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To the
Head of the public prosecutor's office
in Berlin
Mr Jörg Raupach
Turmstrasse 91

10599 Berlin
beA

AZ: 17 / 2023 Selfkant, February 26, 2023

Criminal charges against all former and Covid-19 injections who have ever participated in recommending Covid-19 injections and are jointly responsible for the damage to health and death of an unknown number of people due to their misleading statements to the entire population

Dear Prosecutors,

I hereby file a criminal complaint

against

all past and current members of the Standing Committee on Vaccination (STIKO) who have ever participated in recommending Covid-19 injections

and all other employees of the Robert Koch Institute who may still be involved

because of the suspicion

dangerous and serious bodily harm (in office) resulting in death in accordance with §§ 223, 224, 226, 227, 340 StGB,

of manslaughter and murder according to § 212 and 211 StGB,

negligent bodily harm according to § 229 StGB,

negligent homicide according to § 222 StGB,

Abortion according to § 218 StGB,

all other possible criminal offenses (if there is a guarantor position, also in connection with § 13 StGB), offense stages and forms of participation (including indirect perpetration in the constellation of the perpetrator behind the perpetrator due to the exploitation of organizational power apparatus and command structures) according to the StGB, HWG , War Weapons Control Act, International Criminal Code and any other criminal offenses that may be considered.

Outline overview (numbers refer to page numbers)

If your prosecutors are obsessed with the idea that they have grasped the whole of reality by regularly watching what the public broadcasters have to offer and reading a few detective stories, then I strongly recommend that before proceeding further, you first read the appendices to this one Read the criminal complaint at the end of this criminal complaint.

That should help you to work your way into the perception of reality that you depend on for the investigation of this criminal matter.

Attachments:

Appendix A:

Reference to 900 side effects that have already become known in the Pfizer approval study

Appendix B:

For manipulation by the so-called mainstream or old media

Appendix C:

On the influence of the pharmaceutical industry on reporting in the media and medical journals in particular

(In Appendix C, please also pay particular attention to the comments on Section IV. on Bill Gates in particular)

As soon as you have recorded the content of these appendices, which do away with the myth of the "independent" and "neutral" and "comprehensive" information public service media and also the allegedly oh so altruistic acting so-called "fact checkers", you will foreseeably be too It is much easier to acknowledge that authorities such as the PEI and RKI have blatantly failed in recent years and - as Prof. Dr. As Arne Burkhardt once put it - they were apparently only created to "fool" the people of this country.

According to my research over the last three years, the task of the PEI, the RKI and the STIKO is apparently now limited to misleading people into misleading them into - controlled by fear and thus robbed of their ability to criticize - to the most fatal "medical "Let's take in field study of all time with gene therapy drugs, which some experts measured bioweapons quality.

Reason:

a)

Introduction:

First I have to hereby

against Chief Public Prosecutor Dr. hunk

file a criminal complaint

reimburse for obstruction of punishment in office and all other criminal offenses that may be considered.

For the same reasons, hereby

Supervision complaint against senior public prosecutor Dr. hunk

submitted and the immediate initiation of disciplinary proceedings suggested.

Dr. Despite numerous concrete indications and a clear legal situation, Brocke repeatedly refused to take legal action against Prof. Dr. Karl Lauterbach and the (former) leadership of the Bundeswehr to take up criminal investigations.

For further justification, I refer to my criminal charges and counter-notifications to the investigations of your authority to AZ. 237 S 288/23 A (regarding the accused Lauterbach and others) and AZ. 555.Js 92/23 P (regarding the accused Christian Lambrecht and others).

You will be able to gather from my presentation there that the accused Dr. Brocke got more concrete clues for such investigations than he was able to process in the few days that it took him to write to me.

Social peace is destroyed when the administration of criminal justice is sabotaged by public prosecutors who do not want to take action even when the allegations are very serious and the facts of the case are clear.

The conscientious processing of the allegations made here is of the utmost relevance not only for the people in this country, but for all people around the world. It must be comprehensively investigated whether people all over the world have been exposed to an attack on their lives and health that has been prepared for a long time and coordinated down to the last detail by being forced to have these Covid 19 injections.

So please conduct your investigations as conscientiously as if all the people on earth were looking over your shoulder and as if there were an almighty and omniscient God to whom you would later have to give an account of your actions or omissions.

I myself am certain that there is such a God and that nothing is hidden from him. And that it doesn't matter if you believe it too. Every man will receive his just reward. Nobody gets past God.
I

May I ask at the outset: have you and your loved ones been “vaccinated” with any of the Covid-19 “vaccines”? Is everyone still in good health?

If you can answer both of these questions in the affirmative, then I would first like to congratulate you warmly. Because you played Russian roulette with your life and your health - as can be explained and proven below - and had much better luck than millions (!) of others.

You - and your loved ones - have survived an assassination attempt.

Allow me to ask one more question before I get to the point: do you like to be systematically taken for a fool?

You will certainly deny that and may consider yourself to be very well informed because you regularly watch ARD and ZDF and read Der Spiegel. But if you had one of the Covid-19 injections, that is exactly what happened: you were deceived, you were lied to and cheated through and through.

Because if you had known the truth, you would never (!) have had these Covid-19 injections - not even under duress.

One last question: As a public prosecutor, do you believe that systematic mass murder of the population is a crime that politicians are allowed to remain unsolved?

If you answer these questions in the affirmative, please quit your service immediately.

A prosecutor who protects people by doing their job according to the law is a blessing to people.

A prosecutor who wants to protect criminals is an even greater criminal than the criminals he wants to protect from punishment and a curse on the people.

Why am I sending these questions in advance?

Because this criminal complaint can only be read by a courageous prosecutor who takes his job seriously.

The only reason this country is currently on the brink is because so many officials have failed blatantly.

So if you have received a Covid-19 injection, then the content of this ad will not please you. You will learn on the following pages that you have been lied to, cheated and deceived. You will have to take the hurdle to admit this to yourself.

As part of this ad, I will also endeavor to show how it has become possible to mislead so many people for so long.

II.

The campaign to implement the Covid-19 injections has been running since December 2020.

Since that time and to this day, the people of this country have never been fully, let alone accurately, informed of all relevant aspects of these Covid-19 injections.

On the contrary, all people in this country have been and are still being misinformed with misleading information about the effectiveness and danger of these injections, so that numerous people have already suffered severe health damage and it is reliably foreseeable that people will continue to suffer severe health damage, including death including children for whom such injections were never indicated.

In addition, massive pressure has been and is being exerted on countless people in this country, right down to the indirect obligation to vaccinate as part of the former obligation to provide proof in the healthcare system in accordance with § 20 a IfSG or also as part of the still existing Covid-19 "vaccination" - Duty of soldiers to get one of these Covid-19 injections.

After all, there are now judges in the troop service and criminal courts who refuse to impose disciplinary or criminal sanctions on the soldiers for refusing the relevant “vaccination” orders. These are the judges with which to build a better world.

In March 2022, even judges and public prosecutors who said they were critical came to the conclusion that compulsory vaccination in connection with the Covid-19 “vaccines” is neither compatible with the Basic Law nor with applicable international law, see:

https://netzwerkkrista.de/2022/03/18/stellungnahme-von-krista-zur-oeffentlichen-anhoerung-im-gesundheitsausschuss-am-21-march-2022-from-1000-o'clock-on-the-subject-to-vaccine-obligation/

Regardless of such insights, countless livelihoods have been destroyed simply because people, because of their reservations about these injections, did not want to bow to this pressure. Under the pressure of the persecution, some experts like Prof. Hockertz even felt compelled to leave this country.

It should also be common knowledge that this Covid-19 "vaccination" campaign was not infrequently associated with the worst defamation by numerous well-known public figures of all unvaccinated people.

A collection of such polemics, some of which had a downright inflammatory tone, can be found on the “I participated” website, available at:

http://ich-habe-mitmachen.de/liste/nach-id.html

The book "May the entire Republic point a finger at you." by the authors Marcus Klöckner and Jens Wernicke is also worth reading.

The Austrian biologist Clemens Arvay, who had already criticized the short approval procedures for Covid-19 injections in 2020, recently took his own life. From what I have heard, his suicide is said to have been the result of the numerous polemical attacks against him.

Your authority must take note of and appreciate these circumstances so that it can adequately appreciate the behavior of the accused.

This downright agitation against the unvaccinated would have been impossible if the accused here had done their job and warned the population about these Covid injections at the earliest possible point in time.

According to an expert assessment, this point in time was February / March 2021 at the latest, see:

https://tkp.at/2023/02/19/wann-genau-haetten-cdc-fda-und-pei-gegen-die-covid-impfstoffe-einwandern-musessen/

In addition, it must be pointed out that scientifically sound proof has long been available that all (!) recommendations of the STIKO and the RKI on Covid-19 injections are wrong without exception.

However, there are recommendations for certain groups of people where this fact is particularly clear and accessible to proof.

Against this background, the following saying from "The Tempest" by William Shakespeare has always come to mind when I think of the STIKO, the RKI and the PEI:

"Hell is empty, And all the devils are here."

And another statement from the Book of Revelation comes to mind (quote from the standard translation):

"11 Let the wrongdoer continue to do wrong, the unclean remain unclean, the righteous keep doing righteousness, and the holy keep striving for holiness. 12 Behold, I am coming quickly, and I will bring the reward with me, and I will give to each according to his work. I am the alpha and the omega, the first and the last, the beginning and the end. 14 Blessed are those who wash their robes: they have a share in the tree of life, and they will be able to enter the city through the gates. 15 Outside are the dogs and the sorcerers, the sexually immoral and the murderers, the idolaters and everyone who loves and practices lies."

I do not mention this to "convert" or proselytize anyone here. I'm writing this to make it clear that ultimately I don't care what you do or don't do here. Because my faith gives me the certainty that at some point we will all have to give account to God.

And whether someone is going to hell at God's behest because the crimes against the people of this country have left them indifferent, perhaps because they believe they have a party book or are in a lodge so that God's justice cannot hit them not my concern.
When God restores justice and the rule of law to mankind, then everyone, even the hardest atheist, will realize that his belief in "his" power was just an illusion, a delusion, a contemporary joke.

Anyway:

Based on the facts presented here, I saw and still see myself obliged to file a number of criminal charges in accordance with Section 138 Paragraph 1 No. 5 of the Criminal Code.

The facts are complex and can only be processed with the support of numerous experts. But there are. Many are just waiting for their expertise to finally be heard.

If I am very brief here in the justification, it is precisely because the relevant facts have already been dealt with sufficiently comprehensively in other contexts. I can and would like to refer to this preparatory work, some of which I have included in the appendices listed below.

III.

For the introductionI recommend the YouTube video entitled “Media conference: criminal complaint against Swissmedic” on the facts that gave rise to this criminal complaint, which can be accessed via the link

https://www.youtube.com/watch?v=AJCGCe8bkis&list=FLCzhxhg0PXUCFr1GBiqSJig&index=12&t=6180s

From this video you will already be able to see a whole series of highly qualified experts who would certainly not refuse expert advice from your authority, in particular:

dr Michael Palmer on the special mode of action of mRNA injections,
Contact details:
Mail:mpalmer@posteo.net

Prof. Dr. Andreas Sönnichsen on the (lack of) effectiveness of these injections,
Contact details:
Laufenstr. 22, A, 5020 Salzburg / Austria
Maildr.a.soennichsen@acsoe.de

Prof. Dr. dr Martin Haditsch on the risks of mRNA injections,
Contact details:
high street 6 a, 4060 Leonding / Austria

Prof. Dr. Konstantin Beck on the risk to public health from these Covid-19 injections (excess mortality, etc.).
Contact details:
University of Lucerne, Frohburgstr. 3, P.O. Box, 6002 Lucerne / Switzerland

It is suggested that the aforementioned expert witnesses be used to prove the assertion

that a doctor who had positive knowledge of the aforementioned circumstances, in particular the lack of effectiveness and the high risk of the modified RNA injections, was obliged to refuse the administration of these injections,

to be included in the investigative process.

The contact details of these experts can be easily found on the web, but can also be submitted at any time if they have not yet been mentioned.

For your further information I send you here

as Annex 1

the full text of the criminal complaint by the Swiss lawyers Kruse Law of July 14, 2022, which will provide you with sufficient information that and - at the latest - from when and why (also) the accused here had to be positively aware that these Covid-19 injections were questionable drugs within the meaning of § 5 AMG, so that they were obliged by virtue of their office to prevent these drugs - ever and further - being used by the soldiers.

The prerequisites for conditional admission never existed, and that was evident from the very beginning, so that the accused were also aware of it from a point in time that has yet to be determined.

You can call up further attachments and sources for the aforementioned criminal complaint on the web under the following link:

https://coronaanzeige.ch

To prove the assertion that the high risks of the modified RNA injections have already materialized in thousands of "vaccination" victims, you can invite lawyer Tobias Ulbrich from the Düsseldorf law firm Rogert & Ulbrich as a witness.

Colleague Tobias Ulbrich already represents the interests of more than 1,000 victims whose health has been causally and sustainably impaired in many ways by these Covid 19 injections.

Contact details:
Law firm Rogert & Ulbrich Rechtsanwälte in Partnerschaft mbH, Hammer Str. 26. 40219 Düsseldorf

IV

In addition, there are other sources available to you here in Germany, probably much more extensive and extending into February 2023, which justify the urgent suspicion that numerous criminal offenses have been committed in connection with the implementation of the Covid-19 "vaccination "-campaign have been implemented, among other things available on my website under the link "Soldiers against compulsory vaccination", see:

https://www.anwalt-schmitz.eu/soldaten-against-vaccination/

Under this link you will find, among other things, the brief of Prof. Dr. Martin Schwab of July 20, 2022 to the Federal Administrative Court to justify the hearing complaint, which is now under AZ.BVerwG 1 WB 48.22 and BVerwG 1 WB 49.22, see:

https://www.anwalt-schmitz.eu/wp-content/uploads/2022/07/20.7.22-Anhoerungsruege-anonymisiert-2.pdf

It is therefore suggested that the files of the BVerwG for the aforementioned file numbersBVerwG 1 WB 48.22 and BVerwG 1 WB 49.22 for inspection.

Because the aforementioned brief by Prof. Schwab dated July 22, 2022 very well summarized the failure of those responsible from the ranks of the PEI, which the accused

became aware of at the latest during the aforementioned military complaints procedure, it is included here

as Annex 2

presented.

Then you will also be able to understand why the decision of the BVerwG in this matter of July 7th, 2022 was already absolutely unacceptable at that point in time for factual and legal reasons.

1.

In these military complaints procedures, in particular, they have shown conclusively and - in some cases with the help of experts - have been able to prove thatthe conditions for the soldiers to be tolerated according to § 17 a SG are not met, in particular,

because these Covid-19 injections are not intended to prevent or combat communicable diseases,
because with regard to interventions in the life of the soldiers associated with these injections, not even the citation requirement was observed,
because these injections are unacceptable due to their considerable danger to the life and health of the soldiersand
because in view of the massive pressure on all soldiers, it was not and is not even possible for the soldiers to give their consent to these injections,

that the Bundeswehr's information leaflet on these Covid-19 injections - like the entire advertising campaign by PEI and RKI - is clearly incomplete and incorrect, so that the entire population (soldiers included) was not sufficiently informed about all relevant aspects of these injections ,

that the Bundeswehr itself assumes that the soldiers need to give their consent to these injections, but that this consent cannot be effective if it is based on information that is essentially incorrect and - as already mentioned - also with orders for vaccination and the threat of disciplinary action - and criminal proceedings are downright coerced,

that the Bundeswehr does not carry out any "vaccination monitoring", i.e. did not arrange any tests before and after these Covid 19 injections that can provide reliable information about the consequences of these injections,

that the Bundeswehr works with double standards if they have not enforced the influenza vaccinations with disciplinary and criminal proceedings, but these Covid-19 injections have,

the Covid-19 "injections" are not vaccines in the classic sense, but gene therapeutics,

that these gene-based injections are all highly experimental, not only because of the lack of long-term studies and the data still not available to the regulatory authorities, but even according to the manufacturers' own statements,

that these gene-based injections can never be subject to a toleration or vaccination obligation due to their experimental character based on the principles of the Nuremberg Code (which is part of Art. 7 Sentence 2 of the IpbürgR),

that these gene-based injections are incompatible with numerous fundamental rights and with European and international law, in particular with human dignity and the right to life and physical integrity,

that the EMA was never allowed to grant a conditional approval and should never have extended it, that, since when and why the conditions of the conditional approval can no longer be met, that this approval should have been revoked long ago and that the PEI these substances should have long since been classified as questionable within the meaning of Section 5 AMG and withdrawn from circulation,

that these gene-based injections are of no benefit due to lack of effectiveness, but in view of the vaccine damage cases that have already become known, they are undeniably associated with the greatest risks to life and health,

that a pathologist like Prof. Burkhardt has never seen such damage patterns in his career as in people who died in connection with a Covid-19 injection,

that pathologists such as Prof. Burkhardt and Prof. Schirmacher, on the basis of their autopsies, also assume that there is considerable underreporting,

that many vaccine damage cases appear to be prematurely declared as long or post-Covid cases, thereby covering up the devastating consequences of this Covid-19 "vaccination" campaign,

that since March 2020 there has never been a threat of overburdening the health care system or intensive care, but - quite the opposite - in the so-called "pandemic years" 2020 and 2021 there was massive undercrowding in hospitals compared to the years before 2020,

that the PCR tests are demonstrably (Prof. Dr. Ulrike Kämmerer's report) completely unsuitable for detecting an infection or infectivity and can therefore never replace an anamnesis and differential diagnosis, so that all case numbers based on these tests are based on so-called anti-corona Measures never had a valid basis.

that the claim that people without symptoms can infect others with SARS-CoV2 has been proven to be based on false assumptions and has been refuted,

that the assertion that SARS-CoV2 would impair or even paralyze the operations of the Bundeswehr is wrong, because the operations of the Bundeswehr are obviously only impaired because healthy soldiers without symptoms are tested and sent to quarantine if the test result is positive.

that there are highly effective alternative healing methods and treatment protocols for Covid-19 diseases and that it is not very credible if the RKI denies knowledge of these alternatives,

that the Omicron variant was by far milder than the predecessor variants, which already in 2020 had an infection mortality rate (IFR) that was well below the IFR of a common seasonal flu, so that these injections were never indicated for that reason alone not at all in children and adolescents,

that the PEI has not fulfilled its obligations to pharmacovigilance according to § 13 paragraph 5 IfSG - undeniably (and also in the opinion of the BVerwGs undisputed) -

that the PEI does not recognize a warning signal and remains passive even with 2,810 suspected deaths and tens of thousands of serious side effect cases,

that the PEI uses the observed-versus-expected method in such a way that, for mathematical reasons alone, there can never be a warning signal,

that the PEI and RKI prepare and present data in such a way that their publications are incomplete and non-transparent in essential respects and therefore obscure more than they illuminate,

that the representatives of the PEI and RKI, also before the BVerwG, made statements regarding the effectiveness and danger of the Covid-19 injections that clearly contradict the facts,

that the claim of the supposedly oh so high effectiveness of the mod. mRNA injections from BionTech/Pfizer based on a manipulative handling of the data from Pfizer's pivotal study,

that the PEI has violated its obligations for conscientious batch testing if it does not even represent a warning signal that needs to be clarified immediately for the PEI, if 5% of the batches are responsible for 95% of the most serious side effects up to death,

that these injections are associated with side effects such as impaired concentration and other consciousness disorders that can affect flight safety, which is a mandatory exclusion criterion for pilots,

and much more...

In summary, it can be regarded as proven in particular that

1.

the "benefit-risk ratio" of these Covid-19 injections was never positive, since these injections are not only ineffective, but even (demonstrably) negatively effective and associated with a wide range of serious side effects, including death,

2.

these injections were not associated with any public health benefit that outweighed the risk due to lack of data, quite the contrary,

3.

due to highly effective alternative remedies and treatment protocols with no/low side effects, there was in fact never a "medical supply gap" that had to be closed by such experimental Covid-19 injections,

4.

the entire factual situation was and is so overwhelming that one can basically only talk about the point in time from which one can and must blame not only the manufacturers of the Covid 19 injections, but also the accused here, to the detriment of everyone to have accepted

severe and very severe side effects up to death at least approvingly of people living in Germany/Europe,

5.

we are dealing here with what is probably the most momentous failure of drug regulatory authorities and what is probably the biggest scandal in the history of medicine and in the history of the Bundeswehr.

The pleadings with the complainants' submissions fill well over 1,000 pages, and the appendices to this are many times larger. A treasure trove for prosecutors.

The following statements therefore represent only a very small, but particularly relevant excerpt from the aforementioned sources for the justification of this criminal complaint.

V

If the STIKO has repeatedly disregarded the clear facts in its recommendations, then this only confirms the corruption of this STIKO.

The starting point is the self-portrayal of STIKO in relation to its legal mandate.

