tissue

But also, in the neural cells itself, as you can see here. This is a typical granular reaction.

- Slide 38 - Lymphocytes "running amok"

And this is a demonstration of one recent case that we examined. We come to the last large entity that we observe, that is what we call the "lymphocytic amok", an accumulation of lymphocytes, some call it lymphocytosis in non-lymphatic organs. Inflammation and tissue destruction predominantly caused by lymphocytes, as we have seen, for example, in the myocardium. But we see it also in other organs, practically in all tissues. It could happen, and this reminds very much of the changes that we observe in auto-immune diseases.

- Slide 39 - Nodular lymphocytic infiltration outside the heart muscle and the lungs

And this is just the frequency that we have observed, as actually these figures have to be interpreted because we only had the salivary gland in two of the cases. Autopsies in both cases showed salivary gland inflammation in the sense of an auto immune disease. And the thyroid glands also we only have two cases and both had infiltrations like in Hashimoto's thyroiditis. Also, I have shown you skin. I will show you later liver, kidney, testis and dura mater, I already showed you.

- Slide 40 - Lung with lymph follicles and germinal center (case 7)

Now, this is just one example. Here, you can see the lymph node and you can see this is like a small lymph node right in the middle of the lung. It has a reaction centres here, and is very rare that you observe this.

- Slide 41 - Thyroid gland

And this is a thyroid gland, you can see these dark areas are infiltration, small lymphocytic infiltration again with germinal centres and the activation like swollen lymph nodes.

- Slide 42 - Unidentified foreign material, deposited inside a blood vessel (5 cases overall) case 13, death 6 days after injection

Now we come to another problem. I mentioned that we observed strange material in the vessels and tissues of the, by now, five cases. And this is one example we found in the vessel of the spleen. First, we thought this was just cells, but they have an inner structure. Then we thought it might be a contrast material that the patient died at home and never was in the hospital in the last year, so. Actually, we do not know we. We showed it to about 50 pathologists, and nobody knows what this material is. We will make further investigations. And our suspicion is that this is material from the injected vaccine material. The nano lipid particles might coalesce when they warm up in the body and they might circulate and finally accumulate in the vessels.

- Slide 43 -

And this is a similar finding in the fat tissue in one case. And also, here we have this strange intra cellular structures that nobody knows what it is. So, we just got it unidentified.

- Slide 44 - Unidentified foreign material, deposited inside blood vessels (case 24, death 281 after injection)

And in one case, it's a longer history after vaccination, we saw these strange materials and some tissue reaction and fibrosis.

- Slide 45 - Case Report (Case 25) "Natural" Death uncovered as caused by vaccine-induced vasculitis of coronary artery

So, I will just show you one final autopsy case. A case of 54-year-old man, who was supposed to have died of a natural cause because there was definitely a myocardial infarction that had died off. And he had a vaccination and the autopsy, just by the macroscopic aspect, seemed to be to a certain the fact that he had indeed died of a heart attack, of a heart infarction. And he did, actually, he did die of a heart infarction, and he had pre-existing arterial blood sclerosis. But there was, in addition, the lymphocytic myocarditis that I had shown you before.

- Slide 46 - Case 25, cross section of coronary artery

And we found, and this is a cross section of the coronary artery, here you see the thrombus. This is a thrombus which caused the myocardial infarction and caused the death. But, in addition, you find arterial sclerotic changes. And then again, what I showed you in the beginning there.

- Slide 47 - Case 25: detail of coronary artery

Areas in the deeper layer of the vessel, here, where you can see there's some disturbance of the structure and there's infiltration by lymphocytes and lymphocytic infiltration also. It's in the vicinity around the vessel.

- Slide 48 - Case 25: detail of coronary artery

And here you can see these also in the fatty tissue and, here, lymphocytic infiltration. Now, this is very unusual and I think I have never seen it. So, the logical consequence is this man died of inflammation of the disturbance of the coronary artery, which caused thrombosis and the thrombosis caused the heart infarction. And actually, he did not die of natural causes, but he died of the consequences of the vaccination.

- Slide 49 - Examination of surgical and bioptic specimens

And finally, some examples of surgical bioptic specimens, appendectomy, bronchial biopsy and skin lesion.

- Slide 50 - Periappendicitis

Here you can see an observation of the other pathologist that I worked together with. They found that the specimens of appendectomy often did not show much inflammation in the inside of the appendix, but marked inflammation in the vicinity of the appendix. And you can see it here, this is the fat tissue around the appendix.

- Slide 51 – appendix, spike protein

And again, we did the demonstration of the spike protein, and actually it was very clearly expressed by the endothelial cells around the appendix.

- Slide 52 - Bronchial Biopsy, 9 months after Corona-Vaccination

And here in a 26-year-old man, nine months after vaccination and he had still difficulties with breathing (adyspnoea), and so they did a bronchoscopy in nine months after the vaccination and the bronchoscopic picture showed a normal mucosal surface, no secretion. But in our histology, we had marked inflammation of the mucosa with eosinophilia.

- Slide 53 - Case 26 - Bronchial Biopsy HE-Stain

And we could again demonstrate the spike protein. Now, first of all, to those who are not familiar, inside the epithelium there are often these elongated cells, which are not epithelial, and we call them dendritic cells. They function in immune detection and immuno surveillance.

- Slide 54 - Case 26, Spike Protein

And here you can see that these dendritic cells within the bronchial epithelial are strongly marked with the spike protein while the endothelial cells of small vessels are only very mildly marked.

- Slide 55 - Skin biopsy

And finally, a skin biopsy, here you can see there (what we might call) a granulomatous reaction under the skin. And this is a further investigation, we did not do the spike protein in this case.

- Slide 56 - Are we chasing a Phantom?

So, when we did these examinations, all cases were seen by two pathologists and other pathologists. Also, I have seen all the programmatic changes. And again and again, we were asking ourselves, well, are we chasing a phantom? Is this really true? We looked at each other and said, well, do you see this? Do you see this phenomenon? Do you see that this artery and this “onion skin” phenomenon? And, well, we came to the conclusion that, no, we are not chasing a phantom. Further studies are necessary and provocative. Thank you very much.

Reiner Fuellmich: Just one quick question, Professor Burkhardt. When you saw the expression of the spike protein in the organs in the cells, can you exclude the possibility that it entered the body in

any other way than through the vaccinations, the inoculations? Well, is there any possibility that there is another way?

Arne Burkhardt: Well, some people had the idea that these people might have had what you call a real infection by the coronavirus? But then first of all, most of these people died. Suddenly, they just collapsed. And I've never heard of any corona infection where people don't have a longer history of respiratory problems and so on and so on. But we are right now doing examinations of the nucleocapsid, and we feel that very, very soon, we have the results.

Reiner Fuellmich: Thank you very much. My colleagues, before we enter the discussion and ask more questions, we should listen to our final expert on this topic. Professor Bergholz, if that is ok, Professor Berkholz?

Prof Dr Werner Bergholz (DE), Professor of Electrical Engineering, Quality & Risk Management ***[03:33:11]***

Werner Bergholz: *Now, I guess you can hear me. And I have a presentation. Now listening, it turned out that what I have prepared, in a way, seems to be maybe a good summary of what we've heard today. So, let's have a look. So, I have to go to 'share screen' first. Here we go. So how much time do I have?*

Reiner Fuellmich: We are under a little bit of time pressure?

Werner Bergholz: *Yes, as usual. So, I'm switching to full presentation mode now (if my computer does it) and I hope it works. This is in full presentation now?* So, I'm not a medical person. How come that I am in this group of people? Well, my claim to fame in this group is that I've practiced quality and risk management for something like 20 years, if not longer, and I've also taught it at university. So I've also researched on it, and I have about 17 years of industry experience in production. So, what Mike said, about scaling up, was right up my street and I'll come back to that later. I'll skip over that overview.

- Slide 1 - 1. Why do quality perspective?

Now, the topic is quality perspective. Now, why is this relevant? I had a close look at the leaked Pfizer contract, and somewhere it said that the quality of the product and tests should constantly be tested and good manufacturing practice should be done. So far, so good. Nothing unusual. Now the real beauty comes now. What does it say? Indemnification, that is, if there is any problem, normally the manufacturers are free from all the damage claims. But this will not be available in case of a material breach, a significant breach of good manufacturing practice. So, if we find substantial nonconformity relative to ISO 9001, which is kind of the' gold standard' of how you do a quality management system, then it will mean that indemnification is void, which I think is something that we'd all like to see.

- Slide 2 - 2. Non-Conformities in the Development Process

So that is a kind of busy slide. So that is 'Nonconformities in the development process'. Our Canadian expert already said there were false expectations raised that it can protect you. I haven't even listed that. But what she also said, known risks from animal experience on previous attempts to bring those so-called vaccinations to market, they had all been ignored (and I would say circumvented).

Pfizer gave a statement in October 2020 that they had not done animal experiments. And also, the telescoping of phases, which I would have called quality gates in my language. If you do that in parallel, you have an undue increase in risk. I don't think that needs any further explanation. Then, our Canadian friend already mentioned many of those things that Peter Doshi, the co-editor of the British Medical Journal, listed as severe deficiencies in that study. And, I think even called it fraudulent. And then what I say is ridiculous, premature unblinding and vaccination of large parts of the control group. then the questionable endpoint was mentioned, and that's a relative risk reduction is absolutely irrelevant as we are talking about 1%. So, the development process is seriously flawed, and that is the first serious nonconformity, which simply cannot be excused by urgency.