Find out more on the RKI website (quote, emphasis added):

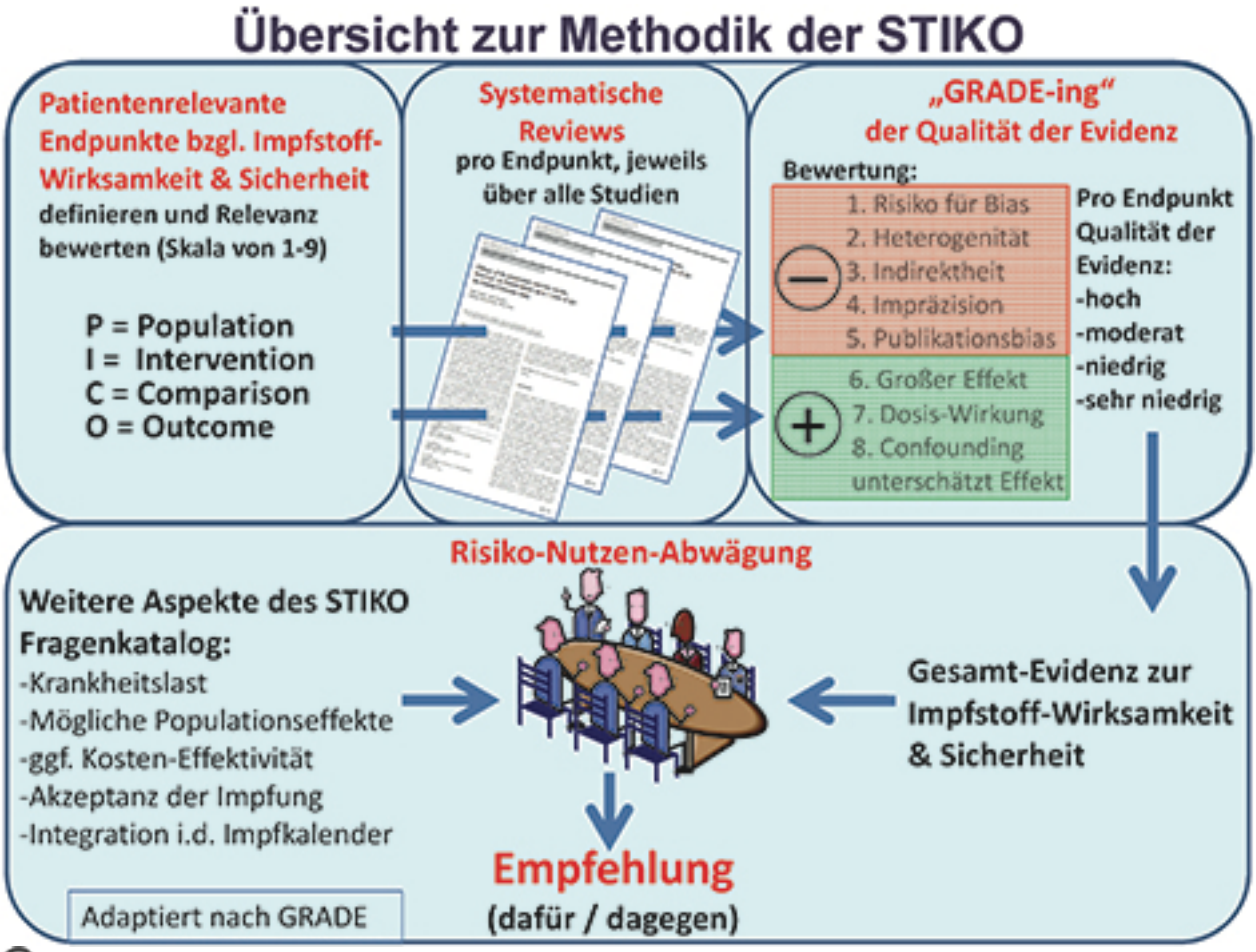
"Tasks and methodology

The Standing Vaccination Commission (STIKO) develops vaccination recommendations for Germany, taking into account not only their benefit for the vaccinated individual, but also for the entire population. The STIKO is based on the criteria of evidence-based medicine. While the effectiveness (usually in comparison to placebo), safety and pharmaceutical quality are relevant for the approval of a vaccination, the STIKO analyzes the individual benefit-risk ratio, the epidemiology at the population level and the effects of a nationwide vaccination strategy for Germany . In addition, STIKO is developing criteria to distinguish between a normal vaccination reaction and health damage that goes beyond the normal extent of a vaccination reaction.
For the development of a new vaccination recommendation, the STIKO evaluates the available evidence completely and very precisely and orients itself in this process to the criteria of evidence-based medicine. In doing so, STIKO uses a standard procedure that ensures a high scientific quality of the recommendation, minimizes interest-driven influences and leads to a high level of transparency and thus better comprehensibility of the decision. This is also necessary because the recommendations of the STIKO - in contrast to the statements of individual scientists - have far-reaching consequences. Inclusion in the STIKO recommendations decides whether a vaccination should be used as a standard vaccination for millions of people or for special risk groups. The Federal Joint Committee (G-BA) decides on the basis of the STIKO recommendations whether a vaccination is included in the vaccination guideline and thus becomes a mandatory service of the statutory health insurance companies. This decides whether the community of contributors should pay for the costs of this preventive measure.
While the safety, effectiveness and quality of the respective vaccine product are the focus when a new vaccine is approved, the STIKO decides how an approved vaccination can be used most sensibly in the population. Therefore, the assessment of the STIKO goes beyond

an individual risk-benefit assessment and also estimates the potential effects of vaccination on the population level.
In addition to the evaluation of data on the burden of disease, the basis of a STIKO vaccination recommendation is, in particular, systematic literature research and evidence evaluations on the safety and effectiveness of the vaccination. Under certain circumstances, data from (observational) studies after the vaccine has been approved can also be taken into account. In addition, a mathematical model usually has to be developed in order to be able to estimate the epidemiological and health-economic consequences of a vaccination recommendation. In addition, the STIKO deals in detail with questions of implementation and acceptance of the vaccination in the population, as well as with the possibilities of evaluation (e.g. whether systems exist or need to be established with which the effectiveness of the vaccination or the decline in the disease, before which the Vaccination should protect
Therefore, the development of a new vaccination recommendation is time-consuming and laborious. A systematic literature search, in which all existing literature worldwide on this topic is viewed and evaluated independently by at least two people, takes at least 6 months, but usually more than a year; the development of a mathematical model also takes at least a year. Therefore, the development of a new STIKO vaccination recommendation takes between one and three years on average.
If there is a draft decision by the STIKO, affected specialist groups have the opportunity to provide comments and remarks from their point of view as part of a commenting procedure according to the Commission's GO. If technical objections are raised, it may be necessary to discuss the topic again at the next STIKO meeting. Commenting procedures for STIKO decisions usually require a time frame of approx. 5 to 6 months.
The STIKO is an independent expert committee whose work is coordinated by the Robert Koch Institute's office in the field of vaccination prevention and is supported, for example, by systematic analyzes of the specialist literature. The aim is to be able to optimally adapt the vaccination recommendations to new vaccine developments and research findings.
The STIKO was set up in 1972 by what was then the Federal Health Office. Due to the importance of its vaccination recommendations, it was enshrined in law in 2001 with the Infection Protection Act. Since 2007, the vaccinations recommended by the STIKO have been the basis for the Vaccination Guideline (SI-RL) of the Federal Joint Committee (G-BA) and, with their inclusion in the SI-RL, become a mandatory benefit of statutory health insurance (GKV) in Germany.

Development of vaccination recommendations

STIKO continuously evaluates data on vaccines and vaccine-preventable diseases. When evaluating data and developing vaccination recommendations, STIKO essentially follows the systematic methodology of evidence-based medicine (EBM). In recent years, STIKO has discussed its methodology as part of a working group, also in exchange with national and international experts. Two international workshops financed by the Federal Ministry of Health (BMG) took place. In November 2011, STIKO decided on an updated version of its general methodological approach.
A project financed by the BMG started in August 2013, in which the RKI and the STIKO worked with national and international experts to develop methods for implementing and considering models to predict the epidemiological and health-economic effects of vaccinations. At its 83rd meeting, the STIKO decided, based on medical-epidemiological analyzes (risk-benefit assessment), to also carry out modeling and health-economic evaluations if necessary in order to develop not only effective but also efficient vaccination strategies and their effects on both disease epidemiology and to be able to check the costs in the health system or in society.



(Quote end)

Source:

https://www.rki.de/DE/Content/Commissions/STIKO/Aufshed_Methods/methods_node.html

VI.

So let's first look at how "interest-driven influences" are "minimized" by the occupation of the STIKO:

1.

Some of its members are known to have excellent contacts in the pharmaceutical industry. No municipal council should vote with the participation of a biased council member. Such rules, which are intended to protect against any appearance of bias, obviously do not apply to STIKO.

I quote from a brief by Prof. Schwab dated December 12, 2022, which he sent to the BVerwG as part of the aforementioned military complaints procedure:

“For example, Prof. Dr. Ulrich Heininger, Pediatric Infectious Diseases and Vaccinology University Children's Hospital, Basel, himself as a possible conflict of interest, that he works

or has worked on projects with GlaxoSmithKline, Sanofi-Pasteur, Takeda, IQVIA, Task Force for Global Health, Merck, Pfizer and AstraZeneca.

https://www.rki.de/DE/Content/Commissions/STIKO/Membership/Membership/Profile/Heininger_Profile.html

He is one of the members of the COVID-19 vaccination working group within the StIKo.

Prof. Dr. Klaus Überla, Institute Director of the Virological Institute - Clinical and Molecular Virology at the University Hospital Erlangen, at least states that he once advised AstraZeneca.

He is also one of the members of the COVID-19 Vaccination Working Group.

Ms. Univ.-Prof. dr Ursula Wiedermann, MD, MSc, PhD, Institute for Specific Prophylaxis and Tropical Medicine Vienna, indicates a possible conflict of interest as a cooperation with the pharmaceutical companies Novartis, Pfizer, Baxter, Themis Bioscience, GlaxoSmithKline.

https://www.rki.de/DE/Content/Commissions/STIKO/Membership/Membership/Profile/Wiedermann-Schmidt_Profile.html

She is also a member of the COVID-19 vaccination working group.

Prof. Dr. Fred Zepp, Center for Pediatric and Adolescent Medicine at Johannes Gutenberg University Mainz, mentions CureVac, Sanofi Pasteur, Novartis, GlaxoSmithKline and the Bill and Melinda Gates Foundation in his profile.

https://www.rki.de/DE/Content/Commissions/STIKO/Membership/Membership/Profile/Zepp_Profile.html

After all, he is not a member of the COVID-19 Vaccination Working Group. But even with him, the close connections of the STIKO members to the pharmaceutical industry can be proven, which fundamentally question independence in the assessment." (end of quote)

You must be aware of this networking with the interests of the pharmaceutical industry when you ask about the motives of the accused. In my opinion, these motives are very obvious.

Against the background of these massive conflicts of interest, every neutral observer must have the concrete suspicion that STIKO is ultimately just a club of pharmaceutical lobbyists, so that the goat was turned into a gardener here. The STIKO obviously cannot be described as an "independent" body.

This criticism of the STIKO is not new either, in fact it is already very outdated. You will find numerous older press articles on the web in which the obvious conflicts of interest of STIKO members were discussed.

2.

It should be noted here that the PEI and the RKI, with which STIKO cooperates closely, have excellent international networks.

On the homepage of the PEI it says, for example (quote):

“Experts from the Paul Ehrlich Institute (PEI) are on committees andWorking groups of international organizations active.

European Medicines Agency (EMA)
Lines of the European approval authoritiesfor human and veterinary medicinal products (Heads of Medicines Agencies, HMA)
European Directorate for the Quality of Medicines (EDQM)
European Commission (EC)
World Health Organization (WHO)
Global Health Protection Program (GHPP)
Blood Information System for Crisis Intervention and Management (BISKIT)

Bilateral international cooperation

Center for the State Control of Drugs and Medical Devices of the Republic of Cuba(CECMED, Cuba)
Federal Commission for the Protection against sanitary Risks (COFEPRIS, Mexico)
Food and Drug Administration (FDA, USA)
Food and Drugs Authority Ghana (Ghana FDA)
HealthCanada
Health Sciences Authority (HSA, Singapore)
National Institute of Food and Drug Safety Evaluation (NIFDS, South Korea)
National Institutes for Food and Drug Control (NIFDC, China)
Scientific Center for Expert Evaluation of Medical Products (SCEEMP, Russia)
Swissmedic (Switzerland)
Therapeutic Goods Administration (TGA, Australia)2 (end of quote)

Source: https://www.pei.de/DE/institut/pei-international/pei-international-content.html

The RKI is also well networked, see:

https://www.rki.de/DE/Content/Infekt/BioSicherheit/Kooperation/Kooperation_node.html

Due to this excellent international network, it can be assumed that the accused, who are responsible for continuing the agenda of Covid-19 injections and who were and are in close cooperation with the PEI and the RKI, with regard to the ineffectiveness and dangerousness of the Covid-19 injections since the start of the implementation of the Covid-19 "vaccination" campaign at the end of 2020 has always had the same level of knowledge as other drug approval authorities, including Swissmedic.

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I have repeatedly had to hear from uncritical minds that the EMA thoroughly (!) checked the Covid-19 injections in terms of "quality, effectiveness and safety" before they were

approved. So let's deal with this claim right away, so that a few possible prejudices and mental blocks can be cleared out of the world.

At the same time, these considerations clarify the question of whether STIKO can really question these central aspects of the Covid-19 injections in a scientifically sound manner.

In an article on tkp.at from February 8th, 2022 with the title "Leaked emails from the EMA: Politicians demanded the release of the corona vaccines practically without testing" it says, among other things (quote):

"The approval procedures for the corona vaccines were carried out at high speed without it being possible to test the effectiveness and safety. The unprecedented extreme abbreviation of the approval of a drug was glossed over with the term "telescopic procedure". In fact, the German EU Commission President Ursula von der Leyen exerted enormous pressure on the officials from the highest political level.

About 900 pages of emails from the second half of 2020 from Pfizer's "vaccine" Chemistry Manufacturing and Controls (CMC) department, which is responsible for submitting approvals to the EMA, have been leaked to a number of journalists. The documents also included e-mail exchanges between some of EMA's auditors and senior staff. About the leak was inBritish Medical Journal reports, which could confirm the authenticity of the documents.

Important pages of it Sasha Latypova in iher substack blogevaluated. She is a pharmaceutical industry veteran specializing in regulatory affairs. It recently uncovered that in the USA the orders to the pharmaceutical companies for the development, manufacture and sale of the corona vaccinations were placed by the US Department of Defense DOD (Department of Defense) and are therefore no longer subject to civilian control and liability is excluded. She demonstrated it in this Rumble video:COVID-19 Countermeasures: Evidence of the Intent to Harm – by Sasha Latypova

The EMA email files that Latopava is evaluating contain 14 screenshots from emails from mid to late November 2020. The exchanges come from EMA staff and senior executives. She summarizes the content of these emails as follows:

1. *The EMA auditors were under massive political pressure to invent new ways to approve the prohibited dangerous products. The pressure came from the top of the US, UK and EU governments.*
2. *Commissioner Ursula von der Leyen made promises to member states that she never wanted to keep, in order to tie them all into a single vaccine deal pact, thus preventing any independent decision in their own countries.*
3. *There were serious and - given the intentionally unrealistic timeline - unresolvable issues with the quality of the product that EMA staff were being pressured to approve. Some felt uncomfortable doing so and voicing their concerns. Others "overlooked" clearly fabricated data.*

Ultimately, the regulatory review itself and the concerns raised didn't matter - the product was launched anyway. We now know exactly why - regulators had no power to regulate the product. Pharmaceutical regulators do not oversee military materials known as "countermeasures" and "manufacturing demonstrations" (covert language used to disguise biowarfare agents manufactured by the captive US government and its global partners). It

appears from the emails that most of the EMA staff were unknowingly involved in this game..."

Source:

https://tkp.at/2023/02/08/geleakte-emails-der-ema-politik-required-release-der-corona-vaccines-practically-without-testing/

Otherwise, to avoid repetition, reference is made to the rest of the content of the aforementioned article.

On February 10, 2023, the Berliner Zeitung also reported in detail on the discrepancies in the approval process in an article entitled "The approval disaster: lobbying and breach of the law in the case of mRNA preparations?", see:

https://www.berliner-zeitung.de/politik-gesellschaft/das-zulassungsdesaster-lobbyarbeit-und-rechtsbruch-im-fall-der-mrna-praeparate-li.314750

The time of silence and cover-ups is finally over.

To start, let's take a detailed look at how the EMA "thoroughly reviewed" the "quality, efficacy and safety" of the Covid-19 injections as part of their conditional approval. I hereby submit as

Attachment 3

a brief from my colleague Dr. Röhrig to the BVerwG of March 28, 2022, in which she investigated this question in more detail, ibid on pages 50 to 70.

Please also note the statements there starting on page 70 on why the PEI evidently failed to fulfill its duty to protect public health based on the knowledge available at the time.

In another brief by colleagues Dr. Röhrig to the BVerwG of May 30, 2022 on the above-mentioned military complaints procedure, it says from page 10 (quote):

"3.1 Comparison of standard requirements for authorization documents for medicinal products according to Annex I Part I Numbers 4 and 5 of Directive 2001/83/EC and gene therapeutics according to Annex I Part IV Numbers 4.2 and 4.3 with the documents actually required

Normally, the documents listed below in black typeface according to Annex I Part I Numbers 4 and 5 of Directive 2001/83 in the pre-clinical and clinical areas are a mandatory part of the authorization dossier in order to obtain authorization for medicinal products. The documents are to be submitted in 5 modules as part of a so-called "Common Technical Documents", CTD. Module 3 relates to quality, Module 4 to preclinical and Module 5 to clinical documentation. In all modules 3 - 5, the applicants were granted considerable simplifications compared to the generally applicable requirements. The following presentation will initially be limited to modules 4 and 5. The dramatic simplifications and ambiguities granted with regard to the quality requirements with regard to the quality of the active substance,

In addition, further test results are required in Module 4 and Module 5 for the granting of a drug approval for a gene therapy. This results from Annex Part IV Numbers 4.2 and 5.2 of Directive 2001/83/EC. The details of the implementation of these requirements are explained in the so-called guidelines of the EMA. For gene therapy medicinal products, the guideline EMA/CAT/80183/2014 "Guideline on the quality, non-clinical and clinical aspects of gene therapy medicinal products" (guideline on the qualitative, non-clinical and clinical aspects of gene therapy medicinal products) comes into force in 2018 has come into force and contains detailed explanations of the required investigations and shedding (section 5.4.2 of the guideline) presented below.

Proof: Guideline on the quality, non-clinical and clinical aspects of gene therapy medicinal products, EMA/CAT/80183/2014, (https://www.ema.europa.eu/en/documents/scientificguideline/guideline-quality-non-clinical-clinical-aspects-genetherapy-medicinal-products_en.pdf)

In burgundy letters, according to Annex I Part IV Number 4.2additional documents required for gene therapeuticsshown. Crossed out are all documents that were not required for Comirnaty (and also for Spikevax).

3.1.1 Preclinical requirements, module 4, of gene-based injections

According to Directive 2004/10/EC (Annex 28), the preclinical examinations must always be carried out in compliance with the principles of "Good Laboratory Practice". It is the establishment of rules and criteria for a quality system that deals with the organizational process and conditions under which non-clinical health and environmental safety studies are planned, conducted, monitored, recorded, reported and archived. Compliance with these rules is fundamentally necessary to ensure the meaningfulness of the non-clinical studies.
For the results of the tests in module 4, the following picture emerges for the requirement for tests with the finished product:

Black font = general requirements
Red font = additional requirements for gene therapy medicinal products

~~Crossed out~~ = not required for gene-based injections

The following should be noted about the following overview:

1. Pharmacokinetic distribution studies have been conducted. However, these were not carried out with the finished product, but only with the lipid nanoparticles. In addition, the studies were not GLP-compliant. (see EPAR p. 45 f)
2. **Studies on metabolism and excretion**were only performed on the lipid nanoparticles ALC-0159 and ALC-0315, not on the finished product and not on the other lipid nanoparticles in the product.

pharmacology

— Primary pharmacodynamics
~~— In vitro and in vivo studies on effects related to the~~Proposed therapeutic purpose (i.e. pharmacodynamic studies to demonstrate the principle of action ("proof of concept"))

— Target selectivity: Should a gene therapy drug target a selective orTarget limited function, studies confirming the specificity and duration of function and activity in the target cells and tissues should be presented.
— Secondary pharmacodynamics
— Safety pharmacology (safety pharmacology)
- pharmacokinetic interactions

pharmacokinetics

— Analysis methods and validation reports
— absorption
—Distribution - examined here for lipid nanoparticles and another modified RNA, in investigations that did not comply with good laboratory practice - (EPAR, p. 46)

- Biodistribution studies must include persistence, clearance and mobilization studies. In the biodistribution studies, the risk of gene transfer into theenter germ line

— Metabolism – only for lipid nanoparticles – EPAR p. 45
— Excretion – only for lipid nanoparticles – EPAR p.45

- As part of the environmental impact assessment, investigations into the elimination and the risk of transmission to third parties are carried outto submit

- Pharmacokinetic interactions (preclinical)
— other pharmacokinetic studies

toxicology

— Single dose toxicity
— Repeated dose toxicity (has been performed in rats, although no detailed pharmacological studies have previously been carried out in
rats (EPAR, p. 54) - genotoxicity
— in vitro
— in vivo (including additional toxicokinetic assessments)
— carcinogenicity
— long-term studies
— Short-term or medium-term studies
— other studies
— Reproductive and developmental toxicity

- Studies on the effect on fertility and generalReproductive function must be submitted.
- Studies on embryonic and fetal and perinatal toxicity and
- Studies on transmission into the germ line must also be submitted;

— Fertility and early embryonic development
— embryonic/foetal development
— pre- and postnatal development
- Studies in which the offspring (pups) receive dosesand/or further evaluations are carried out on them. — local tolerance

Other toxicity studies

- ~~Studies on integration: Studies on integration must be submitted for each gene therapy medicinal product, unless their absence is scientifically justified, e.g. B. because the nucleic acid sequences are not in~~penetrate the cell nucleus. For gene therapy medicinal products that are not expected to be capable of integration, integration studies should still be carried out if the data ~~for biodistribution indicate a risk of transmission to the germ line.~~

~~— antigenicity~~
- Immunotoxicity

- Immunogenicity and Immunotoxicity: Potential immunogenic and immunotoxic effects should be investigated.

~~— mechanistic studies~~
~~— dependency~~
~~— metabolites~~
~~— impurities~~
~~- Miscellaneous~~

3.1.2 Clinical requirements, module 5, of gene-based injections

According to the scheme for Module 4 shown above, the requirements for Module 5 of the approval dossier for gene-based injections at the time the conditional approval is granted are also shown below.

The description of what was required by the EMA for the granting of the conditional approval is brief:
This was about

1) One**started** clinical phase 1/2 - dose finding study - with 12 subjects per dose, EPAR p. 56 and
2) One**started** phase 1/2/3 clinical study with planned 44,000 subjects, EPAR p. 56.

In the following overview, it should be noted that the requirements regarding the clinical documents relate to completed studies.
This means that, as a standard and also for gene therapy drugs, an approval is only considered if the studies on which the documents to be submitted are based have been fully completed and evaluated!

Clinical study reports
~~— Reports on biopharmaceutical studies~~

~~— Reports on bioavailability studies~~
~~— Reports on comparative studies on bioavailability and bioequivalence~~
~~— Reports of in vitro/in vivo correlation studies~~
~~— Reports on bioanalytical and analytical methods~~

~~— Reports on pharmacokinetic studies using human~~

~~**biomaterial**~~

~~— Reports on plasma protein binding studies~~
~~— Reports of hepatic metabolism and interaction studies~~
~~— Reports on studies using other human biomaterials~~

~~**— Reports of pharmacokinetic studies in humans**~~

~~— Reports on pharmacokinetic and initial tolerability studies in healthy subjects~~
~~— Reports on studies of pharmacokinetics and initial tolerability in patients~~
~~— Reports on studies on the influence of intrinsic factors on pharmacokinetics~~
~~— Reports on studies on the influence of external factors on pharmacokinetics~~
~~— Reports of population pharmacokinetic studies~~

~~The human pharmacokinetic studies need to do the following~~include:

~~a) Studies on excretion of the gene therapy drug;~~
~~b) biodistribution studies;~~
~~c) pharmacokinetic studies on the drug and the~~effective parts resulting from gene expression (e.g. expressed proteins or genome signatures).

— Reports on pharmacodynamic studies in humans

~~— Reports on pharmacodynamic and pharmacokinetic studies~~/Pharmacodynamics in healthy subjects
~~— Reports on pharmacodynamic and pharmacokinetic studies /Pharmacodynamics in patients~~

~~In human pharmacodynamic studies~~

~~the expression and the function of the nucleic acid sequence~~Administration of the gene therapy to investigate.

Data on immunogenicity were collected as part of the studies described above, EPAR p. 58 ff.

— Reports on efficacy and safety studies

- Reports on (note: completed!) controlled clinical studies for the intended indication - Only interim results of the studies that have been started as described above were used, E-PAR p. 58 ff.
~~— Reports of uncontrolled clinical trials~~
~~— Reports on the analysis of data from more than one study including formal integrated analyses, meta-analyses and bridging analyses~~
~~— Reports on further studies~~

~~The following shall be examined in safety studies:~~

~~a) emergence of a replication competent vector,~~
~~b) emergence of new tribes,~~

~~c) Exchange of existing genome sequences ("reasortment"),~~
~~d) neoplastic proliferation due to insertional mutagenesis.~~

In addition, it must be taken into account in the above description that the standard and additional studies required for gene therapy drugs must always be carried out one after the other in order to keep the risk for the study participants as low as possible. With the gene-based injections, these studies were "telescoped", i.e. pushed into one another. This involved an incalculable risk not only for the people who received the injections after the conditional approvals had been granted, but of course also for the study participants.

3.2 Reducing the requirements by classifying thegene-based injections as "vaccines"

The above reductions in the requirements for the authorization dossiers for the granting of conditional authorizations for gene-based injections resulted from the classification of gene-based injections as "vaccines" in application of the sentence

"Vaccines against infectious diseases are not gene therapy drugs"

of Annex Part IV Number 2.1 of Directive 2001/83/EC.

Because of this scientifically and medically unjustified changed classification, the number of tests considered necessary for patient safety has been dramatically reduced. With this "reclassification" without scientific justification, the regulatory authorities applied the regulations applicable to vaccines, which are essentially based on the guidelines of the EMA, which are based on the international guidelines and the guidelines of the WHO.
The "Guideline on the clinical evaluation of new vaccines", EMEA/CHMP/VWP/ 164653/2005 defines the exceptions to clinical studies for vaccines. With regard to the exceptions for preclinical studies, the EMA refers in its statements in the respective assessment reports to the "WHO Guideline on nonclinical evaluation of vaccines, WHO Technical Report Series, No. 927, 2005,https://www.who.int/docs/default-source/biologicals/vaccinequality/46-annex-1nonclinical-p31-63.pdf?sfvrsn=94e6b48f_1&download=true)

3.3 Reduction of quality requirements

In addition to the simplifications for modules 4 and 5, pre-clinical and clinical, presented under Sections 1.1 and 1.2, further simplifications were granted due to the application of the provisions on conditional approval, Art. 14-a of Regulation No. 726/2004/EC and of Commission Regulation No. 507/2006/EG (see detailed explanations in the letter of March 28, 2022).
On the one hand, these simplifications were reflected in the fact that the clinical studies described above under 1.1.2 did not have to be completed. The existence of a first interim result, Art. 14-a Para. 1 S. 1 of Regulation No. 726/2004/EC, was sufficient.

On the other hand, the simplification resulted from the application of the regulation of Art. 14-a Para. 1 S. 2 of Regulation No. 726/2004/EC, according to which conditional approval can also be granted in "crisis situations" in the case of incomplete preclinical or pharmaceutical data (quality documentation) can be issued:

zusätzliche Daten erforderlich sind. In Krisensituationen kann eine Zulassung solcher Arzneimittel erteilt werden, selbst wenn noch keine vollständigen vorklinischen oder pharmazeutischen Daten vorgelegt wurden.

As already explained in the pleading of March 28, 2022, p. 63 et seq., this led to considerable reductions in the quality requirements.
Basically, the following requirements are made for the proof of quality, whereby the parts that were incomplete with regard to the results are marked in red. These parts were either the subject of special conditions (specific obligations - SO) or the subject of "Recommendations for further quality development (Recommendation for further quality development). This information is derived from the EPAR of February 19, 2021, p. 36 ff, as well as from the EPAR on the extension of the conditional approval,
https://www.ema.europa.eu/en/documents/variation-report/comirnaty-h-c5735-r-0046-epar-assessment-report-renewal_en.pdf.

active ingredient

characterization
— Explanation of the structure and other characteristics
— impurities

Control of the active substance
— specification
— Analytical methods
— Validation of the analytical methods
— batch analyses
— Justification of the specification

reference standards or materials

container and closure system

stability
— Summary and conclusions on stability
— Stability study protocol and declaration of commitment to the stability test for the period after approval
— stability data

finished drug

Description and composition of the drug

Pharmaceutical Development
— Components of the drug
— active substance
— excipients
— Medicines
— Development of the formulation
— surcharges
— physico-chemical and biological properties
— Development of the manufacturing process

— Container and closure system
— microbiological properties
— Compatibility

manufacturing
- Manufacturer
— batch formula
— Description of the manufacturing process and process controls
— controls of critical manufacturing steps and intermediate products,
— process validation and/or evaluation

control of excipients
— Specifications
— Analytical methods
— Validation of the analytical methods
— Justification of the specifications
— excipients of human or animal origin
— novel excipients

Control of the finished medicinal product
— specification(s)
— Analytical methods
— Validation of the analytical methods
— batch analyses
— Characterization of impurities
— Justification of the specification(s)

reference standards or materials

container and closure system

durability
A complete proof of the impeccable quality of the ingredients and the finished medicinal product was therefore not provided. Whether this is the case in the meantime cannot be judged on this side. The EMA website states that the quality requirements for Comirnaty have now been met with the following notifications of changes. However, the relevant assessment reports from the Committee for Medicinal Products for Human Use have not been published for 3 or 5 months.

https://www.ema.europa.eu/en/documents/procedural-steps-after/comirnatyepar-procedural-steps-taken-scientific-information-after-authorisation_en.pdf

The information requested by 5 chemistry professors from the PEI since February 2022 and the transmission of the CHMP assessment reports by the PEI have so far remained unfulfilled by the PEI.

For Spikevax still not all quality requirements are met. This can be seen from the EMA's product information for Spikevax.
https://www.ema.europa.eu/en/documents/product-information/spikevaxpreviously-covid-19-vaccine-moderna-epar-product-information_de.pdf"

(Quote end)

Conclusion:

The EMA should never have allowed the Covid-19 injections, certainly not conditionally.

Nor should the PEI have permitted the placing on the market and the administration of these injections in its area of responsibility.

Health Minister Lauterbach should not have repeatedly claimed that the Covid-19 injections were free of side effects and highly effective until June 2022.

The RKI and STIKO should also not have spread misleading information about the effectiveness and (non-)hazardousness of these Covid 19 injections and should not even have recommended these injections.

Anyone can easily find out which studies on extremely important aspects of the safety of the Covid-19 injections, the subsequent submission of which was linked to the conditional approval, are not yet available to this day.

Under the above link on my homepage you will also find, among other things, the briefs of my colleague Tobias Ulbrich, who addressed this question in his first brief dated June 10, 2022.

viii

Those responsible at the PEI and also the RKI have been under massive criticism for many months because of their misleading reporting, which the STIKO cannot possibly have escaped.

The contributions are legion. On online portals such as tkp.at, corona-blog.net, ScienceFiles and Rubikon you will discover numerous analyzes and comments on the "data manipulators" from the PEI and RKI.

So here is just a very small selection from this rich literature:

https://corona-blog.net/2022/05/08/18-security-report-des-pei-296-233-side-effects-2-810-todesfaelle-und-less-information-than-ever/

https://www.rubikon.news/artikel/vertuscher-im-staatsauftrag

https://www.rubikon.news/artikel/die-impf-marchenstunden

https://www.rubikon.news/artikel/die-datenmanipulateure-2

https://www.rubikon.news/artikel/die-grosse-tauschung

Anyone who has only read these articles will finally be able to answer the question for themselves as to why the population was systematically misled by such “institutional deceptions”. The profit margins of the manufacturers of the Covid-19 injections, the "vaccinating" doctors and the politicians, who until a few weeks ago did not want to admit that this entire "vaccination" campaign is a disaster, benefited in particular from this whole data botch-up there is no comparison in the entire history of medicine.

Under the link to the above-mentioned military complaints procedure at the BVerwG, you will be able to find a lot more sources and concrete information on the obvious failure of the PEI, the RKI and also the STIKO - which obviously stood by and did nothing.

Against this background, who can still claim that this bungling corresponds to "careful scientific work"?

As a precautionary measure, I would like to make it clear right now: I have no problem with institutions that fulfill their legal obligations and thus make their contribution to protecting the life and health of the people living in this country. But on the contrary. Why should I blame officials who are doing their duty.

So let's take a closer look at what the supposedly oh so independent experts at STIKO should have noticed, especially with regard to the aspects of "effectiveness" and "independence" of the Covid 19 injections, if they really met their high scientific standards - including international literature research had.

b)

On the ineffectiveness of the Covid-19 injections:

I

Let's summarize some of the sources that prove the ineffectiveness of the Covid-19 injections, whereby the pleadings mentioned below under Sections 3 - 7 refer to the aforementioned military complaint proceedings before the BVerwG. And I can assure you that there are many more sources:

1.

The leaked text on the contract between Pfizer Export BV and the Albanian Ministry of Health dated June 1st, 2021, which is likely to have been concluded with all EU countries with the same content, where Section 5.5 states:

"The Purchaser further acknowledges that the long-term effects and efficacy of the vaccine are currently unknown..."

Source:

https://corona-blog.net/2021/08/12/let's-take-a-look-at-the-leaked-contract-of-the-vaccine-manufacturer-biontech-pfizer/

It is hereby urgently suggested that the RKI and the STIKO are requested to send you all procurement contracts - in full text, unredacted and in German translation - that the EU Commission and the Federal Republic of Germany have signed with the manufacturers of the Covid-19 injections to purchase these Covid-19 injections have been completed so far.

2.

Statement by Prof. Dr. Lothar Wieler at Phoenix on October 15th, 2020:

"We're all assuming vaccines will be approved in the next year, but we don't know exactly how they work, how well they work, what they do...but I'm very optimistic there are vaccines."

Source.

YouTube video "phoenix personally: Prof. Lothar Wieler at Alfred Schier' available at:

https://www.youtube.com/watch?v=-pxoXSFEqXA

3.

Janine Small, Pfizer President for International Developing Markets, concedes during her hearing in the "European Parliament Special Committee on the Covid-19 Pandemic" ("EP Special Committee on the COVID-19 Pandemic") on October 10, 2022 on the question of the EU politician Rob Roos explicitly stated that the effectiveness of Comirnaty in terms of human-to-human transmission was never tested before it was approved for the market.

See brief of October 18, 2022

4.

assessment report" on the risk-benefit assessment of the BioNTech-Pfizer vaccine Comirnaty

Section 3.3 on page 157 of this assessment report states, among other things:

"3.3. Uncertainties and limitations regarding positive impacts

Based on the limited data available, 7 days after the second dose**no reliable conclusion can be drawn about vaccine efficacy against severe COVID-19**. Estimated efficacy against severe COVID-19 events occurring at least 7 days after the second dose was 66.4%,**with a large and negative lower limit**(95% CI:**-124.8%**; 96.3%).

At the cut-off date of the analysis, only a limited number of events occurred (1 and 4 cases in the vaccine and placebo groups, respectively).**Posterior probability of actual vaccine efficacy ≥ 30% (74.29%) did not meet the predefined success criterion.Consequentlycan effectiveness against the serious disease**in subgroups, particularly in certain population groups at high risk of severe Covid-19 disease (elderly people and people with comorbidities),**not be appreciated." (end of quote)**

Source:

https://corona-blog.net/2022/08/15/ema-dokumente-zu-biontech-aus-2020-disclose-no-reliable-conclusion-about-the-efficacy-of-the-vaccine/

I emphasize the sentence again:

"Consequentlycan effectiveness against the serious diseasein subgroups, particularly in certain population groups at high risk of severe Covid-19 disease (elderly people and people with comorbidities),**not be appreciated."**

See pleading of September 9, 2022, from page 2

5.

Study by Prof. Dr. Peter Doshi, which shows a strong negative effectiveness:

See pleading of September 9, 2022, from page 6

6.

Despite all the facts already known in 2021, Federal Health Minister Prof. Dr. Karl Lauterbach again and again that the "Covid-19 injections are "free of side effects".

Half-hearted admissions that these injections are not without side effects came - as far as can be ascertained - from the Federal Health Minister Lauterbach only in the course of June 2022, see among others:

https://www.allgemeine-zeitung.de/politik/politik-deutschland/coronavirus-impfung-doch-nicht-nebeneffektsfrei-1711359

https://www.berliner-zeitung.de/news/karl-lauterbach-aussagen-zu-impfschaeden-sorgen-fuer-aufsehen-li.238592

The admission that these Covid-19 injections are not effective came much later.

The institution-related obligation to provide evidence according to § 20a IfSG expired on December 31, 2022, because Prof. Lauterbach finally had to publicly admit that these injections do not protect against infection, see:

ZDF from 23.11.2022,https://www.zdf.de/nachrichten/politik/corona-impfpflicht-lauterbach-pflege-100.html

Prof. Schwab already pointed this out in his briefs of December 12, 2022, page 2, and February 1, 2023.

7.

Other briefs on the subject of ineffectiveness on this page include:

a)

Brief dated July 18, 2022, from page 4, number 5, including reference to meta-study:

https://tkp.at/2022/07/15/neue-meta-studie-shows-the-large-scale-effectlessness-of-c19-vaccinations-also-against-earlier-variants/

b)

Brief dated July 19, 2022

c)

Brief dated January 3, 2023, from page 1

8th.

Note also Pfizer CEO Albert Bourla's great embarrassment when confronted with questions from critical journalists recently in Davos:

https://t.me/NetzwerkkriktiverExperten/32260

9.

Finally, is the adjudicating court already aware of how Pfizer – and the “experts” following Pfizer uncritically – simply took the public for a fool with regard to the effectiveness of Comirnaty, despite the aforementioned facts?

In the aforementioned criminal complaint by Kruse Law, this is explained very clearly starting on page 77. It says (quote):

“According to Art. 9a para. 1 HMG, a medicinal product can only be authorized “for a limited period” if it can be used to counteract a life-threatening or disabling illness. It should be possible to prove this in (clinical) approval studies.

This was obviously not the case: the so-called “primary efficacy endpoint” chosen in the approval studies by Pfizer and Moderna was chosen in such a way that primarily mild “COVID diseases” were recorded – defined using a positive PCR test plus one or two symptoms such as fever, cough, shortness of breath, cold, sore throat, headache, body aches, loss of smell/taste, nausea, vomiting or diarrhea. With such a study design, only minor events are recorded - and not the fatal or disabling events required by law.

Officially, Pfizer and Moderna showed a high effectiveness of 95% and 94.1% respectively for these criteria. Again, this supposedly high "efficacy" refers to mostly mild symptoms that are in no way life-threatening or disabling. The "effectiveness" calculated in relation to the minor events mentioned is therefore not a sufficient basis for authorization under Art. 9a HMG from the outset.

In addition, this unrealistically high effectiveness of almost 100% was communicated using a non-transparent, scientifically questionable methodology based on the calculation of the relative risk reduction (RRR), which is to be shown using the example of Comirnaty (“effectiveness 95%”): In the Pfizer study, only 8 (=0.04%) of 21,720 subjects in the vaccine group and only 162 (=0.74%) of 21,728 subjects in the placebo group had “confirmed COVID disease”. If a total of 170 cases (8 plus 162) occurred, a total of 162 cases in the vaccine group had been “prevented”. From this ratio (162 "prevented" cases out of a total of 170 cases), Pfizer then derived that there was an effectiveness of 95% (162 ./. 170), what is

known in science as Relative Risk Reduction (RRR). Of course, this does not mean that 95% of the more than 40,000 study participants were “successfully” protected from an illness: in absolute numbers, just 162 of the more than 40,000 study participants were “protected” from illness . Presenting the effectiveness only on the basis of the RRR – without placing it in the context of the total figures (which is presented on the basis of the ARR; more on this below) – therefore leads to a complete distortion of reality, as the following graphic illustrates: In absolute numbers, just 162 of the more than 40,000 study participants were "protected" from illness. Presenting the effectiveness only on the basis of the RRR – without placing it in the context of the total figures (which is presented on the basis of the ARR; more on this below) – therefore leads to a complete distortion of reality, as the following graphic illustrates: In absolute numbers, just 162 of the more than 40,000 study participants were "protected" from illness. Presenting the effectiveness only on the basis of the RRR – without placing it in the context of the total figures (which is presented on the basis of the ARR; more on this below) – therefore leads to a complete distortion of reality, as the following graphic illustrates:

The fact that the manufacturers only operate with information on the RRR on these factual bases - but at the same time do not provide any information on the ARR, is unscientific and dubious: it has been known for over 20 years that the presentation of the RRR without the simultaneous disclosure of the ARR and the Underlying numbers skewed the efficacy data. Announcements and publications presented in a correspondingly distorted manner – as a result: massively embellished – only serve the purpose of sales promotion, which means that they can even be classified as advertising.

Correctly, the effectiveness should therefore have been calculated from the start based on the absolute risk reduction (ARR) and disclosed in relevant documents such as the drug texts: In the Pfizer study with placebo, 162 of 21,728 people (= 0.74 %) and with the "vaccine" only 8 of 21,720 people (= 0.04%) from COVID-19, the absolute risk reduction (ARR) at Comirnaty is just 0.70% (0.74% minus 0.04 %). The same applies to Moderna: The ARR of Spikevax is just 1.2%. Such values are definitely far from a "great" therapeutic benefit." (end of quote)

Irrespective of this, there were - demonstrably - massive irregularities and manipulations in Pfizer's approval study, through which the data situation was significantly manipulated. To elucidate this in depth would require a separate, very extensive brief. There are already first non-fiction books on the subject. In this respect, reference is therefore made to the above link to the military complaints procedure, where these manipulations have already been extensively acknowledged.

One of many recent posts on this:

https://www.trialsitenews.com/a/startling-evidence-suggests-biontech-and-pfizer-falsified-key-data-part-1-e2595e7f

c)

The obligation to file a criminal complaint results - as I said - from the continuing intentional disinformation of the population about the effectiveness and danger of the Covid-19 injections. The population was and is not properly informed by this disinformation, but rather misinformed and misled in a targeted manner.

I

Let's just look at the information that is available on the RKI's homepage (as of February 2nd, 2023) on the "recommendations" of the STIKO:

"**Recommendations of the Standing Committee on Vaccination**

The recommendations ofSTIKOare usually published once a year in the Epidemiological Bulletin of theRKIand published on the RKI website. Detailed justifications for the recommendations have been published since 2004. Further announcements by the STIKO on individual vaccinations can be found under the heading "Notifications".
Underwww.rki.de/impfenthe RKI also provides numerousFAQon general vaccination topics (from A for allergy to W for changing the vaccine) as well as for individual vaccinations. These are not the recommendations published by STIKO.

Current recommendations

The recommendations include, among other things, the vaccination calendar (standard vaccinations) for infants, children, adolescents and adults and the table of indication and booster vaccinations with explanations.
Epidemiological Bulletin 4/2023 (PDF, 4 MB, file is not barrier-free)

COVID-19

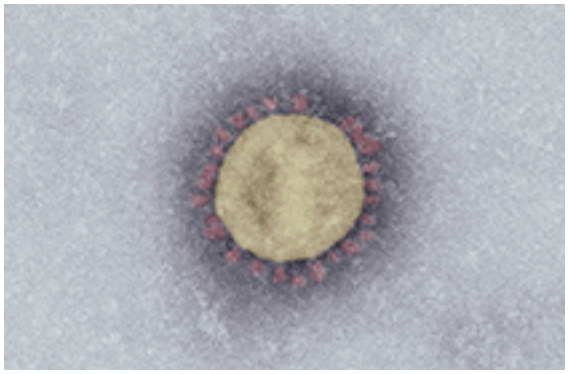
Overview of all updates and justifications of the STIKO recommendation for COVID-19 vaccination
STIKO recommendation for COVID-19 vaccination…" (Quote end)

Source:

https://www.rki.de/DE/Content/Commissions/STIKO/Empfehlungen/Impffehlungen_node.html

Under the link abovewww.rki-de/impfen can then be found, among others. following text (quote):

"COVID-19 vaccination



On the websitewww.rki.de/covid-19-impfenis extensive informationCOVID-19 vaccination available,etcthe current vaccination rates, answers to frequently asked questions (FAQ), the information sheet in various languages and information material for doctors and patients." (end of quote)

Source:

https://www.rki.de/DE/Content/Infekt/Impfen/impfen_node.html

If we then the linkwww.rki.de/covid-19-impfencall up, then we will find the following text (quote) under the heading “Covid-19 and vaccination – general information”:

- Answers to Frequently Asked Questions (FAQ) (15.12.2022)
- Clarification of vaccination myths on zusammengegencorona.de
- Monthly report: Monitoring of the COVID-19 vaccination process in Germany
- Information sheet on COVID-19 vaccination (28.11.2022)
- RKI publications on COVID-19 vaccination

Source:

https://www.rki.de/DE/Content/Infekt/Impfen/ImpfungenAZ/COVID-19/COVID-19.html

Finally, if we click excitedly on the link to "clarification of vaccination myths on zuammengegencorona.de", then we will be "informed" as follows (emphasis in bold type etc. was partly added by me):

(1)

(Quote) “How great is the risk of mRNA vaccines being integrated into the genome?

There is no discernible risk of integration of mRNA into the human genome. In humans, the genome is in the form of DNA in the cell nucleus. An integration of RNA into DNA is not possible, among other things, due to the different chemical structure. There is also no evidence that the mRNA taken up by the body cells after the vaccination is transcribed into DNA.” (End of quote)

(2)

Citation: "Does vaccination cause infertility in women?

There is no evidence that women could become infertile because of the vaccination. Before the vaccines are approved, they are extensively tested.