- Slide 3 - 3. Concerns & Non-Conformities in Mass Production

OK. Well, the papers presented to the European Medicines Agency in December 2020, the conditional approval was subject to several obligations (I call them). And as Mike pointed out, most of those obligations were related to either poor process or poor materials control, most of these obligations, which should have been dealt with by June 2020, are not even fulfilled by this time. And normally the only action would have been, stop the whole thing until the manufacturers have done their job. Not so here. OK, then Mike also pointed that out, if you go from such a small quantity that you use for those 40 or 50,000 portions or doses for the studies, if you go to manufacture billions, you have two problems. You cannot but use lower grade chemicals and you have to use large scale equipment. And so, in a way, I think Mike said so and I would agree, you would have to start from scratch again because what you get out of this product is different, definitely different. The only question is how much from the original product. So, the conclusion, number three, is, from this, it seems relatively unlikely that we will have stable mass production.

- Slide 4 - 4. Adverse Effects Statistics and Efficacy: Non-Conformity, too large variability in the number of reported adverse events

And the proof is here. What do we see here? We see a sequence, in this case, of 175 adverse effect reports, 475 lots. I've not put the lot numbers themselves, but they were in alphanumerical order. So, this, for all we know, was a time sequence that they were made. And this is, by the way, statistical process control, how to treat it. So, anything that goes above the above dotted line is out of control. The process should be stopped immediately. And what we can also see, even in between, we have quiet periods and it starts to wobble a little bit. But that is one of the better periods. So, it's getting worse.

- Slide 5 - 4. Adverse Effects Statistics and Efficacy: Example of the death of a 15-year-old girl some weeks after the second injection

Here we have a quiet period and then it starts to wobble again. And the interesting thing, this batch, which I've annotated here, is the second batch that the 15-year-old girl, *[...]* Brown, was inoculated or vaccinated with. And from what I remember, she died about three weeks or four weeks later. And I've checked that also for the first injection, and again, her injection was not one of the worst. These would have been the worst. But again, it was one of those bumpy ride periods rather than those periods. And what I suspect is, if we would follow up all the people that would be vaccinated by these, then we would find my prediction, a lot more dead people. Because the number of cases, by the way, that have been reported correlates rather well with the number of deaths and the number of seriously injured.

- Slide 6 - Adverse Effects Statistics and Efficacy: Extreme process excursions have occurred

So, even worse, what we see here are those super toxic batches that Mike has referred to. What we can see here ([changes to previous slide briefly] I'll go back in a minute), you see, the maximum scale, is 30. And here, we are at 3000. Those isolated groups of batches are absolutely out of anything that can happen statistically, there was something done on purpose. So, I think here we have clear evidence there was an intentional thing being done. And what I learnt from the website, "How bad is my batch?" They have analysed that those batches (and that's also important to now) were sent to all 50 states of the United States, whereas those harmless pictures went to anything between two and 12 (if I remember). So how did the manufacturers know that they had to distribute those to 50 states in order to dilute it down? They knew it. And so, there was intention, at least to send them out.

- Slide 7 - 4. Zero Efficacy already visible in Israel in July 2021

Now, efficacy, already in July 2021 I had found evidence from the Israel data that the efficacy had completely waned by then. And of course, then they started the booster. and the fourth injection. And of course, the result was things got worse and worse.

- Slide 8 - Adverse Effects Statistics and Efficacy: January 2022 Case Rate for England and Wales

So, this is a very recent thing from England, and I would like to really show this in person to our Chancellor, Olaf Scholz, who is advocating obligatory injections. Red is the vaccinated people that were tested positive per 100,000 in January. And Blue is the unvaccinated. So, I think it's very clear, if you want to get the risk to be at least positively tested, most likely that also infected, after what we've heard our immune system is run down. If you want to increase the risk, get vaccinated. So, in other words, we do have, by now, the pandemic of the vaccinated; no doubt, in my opinion. And this should be given to any of the members of parliament who vote in favour of vaccination, and then we know they have malintent.

- Slide 9 - 4. Adverse Effects Statistics and Efficacy: Death statistics Vaccinations compared to all other vaccinations according to Paul-Ehrlich-Institute

And coming back to adverse events, we have the problem with the adverse event reporting that there is always this gross underreporting. Therefore, I have compared (that is for Germany alone) the number of deaths per year for those approximately 70 million vaccinations per year, from the year 2000 to 2019. We are talking about 20 deaths. Those Covid-19 injections have 2,255 deaths. OK, you could say it's 50 times more deaths per injection or 100 times per injected person (assuming two injections). I believe, how can you go over this and ignore this? Time and again, the experience when I talk to friends and acquaintances who believe the story, the narrative, and I tell them these are official data. Why don't we see that on the mainstream media? Sheer amazement! I leave them at that because maybe that's the first seed that they start to think about what is going on. So, we have a dramatic increase in the death rate. It also goes for the other things that we find similar things for other countries.

- Slide 10 - 5. Analysis of injection liquids: Numerous Microscopy Investigations found...

So, coming back to what Antonietta Gatti told us, I listed what has been found by mostly light microscopy. Frequently, it has been found that there were graphene oxide strips. They looked like it. And in one case, I know of a Micro-Raman Spectrometry, exactly on one of those strips there is no doubt that that was graphene oxide. No doubt at all. It's a very characteristic finger fingerprint,

though. Then we have metallic objects, which may be debris from the production equipment. And in a very few cases, there have been reported objects which resemble fragments of microchips. I mean, I have a lot of experience, since I worked in the chip industry. When you want to analyse a chip, you put that into suitable liquids and it will disintegrate and you get fragments like that. And this looks absolutely identical to what you would expect if you disintegrate a microchip. It's unfortunate that there is no scale bar then I could have even told you what's the minimum feature size is. It's probably, by far, not the latest technology? So where does that stuff come from? Now, the most probable reason for me is not that it has been put there intentionally, but I suspect that this was possibly by sensor chips in the production equipment in which over time also can disintegrate. And nobody cares. It's the filtering also seems to be very substandard if all of these objects can be found, unless that stuff is added intentionally. So, I'm almost done. So that's absolute serious non-conformity. Three types of undeclared, solid objects in the injection liquid.

- Slide 11 - 6. Pathology Results: About 20 studies found...

And of course, the pathology results. I don't think I need to say anything about that now. What I would like to emphasise, (what I think Mike mentioned that or someone else), there is no control of how much of the poisonous spike protein, where and for how long that is produced. So, what happens in our body is absolutely out of control, so every organ in every bodily function can be affected. So, what kind of treatment is that?

- Slide 12 - 7. Conclusions

So, my conclusion is, and I would love to support the jury in substantiating that, there are so many serious concerns and quality non-conformities that, according to elementary Quality Assurance Principles, all vaccinations must be halted immediately. What's also important, I mean, we did the job of the Paul-Ehlrich-Institut, so they must be forced to get active. If they don't then, you know, they'll have to answer for that in court someday, I think. So, in contract terms regarding quality controls, almost everything has been violated. And thus, in my opinion, indemnification is void. That's it.

Questions [3:51:40]

Reiner Fuellmich: Actually, the conclusion that you come to, in that final aspect here, is the same that a group of Belgian lawyers came to, except, they didn't even know about these serious defects in quality control. So, this confirms what you're saying. Thank you very much, Wolfgang. Thank you very much. Very impressive. Thank you.

Yes. We have two more experts who will try and explain to us why, after everything we've seen tonight, after all this deliberate destruction wreaking havoc by the so-called vaccine, why do people allow this to happen to them? But before we talk to these experts, let us ask some questions, because I think there are a few questions that we still need or want to be answered. Ana and Virginie and Dexter.

Ana Garner: Thank you. I'll start then. I'm Ana Garner from the United States, I'm an attorney there, and I'm going to address this question, I guess, to any of you who can answer it. But we've heard a lot of testimony about the design flaws that have gone into the production and testing, rather, of these inoculations - we won't dignify them with the word "vaccine". So, we have many design flaws. We have the unblinding after just a couple of months. We had the, let's see, it was called the immunobridging that they did by overlapping the studies with the adults and the children and the younger teenagers. We have them misrepresenting the risk rate by using relative risk rates versus

absolute risk rates. Is there anything about this that has been done previously in rolling out any other types of inoculations that were ostensibly for public health reasons? Is anyone aware that they have had these kinds of design flaws in previous inoculations that have been ruled out for the public?

Reiner Fuellmich: Maybe this is a good question for Sucharit or Alexandra, both?

Sucharit Bhakdi: The swine flu, the swine flu that claimed thousands of victims that was propagated and installed without any reason. And I have to say, you know, Wolfgang Wodarg and I stood up (that was, I think, 2009), and we wrote about this and said, this is bad, it's bad. Clear. Of course, you can go back to 2001,

Alexandra Henrion-Caude: Was it for the flu that Ana Garner was saying?

Ana Garner: No, it was for any sort of inoculation, but I'm aware...

Alexandra Henrion-Caude: Ah. That's different. And so, because...then you mean like if there have been a number of adverse effects, for instance, and that they would be halted?

Ana Garner: That was my question.

Sucharit Bhakdi: I am talking about the introduction of vaccines that have not been properly tested and that are probably ridiculous. And actually, it started with the anthrax 2001, as I recall, which was along the same lines, created by the same people who are behind this right now and led to deaths.

Ana Garner: Professor Bhakdi, may I interrupt you for a second. Now, in those situations, did they have similar types of design flaws and were they also misrepresenting the findings that they had with the anthrax, with the swine flu, as they are with this particular, the COVID 19 innoculation.

Sucharit Bhakdi: Without going into detail, Ana, the design flaws were similar, not the same, of course, but they were there. And you have to read about this. I can't explain it to you now in five minutes.

Ana Garner: That's quite all right. But there were previous...

Sucharit Bhakdi: The anthrax scare and followed by this SARS and the bird virus scare and then topped by this swine flu scare. The swine flu scare has claimed so many existences and was representative of what was going on then, in 2009 (I think it was), and it's being repeated now but on a scale that is so horrifying, so horrifying that I cannot understand that people do not rise and say, No, this is an absolute No, no go. And I said this before these so-called vaccines, these jabs are in the experimental stage. You are obliged, anyone in the world, before you let these so-called vaccines be jabbed into the bodies of people, the moment you see (this is the Nuremberg Code. I believe - the Nuremberg Code that was, of course, existed in 2009 with the swine flu, but, now...