It was circulating on social media that a corona vaccination could make infertile because the spike proteins of the corona virus and the protein syncytin-1, which is responsible for the formation of the placenta, are similar. From this it was concluded: forms the body of the vaccinated after vaccination**>**antibodyagainst the spike protein of the coronavirus, these also target the syncytin-1 protein and thus impair the formation of a placenta. However, since the similarity between the two proteins is so minimal, a cross-reaction of the COVID-19 vaccine can be ruled out. Even if corona antibodies could actually be directed against the syncytin-1 protein, this should have led to an increased number of miscarriages or complications in COVID-19 diseases due to antibody formation - but this is not the case." (end of quote)

(3)

Citation: "Is it true that subjects died in the studies?

In the case of clinical trials with a large number of patients and the inclusion of elderly people and long-term studies, it is possible that patients may die during the course of the study. However, this does not mean that there is a connection with the vaccine.

Every side effect that occurs is recorded and every death is carefully examined for a possible connection with the vaccination by an independent control panel. The Paul-Ehrlich-Institut continuously updates thesecurity reportson the COVID-19 vaccines." (end of quote)

(4)

Citation: "Can the corona vaccination cause diseases such as cancer?

There is no evidence for that. In the studies conducted to study the vaccine, such a link was not established. A vaccine is only approved if it has been tested on a sufficient number of people and it has been confirmed that the effect clearly outweighs the side effects that have occurred. Even after approval, the positivebenefit-risk profilecontinuously reviewed in clinical trials and other studies. Read more about the approval of the COVID-19 vaccineshere. You can find the safety reports of the Paul Ehrlich Institutehere.
Status: 01/10/2023" (end of quote)

(5)

(quote) "Is it true that people died shortly after vaccination?

Yes, but this does not mean that these deaths are causally related to vaccination. If many very old people or people with serious previous illnesses and thus an increased risk of death are vaccinated, a certain number of accidental deaths, which occur shortly after vaccination, is unfortunately unavoidable." (end of quote)

Source:

https://www.zusammengegencorona.de/faqs/impfen/impfmythen/

II.

Since the STIKO is treated as a reference source, we shouldn't be surprised if it is also available on the Bundeswehr website under the heading "Vaccinations and toleration obligation" in accordance with the statements by STIKO and RKI

https://www.bundeswehr.de/de/organisation/sanitaetsdienst/medizin-und-gesundheit/impfungen-und-duldungspflicht

currently (accessed on January 31, 2023) means, among other things:

1.

under the heading "What is actually in the mRNA vaccine" (Citation):

"The composition of mRNA vaccines often leads to heated discussions and a flood of misinformation on the internet. These unsettle people and stand in the way of an effective fight against the pandemic. But what is really in the mRNA vaccines? Are there really questionable ingredients? Spoilers: no.

It is well known that the right choice of ingredients and the quality of the food play a decisive role. Too much or too little, ingredients that are not fresh or even the wrong seasoning can spoil the taste. In a starred restaurant, no dish leaves the kitchen without the chef checking the quality beforehand. The same is true of vaccines. Strict quality criteria and controls as well as clinical studies are required before they can be administered to humans...

Safe vaccinations
Whoever reaches for the soup in the restaurant without hesitation can trust the ingredients and auxiliary substances in the mNRA vaccination just as unhesitatingly. Salt, fat, water and sugar are found in both. Concerns about the mRNA are also unfounded - around 153 million times (as of February 23, 2022), for example, mRNA vaccines were delivered and administered in Germany. Hardly any vaccine has been tested better and found to be safe." (End of quote, bold and underlining added)

Annex 2 shows what the "testing" or batch testing by the PEI actually looked like.

2.

under the heading "Covid-19 vaccination myths: side effects"(Citation):

"Side effects of the Covid-19 vaccination

frequent side effects

"…The most common side effects of mRNA vaccination are fatigue, headache, aching muscles, joint pain, chills, fever, nausea and swelling of the lymph nodes. These can also occur with conventional vaccinations.…

Rare side effects

Rarely than "occasionally" - since the approval at the end of 2020/beginning of 2021, around 153 million (as of February 23, 2022) mRNA doses have been vaccinated in Germany. Serious side effects were extremely rare. Some people experienced a severe allergic reaction immediately after the**COVID-19 vaccination**. Inflammation of the heart muscle or pericardium occurred even more rarely within 14 days after the vaccination. Such inflammations also occur after infection with the coronavirus, even more frequently than after vaccination."

vaccination myths
Pregnancy ruled out? - the**COVID-19 vaccination has no negative impact on fertility. It has no effect on the future development of the placenta or the course of a future pregnancy**. Good news for men -USUnited States scientists and scientists from the University of Miami have done research on the topic and examined the sperm of men before and after vaccination with mRNA vaccines. Their result: The corona vaccination can even improve sperm quality, but this has not yet been definitively confirmed and must continue to be researched.
... Vaccination is safe and has proven itself. Just looking at the vaccinated doses in Germany is proof of their safety and effectiveness. Even taking a headache pill without thinking twice can have worse side effects than the vaccination." (End of quote, added bold and underlining)

That's only an example. Nobody can claim that the recommendations of the STIKO had no consequences.

For the sake of clarity, the side effects that were already known to Pfizer during the approval study are summarized in the appendix. The catastrophic dimension of this balance of side effects is reinforced if one also puts these diverse serious side effects in relation to the number of study participants.

D)

With the above statements from STIKO / RKI - and the following areas of public administration such as the Bundeswehr - the facts that were already generally accessible and known at the beginning of 2021 (!), which have since been confirmed by new findings again and again, are excepted persistently ignored today, with potentially fatal consequences for the health and lives of countless people in this country.

I

Above we read that RKI and STIKO claim (quote):

"There is no discernible risk of integration of mRNA into the human genome."

However, from the above-mentioned criminal complaint by Kruse Law's Swiss colleagues dated July 14, 2022, we can see concrete evidence that this statement is not correct. There it says from page 66 (from RN 148) among other things (quote):

"1.1.2.Prohibited use of GMOs on humans?

In addition, there are indications that the mRNA "vaccines" are not "only" a "gene therapy", but even genetically modified organisms (GMO).

For example, the Federal Office for the Environment (FOEN) classified the mRNA "vaccine" as a genetically modified organism (GMO) due to the combination of the mRNA with the lipid nanoparticles. Based on this assessment of the substance at hand, a "limited approval" should never have been granted:

GMOs are units (including mixtures, etc.) that are capable of multiplying or**transfer genetic material**, and have been manufactured or modified in such a way «like this**under natural conditions**by mating or natural recombination**does not occur».**If such a GMO is present, massively increased requirements are placed on an approval, which are discussed in more detail below (N 551 ff., N 565, N 569, 599 f., N 750 ff.) and those with a limited approval in none way can be fulfilled. Would even find a transfer of genetic material into humans**germ cells**instead, the integrity of the human genome would be violated**Art. 119 (2) lit.**It is sufficient for only individual gene sequences to be modified directly, like this about at the**CRISPR**/Cas9 technology, in which specific DNA sequences are "cut out" and precisely replaced with genetically modified DNA sequences.
The intended mode of action of the mRNA "vaccines" does not ostensibly provide for any direct intervention in the DNA. However, it was already the end of 2020**various studies that have shown a so-called "reverse transcription" of mRNA into DNA in human cells.**The mRNA in the "vaccines" was modified in such a way (in particular: replacement of uridine by pseudouridine, modified capping of the 5' end) that it "survived" longer in the body and before being broken down by enzymes ("ribonucleases") and before immune system is protected. With this artificial adaptation of the mRNA, the aim is to bring it safely into the cells and thus be able to synthesize as much spike protein as possible. (Note: the complainants have also submitted this). Swissmedic assessed the danger from the "spike protein" as "low" because "minimal systemic exposure after intramuscular

application" is to be expected. It was already known at the end of 2020 that a**sustained expression of the toxic spike protein**on the one hand, absolutely**potential possible side effects (such as cancer) increased**(Regarding the toxicity of the spike protein and the corresponding consequences in detail below N 172, N 185 ff., N 265 ff.). On the other hand, the artificial modification means that the mRNA stays in the body longer than it would naturally - and potentially goes to places where it shouldn't, such as the genitals, as animal studies have found. The enclosed evidence report explains in detail that in this way a**- unintended - effect of the mRNA on the human DNA in the germ cells could take place.**

Swissmedic was already aware of this problem in principle at the end of 2020. As a precaution, she wrote to Moderna that the**Danger of integration into the genome considered "very low".**become. However, in a completely incomprehensible way, Swissmedic did not insist on carrying out studies that would have ruled out this risk. Swissmedic did not even draw the public's attention to the risk, even if it was "very small" at best, but rather blurred this fact. Contrary to the data available at the time, Swissmedic stated in the first version of the information for healthcare professionals from Comirnaty (section "Genotoxicity/Caricinogenicity"):**"In particular, it can be assumed that the mRNA does not reach the cell nucleus or interact with the genome."**This passage has been included in subsequent versions**turned off**– Reasons for this are not officially known.

Therefore, it cannot be ruled out whether the mRNA substances have the potential to permanently (heritably) modify human DNA. If this were the case, the use of mRNA would violate mandatory constitutional provisions. In addition, the potential to change the DNA of a single person is sufficient for the strict approval requirements applicable to GMOs (including CRISPR/Cas9) to have been met. The modification of the DNA of a single person - and even more so the potential for permanent, heritable modification of the human genome - would probably mean the immediate end of mRNA research, since it would no longer have any regulatory advantages over CRISPR/Cas9.

In view of these serious uncertainties, an approval that has nevertheless taken place is a violation of the law on medicinal products**precautionary principle**before: At one**potentially gene-changing mode of action of the mRNA substances**- the**potentially permanent, irreversible change in the human genome**– it is not just a matter of a "risk factor" that can hardly be calculated, if at all**absolute exclusion criterion for any approval. The approval authority was also aware of this fact at the time of the first approval in December 2020."**(Quote end)

The German legal situation is also clear in this respect. The Embryo Protection Act prohibits interventions in the genome of human germ cells and embryos. This is also the information from the Federal Ministry of Education and Research, see:

https://www.bmbf.de/bmbf/shareddocs/kurzmelden/de/zielrichtung-in-das-erbgut-eingreifen.html

From you should prove the claim that it cannot be ruled out thatmRNA substances have the potential to permanently (heritably) modify human DNA, seek expert advice. Because "cannot rule out" is sufficient for a ban.

Only with such an expert opinion, which takes account of all the facts and studies, can it be clarified whether and why those responsible at the PEI have ruled out that the mRNA substances have the potential to permanently (heritably) modify human DNA.

The accused should be able to be heard as the accused on the question of whether and why they ruled out that the mRNA substances have the potential to permanently (hereditably) modify human DNA.

II.

Let's look further at the "vaccination myth" according to which (quote) "**There...no evidence [is] that women could become infertile because of the vaccine..."**

In an article on tkp.at from January 8th, 2023 entitled “Study confirms: Covid-19 vaccination particularly harms pregnant women” (quote):

"Right from the start there were warnings from responsible doctors and scientists that a Covid vaccination with an experimental preparation was absolutely ethically and medically contraindicated for pregnant women. Nevertheless, pregnant women were urged by vaccination commissions, politicians and their "experts" to get vaccinated, apparently to promote sales of the vaccine doses that had been bought in the billions with taxpayers' money.

To make matters worse, pregnant women were meticulously excluded from the studies before they were approved and scientifically flawless examinations were never carried out afterwards. But the "experts" and politicians apparently didn't care.

But there are retrospective evaluations of the consequences of the injections, such asthose ofJames A. Thorp, Peter A. McCullough et al entitled"COVID-19 Vaccines: The Impact on Pregnancy Outcomes and Menstrual Function"Effects on pregnancy outcomes and menstrual function).It is a population-based retrospective cohort study. US and global entries in the Vaccine Adverse Events Reporting System (VAERS) of the US Centers for Disease Control and Prevention (CDC) were examined for the period from January 1, 1998 to June 30, 2022.

By James A. Thorp has TKPthis very readable oneopen letterpublished, which castigates the vaccination of pregnant women as the most egregious breach of ethics in the history of medicine. dr James A. Thorp is a Board-Certified Gynecologist and Physician of Obstetrics and Fetal Medicine with over 43 years of obstetrics experience.

The study, published 12/30/2022, reports that COVID-19 vaccines are associated with a significant increase in adverse events compared to the influenza vaccines, including:

- menstrual abnormalities
- miscarriages
- fetal chromosomal abnormalities
- fetal malformations
- fetal cystic hygromas
- fetal heart disorders
- fetal cardiac arrhythmia
- fetal cardiac arrest
- fetal vascular malperfusion
- fetal growth abnormalities
- fetal abnormal surveillance

- fetal thrombosis of the placenta
- low amniotic fluid volume
- pre-eclampsia
- premature birth
- Premature rupture of membranes (rupture)
- Fetal death/stillbirth
- and premature infant death

(all p-values were much smaller than 0.05, so the results are highly statistically significant). The study concluded:

“When normalized by time available, doses administered, or people received, all COVID-19 vaccine adverse events far exceed the safety signal at all recognized thresholds…A global moratorium on COVID-19 vaccine use in of pregnancy is recommended.” (end of quote)

Source:

https://tkp.at/2023/01/08/studie-vertaeigt-covid-19-impfung-schadet-schwangeren-besonders/

The aforementioned criminal complaint by the Swiss law firm Kruse Law of July 14, 2022 also deals with the risks for pregnant women in numerous places, including those that were already known at the end of December 2020.

It says there, among other things, on page 69 under point 1.1.5.2 (quote):

“1.1.5.2 British Health Authority and WHO: No recommendation for pregnant women

173 A conclusive assessment of the risks for pregnancy in animals – let alone in humans – was in no way possible on this basis. Even the WHO therefore did not generally recommend vaccination of pregnant women in February 2021. And as of December 8, 2020, the British health authority correctly stated in the British drug information that

• that the influence on fertility is not known,

- that Pfizer's vaccine cannot be recommended for use during pregnancy,
- that pregnancy must be ruled out before vaccination and
- Women of childbearing potential should avoid pregnancy for at least two months after the second dose.

1.1.5.3 Australian Health Authority also ignores warnings

Similar to Switzerland, the assessor of the preclinical data in Australia recommended that Comirnaty should only be approved for pregnant women with a risk warning that animal studies were insufficient or missing.

.1.5.4 Interim conclusion

As early as December 2020, Swissmedic knew that preclinical studies had identified a possible risk in pregnancy. Swissmedic has in no way adequately addressed this risk either – it even concealed it – which is explained in more detail below N 704 et seq. …" (Quote end)

It goes on to say there on page 108 under point 3.1.13 (quote):

"3.1.13. Pregnant women: Inadequate risk management and realized risk

3.1.13.1 Still missing data

As explained above (N 172 ff.), the few animal studies that were carried out indicated possible malformations, which made blind approval for pregnant women a high-risk project. One would expect that this major risk would be adequately addressed. But the opposite was the case:

At the end of 2021, Pfizer submitted a declaration of consent dated December 15, 2021 to the participants in a Comirnaty study with the following passage: “The effects of the COVID-19 vaccine on sperm, a pregnancy, a fetus or a breastfeeding child are not known .»

3.1.13.2 Manufacturer data: multiple stillbirths in pregnant women

However, there was not a complete lack of data: Pfizer disclosed in the “Post Marketing Pharmacovigilance Report” that in the first 2.5 months after market approval alone, side effects in connection with Comirnaty were reported in 270 pregnant women: 23 cases involved an abortion , in two cases an early birth followed by the death of the child, in two cases an intrauterine death (death of the child in the uterus), in five cases the outcome of the case was pending, and in 238 cases there was “no information » available." (end of quote)

And it goes on there from page 126 (quote):

"4.1.5. Pregnant women: Worrying number of miscarriages

4.1.5.1 Still missing data - delaying tactics of the manufacturers

Even a year after approval, the manufacturers of Comirnaty and Spikevax still had to admit to the approval authorities at the beginning of 2022 that “the safety profile of the vaccine in pregnant or breastfeeding women is not known”.

This is because the pregnant women had been excluded from the clinical approval study (see above 172). As a replacement, studies with pregnant women were started in February 2021. As far as can be seen, the corresponding results are still not available. In any case, it is questionable whether these studies can deliver useful results at all, as the contract research institute Ventavia was once again commissioned with one of these core studies. Exactly the institute that had obviously already falsified data during the approval studies (front N 272).

The manufacturers' delaying tactics in such a sensitive area are in no way compatible with an ongoing approval process. In particular, given the fact that reports of premature births and stillbirths had already been increasing worldwide by the end of 2021 and unfortunately increased significantly again in 2022, the question arises on which empirical data

Swissmedic based the approval of the COVID "vaccines" for pregnant woman could still justify:

4.1.5.2 Massive increase in worldwide reports of stillbirths

Previously (N 389) it was shown graphically that 2–3.8 stillbirths per 1 million vaccine doses were observed for Comirnaty and Spikevax in the EU and the USA. In absolute figures, this is already 2,177 stillbirths with Comirnaty and 810 stillbirths with Spikevax in the EU and the USA – underreporting not included. This only until May 2022 – in view of the nine-month delay (duration of pregnancy), these downright alarming figures should only represent the tip of the iceberg.

4.1.5.3 Austrian midwives sound the alarm: frequent miscarriages

The fact that many birth complications and deaths go unreported is also evident from an appeal by over 200 concerned Austrian midwives at the beginning of 2022. Miscarriages, premature labour, early premature rupture of membranes, vaginal bleeding, premature births, growth retardation and eclampsia (convulsions) would occur more frequently would not be pursued further.

4.1.5.4 Interim conclusion

The several thousand officially reported stillbirths worldwide alone are a serious alarm signal – the immediate consequence would have to be an immediate freeze on approval." (end of quote)

The claim that sperm quality improves as a result of these injections is also a myth that has long since been refuted. This can also be inferred from the aforementioned criminal complaint (page 127).

The well-connected and with numerous experts in the ranks of the accused must have been aware of all these risks as early as December 2020.

However, as shown above, this did not prevent them from irresponsibly downplaying the risks for pregnant women up to the present day.

Consequently, not a single pregnant woman has effectively consented to these injections.

Despite such facts and studies on the dangers and risks of Covid-19 injections, which were presented extensively in the above-mentioned military complaints proceedings, the soldiers are still being subjected to massive pressure to this day, often with orders and under threat of disciplinary and criminal consequences forced to these Covid-19 injections, at least currently still for the so-called "basic immunization" (which of course does not actually take place).

Comparing these highly dangerous and experimental mRNA substances - as the Bundeswehr did - with a meal and the factually non-existent "quality control" of the PEI with a starred restaurant is hard to beat in terms of cynicism.

According to everything that the RKI and the leadership of the Bundeswehr, despite the presentation in the aforementioned military complaint procedures, must be positive and is

also known to be positive, the Bundeswehr is still spreading "fake news" in 2023 regarding the effectiveness and dangerousness of the Covid-19 injections.

Thus, these questions should also be clarified by independent (!) experts - not by some pharmaceutical lobbyists with pseudo-scientific paint coatings.

III.

RKI and STIKO continue to claim - as heard above - that it "bIn clinical trials with a large number of patients and the inclusion of people of advanced age and longer study durations ... it is (is) possible that patients may die in the course of the study. ”However, this does not mean that there is a connection with the vaccine .

Every side effect that occurs is recorded and "every death is carefully examined by an independent control panel for a possible connection with the vaccination."

1.

In Annex 2 you can see what the PEI really means by a "thorough investigation" of the deaths.

2.

Even bolder is the misleading formulation that it is “possible” that people “could” die in the course of “the study”.

This statement is so incredibly bold because the RKI knows exactly how many people actually died in the course of the Pfizer study on Comirnaty alone.

In the aforementioned criminal complaint by Kruse Law of July 14, 2022, page 82 states, among other things (quote):

"2.1.2. Comirnaty: 42,086 side effects and 1,200 deaths by February 2021

Pfizer/BioNTech presumably submitted a "Post Marketing Pharmacovigilance Report" to the regulatory authorities in April/May 2021. The report, which summarized the data from the time of market approval to February 28, 2021 – i.e. from just 2 1⁄2 months – already contained the sheer number of suspected reports of 42,086 side effects and 1,200 related deaths with the "vaccination". These numbers alone were already extremely alarming and would have led to an immediate freeze on registrations in earlier times, as is shown below in N 239 ff. and N 243 f.

The processing of the many discrepancies and manipulations in the context of the approval process for Comirnaty is very complex.

Worldwide, sometimes huge working groups with numerous volunteer experts have been formed across borders, who have worked through all of Pfizer's manipulations and discrepancies in the approval studies, including the participation of Deanna McLeod from the Canadian Covid Care Alliance (CCCA) and the internationally known investigative non-fiction author Naomi Wolf .

Deanna McLeod and a team of scientists evaluated the extremely extensive data from Pfizer's approval studies, the release of which was enforced by US attorneys. She will summarize the results of this data analysis and will be able to confirm that the "vaccine" from Pfizer/BionTech should never have been approved on the basis of this data.

CCCA contact details are available at:

https://www.canadiancovidcarealliance.org/media-resources/tag/deanna-mcleod/

Without the expert support of such experts, who have worked in large teams for many months to evaluate the data, no trial court will be able to obtain an overview of this data and its appropriate interpretation in the short term.

Of course, there are also numerous experts in German-speaking countries who have given serious thought to the deaths in Pfizer's approval studies.

This is already stated in an article on tkp.at from November 19th, 2021 with the title “More deaths in Pfizer's approval studies than previously known" e.g. (quote:

“As early as January of this year there wasas reportedwell-founded criticism of Pfizer's approval study. in oneArticle in the renowned British Medical Journalco-editor Professor Peter Doshi complained about the lack of important data and a number of ambiguities and contradictions.
A close examination of the data revealed massive doubts about the accuracy of the claimed effectiveness of 90 or 95%. Around 4000 people dropped out of the study without explaining why. Had they stayed in the study, the relative risk reduction rate would have been reduced to only 19 to 29%.

Pfizer published a new paper on July 28, 2021 updating the clinical trial of the currently ongoing phase III of its Covid vaccinepublishedhey. The results are anything but up-to-date and, most importantly, follow-up has been virtually non-existent.

In the British Medical Journal undergoesCo-editor Professor Peter Doshi, publishing a critical review. Doshi criticizes that no 10-month follow-up data are included. The results contained in the new paper were not current, but dated March 13, 2021.

Well hidden ina supplementsome of the serious side effects were found in Table S3. It was reported that 15 of the approximately 22,000 people who received the vaccine in the study had died, compared with 14 of the 22,000 people who received a placebo.