Ana Garner: So, Dr Bhakdi, what I'm trying to get at is...

Sucharit Bhakdi: One last thing about this agenda that differs from the previous agendas is that the deadly consequences of vaccination become apparent so quickly, and therefore you can stop the vaccination immediately. We could not have done that 12 years ago with the swine flu because those vaccines were conventional and no one could have known what they would have done. But

now, but now we know that these vaccines are killing quickly, quickly. And, you know, there's no discussion. Nuremberg Code, you've got to stop them.

Ana Garner: Exactly. And they did stop them with the swine flu after only 50 deaths. And the other thing that I wanted to point out is, if they were aware of these design flaws before, that caused enough harm - only 50 people died, but that was still enough to stop the vaccines for the swine flu. They knew. Is it reasonable for us to conclude that these manufacturers knew that these design flaws were flaws that would misrepresent to the public the safety and efficacy of their products?

Sucharit Bhakdi: I'm sorry, Ana...

Reiner Fuellmich: Look, did they know this or did they not know it? It's a simple question, please. Did they know it? Must they have known it? Or could they have not known it?

Sucharit Bhakdi: They could not have not known it. And therefore, it's premeditated, and therefore they have got to be removed from our world. And Reiner, you were saying at the very beginning, let's start a law case and I can say, it's overdue. It is overdue.

Reiner Fuellmich: And that's why we're doing this because we cannot expect this kind of a hearing in a system court. That's why we're doing this outside of the system to show and to lead the way.

Sucharit Bhakdi: Yes, Reiner. But the case is closed. The case is closed because it's so clear. And we will stand witness for the prosecution for you. All of us.

Alexandra Henrion-Caude: So, the other cases that I'm aware of, how to do the vaccination that the results were terrible. As far as I recall, it was a "Nature" paper with the RSV retroviral syncitial vaccines in children. And that was in some northern countries (whether done in Denmark or Sweden, I don't recall exactly, but I can look it up for you). And the other cases are the dengue fever vaccine. Basically, each time the result was dreadful, and therefore they had to halt the vaccination.

Sucharit Bhakdi: Yes, exactly, Alessandra. So, if they halted that then, they have to halt it now and now is tomorrow. My God. Yeah. What has happened now is nothing to be compared with all the horrible things that happened during the dengue. Now, I'm tired. I know about dengue and the anthrax, those were terrible. But what is happening now is 10,000 times more terrible, and it is now documented that it is terrible. And Arne Burkhardt has shown pictures that must strike fear in anyone, even the lay, to see how the immune system is now being goaded into killing these people. And I don't want us to discuss this anymore. I want us to stand up and get these people to jail. They have to stop. I don't care how and why. You know, we have a little boy. And one last point we are going to leave this country because the Germans, Alessandra, I'm sorry. This, the French, the Swiss are not much better. The Austrians are just as bad, ..

Reiner Fuellmich: Sucharit, we are working on this, we are working on this. Right now, we're trying to find out why this is happening and how this is happening.

Sucharit Bhakdi: But we know why it's happening.

Reiner Fuellmich: Sucharit, we are all in the process of working on this. Please bear with us.

Alexandra Henrion-Caude: So, when I was at the Parliament in the Chamber of the Deputy in Luxembourg, I did quote the number of deaths that they had to reach, which were very scarce. Once

again, it is very recorded, very official because it was on display at the Luxembourg Parliament, and the number was quite low, to stop the vaccination.

Reiner Fuellmich: But, to come to a conclusion, do we agree that, even though similar defective processes have happened in the past, this is totally completely unheard of, because from your reaction, Sucharit and from everybody else's reaction, that is what I gather, this cannot be compared with anything that has ever happened before, as far as faulty processes are concerned.

Alexandra Henrion-Caude: Unprecedented.

Sucharit Bhakdi: Listen, guys. The children and the grandchildren of us are being killed. I don't know why we are arguing about anything. It's got to be stopped. It's got to be. And let me tell you, every future mRNA or adenovirus vaccine will carry the same risks, the same risks. Yeah, they must be stopped. They must be prohibited. And never, ever in the future of mankind may these vaccines, whether they are propagated by Bill Gates. I don't know Bill Gates. I don't care about him, but he cannot have the power to have the world give Emergency Use Authorisation...

Reiner Fuellmich: We understand your point. Everyone seems to agree on this. But that is the conclusion that we have to draw from the findings that we are trying to make. We're not quite finished yet. But I agree with you. Sucharit, you don't walk into a court of law and say, here's the result, please give me a decision that fits it. When you first go through the different steps in order to gather all the evidence that you need. Sucharit, it's OK. I understand.

Sucharit Bhakdi: But the evidence is there.

Reiner Fuellmich: This is not how you measure it. Maybe doctors do this. Lawyers don't. Please have patience, have patience or else we will fail. Because if we move too fast, we will fail. Please understand this. Please understand.

Sucharit Bhakdi: OK. Bye. And next 10,000 children die. I don't want it.

Reiner Fuellmich: No one wants this.

Sucharit Bhakdi: I can't stand it.

Reiner Fuellmich: Virginie, please.

[4:06:45] Virginie de Araujo Recchia: Yes, thank you. And I will make my role to record for the court, the Grand Jury and a judge and the [...] formally to the [...]. Do you think based on your medical and scientific conclusions that the following rules coming from the Nuremberg Code were respected by the vaccine producers and International National Agencies? If you like, you can answer by, yes, it's respected or not, or, no, it's not. The rule number two, the experiment must be such that it produces results that are advantageous to the good of society, impossible to obtain by other methods or means of study, and not random an unnecessary in nature. Do you think that it has been respected?

Sucharit Bhakdi: Of course not. We know all of this.

Virginie de Araujo Recchia: Number three, the experiment must be conducted in such a way as to avoid unnecessary physical and mental suffering and injury. Do you think that it was respected?

Sucharit Bhakdi: *[01:12:50]* Of course not. We know all of this.

Virginie de Araujo Recchia: Number four and then I will go on to number six. Number four, no experiment should be conducted when there is a priori reason to believe that death or disabling injury will occur. Do you think that it was respect?

Sucharit Bhakdi: Of course not.

Virginie de Araujo Recchia: Five, the level of risk to be taken should never exceed the humanitarian importance of the problem to be solved by the experiment. Do you think that it was respected?

Sucharit Bhakdi: Of course not.

Virginie de Araujo Recchia: And last one, provision shall be made and means provided to protect a subject from even the remote possibility of injury, disability or death. Do you think it's was respected?

Sucharit Bhakdi: Of course not. And we know this.

Virginie de Araujo Recchia: Thank you. Thank you.

Reiner Fuellmich: Well, thank you very much. We know this. We know this, Sucharit, but the jury does not know it yet. This is, for some people, the very first time they are hearing this. Dexter, you wanted to ask a question.

Dexter L-J Ryneveldt: Yeah. In conclusion, Professor Bhakdi, when you gave evidence, you actually gave evidence to the extent that we are now at phase four. So, my question that I want to pose to each and every one of you (or whoever actually wants to answer) is that, when Deanna MacLeod, when she gave evidence, her evidence (and I don't whether I've actually captured it correctly, but you can assist me in this), is that only when one actually conducts Phase 3 of a medical experiment can one prove efficacy? Is this correct or have I missed out anything? Have I missed out anything?

Sucharit Bhakdi: But listen, you guys. What is efficacy? This is the thing that has been going through the whole session, starting with Alessandra and ending with us. How would you define efficacy? If you define efficacy by saying you are not going to have a cold? I say, no. Efficacy has always been defined by the number of severe infections and death. And there we have the answer. The answer has been there all the time. Nothing in this whole scam has been ever shown to be efficacious because there is no efficacy. If you have an infection, fatality ...

Dexter L-J Ryneveldt: Professor Bhakdi, my question (and this is where I want to get to and I want the jury to understand)- in your evidence that you have given, you state that we are now at Phase 4. So, my question I am posing to you or to anyone is that, at what stage can one conclusively actually prove efficacy? Because if we are in a Phase 4, I'm not sure as to whether I've captured the evidence correctly from Deanna McLeod that you can only test efficacy at Phase 3. So, if you can clarify, or anyone can clarify that for the jury, that would be much appreciated.

Sucharit Bhakdi: All right, I'm going to just give you my opinion. Efficacy. To test efficacy by numbers which means nothing (which is what is going on now, as we have heard today), becomes secondary to the Nuremberg Codex, which says, that in the moment that you have danger looming with what you are trying to apply, you must stop that trial. And now we know. I don't care about efficacy. You cannot exchange one life for the other. You cannot say, I'm going to kill you in order to maybe protect your grandmother. This is not allowed. And therefore, we don't have to talk about efficacy.

The moment any experimental agent is shown to be dangerous, it's got to be stopped and the cause of this has to be investigated. If they do not do this, they are defying the Nuremberg Code and have to be taken to court.

Dexter L-J Ryneveldt: Thank you, professor, but thank you so much. Thank you. No further questions for me. What will basically happen is that when it comes to efficacy, we will actually clarify it as well, also based on all the evidence that has been until now and that will continue to be left in our closing arguments. But thank you so much, Professor Bhakdi.

Sucharit Bhakdi: You're most welcome.

Psychological Warfare [4:13:39]

Reiner Fuellmich: But let us close this part of our hearing and go into why is this happening? How is it possible that so many people can be made to agree to these kinds of medical interventions? We have two experts for this. One is Meredith Miller, and the other one is Ariane Bilheran, both of whom know a lot about psychology. Who wants to start, Meredith? I'm sorry to keep you waiting for so long.