Reported Cause of Death[a]	BNT162b2 (N=21,926) n	Placebo (N=21,921) n
Deaths	15	14
Acute respiratory failure	0	1
Aortic rupture	0	1
Arteriosclerosis	2	0
Biliary cancer metastatic	0	1
COVID-19	0	2
COVID-19 pneumonia	1	0
Cardiac arrest	4	1
Cardiac failure congestive	1	0
Cardiorespiratory arrest	1	1
Chronic obstructive pulmonary disease	1	0
Death	0	1
Dementia	0	1
Emphysematous cholecystitis	1	0
Hemorrhagic stroke	0	1
Hypertensive heart disease	1	0
Lung cancer metastatic	1	0
Metastases to liver	0	1
Missing	0	1
Multiple organ dysfunction syndrome	0	2
Myocardial infarction	0	2
Overdose	0	1
Pneumonia	0	2
Sepsis	1	0
Septic shock	1	0
Shigella sepsis	1	0
Unevaluable event	1	0

According to Pfizer, these were not just Covid deaths. In fact, they were mostly not due to Covid. Only three of the study participants died from Covid-related diseases - one who received the vaccine and two in the control group. The other deaths were due to other diseases, mostly cardiovascular diseases.

On November 8, the FDA released its "Summary Basis for Regulatory Action', a 30-page memo explaining why on August 23 it gave full approval for BionTech's vaccine, which is not even used in the US. Nevertheless, the same study is apparently meant.

Summary Basis for Regulatory Action

Date:	11/8/2021
From:	Ramachandra Naik, PhD, Review Committee Chair, DVRPA/OVRR
BLA STN:	125742/0
Applicant:	BioNTech Manufacturing GmbH (in partnership with Pfizer, Inc.)
Submission Receipt Date:	May 18, 2021
PDUFA Action Due Date:	January 16, 2022
Proper Name:	COVID-19 Vaccine, mRNA
Proprietary Name:	COMIRNATY
Indication:	Active immunization to prevent coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in individuals 16 years of age and older

Now the authorAlex BerensonFound interesting things in the report. On page 23 of the report is this startling sentence:

“From dose 1 to the March 13, 2021 cut-off date, there were a total of 38 deaths, 21 in the COMIRNATY [vaccine] group and 17 in the placebo group."

Pfizer publicly announced in July that it had identified 15 deaths among vaccine recipients as of mid-March. However, the company informed the FDA that there were 21 – as of the same March 13 deadline.

The number of deaths in the study's control group was also incorrect. Pfizer counted 17 deaths among placebo recipients, not 14. Nine additional deaths total, six among vaccine recipients.” (End quote)

Source:

https://tkp.at/2021/11/19/mehr-todesfaelle-in-den-approval-studies-from-pfizer-than-so far-known/

You will easily find other sources if you just start investigating, see among others:

https://tkp.at/2022/02/04/der-effekt-der-vaccination-on-severity-courses-ist-completely-irrelevant/

IV

No risk of cancer?

There are concrete indications of the dramatic increase in cancer cases, see for example:

https://tkp.at/2022/10/30/drastic-increase-of-cancer-cases-seit-beginning-2021-and-your-causes/

https://corona-blog.net/2022/03/02/neue-studie-zu-karzinogeneitaet-des-biontech-pfizer-vaccine-that-gives-an-reason-to-concern/

I can always submit several affidavits from doctors who have observed a dramatic increase in cancer cases in their practice since the start of the Covid-19 injections.

V

Only "a certain number" of old people and those with pre-existing conditions affected by "accidental" deaths temporally related to Covid-19 injections?

"Will be manyvaccinated very old people or people with serious pre-existing conditions and thus an increased risk of death, a certain number of accidental deaths occurring shortly after vaccination is unfortunately inevitable."

This formulation suggests that the risk of dying as a result of the Covid 19 injections only affects "very old" people or people "with serious previous illnesses".

This is demonstrably wrong and grossly misleading, since it has long been common knowledge that people of all ages, including people who were completely healthy up to the time of the injection, and even competitive athletes, have died in large numbers as a result of these injections.

There is a lot of official data and contributions on this, many of which have already been published in 2021 and 2022.

Below is a very small (!!) selection of articles on the catastrophic consequences of the Covid-19 injections, which meanwhile can no longer be ignored by the so-called mainstream or old media:

1.

Latest study on mortality from Covid-19 injections:

Study entitled "Age-stratified COVID-19 vaccine dose death rate for Israel and Australia" dated 02/09/2023, the summary report of which is attached here.

In the "abstract" of this study it says in the introduction (quote):

It is now well known from autopsy studies and adverse event monitoring that the COVID-19 vaccines can cause fatalities. We have recently measured the vaccine dose fatality rate (vDFR), which is the ratio of vaccine-related deaths to the doses of vaccine administered in a population, to be as high as 1% in India and in conducting "vaccination equity" campaigns in poor states in the US, and as 0 .05% measured in Australia, with data not disaggregated by age group. In the present study, we provide the first empirical analyzes of age-stratified vDFRs using national all-cause mortality and vaccine adoption data for Israel and Australia.

We note, that vDFR in older adults increases dramatically with age, exponentially with a doubling time of approximately 5.2 ± 0.4 years. As a result, the vDFR in the very old population is an order of magnitude higher than the value for the general population, reaching 0.6% for the 80+ age group in Israel and 1% for the 85+ age group in Australia, compared to < 0.01 % for young adults (< 45 years old). Our results suggest that prioritizing vaccination of those thought to be in greatest need of protection was imprudent. …" (Quote end) As a result, the vDFR in the very old population is an order of magnitude higher than the value for the general population, reaching 0.6% for the 80+ age group in Israel and 1% for the 85+ age group in Australia, compared to < 0.01 % for young adults (< 45 years old). Our results suggest that prioritizing vaccination of those thought to be in greatest need of protection was imprudent. …" (Quote end) As a result, the vDFR in the very old population is an order of magnitude higher than the value for the general population, reaching 0.6% for the 80+ age group in Israel and 1% for the 85+ age group in Australia, compared to < 0.01 % for young adults (< 45 years old). Our results suggest that prioritizing vaccination of those thought to be in greatest need of protection was imprudent. …" (Quote end) that they need the greatest protection. …" (Quote end) that they need the greatest protection. …" (Quote end)

2.

https://sciencefiles.org/2023/02/18/death-from-covid-19-vaccination-compilation-of-autopsy-studies-proving-that-covid-19-vaccines-kill-people/

3.

https://corona-blog.net/2023/02/16/hohe-uebertrend-sterbefallzahlen-nach-corona-impfung-in-14-altersgruppen-in-deutschland/

4.

https://tkp.at/2023/02/16/devastating-impfschaeden-beim-us-military/

5.

https://tkp.at/2023/02/19/wann-genau-haetten-cdc-fda-und-pei-gegen-die-covid-impfstoffe-einwandern-musessen/

6.

https://tkp.at/2023/01/13/immer-mehr-studien-showen-high-proportions-of-heart-damage-due-to-mrna-preparate/

7.

https://tkp.at/2022/11/01/ploetzlich-und-unerwartt-ein-aktuelles-update/

8th.

https://ploetzlich-und-unerwartt.net

E)

In the following I would like to mention a few more concrete indications of the danger of the Covid-19 injections, which have remarkably escaped the attention of the STIKO so far:

I

In the aforementioned criminal complaint by the law firm Kruse Law of July 14, 2022, the concerns that exist with regard to the LNP components contained in Covid-19 injections are justified as follows from page 68, item 1.1.3 (quote):

"How toxic these LNP components actually are can also be seen from the "Safety Data Sheet" of a manufacturer of SM-102, which is used in Spikevax - of course also no longer publicly available. As of April 11, 2021, it was still expressly stated there:

- H310**risk of death**in case of skin contact
- H351 Probably can**Cancer**generate
- H361 Can probably do that**affect fertility**or that**harm the unborn child**
- H372**Causes damage to the central nervous system, the kidneys, the liver and the respiratory system through prolonged or repeated exposure**

GHS06 Skull and crossbones

Acute Tox. 2	H310 Fatal in contact with skin.

GHS08 Health hazard

Carc. 2	H351 Suspected of causing cancer.
Repr. 2	H361 Suspected of damaging fertility or the unborn child.
STOT RE 1	H372 Causes damage to the central nervous system, the kidneys, the liver and the respiratory system through prolonged or repeated exposure.

GHS06 Skull and crossbones

Acute Tox. 3	H301 Toxic if swallowed.
Acute Tox. 3	H331 Toxic if inhaled.

GHS08 Health hazard

Carc. 1A	H350 May cause cancer.

· **Classification of the substance or mixture**

GHS02 Flame

Flam. Liq. 2 H225 Highly flammable liquid and vapor.

GHS07

Acute Tox. 4 H302 Harmful if swallowed.
Skin Irrit. 2 H315 Causes skin irritation.
Eye Irrit. 2A H319 Causes serious eye irritation.

All hazard warnings had been successively downgraded by the manufacturer: From «**risk of death**in case of skin contact" was therefore first "**Poisonous**, if swallowed or inhaled" and finally "**harmful**when swallowed". From the second highest toxicity level (Acute Tox. 2) there was a downgrading to Level 3 (Acute Tox. 3) and finally to Level 4 (Acute Tox. 4).

In addition, the presumed carcinogenicity and reported damage to vital organs, the presumed impairment of fertility, including damage to the child in the womb, initially became a simple “can cause cancer” before this reference was completely removed in June 2022. Here, too, it remains completely unclear where this sudden change of declaration came from. For the sake of good order, it should be noted that these warnings "only" apply to the isolated concentrate of SM-102 - and not to the admixture in the mRNA "vaccines". "The dose makes the poison". However, one would at least expect that, in view of the officially reported toxicity of LNP, corresponding studies would have been carried out by the "vaccine" manufacturers. The opposite is the case:**no studies of any kind were carried out on the genotoxicity and carcinogenicity of the new "vaccine" substances.**In the specialist information, it was even reassuringly stated - devoid of any scientific basis - that**no mutagenic or carcinogenic effects are to be expected.**This was justified, among other things, by the fact that the risk “due to the**minimal systemic exposure after intramuscular administration**» would be rated as «low». The latter is obvious misinformation: the approval dossier already shows that the**Degradation of ALC-0315 in the liver is very slow**took place.

Here, too, the first-time use of ingredients that are already known to have toxic effects should, under normal circumstances, necessitate the solid implementation of all the necessary studies. In addition, it would be imperative to transparently explain the unclear – even identified – risks. The fact that this was not done as part of the so-called "limited" approval is to be assessed as a significant risk factor, which the approval authority was aware of." (End of quote)

To prove the assertion thatthe LNP components used in Covid-19 injections are so toxic that they are associated with the following dangers in particular: fatal in contact with skin, carcinogenic, impairing fertility, damaging the unborn child, the central nervous system, the Harmful to kidneys, liver and respiratory system, you should obtain an expert opinion.

The suspects should be able to be heard as suspects as to whether and why they have ruled out that the LNP components used in Covid-19 injections are so toxic that they are particularly associated with the following dangers: Danger to life in Skin contact, carcinogenic, damaging to fertility, damaging to the unborn child, damaging to the central nervous system, kidneys, liver and respiratory system.

II.

The Swiss law firm von Kruse Law also emphatically agrees with me on the question of whether there is reason to assume that the mRNA vaccine batches contain contaminants

that are significantly harmful to health in their notification of July 14, 2022, because there it says from page 70, section 1.1.4 (Citation):

"1.1.4.**Toxic, mutagenic and carcinogenic impurities**

The requirements for regular admission and those for “limited” admission are set out in detail below (N 493 ff.): What these forms of admission have in common is that the absolutely most fundamental requirements for**Quality**must always be guaranteed. This means that at least the criteria**stability and purity**must be ensured. Significant deficiencies were found, especially in the area of purity:

1.1.4.1Contamination with nitrosamine andbenzene

The approval documents show that Swissmedic had found toxic "impurities" in the mRNA "vaccines": Nitrosamine (Pfizer) and benzene (Moderna) were contained in the "vaccines".

Nitrosamine is highly toxic even in the smallest concentrations, is one of the most carcinogenic substances and is mutagenic. Benzene (=benzene) has been proven to be toxic, carcinogenic and mutagenic. It is stored in the brain, bone marrow and adipose tissue.

Such dangerous ingredients have no place in a "vaccine" - not even in the form of "impurities".Swissmedic would therefore have had to request further documents before approval, just to be able to roughly assess the presence and concentration of the toxic substances and thus the risk. Instead, Swissmedic contented itself with simply requesting additional data and at the same time granting approval.

1.1.4.2 Bacterial DNA contamination: Potential for DNA damage?

In the enclosed evidence report, the manufacturing process of the mRNA "vaccines" is clearly described and it is shown when and how the manufacturers have to take measures to remove the DNA that accumulates during production in cleaning steps with the aim of eliminating this unwanted "contamination" in the finished medicinal product if possible no longer to be found. Nevertheless, they were**mRNA "vaccines" contaminated with DNA from bacterial cells (E. Coli) according to the approval letter from Swissmedic for the attention of the manufacturer.**This should not happen under any circumstances and indicates an improper and not yet mature manufacturing process.

Both the European approval authority EMA and Swissmedic had identified such contamination. Swissmedic therefore asked Moderna in the approval letter to comment on the contamination found and to address this problem. Generous deadlines – around June 30, 2021 – were set, without it being known whether this problem has been resolved in any way.

Even this careless approach is in no way comprehensible: The DNA contained in the vaccine as an impurity can**integrated into the genome of the host cells**and thus cause potentially harmful mutations. Bacterial DNA also promotes non-specific inflammation. Such DNA sequences have no place in a “vaccine” – but approval was granted nonetheless. Here, too, Swissmedic followed a familiar path with the "limited" approval**higher risk**- without pursuing the identified deficiencies in a sufficiently compelling manner and without demanding immediate adjustments to the manufacturing process." (End of quote)

Consequently, to prove the claim that the mRNA injections contain toxic, mutagenic and carcinogenic impurities, you should also obtain an expert opinion.

The accused should therefore also be able to be questioned as accused as to whether and why they ruled outthat the mRNA injections contain toxic, mutagenic and carcinogenic impurities.

In this context, the accused may particularly answer the question of why, despite the clear warning signals, they have refrained from strictly examining all injections with regard to possible contamination.

In addition, reference is made to the extensive submissions made by the complainants in the above-mentioned defense complaint proceedings before the BVerwG.

III.

Even after the 18th PEI safety report of May 4, 2022, 296,233 suspected cases of side effects were reported to the PEI from December 27, 2020 to March 31, 2022 (ibid., page 2), including 5,862 suspected cases in children and adolescents (ibid., page 10) , and 2,810 deaths (ibid., p. 8).

If the state's much-vaunted duty to protect the lives of people in this country really still had any meaning in reality, then these figures from the PEI, which do not even take underreporting into account and which are historically without comparison, would also have immediately lead to a halt to Covid-19 injections.

This is all the more true as the complainants in the above-mentioned defense appeal proceedings named numerous concrete circumstances that argue for massive underreporting: studies on underreporting, comparison with the data from the recording of side effects in other countries, study by Prof. Matthes, findings the pathologists Prof. Burkhardt and Schirmacher, concrete indications of a significant increase in excess mortality in Germany and other countries since the start of Covid-19 injections, a catastrophic increase in serious illnesses and even death in US soldiers according to med. US military data etc. etc.

Against the background of so many warning signals, it can only be described as deeply cynical that the PEI did not classify these Covid-19 injections as (highly) questionable "drugs" within the meaning of Section 5 (1) AMG long before July 7th, 2022 and prohibited further placing on the market and use in humans.

If an observational study like that of Prof. Matthes comes out with an interim analysis of 0.8% (!!) serious side effects among all "vaccinated", then the state's duty to protect means that such a "vaccination" campaign must be suspended immediately (!). until it is finally clarified whether this evaluation is correct.

If such a warning signal is brushed aside with the argument that an observational study cannot be taken into account precisely because it has not been completed, then that is absolutely irresponsible, because in doing so one is officially giving up the most effective protection of life possible, along the lines of: "Okay, 0.8% serious side effects sounds pretty bad, but let's get on with the campaign for now. What if, after the study is completed, it turns out that it really is 0.8%? Well, then it can't be changed afterwards."

Exactly: If you are serious about protecting life, then you protect people's lives before they are destroyed. The dead no longer need protection

IV

A study by Peter Schirmacher (peer-reviewed) is now available(https://link.springer.com/article/10.1007/s00392-022-02129-5), and in my opinion the results very convincingly refute the assertion that "vaccination [only] can be fatal in very exceptional cases".

Here is a brief summary of the key findings reported in the peer-reviewed paper:

(1) The main finding communicated: There are definitely vaccine-related deaths due to myocarditis

The authors communicate the following as their main finding in the abstract:

"Standardized autopsies were performed on 25 persons who had died unexpectedly and within 20 days after anti-SARS-CoV-2 vaccination. In four patients who received a mRNA vaccination, we identified acute (epi-)myocarditis without detection of another significant disease or health constellation that may have caused an unexpected death. (...) Thus, myocarditis can be a potentially lethal complication following mRNA-based anti-SARS-CoV-2 vaccination."

Translation (Translated withwww.DeepL.com/Translator):

"Standardized autopsies were performed on 25 people who had died unexpectedly and within 20 days of anti-SARS-CoV-2 vaccination. In four patients who had received mRNA vaccination, we identified an acute (epi) myocarditis without identifying any other significant disease or health condition that could have caused the unexpected death.(...) Thus, myocarditis can be a potentially fatal complication after mRNA-based anti-SARS-CoV-2 vaccination be."

=> So one can already state: There are definitely vaccination-related deaths due to myocarditis.

This is also proven, for example, by the following sentence in the results section:

"During the last 20 years of autopsy service at Heidelberg University Hospital we did not observe comparable myocardial inflammatory infiltration. This was validated by histological re-evaluation of age- and sex-matched cohorts from three independent periods, which did not reveal a single case showing a comparable cardiac pathology."

Translation (Translated withwww.DeepL.com/Translator):

"In the last 20 years in which we have performed autopsies at Heidelberg University Hospital, we could not observe any comparable inflammatory infiltration of the myocardium. This was confirmed by the histological reassessment of age- and sex-matched cohorts from three independent time periods, which did not include a single case with a comparable cardiac pathology.

(2) A closer look at the results: Vaccination-related deaths are relatively common in relation to unexpected deaths occurring within 20 days of vaccination.

If one first interprets the numbers given in the abstract (25 autopsies, 4 vaccine-related myocarditis), 16 percent of the unexpected deaths investigated are vaccine-related myocarditis.

If you look at the methods section or the results section, however, an autopsy was originally carried out on 35 unexpected deaths. It also explains in more detail how the sample was defined:

"Among the 35 cases of the University of Heidelberg, autopsies revealed other causes of death (due to pre-existing illnesses) in 10 patients (Supplementary Table 1). Hence, these were excluded from further analysis. Cardiac autopsy findings consistent with (epi -)myocarditis were found in five cases of the remaining 25 bodies found unexpectedly dead at home within 20 days following SARS-CoV-2 vaccination."

Translation (Translated withwww.DeepL.com/Translator):

"Of the 35 Heidelberg University cases, the autopsies in 10 patients revealed other causes of death (due to pre-existing medical conditions) (Supplementary Table 1). These were therefore excluded from further analysis. In the remaining 25 corpses, which died within 20 days of SARS -CoV-2 vaccination were unexpectedly found dead at home, cardiac autopsy findings were found in five cases that suggest (epi)myocarditis."

The random sample consists of 35 deaths who were found dead at home within 20 days after the vaccination with an initially unclear cause of death.

Of these are therefore:

(i) 10 people died from other causes of death due to existing pre-existing conditions, i.e. not from the vaccination.

(ii) 25 subjects had no pre-existing conditions that caused death.

=> It can be stated here that in 71 percent of the deaths examined (found at home with an unclear cause of death) there were no pre-existing conditions that caused the death and therefore a vaccination-related cause of death is probable.

All 35 autopsied cases are listed in Supplementary Table 1 of the article, and it is evident there that there are also other cases that died, some of which were probably definitely caused by the vaccination.

Here is an excerpt from me (with cases selected with young age and no clear link between pre-existing condition and cause of death):

Supplementary Table 1: autopsy findings for the cases 6 - 35

case	age	sex	pre-existing diseases	cause of death
11	61	female	CAD	stroke
18	38	male	no relevant preexisting disease, vaccination with ChAdOx1 nCov-19	vaccine-induced thrombotic thrombocytopenia
19	49	female	not applicable	myocardial infarction
22	23	female	no relevant preexisting disease	pulmonary embolism
23	63	female	not applicable	right heart failure, deep vein thrombosis
26	39	male	not applicable	cardiac tamponade
30	21	male	astma, cardiac hypertrophy	cardiac failure
32	55	male	no relevant preexisting disease	chronic cardiomyopathy
34	31	female	not applicable	ruptured aneurysm of carotid artery
35	63	male	DM2, gout	myocardial infarction

Abbreviations: AH, arterial hypertension; CAD, coronary artery disease; COPD, chronic obstructive pulmonary disease; DM2, diabetes mellitus type 2.

=> One can therefore state: In addition to the four cases that definitely died as a result of the vaccination (myocarditis) - there are other cases that definitely died as a result of the vaccination, such as case 18.

If you were to add all 10 cases listed above as vaccination-related deaths, you would arrive at the fact that 40 percent of the cases found dead after a vaccination at home with an initially unclear cause of death died as a result of the vaccination.

That is exactly the number that Schirmacher communicated in the medical journal a year and a half ago (https://www.aerzteblatt.de/nachrichten/126061/Heidelberger-Pathologe-pocht-auf-mehr-Obduktionen-von-Geimpfte):

"Schirmacher assumes that 30 to 40 percent of them died from the vaccination."

(3) Vaccine-related deaths are probably not extremely rare

An interesting question is whether one can also draw conclusions from these data about the frequency of post-vaccination deaths. The authors write:

"The nature of our autopsy study necessitates that the data are descriptive in quality and does not allow any epidemiological conclusions in terms of incidence or risk estimation."

Translation (Translated withwww.DeepL.com/Translator):

"The nature of our autopsy study requires that the data be of descriptive quality and do not allow any epidemiological conclusions regarding incidence or risk assessment.

That is correct in itself, but the word "any" is perhaps a bit too strong, because in my opinion one can at least deduce from the data that it is definitely not the case that - as claimed by the BVerfG - "a vaccination [only] can also be fatal in very exceptional cases" (Federal Constitutional Court ruling on facility-related compulsory vaccination, RN 208).