Meredith Miller (US), Trauma Coach and Author *[04:14:20]*

Meredith Miller: No worries. Can you hear me alright?

Reiner Fuellmich: Yes, absolutely.

Meredith Miller: Thank you. So, for the last two years, we have witnessed around the world the same patterns of abuse dynamics that we see in interpersonal relationships. And I'm speaking in terms of psychological abuse, which is mostly invisible, yet very real insidious and pervasive in the life of an individual who's been targeted. So, over the years of working with clients who are victims and survivors of abuse, only a small percentage of the people that I've worked with experienced physical abuse. Those who experienced physical abuse as well as psychological abuse told me that, in the long run, the psychological abuse was far more damaging to them in their entire life. This is not to minimise physical abuse. This is to emphasise how damaging psychological abuse can be. So, my understanding of psychological abuse comes from a lifetime of immersion experience in these environments, in the family, in relationships and studying and working for 16 years in holistic healing and coaching.

So, in the last six years, I've specialised in a micro-niche called narcissistic abuse, which is predominantly psychological abuse. And over working with these people, I've had the opportunity even to work with some people with PhDs, some in psychology and also with some licenced psychotherapists who told me they didn't see it in their own life. They didn't see the patterns of the abuse and that they also didn't learn how to recognise psychological abuse in their training programmes. So, today I want to talk about the two most important concepts from my perspective to understand, in order to understand the individual experience who's been targeted by abuse, in terms of what we're dealing with when people fall into the narrative or even when evidence and information and truth is coming out and people continue to grab on to the narrative. Why would people choose to ingest an experimental substance? But also, why would they comply with the narrative in general?

And at the very end, I want to bring up a study from Yale University from 2020, that's going to say that's going to bridge what Brian Gerrish was talking about last weekend. He was talking about the applied behavioural psychology. He brought up a study that was done, and he said that it could be used to change the way that people think and feel and behave. And so, this Yale study, this Yale University study from 2020 basically gives us the keys to understanding the particular emotional manipulation tactics that they use. Now, they don't call it emotional manipulation. They call it "Covid-19 vaccine messaging". And I'm not going to speak about the science because that's not my field. My field is recognising the red flags of emotional abuse and manipulation, so that's what I'm going to speak on.

So, the first concept to understand about abuse is the cognitive dissonance. This is a survival mechanism that happens. So, let's say a person has been cultivated to believe in a certain worldview or perspective or this narrative that was launched in 2020 and then, all of a sudden, you presented them some evidence or information that contradicts everything that they've believed up until then. The person is going to be unable to reconcile this conflict in their minds and in their brain. And what's going to happen is a tremendous amount of stress and anxiety on the nervous system, which triggers the amygdala circuits in almost a short circuit or hijacking of the brain, and the person goes into denial. So, they won't be able to see that evidence. That's why, as the truth more is coming out, people simply can't look at it. They might get angry at the messenger. They might simply turn away or cut somebody out of their life because they're trying to show them some evidence. Some people might be a little more aware of their cognitive dissonance and when you try to show them the evidence, they might even tell you, 'I can't look at that because if what you're saying is true, I can't exist in a world like that'. So, this is the nature of cognitive dissonance, and this is what keeps people in this brain fog. And in the brain fog of the cognitive dissonance, that inner conflict, it's very difficult to think. So, people have a very difficult time with cognitive processes, with critical thinking. And what they want to do is see the good in the abuser, in the perpetrator.

So, the second survival mechanism that happens is similar to cognitive dissonance, but more complex. Cognitive dissonance, from my perspective, is sort of like a level one. It's this conflict that happens in the dissonance in the brain. The level two is the Stockholm Syndrome. There are more complex dynamics taking place here. So, in interpersonal relationships, we typically call this a trauma bond. But with strangers, we call it Stockholm Syndrome. The same mechanisms are taking place in the human brain and neurological system. So, what's happening with Stockholm Syndrome is, there are four parameters, and I'm going to explain these in a very clear way that people can understand how this relates to what they've experienced and what they've witnessed in other people. And I'm going to give some examples to how we've seen these four parameters show up in real life since 2020.

So, the very first one is isolation, and this could be either their physical and/or psychological isolation. The most important key here is that the person is isolated from outside perspectives. They can only have the perpetrator's narrative. So, the perpetrator will make sure that they don't have access to outside perspectives because this keeps a person completely subscribed to that narrative. So, what scientists have discovered is that, after a period of prolonged isolation, what happens is that chronically elevated stress levels begin to change a person's neurological system, changing then their ability to form social bonds and even causing irritability and aggression when they're given the chance to participate in social situations.

So, the state that's caused after the isolation and prolonged isolation is disconnection. Disconnection, in the Polyvagal Theory, triggers the sense of unsafe. A person begins to feel unsafe when we're not socially connected. We are mammals. We rely on social connection in order to feel safe at a neurological level. So, how the isolation played out in the world? There's been the domestic

confinement, for example, where people were told to stay home with minimal social opportunities. And then, how were they isolated by the perpetrator's narrative was through the technology.

So, in order to understand the individual experience, we also have to look at the environment in which the individual exists. And that is in a world of increasing technological dependence. So, an individual is at home and they are constantly connected to their cell phone, to the internet, to the TV. They're listening to mainstream media, they're going on social media, and they're constantly bombarded with the repetition of that message. Even on corporations, there's a coordinated core corporate messaging repeating those same catch phrases that we're hearing from public officials and through the mainstream media. Even going shopping at a corporate grocery store, you're walking around the store (at WalMart's or Kroger), in the background, constantly assaulting your subconscious, are the loudspeakers telling you those same messages about staying six feet apart and wearing your mask and getting vaccinations. And so, in order to control a person's exposure to outside perspectives, what have we seen? We've seen censorship, silencing, propaganda, fact checking, silencing, shaming and smearing anybody providing that outside perspective. So, this is essentially how the isolation phase took place.

So the next phase of the Stockholm Syndrome is the perceived acts of kindness, and this is part of the abuse cycle. So, in an abusive relationship, it's going to go back and forth between idealisation and devaluation, some sort of reward and then punishment. And so, we call this intermittent reinforcement and it goes back and forth. The perceived act of kindness is the idealisation part. And so, what that does is that causes the person to relax their guard, to begin to trust the perpetrator. And then the intermittent reinforcement in the intermittent reward causes a person to work harder to get that reward, to invest more in that relationship or that life situation, and to develop an almost obsession with compliance based on the hope of getting that reward. So, the state that a person goes into due to this perceived act of kindness - and the key word here is "perceived" because this isn't kindness coming from an abuser, it's a manipulation. But the nervous system and the person perceives it as an act of kindness. So, the state that's caused here is almost an addiction to that hope. An addiction to the hope that this will be the time that they get the reward or this will be the time that change for good happens.

So how has this played out? Well, we've gone through phases of lockdowns and then some restoration of some freedoms, some loosening of restrictions and then lockdowns again and then back and forth. We've been through this cycle multiple times since 2020. Currently, the trends around the world in many places, again, we're coming into this perceived act of kindness. We're hearing some governments are dropping some regulations. So, what's going to happen? People's hopes are getting up again. They're going to be hoping that all this is finally it. We're going back to normal. And that's the thing that every victim in an abusive relationship is hoping, to get back to the good times. So, what we hear in society is people are hoping to get back to normal. Other acts of perceived kindness? We've seen so many. The free vaccine. We've also seen, in America, lotteries in some states. Get vaccinated and win $50, $100 up to a $1million, in some states. Other states offering french fries, doughnuts, guns, trucks. You can even get a free lap dance from a stripper in Las Vegas if you get your vaccine at that place. We've also seen mortgage and student loan forbearance, you know, allowing people time to put that off. And we've heard promises of safety, 'It's for your good. It's because we care'. These are perceived acts of kindness. And also (and this is a key) little bits and dosing of truth. So, this this perceived act of kindness is dosed, periodically, almost like a drug through the relationship with the situation. And so, when they disclose little bits of truth and let little bits of truth leak out, what happens, we get our hopes up again. That finally, the truth is coming out and we're going to be able to move on and move past this.

So then, the third parameter of the Stockholm Syndrome is a perceived life threat. So now we're getting into a more serious state. So, the nervous system ("perceived" is again the key word), when the autonomic nervous system perceives a cue of life threat in the environment, the person is automatically locked into an autonomic state of collapse. And this is over a period of time. This doesn't happen the first time. It happens after bombardment and bombardment and shock trauma of fear messaging repeated over in the imagery that they've shown, utterly terrifying people. So, over a period of time of that terror, what happens is the autonomic nervous system will immediately go into a state of immobilisation. So, in the state of immobilisation, a person feels frozen. They may dissociate. They might check out, not really be present, so they're not really paying attention. They're in sort of an out of time behaviour, which makes compliance and control a lot easier. And so, also the brain fog that kicks in and even a metabolic shutdown. So, as the nervous system goes into this state of autonomic collapse, they may also go into metabolic shutdown. Now the interesting thing is this state also leads a person to decreased immunity. And that's very interesting to notice because we're in a pandemic. And when a person is triggered into the state by the autonomic nervous system, endogenous opioids are also released in the body, which cause the person to stay numb. So, that's helpful when a person is going through a lot of pain. But then that becomes maladaptive because that numbness keeps a person locked in this state. So, it's very difficult to do anything to take any action because they are neurologically immobilised. So, why are people so afraid? On one side, we've seen the messaging of the fear of the virus and also the fear of other people who they've been conditioned to believe are dangerous and disease. And on the other side, a lot of people have become very afraid of the tyranny that's happening.

So, the fourth and final parameter of the Stockholm Syndrome is a perceived inability to escape. So, the person is in this state of collapse for a while and this goes on and on and on over a period of time. They become exhausted. They have no energy to try anything, to strive for anything. They go into a state, what we call learned helplessness, which is also known as debility, dependency, dread, which causes apathy. And in this state of apathy, debility and dread, a person starts to become hopeless. They feel utterly powerless over their life. They feel like everything is out of control. And what happens is, when they're locked into this state, this very low state of consciousness, they don't even have access to the fight or flight system. It takes more energy. They don't even have the energy to fight or flight here. So, they certainly don't have access to the higher states of consciousness, like critical thinking, the intellectual brain or even things like imagination. So, if a person cannot imagine the way out, how are they ever going to get out? And it's not that a person has to be locked behind prison doors. Most abuse victims walk out their door multiple times a day: they go to work; they go to school to pick up their kids; they do life and they go back home. Right? So, it's the perceived inability to escape. And this person is so terrorised and so debilitated and so dependent on the abuser that they begin to believe that their survival is dependent on the perpetrator. They also lose complete capability for creativity and all of the beautiful things that make us human.

And so, what happens is, in this state, it goes on and on and on. And over a period of time, this person becomes spiritually bankrupt. They lose all faith. And when all faith is lost, the only thing left is emptiness. And that word "emptiness" does not do justice for the feeling and the experience that a person has. It is the worst feeling that a human can have because you feel like you were untethered and lost and floating in the universe with no connection, no support, no promise for the future. And I think that a lot of people have been locked into this state. And so, what happens is that people will escape into fantasy. So, we've seen a huge increase in pornography. We've seen a huge increase in addictions and overdoses. And we even see self-harm, huge increases in in suicide. So why is this even possible? Because a lot of people's entire sense of reality is coming through the technology, it's coming through the media. It's coming through the social media. It's coming through contact with other people who are in this narrative. So, this is a very difficult place when a person is in this place. The mentality is, I can't. Everything is I can't. So how can they possibly wake up? How

can they possibly do anything other than what they're told by the abuser? And they learn that resistance is painful. So, the example is, the wife who experiences marital rape, and so she learns over a period of time that it's futile to resist and that resistance only leads to more pain. So just let him get it over with. And I've heard so many people say, 'I just wanted to get it over with. I just got my shot.' You know, they're in this state.

So, the Stockholm Syndrome really, it explains why people stay in abusive relationships or situations like this narrative, why people return, why people cannot see the evidence that's coming, why people are irrationally loyal to these abusers and perpetrators, and why people even develop empathy for them. So, if I do have a few more minutes to show the Yale study? OK, I'm going to share my screen.

(*Password, I'm so sorry. Oh, no, it wants me to quit Zoom. I'm so sorry, this is on ClinicalTrials.gov. If anybody wants to look this up. ClinicalTrials.gov COVID 19 vaccine messaging and I. US National Library of Medicine).*

This was done at Yale University in July of 2020, and what they did is they used emotional manipulation messages like personal freedoms, economic freedom, self-interest, community interests, economic benefit, guilt, embarrassment, anger, trust in science and not bravery. The interesting thing is that they tell us straight away what their outcome measures are. Their primary outcome measure is intention to get the Covid-19 vaccine, so they want to know what a person's intention is to get it after three months or after six months of it becoming available. The secondary outcome measures:

1. Vaccine confidence. So, they want to know how much trust people can have or how they can influence people's trust in the vaccine.
2. Persuade others. So, they want to know a person's willingness to persuade others to take the vaccine.
3. Fear of those who have not been vaccinated.
4. Social judgement of those who do not vaccinate.

And they give you four items to measure the judgement of this person:

1. Their trustworthiness. So, if you don't get it, you're not trustworthy.
2. Selfishness. If you don't get it, you're selfish.
3. Likeableness. If you don't get it, you're not likeable.
4. Incompetence. If you don't get the vaccine, you're not competent.

So, they want to get people intended to get the vaccine. They want people's trust in the vaccine. They want people to persuade others to get it. They want people to be afraid of those who didn't get it. And they want people to socially judge those who didn't get the vaccine. And so, that seems very clear that they're manipulating people about this vaccine. When we look at the messaging that they use, for example, trust in science, the premise here is that getting vaccinated against Covid-19 is the most effective way of protecting one's community. Vaccination is backed by science. If one doesn't get vaccinated, that means one doesn't understand how infections are spread or one who ignores science. The 'not bravery', for example, that frontline workers like firefighters and doctors are brave. Those who choose not to get vaccinated are not brave.

Another one of the messaging that they've used (and this might already be ringing a bell to the jury who's thinking about the messaging that they've been hearing constantly for the last couple of years) community interest. So, this message is about the dangers of Covid-19 to the health of loved ones. The more people who get vaccinated against Covid-19, the lower the risk that one's loved ones will get sick. Society must work together and all get vaccinated. So, as I read through these what I

see as red flags. I even see gaslighting, which is the distortion of the perception of reality. For example, they say Covid-19 is wreaking havoc on the economy and people's economic freedoms, but that's actually not correct. It is the government regulations and restrictions and policies that are wreaking havoc on people's personal freedom and economic freedom and the economy. So, I would love for any scientist to take a look at this study and see what they may want to say. I just wanted to speak about the red flags of abuse and manipulation, and I think that this study really provides that bridge to what Brian Gerrish was talking about using the applied behavioural psychology. This is an example in action of how they've done that and how they've manipulated people into taking this. And not just taking it, but to do their bidding for them and to convince other people to get it.

Reiner Fuellmich: When was this study conducted?

Meredith Miller: July 2020

Reiner Fuellmich: Can you send us a link to that study? Thank you.

Meredith Miller: I'm going to send this, but you can move on. I'm trying to it pull up.

Reiner Fuellmich: Go ahead, Dexter.

Dexter L-J Ryneveldt: Miss Miller, when it comes to the Yale study (and you've actually put quite a lot of emphasis on it) and I'm actually just trying to understand here as to who actually gave the instruction for the study to be conducted. So, was it just an academic study that was conducted?

Meredith Miller: I'm going to put the link in the chat. *(Oh, it's disabled).* So, I'm going to send you the link. I'm not a scientist, so I'm a holistic coach. I help people who up to the abuse. I just recognise the red flags of abuse. I would like to see a scientist take a look at the study. All I've read is the front page that they've openly put out to the public. I'm sure that a scientist can take a look at that and dissect that in a very scientific way. That could be helpful to answer your question. Thank you.

Reiner Fuellmich: Do you want to continue, Meredith?

Meredith Miller: That's all that I have unless you have other questions?

Reiner Fuellmich: We do have questions. But does it make sense to first hear Ariane? Please go ahead, Ariane.

Ariane Bilheran (FR), Philosopher, Clinical Psychologist, Doctorate in Psychopathology *[04:37:44]*

I will read in English. Forgive me, my English is *poco*, I am Ariane Bilheran from France. I am a philosopher, specialised in philosophy of moral and politics. I am a clinical psychologist and doctor in psychopathology. I specialised in the study of manipulation, the balance of power, perversion, paranoia, harassment and total totalitarianism. So, I will speak from those two points of view. I have taught for several years at the university in France. I have been an auditor and investigator for companies, but also an expert for courts in cases of harassment at work. I have published many books on this subject, some of which have been translated into languages other than French.

In this situation we are dealing with, my expertise allows me to say that we are dealing with a totalitarian drift and I will describe why I think so. This is a totalitarian drift from the point of view of political philosophy, but also from the point of view of psychopathology, which corresponds to a

collective delusion, the paranoiac delusion. Paranoia is a contagious psychosis whose masterpiece is harassment and which functions according to the following structure, a visible or invisible imaginary enemy that abuses us. We must go to war against the enemy. And this justifies the use of harassment and all means are permitted. It is a violation of persecution that leads to acting out. The intention to harm is nevertheless self-created, which is why I have in the past spoken out on the need for criminal convictions of paranoiac profiles, which are in the majority of cases at work in harassment. In the totalitarian system the content of the delusion may change. For example, who is the designated enemy? But the structure remains the same (the one I just told you).

First point, my diagnosis. Harassment used against populations with terrible consequences on the mental health of individuals. In the political crisis we are dealing with, typical methods of harassment were used on the people who were victims of repeated moral pressure in order intended to create and maintain a state of terror in the individual. The consequences are terrible for people's mental health. The least, we can say, is that mental health has not been at all at the root of the concerns. On the contrary, the damage is considerable. Multiple traumas, depressions, suicides, psychological disorganisation, addictions, mental confusion, psychiatric compensations, especially of schizophrenic type. Many specialists are alarming us, especially concerning children. For example, in January 2021, the head of the child psychiatry department at Necker-Enfants Hospital in Paris, Dr. Pauline Chaste, spoke of an alarming increase in suicide attempts among children and young adolescents in several Parisian hospitals. Mental health disorders are also often factors and triggers of somatic disorders called psychosomatic, affecting the health of the individual.

Right now, the end justifies the means and the logic is sacrificial. So, it becomes acceptable to sacrifice individuals in the name of quantity in the name of the greatest number, and the individual is deprived of his human rights. Moral considerations no longer enter into this course except to be used in terms of blackmail and manipulation. It would be for the good of the group that the individual should be sacrificed itself. As an example, children's schooling has been sacrificed in many countries of the world for the last two years, with class closures, greater inequalities, those who have access to the internet and those who don't. Brutal class closure, isolation of children, leading to depressive ideas. In France, health care providers were fired because they refused to undergo experimental injections in a so-called pandemic context though the health system could not logically afford to suspend its staff. Any form of disagreement or even simply questioning encounters, censorship and repression in the face of the dogmatic narrative that no one had the right to refute despite the many paradoxes it protects. The French president has repeatedly called on the French people to sacrifice themselves to make efforts in the war against the virus. More globally, poor countries have been locked down, unable to deal with the economic lockdown, with millions of people falling into misery. With this sacrificial logic, individuals no longer count and can be used as objects of experimentation to the point of genocide. There are no longer any more legal or spiritual limits. The method used are sectarian methods:

1. Terror. An extremely dangerous virus is going to kill us.

2. Sequestration, lockdown or restrictions on freedom of movement and infringement of inalienable fundamental rights, such as freedom of movement, freedom of expression, etc.