The reasons for this are as follows:

(1) Data refer to a relatively small subset of total post-vaccination unexpected deaths (cases found dead at home where the cause of death was initially unclear).

(2) The data refer to a relatively small region (catchment area Heidelberg University Hospital).

(3) The data refer to a relatively short period of time: Schirrmacher's data was first publicly mentioned in August 2021 (see medical journal article above), i.e. the vaccine-related deaths reported in the article are within a maximum period of half a year year occurred.

So if a more detailed examination of a small subgroup of unexpected deaths in a single region and over a relatively short period of time reveals a relatively large number of vaccination-related deaths, it can be assumed with high probability that a relatively large number of vaccination-related deaths occurred throughout Germany over the entire vaccination period.

Proof:

Testimony of the SV Prof. Dr. medical Peter Schirmacher, to be downloaded from Heidelberg University Hospital, Im Neuenheimer Feld 672, 69120 Heidelberg

V

Everyone will certainly have heard of the AFD press conference with Tom Lausen on December 12, 2022, which resulted in a dramatic increase in the ICD-10 diagnosis R 96.0 "Sudden death", which ultimately only resulted from the implementation of the Covid-19 - Injections can be explained conclusively.

"The announcement of the press conference read: “The data of 72 million health insurance policy holders speak a very clear language. One thing is already certain, the Paul-Ehrlich Institute, which should have ensured vaccine safety, has a huge problem. This data is a historic exposure of the failure of the PEI.”

The scale of this problem becomes clear from the increase in cause-of-death codes

- **R96.0 Sudden death - increase 1082%**
- R96.1 Death occurring within less than 24 hours of onset of symptoms - increase 1673%
- R98 death without others present – increase 561%
- R99 Other causes of death imprecise or unspecified - increase 293% - increased in absolute terms from 5,000 to 20,000" (end of quote)

Source among others:

https://www.youtube.com/watch?v=qfB6ZFUgIEk

https://tkp.at/2022/12/12/presse-konferenz-ueber-possible-vaccine-toten-will-be-ignored-by-the-mainstream/

The objections that were raised against this "analysis of the data of the KBV were, inter alia, by theGerman YouTuber and mathematician Hüseyin Özoguzrefuted, see:

https://www.youtube.com/watch?v=nqtEBULPLAY&list=FLCzhxhg0PXUCFr1GBiqSJig&index=7&t=15s

I am happy to add the contact details of this YouTuber. Because it is not my intention to even suggest that the analysis of this KBV data could be partisan motivated in any way.

There is no shortage of other data and analysis to support these analyzes of the KBV data.

The data from the Federal Statistical Office are also very meaningful, as two articles on ScienceFiles from 12.1. and 13.1.2023can be removed.

According to the analysis there, the Covid-19 injections apparently killed people in the “vulnerable population group” who were supposed to be protected with these injections.

This circumstance also proves the total failure of the Covid-19 "vaccination" campaign.

Source:

https://sciencefiles.org/2023/01/12/schlager-bei-uebermorblichkeit-es-die-diehose-who-were-protected-before-with-covid-19-vaccination-should-special-evaluation-of-the-data- of-the-statistical-federal-office/

https://sciencefiles.org/2023/01/13/vulnerable-groups-protected-to-death-are-covid-19-vaccines-the-causers-of-excess-mortality-data-of-the-statistical-federal-office/

The expert dr. Hans-Joachim Kremer, who supported the complainants in the above-mentioned military complaints procedure, also dealt with the data from the Federal Statistical Office.

He comes to the conclusion (quote):

"...The manipulative counting rules that have been changed since April 2020 only allow a few meaningful statements. Nevertheless, the increase in vaccine deaths was unmistakable, namely from 0 to 6 to over 500. A number of demands for the government are derived from this:

1. The PEI must immediately initiate a PRAC (Pharmacovigilance Risk Assessment Committee) procedure with the EMA on suspected cases of death following COVID-19 vaccination.
2. Until the end of the procedure, all advertising measures for the COVID-19 vaccinations are to be suspended.
3. The head of the PEI, Prof. Klaus Cichotek, must resign immediately in order to prevent further disinformation from the PEI and to enable proper assessments and investigations at all.
4. All suspected cases of death reported to the PEI to date, i.e. at least those 2,255 cases reported by December 31, 2021, must be compared with the data on the death certificates and the codes in the Destatis database and corrected if necessary, then all of them as well other similar deaths. This process must be transparent and traceable.
5. The prioritization of COVID-19 on death certificates and in the cause of death statistics recommended by the WHO must be stopped immediately and subjected to a differentiated assessment.
6. All deaths whose cause was coded as primarily caused by COVID-19 must be processed and corrected if necessary. This applies to the years 2020 to today. This process must be transparent and traceable.

backgrounds

The German Federal Statistical Office (Destatis) has been publishing statistics on the causes of death once a year for decades. In fact, such statistics shouldin late summer of a year for the previous year" to be published. Since Corona, these publications have been delayed; the figures for 2021 were only published onReleased December 16, 2022.

Important to know:

1. Only the primary causes of death should be reproduced in these tables. The local health authorities check the information on the death certificates for plausibility and, if necessary, arrange for corrections to be made by the issuing doctor. The

state statistics offices then determine the primary cause of death for each individual case according to certain rules and then transmit this data to Destatis.
2. On April 20, 2020, theWHO, the cause of death COVID-19(Codes U071 (virus detected) and U072 (virus not detected) to be preferred as the primary cause when such information is available. Exceptions should only be given U071 and U072 codes in the context of accidents, homicide and suicide.

The WHO did not set a limit for the time between testing and death, but stated that there should be no recovery period between COVID-19 illness and death. The WHO explicitly recommended that if death was defined in this way “because of” COVID-19, no other disease should be counted as the cause of death, even if the death was most likely due to e.g. B. progressive cancer (even explicitly mentioned) is due.

Numerous governments, including the German one, took up this WHO recommendation and instructed the subordinate authorities to implement it; Presumably they also put pressure on the medical profession to prioritize the causes of death in the source data, i.e. on the death certificates, in anticipatory obedience. This applies in particular to the hospital sector, since an amendment to theHospital Financing Act of March 2020resulted in a strong preference for the diagnosis COVID-19. It is unclear when exactly the WHO recommendation was implemented: only from April 21, 2020 or even retrospectively since the beginning of the corona crisis?

Effects of counting rules

Be that as it may - since 2020, this completely new prioritization rule has massively distorted the cause of death statistics compared to previous years. The extent is enormous in Germany alone:

- In 2020, 39,758 deaths (4.03%) were assessed with COVID-19 as the cause of death.
- In 2021, 71,331 deaths (6.97%) were assessed with COVID-19 as the cause of death.

One should consider: according to the best estimates, the excess mortality in 2020 was between 4,000 and 12,000 people and in 2021 between 35,000 and 45,000 people, depending on the reference period (personal communication Ulf Lorré).

Hence these considerations:

1. It is completely absurd to assume that the "novel" cause of death "COVID-19" was really that much higher than the excess mortality estimate.
2. **If in 2020 around 4% and in 2021 even around 7% of the cases the cause of death was really COVID-19, then the vaccination campaign in 2021 must be rated as completely useless**.
3. In this context, one must also ask why Bill Gates and z. For example, Angela Merkel could already guess in March 2020 that the really bad waves would come in 2021, especially since the "wave" that actually triggered it in April 2020 in Germany was hardly noticeable in the death statistics.
4. **Given these circumstances, the only relevant explanation for the 2021 excess mortality is the vaccination campaign.**...

Causes of death related to vaccination

There is a large set of tables for each year, which breaks down the causes of death in great detail according to 4-digit ICD codes; available here: 2021 [R1], 2020 [R2], previous years [R3]. Among other things, these tables show a total of 6 codes for fatal vaccination side effects; since these reflect the primary cause, the cases can be added up (Figure 1). It is unmistakable that the sum of such complications shot up from 0 to 6 per year (average 2016-20: 2.4 per year) to 513 in 2021....

This increase is clear and falls exactly in the first year of the vaccination campaign. Coincidence? No reason for the supervisory authority, i.e. for the Paul Ehrlich Institute (PEI), to intervene?

Now some may suspect: 513 vaccine deaths - is that a lot?

In the Philippines, according to aWHO reportalready stopped the vaccination after 14 deaths after a dengue fever vaccination. By then, more than 875,000 children had received a vaccine dose. At that time, case assessment and finding the cause were much more complex than with the COVID-19 vaccines, because it was mostly dengue infections, against which the vaccination was actually supposed to help. In contrast to deaths from COVID-19 vaccines, deaths from dengue vaccines occurred months after vaccination, rather than within the first few days after vaccination.

In theyear 199915 cases of intestinal intussusception (invagination of sections of intestine) were enough to withdraw the RotaShield vaccine, which was supposed to prevent rotavirus infections, from the market.

So at that time 14 deaths or 15 serious cases led to the suspension of such vaccinations, but now even more than 500 deaths is not enough?

Especially since there is absolutely nothing recognizable about a positive effect on mortality, and one even has to assume that there will be an increased death rate due to vaccination.

The Paul Ehrlich Institute (PEI) neglects monitoring

The 513 vaccine deaths are at least 6 times as many as the Paul Ehrlich Institute (PEI) in itsSecurity report as of February 7, 2022, who summarized all cases of 2021, liked to admit:

“In 85 individual cases in which patients died from known vaccination risks such as thrombosis with thrombocytopenia syndrome (TTS), bleeding due to immune thrombocytopenia or myocarditis within a plausible time interval after the respective vaccination, the Paul-Ehrlich-Institut found the causal connection with of vaccination as possible or probable.”
The lastSecurity report as of September 7, 2022increased that number "generously" to 120.

The attributes "possible or probable" alone clearly show the PEI's intention to sugarcoat things. Because the PEI was not and is not at all entitled to question the causality of the reported suspected cases as long as there are no concrete reasons to do so in individual cases. By picking out exactly those 85 cases that were related to the side effects that have now been admitted by the PRAC, the PEI, contrary to its safety mandate, downplayed the danger situation in an unacceptable manner, also reinforced by the attributes mentioned.

As before, however, the PEI must assume a possible or probable causal connection in all suspected cases resulting in death. This number was 2,255 as of December 31, 2021 and grew to 3,023 as of June 30, 2022. More recent concrete data were not even reported by the PEI. The previous safety reports were discontinued and the more detailed – even if far from sufficiently detailed – evaluations were no longer updated.

So the core problem is currently at least 3,023 deaths. …" (end of quote, some bold emphasis and red coloring added by me)

Source:

https://tkp.at/2023/01/11/german-statistics-of-death-causes-urgent-action-requirement-for-government/

However, it is not apparent that the PEI or the STIKO and the RKI were in any way impressed by such warning signals.

So much has been published on the topic of excess mortality in correlation to the Covid-19 injections for a few weeks, see among others:

https://tkp.at/2023/01/28/uebermorblichkeit-2022-warum-sommerwärme-no-declaration-is/

https://tkp.at/2023/01/21/im-vorjahr-in-deutschland-74-000-todesfaelle-zu-viel/

There is consequently no shortage of critical sources.

VI.

If there are no independent scientific studies - also on the data from the Internet database "How bad is my batch" - then those responsible at the PEI should have worked immediately to ensure that these studies are carried out immediately and that all further Covid-19 Injections will be suspended immediately pending the completion of these investigations.

How could and can those responsible – despite all these facts – (still) claim the opposite? Although even the Federal Minister of Health has had to admit what has not been denied for a long time?

Such facts cannot be cleared away by mass media defaming the judge of the Southern Military Service Court, who is responsible for the absolutely correct decision of September 29, 2022 - S 5 BLc 11/22, as a "lateral thinker". In this decision of September 29, 2022, the Military Service Court South made it very clear to those responsible in the Bundeswehr what civil courage is and what fatal consequences arise if those responsible do not have the courage to show civil courage and violate their duty of care.

This important decision states in particular (quote):

"A soldier as a citizen in uniform and thus a bearer of fundamental rights (cf. § 6 sentence 1 SG) does not have to go into an "experimental field" with the employer's duty of care (§ 31 SG) and the superior (§ 10 Para. 3 SG). to an outcome that is not reasonably calculable for

him, if this does not actually, i.e. demonstrably, protect outstanding common goods. (boldface added by signer)

It goes on to say (quote):

"It is surprising that superiors, who are primarily responsible for the care of subordinate soldiers (cf. § 10 Para. 3 SG), are carelessly willing to jeopardize their health by issuing appropriate orders, without apparently even coming close to the illegality (§ 10 Para. 4 SG) and non-binding reasons (in particular § 11 SG9 of orders. Even if the Covid-19 vaccination is currently listed in the vaccination catalog of mandatory vaccinations, you have to independently check the aforementioned reasons when issuing an implementation order. From They are not relieved of this responsibility. In the process, if they perform their duties conscientiously, unless there is complete ignorance of the facts and, in the meantime, also of scientific studies,objectively pressing risk aspects of this vaccination as well as its lack of effectiveness are noted and then classified into the relevant legal categories of unreasonableness and disproportionality.

For a soldier, wanting to evade this personal legal responsibility with reference to alleged ties (such as the vaccination catalogue) represented remarkable irresponsibility in matters crucial to the life and health of subordinate soldiers suffers a disproportionate or unreasonable vaccination order, is "on the account" of such "comfortable" superiors in this respect - since a dispute with their superiors and disadvantages for their career apparently fears - with whom they have to live in the future. Here, too, "moral courage" is required in the military field and not "blind" following." (End of quote)

vii

Although the above findings are already extremely shocking in themselves and in their overall view, a further increase is still possible: There are concrete indications that Comirnaty, for example, deserves the label "bioweapon".

For the public and posterity, it is essential to emphasize how dangerous the Covid-19 injections are, which the judges of the 1st Military Service Senate gave their judicial blessing on July 7th, 2022, even though the expert Prof. Dr. Ulrike Kämmerer also expressly referred to the bioweapon quality of the Covid-19 injections based on modRNA technology in her lecture on the 2nd day of the hearing on June 7th, 2022.

As a reminder, we're talking about modRNA here because this RNA is man-made.

Mrs. Prof. Dr. Kämmerer summarizes her statements in this regard in court on June 7, 2022, with which she justified the absolute unacceptability and irresponsibility of this Covid 19 “vaccination” obligation, as follows (quote):

"The website https://www.stopgof.com/ describes in detail how the variant of SARS-CoV-2 was assembled in the laboratory as part of the so-called gain-of-function research. The operator of the site, together with other scientists, has now submitted a publication that proves in a technically complex and detailed manner that almost 100% of the SARS-CoV-2 virus must have come from a biological laboratory, available under the link:

https://www.biorxiv.org/content/10.1101/2022.10.18.512756v1.full.pdf

Furthermore, there are the following indications from the specialist literature:

A work published in 2018 from the laboratory of Christian Drosten (he is the last author and therefore the person responsible) (Muth et al; SciRep. 2018; 8: 15177) describes how in the SARS-1 strain Frankfurt 1 through targeted manipulation ("engineering ') different variants of the virus have been produced. So he knows exactly how such viruses are processed in the laboratory and made “armed”.

These "engineered viruses" were then tested for their infectivity for human airway cell cultures and the "rank order" of the ability to replicate in these human cells was determined. This work could also have contributed to defining a variant that is more dangerous for humans.

With regard to the spike protein of SARS-CoV-2, it should be noted that the gene information, which is injected into the body in large numbers of copies by means of modRNA (Pfizer/Biontech or Moderna) or DNA (AstraZeneke or Janssen), the formation of a protein that corresponds exactly to the sequence of the original spike protein of the Wuhan-1 variant at the amino acid level (and in spatial protein structure).

This Wuhan-1 spike protein contains multiple sites that leave no doubt as to its origin in a gain-of-function laboratory variant. These obvious places have been described in detail in the publications by Mrs. Segreto (Segreto R, Bioessays. 2021 Mar; 43(3): 2000240; Bioessays. 2021 Jul; 43(7): 2100015; Environ Chem Lett. 2021; 19(4): 2743-2757) and also on the stopgof.com website

The following artificial properties that make the spike more toxic to humans have been explicitly discovered and described so far:

1. The so-called "codon usage", i.e. the bases in the nucleic acid that code for the amino acids, are artificially adapted (probably through cell culture or passage in humanized mouse models) to human genetic information, so that the protein can be produced particularly effectively in the cells .

2. In addition to the unusual receptor binding domains, which are obviously optimized for improved binding to the human ACE2 receptor, the Wuhan-1 spike (and thus also the "vaccination" spikes also has a receptor binding site for neuropilin-1) and thus, otherwise not found in corona viruses, a connection possibility to nerve cells, which can explain the increased neurotoxicity (loss of taste, paralysis, fatigue, neuropathies) of the original viruses, but above all of the "vaccines".

3. The "furin cleavage site" is undoubtedly and generally recognized as the most conspicuous feature of the virus spike, which was only observed in the Wuhan variant (and so far no other human pathogenic SARS viruses). This cleavage site was already described as conspicuous in one of the first publications (Wölfel et al, Nature. 2020 May;581(7809):465-469.). First, this furin cleavage site allows a fragment of the spike protein to detach and circulate freely in the body (this spike fragment contains most of the toxic info), and second
The cleavage of the spike protein at this point makes it possible for the affected cells to be fused with one another, which disrupts their cell integrity in the long term and can thus lead to massive malfunctions in the vascular walls and lung tissue, for example.

The following unusual properties of the spike protein (which can only be explained by laboratory optimization) were also found by means of sequence analyses

1. The most important docking sites (receptor binding domains) of HIV (Pradhan P, doi:https://doi.org/10.1101/2020.01.30.927871)

2. An amino acid sequence corresponding to the neurotoxin of poison snake (king cobra) (Segretto; Environ Chem Lett. 2021;19(4):2743-2757)

3. A heparin binding site, which not only enables the spike protein to open up other cells as host cells for the virus, but above all causes a massive negative effect on blood coagulation (Segretto; Environ Chem Lett. 2021; 19(4): 2743-2757)

4. A region of the spike protein is designed to correspond to the most important region of prions (Alzheimer's, BSE, scrapie) and is believed by the discoverers to be responsible for very rapid acute deaths from Jakob-Kreutzfeld disease (Moret-Chalim C ; DOI:10.13140/RG.2.2.14427.03366)

5. A so-called "superantigen motif", which occurs exclusively in SARS-CoV-2 spike and could trigger the "cytokine storm", which was observed in some very severe courses of the virus infection but also as a result of the "vaccination".

In a synopsis of the information published so far, it can be stated that

that the spike protein of the SARS-CoV-2 virus is obviously adapted for maximum damage in humans - and due to the clear pattern, this can only have happened in the context of laboratory work.

Thus, the spike protein from the Wuhan-1 variant clearly corresponds to a "gain-of-function" product, which is transported 1:1 with the "vaccinations" in humans and must therefore be classified as a biological weapon**." (Quote end)**

Evidence for the entire preceding lecture:

Expert testimony from Prof. Dr. re. hum. biol. Ulrike Kämmerer, to be loaded via the women's clinic and polyclinic of the University Hospital Würzburg

Sources for this (these documents can be submitted at any time):

1.

Copy of the publication "Superantigenic character of an insert unique to SARS-CoV-2 spike supported by skewed TCR repertoire in patients with hyperinflammation" with hyperinflammation) by Mary Hongying Cheng et al.

2.

Copy of the publication "Attenuation of replication by a 29 nucleotide deletion in SARS-coronavirus acquired during the early stages of human-to-human transmission" early stages of human-to-human transmission) by Doreen Muth et al. "& Christian Drosten".

3.

Copy of the publication "Should we discount the laboratory origin of Covid-19?" (Translated: Should we rule out the origin of Covid-19 in the laboratory?" by Segreto et al.

4.

Copy of the publication "Uncanny similarity of unique inserts in the 2019-nCoV spike protein to HIV-1 gp120 and Gag"

The expert Prof. Dr. As part of her lecture on June 7th, 2022, Kämmerer pointed out in particular that Colonel Prof. Dr. Roman Wölfel, Head of the Institute for Microbiology of the Bundeswehr since October 2019, must also have recognized these connections due to his special qualifications and his above-mentioned work from 2020 as well as his other specialist publications.

She also mentioned that precisely this institute for microbiology, headed by Prof. Wölfel, has the task of identifying biological dangers (biowarfare agents) at an early stage in order to ward off dangers for the soldiers and the population.

The website of the Bundeswehr Institute for Microbiology states, among other things:

"The Bundeswehr Institute for Microbiology is a departmental research facility of the Bundeswehr for protection against biological warfare agents and other dangerous infectious diseases. It deals scientifically with a large number of bacteria, viruses and biotoxins, which could also potentially be misused as warfare agents. These are pathogens or toxins that rarely occur in nature, which can usually cause serious, sometimes fatal diseases that can be easily transmitted from person to person and are difficult to treat. Being able to diagnose these quickly and unequivocally is one of the research goals at the Bundeswehr Institute of Microbiology.

The institute has laboratory capabilities that can be deployed quickly anywhere in the world, as well as a diagnostics department accredited according to international standards. The test procedures and laboratory skills set up in Munich offer a wide range of possible applications, including in the diagnosis of natural infections and outbreaks. In January 2020, the Bundeswehr Institute for Microbiology diagnosed the first cases of COVID-19 in people in Germany, isolated the SARS-Coronavirus-2 and decoded its genome..." (end of quote)

Source:

https://www.instmikrobiobw.de

Especially in view of his early participation in the diagnosis, isolation and decoding of the SARS-CoV-2 virus, his special expertise and his specialist tasks, it is an incredible process that senior physician Prof. Dr. Roman Wölfel did not vehemently object to the obligation to tolerate Covid-19 injections.

And that's just the tip of the iceberg. Much more could be said on the subject of “Covid-19 injections are bioweapons”.

The expert Sasha Latypova, who lives in the USA, could confirm that the Covid-19 "vaccination" program was controlled by the Pentagon.

This witness can also confirm that Pfizer is currently defending itself in a US court claiming that it did not defraud the governments, as it only provided the fraud that the governments ordered/ordered.

Here are two videos with corresponding testimonies from this witness:

https://lgm.news/wayne-peters/uncategorized/this-changes-everything/

https://odysee.com/@Corona-Investigative-Committee:5/Session-140-Alexandra-Sasha-Latypova-Odysee:2

Your public prosecutor should therefore be able to find out the address of this publicly appearing witness without any problems.

vii

It should be noted that Judge Arne Tank recently spoke publicly about his experiences as a Covid-19 "vaccination" victim.