3. Exclusion and mistreatment. Critical citizens are considered bad even to the point of calling for murder in some political discourse is, for example, in Italy, where personalities from journalism, politics and medicine called for the segregation in trains between the vaccinated and the non-vaccinated, suggesting a sign around the neck for the non-vaccinated, with declarations wishing for the re-establishment of the gas chambers. Some people today have lost everything shops, livelihood, parental rights etc. simply for being opponents of the policies to have been pursued. For example,

the refusal of care, as well as the injection that's practiced without any discernment of individuals with the regard to their diversity, are abusive practices that endanger human life without the State taking responsibility for them. In France, being subject to another anaphylactic shock is not a criterion for not being subjected to injection.

4. Conflict of loyalty. Forcing individuals to make impossible choices, false choices, for example, between the right to work to our means of subsistence and the right to dispose of our own body, it's a false choice.

5. Hypnotic suggestions. In particular, something called the hypnotic seal, which induces prohibitions of thinking in people through the mass media with the repetition of daily accounting discourses and images of panic.

6. Censorship and persecutions.

7. Repeated traumatic shocks and over time sent on the population. For example, orders of closure issued at the last moment. Sometimes even orders within orders. Paradoxical discourse. For example, in France, the government has been known to say everything and its opposite sometimes within weeks of each other, without ever justifying what was said before.

8. Generalised anomalies. For example, incentives to professionals traditionally not licenced to perform injections, like the nutritionist or the physiotherapist or the psychologist for great profit.

9. Guilt tripping of individual, seduction, blackmail, intimidation, threats, refusal care of some category of the population, lack of education for children, disorganisation of *[...]*, benchmark for the entire world populations, surveillance and transgression of people's intimate lives, etc. And this is an asymmetrical context where people have been subjected to the decisions of their leaders and where innocent people have been designated as guilty. For example, children designated as guilty of killing their grandmother.

The citizen is treated like a prisoner on parole. The repeated traumatic shocks obtained in this way, over time, provoked both by political discourses and decisions but also backed by the incessant suggestions in the mass media, have led individuals in states of traumatic disassociation. It triggers a defence mechanism called "denial" in psychology that is the impossibility of representing the violence of the situation, of seeing the specific life. The manipulations of the mass media playing on fear and panic have led to divisions in families, in couples and in friendships, splitting society into two camps and causing distrust of all against all, from which it will now be very difficult to emerge in order to re-establish harmony between citizens. Don't we say, divide and conquer? The mass media have operated a permanent, hypnotic suggestion, reducing the individual to a mathematical whole unit, a number of positive or negative (positive case, negative case). And notice there is the hypnotic seal, which is very powerful intrusion that provokes a radical prohibition on thinking under such and such a subject, like a troll that is sealed in this psyche.

A sect or cult requires adherence to a religious type of faith. The individual is not asked to analyse but to believe blindly. Persecution and censorship, as well as intimidation, are foist upon those who wanted to analyse the belief. The sect or cult always premises the rituals for *[...].* The same thing with the totalitarian system. The sect or cult proposes fetish objects. Here, the Holy Grail was the injection, supposed to free us from evil. Of course, it was like, people who weren't injected twice today lose their rights in many countries if they refused to pursue in this way? And we can clearly see that it is to lead us further towards a world of common planetary control and surveillance. Well, the individual will be reduced to nothing at best, to be used as a force of production at worst, to be

annihilated as useless to the capitalist reign. The totalitarian drift is of a sectarian and prophetic nature. Hannah Arendt said, *"The scientificity of totalitarian propaganda is characterised by the emphasis it places, almost exclusively, on scientific prophecy, as opposed to the more traditional reference to the past."* The prophecy took place from the beginning with the completely unrealistic and unrealised prediction of the number of days. And I refer to the book I wrote with the Vincent Pavan (Professor of Mathematics), entitled, "Forbidden Debate", which will be published at the beginning of March in France.

The totalitarian system places the achievement of the schools in a future that is always distant a kind of final promise, the road to, the region to a lost paradise, the end of the Calvary, the purity of the race, the territory purified of disease, the return to the world before, etc. It's a question of uniting the mass against the common enemy, herein, the virus, supposedly incarnating the opposition to the achievement of this goal. The enemy, both external and internal, will be susceptible to change. Ideology called scientism, and its predictive techniques never seem to move. Their chameleon dimension keeps them in power. The discourse is no longer a reflection of the experience. It is the experience that must conform to the discourse. We started with predictive models, which we wanted to impose on reality. Let's think of various predictions, in this case. In science, model must always be submitted to reality and not the contrary. French mathematics professor, Vincent Pavan, put it this way in the booklet, *[...]*, *"So the first postulate was established. Ferguson's models and the calculations that were based on them corresponded to reality. It is precisely from this moment that the collective delusion begins. The delusion of reality was established and from then on, the postulate of the predominance of arbitrary figures resulting from modelling speculation was imposed, instead of the statistical intermediate enumeration of the operation and science, those that start from the facts and misuse them."*

There has been a major scientific [scene]? here with tragic consequences for humanity. It's necessary to understand why totalitarianism works on the populations. It works on the populations because in totalitarianism, there is a promise made. This is a promise that will not be kept, of course. The promise to the people is to take full responsibility of the suffering of their existence and the []? paradox. This is what was set up as the beginning in Western countries. *'We take care of you completely. Stay at home. We pay you. Don't think anymore. We think for you. Get vaccinated and everything will go back to the way it was. Don't think; we think for you, etc.'* From the point of view of psychology, the profiles that instigate harassment *[...]* and/or paranoia profiles, so-called narcissist narcissistic profiles, but in the case of perversions the criminal responsibility is engaged because there is no delusion constriction. While in the case of paranoia, the question is more debatable since it is a delusion of persecution. Nevertheless, the paranoiac individual is fully aware of harming, he even justifies it. It clearly intends to harm, and this intention is justified by pseudo ideal, the common good, health for all etc., as we have already seen informer totalitarian regimes. The paranoic yet does not necessarily believe in the content of his delusion. It's rather a way of *[...]* of the world, a way of persecuting while the other is seen as an enemy. And we can make the hypothesis that the instigators of this tragic development for the peoples have this relation to the world, a relation to the world made of anguish, of persecution, of narcissistic rigidity in which the peoples are seen as enemies. A world population considered as to be and to be eliminated in some []? Clearly, the totalitarian system functions according to pathological structure, which is one of paranoia.

Mass psychosis is created by paranoia profiles. Also, it needs the alliance of different pathological profiles, notably the perverts. The perverse cynicism instrumentalisation, they are the ones who don't believe in the discourse of persecution, but generally they get considerably richer from the crisis that they have continued to trade, for example, for their own profits and the psychopathic mercenaries of the regime to continue to exist. The Paranoiac delusion persecutes in the name of

what it professes and what it professes, it simply makes it happen. There will be a lot of deaths it says and, in fact, by repeatedly prohibiting treatments that cure patients and making populations more precarious these deaths are coming. Moreover, the ideological narrative, justifies the persecutions by self-defense. With paranoia, it's allowed to kill because it was in self-defense. In paranoiac delusions there are ideas of delusions *[...]* and this is what leads to Mass Munchausen Syndrome, which is the inappropriate over-medicalisation of a common viral disease, which would deserve proper and early care, denying the temperance warnings and experience of experts and creating more problems and suffering than it solves. In the daily delusional hypochondria of paranoia, the disease is everywhere, he experiences as dangerous daily, the enemy of the living. The sick is opposed to the healthy and the impure to the pure. Orders are given to eliminate the part of the social body designated as impure. The supposed impurity is to be hunted down by terror and radical methods.

The end justifies the means. This is the reason why Hannah Arendt said, "*Terror is constitutive of the totalitarian political body, just as legality is for the Republican political body."* The whole picture is a totalitarian drift. For political philosophy, particularly according to the work of Italian philosopher Giorgio Agamben, *"It is a matter of normalising a state of exception in which human rights are suspended. The past prevents freedom of movement. It is a safe bet that the nature of these parties aimed at controlling the movements of citizens which will be reinvented in the name of other emergencies; ecology, health, terrorism manufactured in the name of the state of exception."* Let us recall the political criteria of totalitarianism, which cannot be reduced to a dictatorship of despotism or tyranny: monopoly of the mass media and the police force; central management of the economy; persecution of opponents and of any criticism; system of surveillance of individuals; encouragement of denunciations; concentric orchestration on terror; clean slate policing. Moving ideology built on the divisions between good citizens and bad citizens, on the enemy visible or invisible and purity.

The totalitarian system is sustained by an ideology that means a delusion belief which has no longer any linked with logical structures or with the reality of experience and which constantly needs to renew itself in its content in order to maintain an illegitimate power. The key instrument for the establishment of totalitarian power is, first of all, the harassment of minds which must become permeable to the ideology. The media propaganda must obtain the division of the collective of the traditional clans, families, social classes, political clans, according to the *[...]* between the good and the bad. Line of designation can evolve, according to the [*Kimion]* Ideology *[...]* through the designation of the enemy. Here at the beginning, the enemy is an awful virus that intends to disseminate the human species and against which we are at war. Then the enemies become the disobedient who don't want to respect these so-called sanitary measures imposed by the political fear propaganda often masked behind subtle manipulations. 'It's for your own good' takes pleasure in creating collective traumatic shocks. For example, regular updates of deaths repeated daily, which will then allow it to extend its control of the system and terrorise the population, which under the effect of the paradoxical insistence and the wear and tear, will call the torturing power as a saviour anywhere for its greatest misfortune that this so-called saviour is, at the same time, the persecutor.

"Totalitarianism is international in its organisation, universal in its ideology, and planetary in its political aspirations. It pursues the experiment of total domination", said Hannah Arendt. In front of this generalised violence and induced despair, the psyches are waking. Many people fall into assisted suicide acts, perversions of madness. Individuals who behave in a respectful way of the fundamental prohibitions done in favour of a totalitarian ideology regress and, in particular, unfairness mode. The deployment of the totalitarian system therefore leads to the occurrence of numerous abuses of power and sadistic acts committed by little chiefs who reveal themselves. And one wonders then how will this good family man usually so pleasant and now for so long, became capable of many atrocities?

In conclusion, Gerbus noted in his diary in the Warsaw ghetto, there was a certain rise in typhus, but measures would not let them out of the ghetto. After all, Jews have always been carriers of contagious disease. They must either be hounded into the ghetto and left to their own, left on their own or they must be eliminated. Otherwise, they will always contaminate the densely population of civilised states. It's important to mention that we have already had to deal with the sanitary aetiology of an epidemiological type in the not-so-distant past with the typhus epidemic, which the Nazi claimed to be fighting and eradicating. It is indeed the deployment of this herd for the typhus epidemic that designated a category of the population as being carriers of it and treated them as epidemic propagating parasites. But this typhus epidemic was spreading because other conditions were there from its distribution of bedbug infested blankets, crowding in unsanitary ghettos, etc.

In an article in "Entertain", the eugenics of a fascist international. Why everyone is claiming "victory" and "never again", Hannah Arendt on the still smoldering ashes of the war, immediately announces the tensions of tomorrow in the guise of Amnesty International, which would insist that the post-war institutions in the manner of an acute sect within the after-war institutions and they come back even through the creation of Europe. That is to say that at the very moment when European populations thought they had gotten rid of the awful days, the philosopher warns it could happen again and much worse. In the totalitarian system, believing the enemy, the individual is reduced at best to a number, the language is corrupted so that individuals can no longer think about what happens to them. For example, the asymptomatic sick people. This expression is nothing and the addition of a new vocabulary in the media no less than 60 new words or expressions. The goal is no longer elimination, but the annihilation of the human subject. And for that, it's necessary to break all *[...]* linked. Totalitarianism is by essence genocidal. It does not need the human anymore, or rather it pretends to create him again from scratch. The new men to whom it's necessary to suppress the freedom to make reign the tyrannical and *[…]* the ideal of purity.

Transhumanism, which is a modern form of the Nietzsche superman, is a pure and simple negation of human rights. The term, "transhumanism" was invented in the 1940s by Aldous Huxley's brother to replace eugenics. The apology of the powerful body of the will of the power of the transhumanised superman supposes the elimination of the supposedly useless of the sick and suffering bodies. Totalitarian regimes always use science, or we should rather say scientism to establish a pseudo legitimacy for their existence and demand a kind of religious fervour throughout this scientism The cure increases, it's the reign of the God of mathematic. Hannah Arendt said that profound propaganda is no longer an objective problem about which people can have an opinion, but has become in their lives an element as real and intangible as the rules of arithmetic. However, I must remind you that it is impossible to apply mathematical, statistical biological concepts to the human, political, moral and spiritual experience. If we accept that mathematics that says statistics run our human existence, we are reduced to numbers to positive to negative, positive case, negative case, and we can therefore be eliminated without any remorse. The discipline that thinks about human, political, moral, and spiritual experience is philosophy, especially moral and political philosophy and metaphysics. The human being is sacred, human life is sacred. In other words, it's impossible to apply scientific concepts coming from the so-called health science, which it should be remembered *[...]* to the human political, moral and spiritual experience. The scientific approach carried beyond its limits becomes inhuman and is then used to try to justify approaches that are, in reality, neither scientific nor human.

Let us quote the writer Koestler who testifies to the methods of recruitment of the totalitarian experience that he himself lived in this book, 'Darkness at Noon'. *"There are only two conceptions of human ethics, and they are at opposite poles. One of them is Christian and humane, declares the individual to be sacrosanct, and asserts that the rules of arithmetic are not to be applied to human*

units", which in our equation represents they are infinity. The other conception starts further *"from the fundamental principle that a collective end justifies all means and not only allows, but demands, that the individual should be"*, in any case, subordinated, a sacrifice to the community which can dispose of him either as a guinea pig to be used in an experiment or as a lamb to be of sacrifice. I thank you.

Questions [5:13:48]

Reiner Fuellmich: Thank you, Ariane. Dexter, do we have questions? I think we do. Ana? I have a question or I have a couple of questions, if you allow me. Both of you seem to agree that this is not just happening, but this is something that other people have invented and this is now a worldwide concerted effort going on. Is that correct? What kind of people do this? I know I've asked this question before, but how can anyone go beyond what we would consider empathy, for example, and humanity and believe in sacrificing individuals for the greater good? What kind of people are we dealing with? Are we dealing with psychopaths who are still capable of understanding what they're doing and controlling what they're doing?

Meredith Miller: I think that a psychopath understands very well the difference between right and wrong, but they have a spiritual problem of the conscience. The conscience is what makes us human and they can tell the difference between right and wrong. They're not crazy at all. But their conscience doesn't feel the weight of the guilt that the rest of us would feel, those of us who are capable of feeling empathy. Over the years. sometimes psychopaths have commented on my videos and they have openly said that they feel superior to other people because they're not bothered by that empathy and sense of guilt.

Reiner Fuellmich: So, there is a certain megalomania involved in this. They think they're much better than anyone else, and that's why they can do whatever they want with individuals.

Meredith Miller: The grandiosity in the entitlement that they should get away with it.

Reiner Fuellmich: Yeah. That is what criminals who commit very gruesome deeds usually have in common, don't they?

Meredith Miller: You know, the interesting thing, though, is that the DSM, the Diagnostic and Statistical Manual of Psychiatry, describes the narcissistic personality disorder and the antisocial personality disorder as the overt types, the obvious types, the criminals who get caught and go to jail. They don't describe in the scientific literature the covert types who are very sophisticated and, in my opinion, far more dangerous because of how hidden they are and how far they can go in society because of that.

Reiner Fuellmich: Does that mean that the those who are pulling the strings are no more dangerous than those who are helping them? The ones whose strings are being pulled?

Meredith Miller: So those would be the enablers. And the thing about an abusive system, so you can even look at a family unit or society in general, but any abuse of system is formed of abusers and enablers. And it's actually the enablers that keep that system functioning, the abusers need the enablers to do that bidding for them.

Ariane Bilheran: I'm speaking French...

Virginie de Araujo Recchia: *[I'm sorry I was muted, so I couldn't translate. I'm going to translate to Ariane what Reiner was asking. [French speaking]*

Ariane Bilheran: [Translation] Not everybody is looking for power, but essentially paranoiac and pervert. It is narcissistic trouble, a serious one and they have not developed in their psychic development maturity.

Reiner Fuellmich: How do we get out of this? It is important for the people to understand what's going on to see the whole picture. Is there any other way? Because, to me, that is the only way to make people see what is really going on and only if they can see and understand what is going on can they stand up and fight this.

Ariane Bilheran: [Translation] Totalitarianism stops when the masses stop to believe blindly, basically. So, you know, it's when enough people start to see the truth.

Ariane Bilheran: [Translation] If the people in the society don't participate, there is no totalitarianism.

Viviane Fischer: Yeah, but for this, they also have to know, and that's maybe why we see these intense efforts of censorship right now, because it's becoming a little bit dangerous. Like, the amount of people speaking out now or meeting on the streets and is that what you think also?

Virginie de Araujo Recchia: Yes. I think also that as more and more censorship and the media that has made so much work that it's really difficult for us to manage to give the truth. Yeah, I think it's a major problem that we have now.

Ariane Bilheran: [Translated] And the mainstream media is the main issue and the censorship.

Ariane Bilheran: Well, there are blockages because they have a really difficult time to conceive that some other people want to harm them.

Meredith Miller: I think one of the biggest challenges is the cognitive dissonance, because even if the censorship didn't exist to control the information, to control the reality, even if people had access to that information, it's so difficult for them to even face the truth in that state. And something really important that Ariane mentioned earlier was the deprivation of human rights and how human rights are suspended. And the trick that all abusers do and what keeps people in the abuse is that they want to destroy your self-worth. They have to flatten your self-worth. They have to make you believe that you are not worthy of your basic human rights. And what is an assault here? It's not just the vaccine. It is compliance. They want to violate our consent. And that is going to be the theme that's going to continue in the next pandemic and the next crisis that they manufacture or take advantage of, all the way to The Great Reset. So, the self-worth is so important for the individual to rebuild. Otherwise, they're not going to believe that they're worthy of those basic human rights.

Dexter L-J Ryneveldt: You've mentioned something very, very important and that is, Miss Miller, you were mentioning consent. I mean, when we look at Nuremberg Code, we look at the Helsinki Declaration, we look at natural law, whatever, it all comes down to consent. So, for me, it seems to me that this is definitely psychological, but then it's psychological with the main emphasis to actually get voluntary consent from the populace and what it will then, ultimately, come to (and I can already foresee that this can be a possible defense when we actually pursue this further) and that is to say, no, we just gave them the information and with that information, they've actually given consent. But

from a psychological point of view, when it comes now to get consent, that was definitely a grant on the basis of the psychological warfare that was conducted on the populace. Will you not agree?

Meredith Miller: That's correct. And that's what every abuser does in a relationship. They tell you without telling you what they're doing. So, then they can say, well, I told you when you knew all along. Because they don't accept any accountability for their actions. The more sophisticated, the more overt the abuser is, the more they need your voluntary consent. But as, I think it was Virginie that mentioned earlier today, it's not real consent because when people are not provided with the information, they don't realise deception is taking place. They're not giving real consent. That was a trick. That was a ruse to get them to consent to something that was the deception all along.