In an article on the online portal corona-blog.net from February 17, 2023 with the title: "Judge Arne Tank suffers from vaccination damage: heart muscle inflammation, thrombosis, stroke, destroyed coronary arteries and a heart attack!

“His employer (administrative court in Greifswald) expected him to be vaccinated. He complied and suffered countless injuries as a result. In addition to heart muscle inflammation, he developed thrombosis, which led to a stroke and heart attack. The stroke was initially interpreted by him as a fainting fit when he was on his way to a court hearing and collapsed. The coronary vessels were so badly damaged that 5 stents were used. According to him, you don't want to admit vaccine damage and he's happy that he's still alive..."

Source:

https://corona-blog.net/2023/02/17/richter-arne-tank-sufferes-from-a-vaccination-damage-heart-muscle-inflammation-thrombosis-stroke-destroyed-heart-heart-vessels-and-a-heart-attack/

In the interest of public enlightenment, it can only be welcomed that vaccine-damaged lawyers from the judiciary are finally speaking up in public.

F)

Since the above statements have already made it sufficiently clear that the Covid-19 injections are not safe, i.e. highly dangerous, and also not effective and that the EMA, the PEI, the RKI and the STIKO themselves have ignored clear warning signals, I would like to I would now like to emphasize some of the recommendations of the STIKO:

Every public prosecutor's office should already be clear: Doctors who, knowing that the Covid 19 injections were ineffective and dangerous, issued false vaccination certificates because they wanted to protect the life, health and economic basis of their patients' livelihoods, acted as emergency aid.

Such doctors are not criminals. Through your actions you have saved the existence of numerous people and certainly also their health and life.

Doctors like him can still be accused at the moment. But soon society would be compared to such doctors with Oscar Schindler, who also dared to defy the evil spirit of his time and save many lives.

I

Regarding children and young people:

The RKI website also currently (as of February 9, 2023) under the link

https://www.rki.de/SharedDocs/FAQ/COVID-Impfen/FAQ_Liste_Impfung_Kinder_Jugendliche.html

The following RKI recommendations for children and adolescents are reproduced (quote):

"Vaccination in children and adolescents (status: February 7th, 2023)

...

How should children aged 6 months up to and including 11 years be vaccinated against COVID-19?

Different vaccination recommendations apply to children depending on their age and risk of a severe course of COVID-19.

Children aged 6 months up to and including 4 years

The STIKO recommends that children aged 6 months to 4 years who are already ill have primary immunization with an approved children's vaccine: Comirnaty (3 µg), Spikevax (25 µg). Preferably, Comirnaty should be used with 3 doses of vaccine. Children with an underlying disease who have already had one or more SARS-CoV-2 infections should also be vaccinated. In these cases, STIKO recommends reducing the vaccination series by one dose.

healthy childrenwith contact to persons at risk can also receive a complete basic immunization after an individual risk assessment in consultation with the doctor treating you. No COVID-19 vaccination is currently recommended for healthy children who have not had contact with persons at risk.

Children aged 5 to 11 inclusive

Children aged 5-11 can be primed with Comirnaty (10 µg) or Spikevax (50 µg; from 6 years of age). According to the STIKO recommendation, the Omicron-adapted vaccine Comirnaty Original/Omicron BA.4-5 (5 µg/5 µg) should preferably be used for the booster vaccination.

Only one dose of vaccine is recommended for healthy children aged 5 to 11preferably Comirnaty; regardless of whether they were already knowingly infected with SARS-CoV-2 or not. This means that healthy children with one or more previous SARS-CoV-2 infections should also receive a vaccine dose. A previous infection (symptomatic or asymptomatic) alone is not sufficient to prevent later COVID-19 diseases with known or new virus variants. According to the STIKO, only together with the recommended vaccine dose does the infection that has already been experienced lead to the development of basic immunity. This basic immunity serves as the basis for being able to quickly optimize protection against COVID-19 in the future with another vaccination. This could become necessary if new waves of infection and/or new virus variants appear.

Healthy 5-11-year-old children who are close to relatives or other contact persons who are at high risk of developing a severe course of COVID-19who cannot be vaccinated themselves or for whom there is reasonable suspicion of insufficient protection after vaccination (e.g. people under relevant immunosuppressive therapy), can also receive a basic immunization with 2 vaccinations. The STIKO advises that after individual consideration and taking into account the wishes of the parents, a decision should be made as to whether vaccination should be carried out with the aim of protecting against infection. Current data shows that the vaccination only protects against the transmission of the omicron variant of SARS-CoV-2 for a short period of time and that this protection against infection is not reliable.
Children aged 5-11 who are themselves at increased risk of severe COVID-19 disease as a result of an underlying diseaseshould receive a basic immunization with 2 vaccine doses and 2 booster vaccinations. According to STIKO, Comirnaty should preferably be used for primary immunization. For the booster vaccination(s), STIKO recommends using the bivalent Omicron-adapted Comirnaty mRNA vaccine.
Children with an underlying disease who have already had one or more SARS-CoV-2 infections should also be vaccinated. The STIKO assumes that the infection(s) are not sufficient to prevent later COVID-19 diseases. How people with previous infections should be vaccinated is explained in the FAQHow should people be vaccinated who have already been infected with SARS-CoV-2?described.
The recommended vaccination intervals can be found in theVaccination schedule FAQbe viewed.
Status: 07.02.2023" (end of quote)

In addition to what has been said above, with children and adolescents it must be taken into account that this age group is in fact never affected by severe Covid-19 courses or even death, and this was already known when the modified RNA was administered. In other words: the experimental Covid-19 injections were never required for this age group in particular.

Recently, the renowned epidemiologist John Ioannidis from Stanford University, who is one of the most cited scientists in the world, presented a new study according to which the SARS-CoV2 virus was already significantly less dangerous in 2020, before any vaccines were available previously assumed.

Thereafter, the median IFR was 0.0003% at 0-19 years.

For the sake of completeness, all IFR values of all age groups from this study are mentioned:

“For 29 countries (24 high-income countries, 5 others), publicly available age-stratified COVID-19 death data and age-stratified seroprevalence information were available and included in the primary analysis. The IFR had a median of 0.034% (interquartile range (IQR) 0.013-0.056%) for the 0-59 year old population and 0.095% (IQR 0.036-0.119%) for the 0-69 year old population. The median IFR was 0.0003% at 0-19 years, 0.002% at 20-29 years, 0.011% at 30-39 years, 0.035% at 40-49 years, 0.123% at 50-59 years and 0.506% im Age 60-69 years. The IFR increases fourfold about every 10 years. Including data from another 9 countries with assumed age distribution of COVID-19 deaths resulted in a median IFR of 0.025-0.032% for 0-59 years and 0.063-0, 082% for 0-69 years. Meta-regression analyzes also revealed a global IFR of 0.03% and 0.07% in these age groups, respectively. The current analysis suggests that the pre-vaccination IFR in non-elderly populations is much lower than previously thought.” (End quote)

Source:

Proof: Pezzullo/Ioannidis et al., Age-stratified infection fatality rate of COVID-19 in the non-elderly population,https://doi.org/10.1016/j.envres.2022.114655,

In a study published in July 2021, Prof. Ioannidis assumed an IFR of 0.0027% for this age group 0-19 years.

Source:

https://tkp.at/2021/09/09/neue-ioannidis-studie-shows-very-low-infection-mortality-under-50-and-a-strongly-negative-influence-of-homes-for-elderly/

In other words, from the very beginning, the SARS-CoV2 virus was much more harmless than a normal seasonal flu outbreak, whose IFR is between 0.1% (mild flu outbreak) and 0.2% (stronger flu outbreak).

Source:

https://tkp.at/2022/06/14/eindeutige-vertaetigung-omikron-erheblich-milder-als-flupe/

II.

With regard to pregnant women, breastfeeding women and those wishing to have children, the current status (as of February 9, 2023) is available on the RKI website under the link

https://www.rki.de/SharedDocs/FAQ/COVID-Impfen/FAQ_Liste_Impfung_Schwangere_Stillende.html
the following recommendations are reproduced (quote, underlining added):

"Vaccination for pregnant women, breastfeeding women and those wishing to have children (status: February 7th, 2023)
Close all

What does the STIKO recommend for vaccination against COVID-19 for pregnant women, breastfeeding women and those planning to have children?

During pregnancy there is an increased risk of a severe course of COVID-19. For this reason, STIKO expressly recommends the COVID-19 vaccination for people of childbearing age, especially if you want to have children, in order to be optimally protected against COVID-19 in a future pregnancy. Close contacts of pregnant women should also be vaccinated against COVID-19 according to vaccination recommendations. See FAQHow should adults under 60 be vaccinated against COVID-19?
Unvaccinated breastfeeding women and pregnant women from the 2nd trimester should receive a basic immunization and a booster vaccination or, if the underlying disease is present, 2 booster vaccinations.
The STIKO recommends basic immunization with two doses of an mRNA vaccine. Pregnant women, regardless of their age, should be vaccinated with Comirnaty and not Spikevax.If the pregnancy is determined after the first vaccination has already taken place, the second vaccination should only be carried out from the 2nd trimester onwards. An accidental COVID-19 vaccination in the first trimester of pregnancy is not an indication for an abortion.

Breastfeeding women over 30 years of age can be vaccinated with Spikevax as an alternative to Comirnaty.
Pregnant and breastfeeding women who have already had 2 (or 3 in the case of an underlying disease) immunological events (vaccination/infection) and these occurred at least 6 months ago should receive a booster vaccination. The booster shots are scheduled with Comirnatybe administered at least 6 months apart from the 2nd vaccine dose of the basic immunization or the 1st booster vaccination or the infection. In justified individual cases, the (further) booster vaccination can also be considered after 4 months. The STIKO recommends using a bivalent, omicron-adapted vaccine for the booster vaccinations, but emphasizes that the general use and implementation of the recommendation is more important than the choice of the specific vaccine - monovalent or bivalent.
The importance of booster shots is described elsewhere, seeWhy should everyone get their recommended 1st or 2nd booster shot?
The use of Nuvaxovid and Valneva during pregnancy and lactation is not recommended at this time due to a lack of data on the efficacy and safety of the vaccines. Vaccination with Nuvaxovid and Valneva during pregnancy and lactation can, however, be considered after an individual benefit-risk assessment if a pregnant or lactating woman has a product-specific, medical contraindication for mRNA vaccines.
Status: 07.02.2023

Why is the COVID-19 vaccination recommended from the 2nd trimester onwards for all unvaccinated pregnant women?

Even if severe courses and complications of a SARS-CoV-2 infection are rare in pregnant women, COVID-19 during pregnancy represents a relevant disease burden in Germany. The analyzed study data indicate that pregnancy itself is a relevant risk factor for severe COVID -19 gradients is. SARS-CoV-2 infected pregnant women experience complications more often than non-pregnant women. In the case of additional pre-existing conditions (e.g. obesity, arterial hypertension or diabetes mellitus), the risk of a serious illness increases further. In addition, antibodies from the mother can be transmitted to the fetus via the placenta. Studies indicate that vaccination of pregnant women can also protect the newborn (so-called nest protection).
The evaluated data prove the safety of the mRNA vaccination in pregnancy and show no increased risk of miscarriage (abortion), stillbirth (intrauterine fetal death), premature birth or malformations as a result of the vaccination.
A risk-benefit analysis, taking into account the current data situation, speaks in favor of a general vaccination recommendation for unvaccinated pregnant women from the 2nd trimester onwards.
The aim of vaccinating pregnant and breastfeeding women is to prevent severe COVID-19 courses and deaths and to prevent complications for mothers and their unborn/newborn children from SARS-CoV-2 infection. It can be assumed that the protective effect of the COVID-19 vaccination in pregnant and non-pregnant people against a severe course of the disease is good. This also applies to infections caused by the SARS-CoV-2 omicron variant. Detailed study data on the effectiveness can be found in the10. Updatethe STIKO vaccination recommendations. A detailed explanation of the vaccination recommendations for pregnant women, breastfeeding women and those wishing to have children can be found in the FAQ "What does the STIKO recommend for vaccination against COVID-19 for pregnant women, breastfeeding women and those planning to have children?".
Status: 07.02.2023

Why is a COVID-19 vaccination recommended for all unvaccinated breastfeeding women?

As part of theirRecommendation for vaccination against COVID-19 for pregnant and breastfeeding womenSTIKO carried out a systematic literature search on the vaccination of breastfeeding women. The scientific evidence - both on antibody transfer via breast milk after vaccination and on the safety of COVID-19 mRNA vaccines during breastfeeding - was comprehensively processed and analyzed.

Antibody transfer via breast milk: After a COVID-19 vaccination, IgG antibodies can be found in breast milk. The higher the antibody level in the mother's blood, the higher the antibody level in breast milk. The highest values are found 1-2 weeks after administration of the 2nd vaccination dose. However, the protective effect of these antibodies against COVID-19 disease in infants born to vaccinated mothers has not yet been proven.

Safety of vaccination during breastfeeding: In the studies to date, no serious undesirable side effects have occurred in breastfeeding women or their children after vaccination.However, the study situation is still limited: So far there are only a few studies on the safety of the COVID-19 mRNA vaccines that specifically look at children who have been vaccinated by the mother while breastfeeding. No or minimal transmission of mRNA from the vaccine into breast milk was detected in these studies. However, due to ribonucleases (nucleases that specifically break down RNA molecules) occurring in breast milk and in the gastrointestinal tract of the child, it can be assumed and plausible that possible vaccine mRNA will very quickly be present in breast milk or in the gastrointestinal tract -tract of the child to be dismantled.

On this basis, STIKO recommends that all unvaccinated breastfeeding women receive primary immunization with an mRNA vaccine against COVID-19 while breastfeeding, as well as a booster vaccination with an omicron-adapted mRNA vaccine. Please referWhat does the STIKO recommend for vaccination against COVID-19 for pregnant women, breastfeeding women and those planning to have children?

Status: 07.02.2023

Does the COVID-19 vaccination affect the female cycle?

The length of the female cycle naturally fluctuates by more than a week within a year. A number of factors can have a temporary or long-term effect on the menstrual cycle, such as stress, traveling with time differences and climate changes, an unhealthy lifestyle, but also thyroid diseases or taking certain medications. Up to a third of women will experience bleeding disorders at some point in their lives.

Menstrual cycle disorders following a COVID-19 vaccination have been observed internationally and are currently being further researched. Such changes in the cycle are also known to occur with other vaccinations or through infection and are attributed to the activation of the immune system. A direct causal relationship is not known. However, women should be informed about this possible side effect of vaccination in order to avoid uncertainty. These observed menstrual cycle disturbances are temporary and not associated with infertility1.

---

1) What does "infertile" actually mean?

The concept of “infertility” encompasses a variety of issues. Doctors speak of primary sterility when a woman has never become pregnant despite unprotected sex or a man has never fathered a child. Secondary sterility, on the other hand, occurs when no further pregnancy occurs after a previous pregnancy. Both cases concern the joint fertility of man and woman. The concept of infertility must be distinguished from this. He describes the problem of a pregnant woman not being able to carry a viable child. Repeated miscarriages indicate infertility.

According to the WHO, women and men are considered infertile if, despite unprotected and regular sexual intercourse, they do not achieve a pregnancy even after 12 months. Infertility is not uncommon at up to 30%: around 15% of couples in Central Europe have difficulties conceiving a child within a year, 10% of couples need more than two years, 3-4% of couples remain permanently childless.
The causes of infertility are varied. In addition to the late desire to have children or organic causes that require medical treatment, there are a number of influencing factors that can have a temporary or long-term effect on the woman's menstrual cycle or the semen production in the man and thus also on fertility. These include, for example, excessive stress and mental stress, but also an unhealthy lifestyle, which is associated, for example, with the consumption of alcohol, nicotine and drugs or with being overweight or underweight.
Status: 11.10.2021

Does the COVID-19 vaccine make women or men infertile?

Misinformation has been circulating, especially on the internet, for some time now. It states that vaccination against COVID-19 with mRNA or vector vaccines causes or can cause infertility1. This statement is wrong.

Why?

- In the extensive non-clinical tests conducted before the vaccines were approved, there was no evidence of infertility occurring after COVID-19 vaccination (see alsoFAQ "Can COVID-19 mRNA vaccines affect fertility?" by the Paul Ehrlich Institute).
- In the pivotal study by e.g. Comirnaty (BioNTech), 12 women in the COVID-19 vaccination group and 11 women in the placebo vaccination group (without mRNA) became pregnant within the follow-up period of 2 months - it was therefore possible to distinguish between the two groups no difference was observed in the number of pregnancies that occurred.
- A study from Israel shows data from 36 couples who were undergoing fertility treatment for artificial insemination (IVF) during the period of the COVID-19 vaccination. The duration and characteristic parameters of ovarian stimulation, the number and quality of the egg cells obtained and the sperm parameters examined before and after vaccination were compared. It turned out that there was no difference between these parameters in the observation period of 7-85 days after vaccination. In an American study that examined sperm parameters in 45 men, no difference was found before and after vaccination with 2 doses of an mRNA vaccine.

How could this false information have come about?

The mRNA vaccine stimulates our body's cells to produce proteins that are similar to the spike proteins on the surface of the virus. The spike protein bears very little structural resemblance to the protein syncytin-1, which is produced in the placenta during pregnancy. This leads to the wrong conclusion that the antibodies formed are not only directed against the corona virus, but also against the protein syncytin-1 and could thus lead to infertility. The structural similarity between the corona spike protein and the human protein syncytin-1 has been fully explored. It is limited to only 0.75% of the amino acids (5 amino acids of 1273 amino acids in the corona spike protein or 5 similar but not the same,University of Jena: Vaccination myths about Corona - UKJ experts clarify). According to this logic, the infection with COVID-19 should also make infertile, because even after infection with COVID-19, antibodies against the spike protein are formed - instead of being triggered by a vaccination by the virus itself. However, this has not been observed anywhere in the world either.

Concerns about possible infertility after a COVID-19 vaccination are therefore unfounded.

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1) What does "infertile" actually mean?

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The causes of infertility are varied. In addition to the late desire to have children or organic causes that require medical treatment, there are a number of influencing factors that can have a temporary or long-term effect on the woman’s menstrual cycle or the semen production in the man and thus also on fertility. These include, for example, excessive stress and mental stress, but also an unhealthy lifestyle, which is associated, for example, with the consumption of alcohol, nicotine and drugs or with being overweight or underweight.

Status: 04.01.2022" (end of quote)

Against the background of what has already been stated above, such irresponsible "recommendations" need no longer be commented on.

G)

This brings us to the question of which criminal offenses may have been committed by deliberately false and misleading "enlightenment" of the people in this country.

So what are the criminal offenses involved?

I

<u>Criminal liability according to the AMG</u>:

In § 2 MedBVSV, the distribution of Covid-19 injections is regulated by the Ministry of Health, which is known to have used the logistics of the Bundeswehr, among other things.

There it says in § 2 (procurement and delivery by federal authorities):

(1) The Federal Ministry may procure, store, manufacture and market medical products for bodies outside the federal administration itself or through commissioned bodies for the purpose stated in Section 1 (1).

<u>On criminal liability:</u>

Section 95AMGpenal provisions

(1) Anyone who

1.
contrary to § 5 paragraph 1places a medicinal product on the market or uses it on others,

(excursion: § 5 Ban on dubious medicinal products
(1) It is forbidden to place questionable medicinal products on the market or to use them on another person.)

2.

~~contrary to Section 6 subsection 1 in conjunction with a statutory ordinance pursuant to Section 6 subsection 2, in each case also in conjunction with a statutory ordinance pursuant to Section 6 subsection 3, places a medicinal product on the market or uses it on another person,~~

~~2a.~~

~~(dropped out)~~

~~2 B.~~

~~(dropped out)~~

~~3.~~

~~contrary to Section 7 (1), places on the market radioactive medicinal products or medicinal products in the manufacture of which ionizing radiation has been used,~~

3a.

in contrast to**§ 8th Paragraph 1 No. 1or paragraph 2 (paragraph 2 not relevant here)**, also in connection with Section 73 (4) or Section 73a, manufactures medicinal products or active ingredients, places them on the market or otherwise trades in them,

digression:

§ 8thAMG prohibitions to protect against fraud

(1) It is prohibited to manufacture or market medicinal products or active substances which
1.

are not insignificantly reduced in quality due to deviation from the recognized pharmaceutical rules or

1a.

(dropped out)

2. (Note: No. 2 is the subject of Section 96 No. 3 AMG, see below)

are provided with a misleading description, indication or presentation. Misleading occurs in particular if
a)
Drugs are attributed a therapeutic efficacy or effects or active ingredients an activity that they do not have,

b)
the impression is falsely given that success can be expected with certainty or that no harmful effects will occur after use as intended or over a longer period of time,

c)
descriptions, information or presentations suitable to deceive about the quality are used, which are also decisive for the assessment of the medicinal product or active ingredient.

(2) The attempt is punishable.

(3) In**particularly severe cases** the penalty is imprisonment from one year to ten years. A particularly serious case is usually present when the perpetrator
1.

through one of the actions referred to in paragraph 1
a)
endangers the health of a large number of people,

b)
exposes another to danger of death or serious injury to body or health; or

c)
obtained large-scale financial gains out of gross self-interest for oneself or another, or

2.

in the cases of subsection 1 number 3a, manufactures or places counterfeit medicinal products or active substances on the market and is acting commercially or as a member of a gang which has formed to continue committing such offences.

(4) If the perpetrator acts negligently in the cases of subsection 1, the penalty is imprisonment for up to one year or a fine.

Section 96AMG penal provisions

Anyone who

1. ~~contrary to Section 4b paragraph 3 sentence 1 dispenses a medicinal product,~~

2. ~~contrary to Section 6 subsection 1 in conjunction with a statutory ordinance pursuant to Section 6 subsection 2, in each case also in conjunction with a statutory ordinance pursuant to Section 6 subsection 3, manufactures a medicinal product,~~

3. contrary to § 8 Paragraph 1 No. 2, also in connection with § 73a,drugor manufactures active ingredients orbrings into circulation

Due to this regulation in § 2 para. 1 MedBVSV, the Federal Minister of Health -together with the institutes belonging to his business area such as the RKI (including STIKO, which is based at the RKI) and the PEI- to someone who is marketing vaccines within the meaning of Section 8 (1) AMG and who is therefore not allowed to make any misleading statements about the effectiveness of the vaccine in accordance with Section 8 (1) No. 2 lit. a AMG.

As Federal Minister of Health, he cannot invoke his alleged “freedom of opinion” with regard to such misleading public statements. For the above reasons, the same applies to all employees and also all “voluntary” experts (such as the members of STIKO) of all institutes and facilities that belong to his business area.