Dexter L-J Ryneveldt: So obviously, the mass media is playing a massive role when it comes to getting people to a point to consenting to put him in the MindSpace.

Dexter L-J Ryneveldt: Yes. So that's the whole thing is the abuser's equation is: problem, reaction, solution. And so, this is a bit what Brian Gerrish was talking about last weekend with the applied behavioural psychology, where they provoke. First, there's a problem, so they either manufacture a problem or crisis or they take advantage of one that's already happening. And then they provoke your emotion, whether it's fear, for example. And then by provoking that emotion, they can almost predict what your behavioural response is going to be so they can drive you to a predetermined solution. And the most sophisticated abusers will make you beg for that solution and think that it was your idea all along.

Dexter L-J Ryneveldt: That basically brings me to, 'Follow the science,' because when you listen to all of those talking heads, they will (even to medical, just like Dr Fauci, one of the defendants), they will always repetitively actually mention, 'Follow the science,' and that tends to put the populace in a specific mindset, to say, 'You can trust me. I know what I am doing and I will do no harm to you.' But obviously that's not the case.

Meredith Miller: If we take a look at that Yale study, that was one of the emotional manipulation tactics they used was, "trust in science". And so, when you hear Fauci, say, "I am science, and if you don't believe me, you don't believe in science". Those catchphrases, it's like a whole download of information that triggers an emotional reaction and then the behavioural response.

Ana Garner: I had one question, just a very brief one. Meredith, you mentioned something (an excellent presentation by both of you, by the way, it was very nice how it dovetailed together and really enhanced one another). But, Meredith, you mentioned something about the Stockholm Syndrome, you know, perceived life threat, and then you gave an example of people who are either fearing the virus or other people, and at the opposite end of that spectrum were people who were fearing tyranny. And that made me think that maybe none of us really, as much as we think we know what might be going on, none of us has escaped some of this psychological terrorism that has been going on across the globe. Is that a fair statement?

Meredith Miller: For sure. I will admit I've also been in the state periodically throughout the time that's going on. And I think that we all have experienced moments of that. Perhaps, some people spend more time in that state than others, and some of us are able to get back up into those higher states of consciousness because of working on healing our own traumas in our life. But otherwise, it's very difficult to get out of that state. And really, no one is completely immune to that. But the self-worth is really the greatest immunity to abuse and manipulation because it really makes you question what people are trying to get you to do and what is their intention.

Ana Garner: So that's a great key (oh, I'm sorry, you probably need to translate), but that's a great key, the self-worth, and that's where we need to maybe empower people. And that's one of the things I think we're doing by empowering them with knowledge and the self-worth that they are worthy humans to have human rights.

Meredith Miller: I think a big part of the self-worth. How can people find self-worth is setting boundaries. So then, the knowledge is not going to change their self-worth, knowing that they're human and that they have inalienable rights, the God-given rights from birthright to human rights. This means nothing to a person who is caught in that state. So, the only way to start rebuilding self-worth is to evaluate what most matters to you. Take inventory of your values and then set boundaries to protect those. And every time you set a boundary like, no, and no with the complete sentence and only manipulators keep pushing and pushing once you said no. Right? So, when a person sets that boundary, they start rebuilding their self-worth naturally.

Ariane Bilheran: [Translator] I'm sorry to interrupt you but Ariane really would like to talk, and for some reason she has been muted, so if there is something that can be done so she can also answer, Oh OK, here you are. I think it was Dexter was talking about the emphasis on consent. That's what you said, Dexter?

Dexter L-J Ryneveldt: That's correct. Yeah, from a psychological point of view. And I think, for you, if you can bring it from a totalitarian point of view, that would be awesome.

Ariane Bilheran: [Translated] The harasser looks for submission of his victim. So it cannot be in opposition, it's counterproductive. And it pushes the victim to do something that he will not have done if it wasn't harassed. That's why there is manipulation. The Stockholm Syndrome is the time that the victim cannot escape to the harasser. The victim is trapped. There is a mechanism of survival. So, therefore the victim is going to anticipate what his perpetrator wants to try to survive. The victim is going to be in their brain. And, at the same time, when the victim is going to meet the suffering of his perpetrator and counter the suffering of his perpetrator.

Virginie de Araujo Recchia: May I ask the question, Ariane. Is it for this reason that sometimes we perceive people suppressing what is expected, for example, masks in the car, mask everywhere, even if it's not mandatory. Is it for this reason?

Ariane Bilheran: [Translated] It's a mechanism of survival if we please the perpetrator, maybe we're going to be safe. And then there is another mechanism, we always erase, forget what was unpleasant. And therefore, the victim keeps only the empathy for her perpetrator. And it's much easier because the perpetrator used paradoxical discourse. 'It's for your own good. 'I love you'.

Reiner Fuellmich: So, what we have here is if we talk about a solution, we have to not just understand rationally what is going on. And that's probably what we have to do to show the whole picture so that people see what's going on, but it's not enough to see this rationally. We also need to overcome what one of you called (I think it was you called it, Meredith, spiritual bankruptcy). We have to understand that there is something out there that's worthwhile fighting for, either a loved one or spirituality or religion, whatever. But it takes, not just rational understanding of what's going on, but it's also important to overcome this spiritual bankruptcy. That's a great term.

Meredith Miller: Reiner, you mentioned how sometimes if people thought of their children or their grandchildren or their Creator or something beyond themselves, and that is often a very helpful motivation because it's what gets the person off the floor. You know, humanity is on the floor right now for the most part, and that is the victim in an abusive relationship. Nobody can lift that person

up; you can pick them up and they're going to fall back down. They have to find it within themselves. Like you said, that spark for them that would reignite their soul in their spirits after this kind of abuse is something beyond themselves that motivates them to get up because they don't believe they're worth it. But is there something else that's worth it?

Reiner Fuellmich: That's very well put. That's easy to understand now. Thank you.

Ariane: Bilheran So what is complicated here? It's usually in a relationship with a tormenter and a victim. Usually, the solution is to cut the bond with the harasser. But here it's not possible. But people can do it a little bit first by turning off the media, the TV. So, what we need to do is name things. We need to hear other discourses that name things and offer other ways.

Virginie de Araujo Recchia: I have a question on this point. It's about the philanthropic Bill Gates. We heard at the beginning of the session, and you say there that paranoia profile is aware that he's harming. And he has intention of harming because there's no delusion construction. When Bill Gates says that he's sad because he is not successful in vaccinating all the world. Do you thing he knows that he is harming people? By financing everything, for example?

Ariane Bilheran: [Translated] It's complicated. You would like to talk about Bill Gates. So, can you repeat because I got confused, if you're in this kind of pathology, it goes beyond good and bad?

Ariane Bilheran: OK. So, if we're talking about paranoiac profile, which is the case here, they don't have access to the notion of right and wrong. The imagination is confused with reality. Nonetheless, the person will think one thing one day and will do the opposite next day. The connection with the world is still a connection of persecution. In psychology, we can explain everything within set limits and all the purpose of harassing profile, of pervert, of paranoia. And the capacity to respect others, the others and capacity to control the compulsion (the urges). And their capacity to clearly define the wrong and the right, the good and the bad.

Reiner Fuellmich: I like to take solace or even courage in the recognition that it doesn't take 80% or 70% or even 50% of the people to turn this thing around. Rather, I tend to believe that only a few good men and women, under these circumstances, are capable of turning this thing around. You don't need the masses. The reason why I'm saying this is because the masses who seem to be under the influence of mass formation are not capable of... They can only react to what they're being told. We, on the other hand, are the ones, we who are in this group right now (and probably most of the people who are watching this, most of our jury), we have already asked questions. We have already come to the conclusion that there's something wrong here. That's why I think that is not important to get the masses behind us, but only a few good men and women. Maybe 5%, maybe 10% Is that a correct assumption?

Meredith Miller: The critical mass is what you're saying? What is that critical mass? And I think there's going to be some people that will never wake up. I think some people will take this to their grave. And I think that it's actually OK, that we don't have to try to convert everyone, to wake everybody up. In fact, that's even disrespectful to try to confront somebody who doesn't want to listen to what we're saying. But I do think you're right, that at a certain point, I don't know what the number is. That critical mass would create some kind of shift and also invite some kind of, you know, some kind of intervention from beyond. Perhaps that will assist us in this process.

Reiner Fuellmich: Thank you.

Ariane Bilheran: [Translated] In social psychology, it's rather around one person. It's one person that is capable of resisting, 1%, based on the Milgram experiment.

Viviane Fischer: Much more than that because the party, dieBasis, has already, you know, they've made up almost again, almost 800,000 votes. And these are clearly like anti- measures people. And then there's much, much more anti-measures people who have never heard of this party, for instance, or just didn't vote for them. So, I think in Germany, at least, the situation has reached much more than those 1%.

Ariane Bilheran: [Translated] Well, this is just at the beginning of the experience that one was made on the submission of a turnkey at that point. They found out it was just one person that could resist, you know, so it was based on the study, the Milgram study.

Ariane Bilheran: But resistance is also infectious.

Reiner Fuellmich: More than the virus. Good. Okay, well, thank you very much. I don't want to cut anyone off, Ana or Dexter? I was thinking that that was encouraging. So why not end on that note for today?

Well, thank you very much for all of you have done for us tonight. This was real encouragement, ultimately, thank you for staying with us for so long. Thank you, Virginie. Thank you, Meredith. Thank you, Ana. Thank you, Ariane. Thank you, Vanna. Thank you. Judge Rui de Castro. And thank you, Dexter. And thank you, everyone, for staying with us, for listening and, hopefully standing up. We'll see you all tomorrow then.