In any case, you can see the difference between “honorary” and “non-profit” here. Apparently, not every volunteer also acts for the benefit of the public, but at best for their own benefit and for the benefit of the pharmaceutical industry.

In any case, the assertion that this Covid-19 injection has no side effects clearly states a fact, not just an opinion.

Or is it really permissible for a Federal Minister of Health, contrary to his oath of office, according to which he is to fulfill his duties conscientiously and avert harm to the “German people”, to lie to the entire public on such a far-reaching issue that countless people become seriously ill? Is he really a federal minister of health whose concern is limited to the fact that there are too few sick people in this country who urgently need treatment?

Do he and the others want to defend themselves by saying that in 2021 and 2022 he didn't even read the safety reports from the PEI with the reports on the side effects?

Everyone will certainly remember that the Federal Minister of Health, Prof. Dr. For months, Karl Lauterbach never tired of publicly emphasizing at every opportunity that the Covid-19 vaccines were very or highly effective and, in particular, “free of side effects”.

He, of all people, should have known better from the start.

It should be noted here that the Federal Minister of Health not only has to accept the knowledge of the federal institutes under his authority, such as the PEI, which belong to his area of responsibility.

As already explained, the PEI is also well connected internationally.

In any case, it must be clarified in detail whether the many side effects, including death, which have occurred from the very beginning in connection with the Covid 19 injections, are caused by the fact that

the quality of the Covid-19 injections is not insignificantly reduced due to deviations from the recognized pharmaceutical rules and/or

All or at least some of the batches released by the PEI contained impurities that were not detected because the PEI did not examine the batches for impurities at all and thus violated its guarantor obligations.

Anyone who still asks: "But doesn't it really matter what quality such injections are and whether they should have been taken off the market as questionable medicines?" I would like - along with the many references contained in this advertisement and its attachments be given - just point out the following:

II.

Criminal liability according to the Medicines Advertising Act (HWG):

§ 14

Who the ban on misleading advertising(§ 3)violatedshall be punished with imprisonment of up to one year or with a fine.

§ 3

Misleading advertising is not permitted. A deception liesin particularthen before

1. when drugs, procedures, treatments, objects or other means are attributed a therapeutic efficacy or effects that they do not have,

2. if the false impression is given that
   a)
   success can be expected with certainty,

   b)
   no harmful effects occur when used as intended or for a longer period of time,

   c)
   the advertising is not organized for competitive purposes,

3. if untrue or misleading information
   a)
   about thecompositionor nature of drugs, objects, or other means, or about the nature of the procedures or treatments, or

   b)
   about the person, previous education, qualifications or successes of the manufacturer, inventor or the people who work or have worked for them

   be made.

III.

Criminal liability according to the Criminal Code:

Against this background, basic knowledge of criminal attribution theory leads us into the area of homicides according to §§ 212, 211 StGB:

Prof. Martin Schwab has already explained this in his brief to the BVerwG of December 12, 2022 (there on page 5) (quote):

"...In its brief dated May 11, 2022, the Respondent had already admitted that life-threatening thrombosis was one of the known complications of vaccination. The Respondent thereby admitted that it was knowingly trying to kill its soldiers. Anyone who knowingly ordered a life-threatening vaccination which finally leads to the death of the vaccinated person, constitutes the offense of completed manslaughter (§ 212 StGB) and cannot claim that the vaccinated person would have died more likely from an infection, because even if the latter were true, it would be an irrelevant hypothetical case causal course to which the vaccination order giver can no more refer than any other perpetrator of a homicide..." (end of quote)

Those responsible never stopped the further administration of Covid-19 injections, although considerable warning signals had been known since the beginning of 2021 (see only the warning signals presented chronologically in Annex 1) and the PEI, due to the powers granted to it by the AMG, all could and had to take the necessary measures to prevent further administration.

This also applies to “vaccines” or gene therapeutics that have been centrally (conditionally) approved by the EMA / EU Commission.

Completely unimpressed by all the facts and warning signals that have been known since the beginning of 2021, those responsible in the Federal Ministry of Health - including the PEI, which is part of the Federal Ministry of Health - have remained passive to this day and have not done anything.

In view of the known data, the employees of this ministry - as well as those responsible for the PEI and the EMA - can only knowingly acted "in a hostile direction" to the detriment of all people in this country.

In the world in which I live, the behavior of people who do not want to take a potentially life-threatening and ineffective syringe out of circulation or even want to sell it to me - as the Federal Minister of Health did - as "free of side effects" and "effective" is at least as interpreted as "hostile".

Or are you now considered a philanthropist/philanthropist/caring person if you treat people who trust the effective drug monitoring and approval of the PEI and EMA to such Russian roulette with your own through an irresponsible policy of (conditional) approval and non-intervention exposes life?

Due to this absolutely irresponsible drug policy, almost all people who trusted the work of the Federal Ministry of Health and also the PEI and the EMA felt safe, so that they were not aware of the fact that these Covid-19 injections were a serious one attack on their health and (!) their lives.

This innocence has also severely restricted people's "natural ability to defend themselves", since they trust in the work of these authorities - and the statements of Prof. Lauterbach, who repeatedly confirmed the "freedom of side effects" of the Covid-19 injections - no longer saw any reason to obtain comprehensive information about all possible side effects. why? Because of this deception, they just trusted that these injections are "safe".

(1)

For all legal For laypeople who may read this ad, reiterate what every law student knows:

"Anyone who deliberately exploits the victim's suspicion and consequent defenselessness to kill is acting insidiously.

unsuspectingis who does not expect a heavy attack and therefore feels safe. Defenseless is someone who, due to their innocence, is at least severely limited in their natural ability to defend themselves against the specific attack. (cf. BGH, decision of April 5th, 2022 – 1 StR 81/22, para. 5)

In this sense, the accused must face the accusation that they acted insidiously, not only because they failed to ensure that the administration of the Covid-19 injections was stopped, but also because they publicly announced that they were Injections are free of side effects and (highly) effective.

Knowing the true extent of the ineffectiveness and dangers that can be associated with these injections, hardly any person - who is free from panic and compulsion and still in control of his senses - would have subjected himself to such an experiment, even under the pressure of legal sanctions.

In my opinion, in view of all the known circumstances of the crime, other characteristics of murder must also be examined with regard to all possible forms of participation (perpetrator, accomplice, accomplice), in particular the characteristics:

(2)

"dangerous to the public," referring to any batch of Covid-19 injections that has caused serious side effects, including death. That needs to be explained in detail.

Definition of dangerous substances:

"A means of killing is dangerous to the community if it can endanger the life or limb of an indefinite number of people in the specific crime situation because the perpetrator does not have the extent of the danger in his power (Federal Court of Justice, decision of July 18, 2018 -4 StR 170/18,NStZ 2019, 607mwN). In doing so, it is not just a matter of the abstract dangerousness of an agent, but of its suitability and effect in the specific situation, taking into account the personal abilities and intentions of the perpetrator (Federal Court of Justice, loc. cit.). The reason for the qualification lies in the particular ruthlessness of the perpetrator who tries to achieve his goal by creating incalculable dangers for others." (cf. BGH, judgments of February 4, 19865 StR 776/85,BGHSt 34, 13, 14, and 16 August 2005 –4 StR 168/05,NStZ 2006, 167, 168 mwN).

Concrete evidence can be gleaned from the "How bad is my batch" website that some batches appeared to be far more dangerous than others, see again:

https://corona-blog.net/2022/01/19/how-bad-is-my-batch-are-some-batches-of-the-vaccines-more-dangerous-than-others/

(3)

“Greed” if – which needs to be clarified – this total failure was (also) caused by economic incentives from the pharmaceutical industry.

Who benefited from this "vaccination" campaign? Cui bono?

Certainly all those who have made a lot of money in a very short time by making and administering these injections.

In connection with the billion dollar business with PCR tests, even tagesschau.de speaks of a "lesson about lobbying", see:

https://www.tagesschau.de/investigativ/ndr-wdr/pcr-tests-113.html

Should it have been different with the much larger business with Covid 19 injections?

The influence of the pharmaceutical industry on politics and the media is - not only in the eyes of critical journalists - in "almost unimaginable dimensions".

There are legion of freely accessible articles and documentaries on this, so that one could fill several books with a list of sources. In the lecture on the aforementioned military complaints procedures, there are already numerous references to this, including non-fiction books.

So I'll just name two more sources that are freely accessible to everyone out of countless:

a)

https://www.rubikon.news/artikel/die-pharma-allmacht

b)

ARTE documentary "The Profiteers of Fear The Swine Flu Business", available at:https://www.youtube.com/watch?v=kKkQH6JO4n8

The future will reveal

whether and to what extent those responsible in the business area of the Federal Ministry of Health have received financial or other benefits from companies in the pharmaceutical industry in the last 5 years,

whether and to what extent the further training of employees of these authorities has been financed by companies in the pharmaceutical industry in the last 5 years,

whether and which cooperations exist with companies in the pharmaceutical industry,

whether employees of these authorities have changed to an employment relationship with a company in the pharmaceutical industry in the last 5 years (and vice versa).

Definition of greed:

"Greed means a striving for material goods or advantages which in its unrestrainedness and ruthlessness far exceeds the tolerable level and which is usually determined by an uninhibited compulsive selfishness. The prerequisite for this is that the assets of the perpetrator ? objectively or at least according to his imagination? directly increased by the death of the victim or that the act creates an otherwise non-existent prospect of an increase in assets." (cf. BGH 4 StR 140/20 - decision of May 19, 2020)

(4)

"Cruelty" because the suffering of a currently unknown number of soldiers who have been proven to be seriously ill from these Covid 19 injections can only be described as cruel, and this cruel fate of many victims must be accepted for the accused due to the already in The side effects known in 2021 and 2022 must also have been foreseeable.

As

Attachment 4

I am handing you Appendix BF-MS 66, which Prof. Dr. Martin Schwab also submitted to the BVerwG in the above-mentioned military complaints proceedings and which contains a small "selection of case reports after Covid-19 vaccination" that were published in medical journals.

Such tales of suffering and the danger of comparably horrible medical histories of people damaged by "imp" obviously did not interest the accused.

The agenda on the Covid-19 injections had to and apparently must continue at all costs.

Definition Cruelty:

“Anyone who, in the course of the act of killing, inflicts particularly severe physical or mental torment on the victim in the course of the act of killing out of an insensitive, ruthless attitude through the duration, intensity or repetition of the pain caused” (cf. BGH, ruling of September 30, 1952 – 1 StR 243 /52,BGHSt 3, 180; see also*fisherman*, StGB, Comm., 63rd edition 2016, § 211, Rn. 56 with further references)."

H)

Other legal aspects:

I

Incidentally, those responsible cannot refer to the fact that central protection standards of the AMG have been overridden by the MedBVSV. This has already been made clear as a precaution.

If criminal law and international criminal law norms according to the VStGB / ICJ statute should have been implemented here, then even a MedBVSV could not change anything about it.

The post says "**Compensation for Corona Vaccination Damage (Part 1)**“ of the Network of Critical Judges and Public Prosecutors eV of December 5th, 2022 (quote):

"... III.

The period of validity of the MedBVSV was initially linked to the determination of the epidemic situation of national importance (§ 5 Para. 4 S. 1 IfSG). If the Bundestag decides the end of the epidemic situation, the MedBVSV was to expire at the same time (§ 5 Para. 4 S. 1 IfSG).

On November 18, 2021, with effect from November 25, 2021, the Bundestag declared the “epidemic situation of national importance” against agovernment requestnot extended.

Nevertheless, the MedBVSV is still used today. In the following IfSG amendments, Section 5 (4) IfSG was continuously supplemented with extended periods of validity. First until 05/31/2022, then until 11/25/2022 and finally until 12/31/2023 by the*"Law to strengthen the protection of the population and in particular vulnerable groups of people against COVID-19"*from 09/16/2022.3

IV

After all, the MedBVSV cannot be ignored when examining the eligibility requirements of § 84 AMG. However, the legal authorization basis for its enactment - § 5 Para. 2 S. 1 No. 4a IfSG - triggers constitutional concerns, since it does not meet the requirements of the certainty requirement of Art. 80 Para. 1 S. 2 Basic Law (GG).

1.

Article 80(1) of the Basic Law stipulates:*"*The federal government, a federal minister or the state governments can be empowered by law to issue ordinances. The content, purpose and extent of the authorization granted must be determined by law.”

In the opinion of the Federal Constitutional Court (BVerfG), this is the "area-specific specification of the rule of law, separation of powers and democracy principles".4The legislature must make important decisions itself.5 The gradual change in the constitutional system through the transfer of legislative power to the executive is limited by the requirements of the requirement of certainty for the enabling norm.

The BVerfG stated more specifically that the legislature must decide for itself which problems are to be regulated by the statutory ordinances of the executive and what purpose they should serve (so-called self-decision reservation).6 The legislature must also provide

the authorized body with a program , from which it follows which aim the authorization should serve (so-called program setting obligation). After all, the authorization should already make it possible to foresee in which cases and with what tendency it will be used and what the content of the ordinances issued on the basis of the authorization can have, so that those subject to the norm can adjust their behavior accordingly (so-called predictability requirement). .7

2.

As early as April 2020, even the scientific service of the Bundestag had doubts about the constitutionality of the authorization in Section 5 (2) sentence 1 no. 4a IfSG.8 According to the BVerfG, there were no general objections to the use of this legislative form of restricting the application of laws. And the exceptions are at least programmatic in the present case, since they are thematically limited to “manufacturing, labelling, approval, clinical testing, use, prescription and dispensing” for the duration of the epidemic situation of national scope to “secure the supply of medicinal products including vaccines”. , import and export, shipment and liability, as well as (...) operation of pharmacies, including management and deployment of staff". However, the scientific service considers it questionable

Recognisability and foreseeability are undoubtedly not sufficiently taken into account in § 5 Para. 2 S. 1 No. 4a IfSG. The provision allows exceptions to an unmanageable number of legal provisions from a total of five laws. Even the more than 100 provisions of the AMG - most of which are of essential importance for the protection of life and health guaranteed by the Basic Law (Art. 2 Para. 2 S. 1 GG) on which drug safety is based - touch on the topics of production, labelling, approval, Liability, etc. A sufficient programmatic limitation of the executive and a predictability for the norm addressee are not given. The legislature has granted the Federal Minister of Health blanket powers of attorney in essential questions of drug safety and has thus violated the requirement of certainty of Art. 80 para. 1 sentence 2 GG violated. The MedBVSV has been void since it was issued in spring 2020 due to the lack of a constitutional basis for authorization. The restriction of strict liability according to Section 84 AMG is therefore ineffective from the start.

V

Nothing has changed with the extension of the MedBVSV period of validity by the Bundestag, because this is also unconstitutional. Currently, Section 5 Paragraph 4 Sentence 2 No. 4 IfSG stipulates that ordinances such as the MedBVSV, which were issued on the basis of the - unconstitutional - authorization of Section 5 Paragraph 2 Sentence 1 No. 4 IfSG, until December 31st. remain in force in 2023. § 10 MedBVSV repeats the date specifically for the MedBVSV.

So we are in a strange position. Through a parliamentary law, the Bundestag has repeatedly extended the period of validity for all statutory ordinances issued on the basis of Section 5 (2) sentence 1 no. 4a IfSG beyond the epidemic situation of national scope until December 31, 2023 (Section 5 (4) sentence 2 No. 4 IfSG).9And he also specifically extended the period of validity of the MedBVSV until December 31, 2023 by parliamentary decision.10Since the authorization of the Federal Minister of Health to issue statutory ordinances ended in November 2021 with the end of the epidemic situation, the period of validity was extended by parliamentary law.

Can the nullity of an ordinance that violates the requirement of certainty be cured by subsequent parliamentary appropriation and extension? This is certainly true for the reservation of self-decision (see above). However, the parliamentary approval has not changed the lack of programmatic determinability and the lack of predictability. In addition, the epidemic situation on which the MedBVSV is based has been lifted from national scope.

1.

The extension of the period of validity of the MedBVSV must be measured against the constitutional order as a parliamentary law (Art. 20 Para. 3 GG). In particular, there must be no unjustified encroachment on fundamental rights; the state measure must be proportionate, ie suitable, necessary and appropriate.

The exceptions to the AMG standardized in the MedBVSV are undoubtedly encroachments on the protective area of the basic right to life and physical integrity (Art. 2 Para. 2 Sentence 1 GG) of people who have been damaged by vaccination. For this reason, the AMG states that one of its main purposes is to ensure the safety of medicinal products (Section 1 AMG).

The extension of the validity of the MedBVSV is disproportionate because it is unsuitable.

A government measure is suitable if it at least promotes a purpose that is in the public interest. In principle, legitimate purposes are at best public interests.

Finding such a purpose to continue restricting AMG protection regulations is proving difficult. The legal wording of the extension provisions does not provide any information. The regulatory connection with the epidemic situation of national scope (§ 5 Para. 2 IfSG) does not allow any knowledge about the purpose of the extension, since the epidemic situation has been lifted.

There remains § 1 MedBVSV (in conjunction with the general purpose of § 1 IfSG, to prevent infectious diseases in humans and to prevent their further spread), which states as the purpose of the regulation "ensuring the supply of the population with medicinal products during the SARS coronavirus -CoV-2 caused epidemic."11

The purpose envisaged by the legislature could therefore be that exemptions from the AMG are required to ensure that the population is supplied with vaccines to protect against Covid-19. It is now scientifically proven that this purpose cannot be achieved with these vaccinations, since they do not prevent the virus from spreading. But this does not need to be explored further here. Because it is sufficient to clarify whether, at the time of the last extension of the MedBVSV in September 2022, the exceptions from the AMG (waiver of batch testing, financial security, strict liability, labeling, etc.) were required in order to provide enough vaccine. This implies that without the AMG exceptions, there would be production and delivery bottlenecks and the cutbacks in the area of drug safety are necessary,

It is not so. after theown statements of the BMGthe vaccine supply looks like this:

"To the extent that vaccines are not needed for the national campaign, they will be COVAX12offered. In 2021, around 95 million vaccine doses from all manufacturers were transferred to COVAX. In addition, the federal government has donated around 7.7 million

cans bilaterally to 6 countries. In total, over 100 million cans were donated. In 2022, another 75 million vaccine doses will be donated."

2.

The real purpose for the extension of the exemptions from the AMG by the MedBVSV only becomes clear through a close study of the law materials for the *"Law to strengthen the protection of the population and in particular vulnerable groups of people against COVID-19*" from September 16th, 2022, about which the Bundestag decided in a "jump birth".

On September 6th, 2022, the Bundestag Committee on Health prepared a recommendation for the Bundestag based on a government draft and included the extension of the MedBVSV in the legislative process for the first time.13

On 07.09.2022 this committee has its report to justify his decision recommendation of September 6th, 2022.

On September 8th, 2022, the Bundestag discussed the draft law in the version recommended by the Health Committee in the 2nd and 3rd reading and accepted it. No substantive discussion of the changes in the law affecting the MedBVSV can be seen from the minutes of the consultation.14 The decision was made practically "blind" without weighing up the pros and cons in a debate.

The 44-page report by the Health Committee alone contains a reason for extending the MedBVSV. There, the actual purpose of the extension of the period of validity, beyond the end of the epidemic situation of national scope, is stated as follows: "Furthermore, regulations on the supply of pharmaceuticals and other medical needs remain in force until December 31, 2023 at the latest; However, changes to the regulations may no longer be made. This applies to the Medical Needs Supply Assurance Ordinance, on the basis of which the Federal Ministry of Health centrally procures and markets COVID-19 vaccines and medicines.**The procurement contracts for vaccines against COVID-19 will run until at least the end of 2023, which is why the procurement and distribution of the vaccines on the basis of the Medical Needs Supply Assurance Ordinance is necessary for this period.**[15](emphasis added).

The MedBVSV extension is therefore necessary to fulfill the contractual purchase obligations towards the vaccine manufacturers until at least the end of 2023.

In addition, the federal government has decided to conclude contracts to provide corona vaccines for the coming years up to 2029, which could be accompanied by an extension of the MedBVSV well beyond the end of 2023.

Since - as the legislator can see in September 2022 - the vaccines neither prevent the spread of corona viruses nor is there a shortage of available vaccines, the extension of the MedBVSV is not in the public interest. On the contrary, the non-applicability of state batch testing, strict liability or the suspension of the precautionary obligation of vaccine manufacturers to compensate for vaccine damage that occurs are in conflict with the public interests of drug safety and the compensation for vaccine damage suffered.

Rather, the stated purpose of servicing the obligations arising from the vaccine procurement contracts is solely in the private interest of the manufacturers. The exceptions to the AMG standardized in the MedBVSV make it easier for them to maximize profits without risk, before which the protection of the population has to take a back seat. To illustrate: While Germany has so far spent many billions of euros of tax money on the vaccination campaign,16Pfizer expects corona vaccine sales to be between $99.5 billion and $102 billion this year. For the first nine months it was already$76 billion.

The legislator's decision to extend the MedBVSV is a partial maintenance of the epidemic situation of national scope through the back door at the expense of the population and in favor of the vaccine manufacturers and is therefore unconstitutional due to a lack of public interest and the suitability of the measure.

VI.

In summary, it can be stated: The suspension of § 84 AMG by § 3 of the MedBVSV is unconstitutional and therefore void. § 84 AMG applies without restriction as the basis for claims for damages for vaccination damage that has occurred..." (end of quote)

Source:

https://netzwerkkrista.de/2022/12/05/schadensersatz-fur-corona-impfschaden-teil-1/

II.

The content of the ten principles of the Nuremberg Code was anchored in Art. 7 Sentence 2 of the ICCPR and are therefore also binding for Germany, since Germany is a contracting party (cf. also Art. 25 GG).

There is nothing to discuss in this regard.

If there are nevertheless courts that, contrary to this clear international legal situation, want to arbitrarily take the position that "civilian" "pharmacological research" should be freed from annoying restrictions imposed by fundamental rights and Art. 7 Sentence 2 IPR, then the competent Public prosecutor's offices immediately take action ex officio on suspicion of perverting the law.

How else is it supposed to be understood when the BVerwG's justification for the decision of July 7th, 2022 in the above-mentioned military complaint proceedings actually says under RN 235:

"Because the research projects carried out within the individual states have no particular international relevance, so that for the area of**civil**(sic!) pharmacological**Research**(sic!) a conviction of the obligation under international law through the "Nuremberg Code" has not arisen and has not been recognised."?

The 1st Military Service Senate of the BVerwG would therefore like to assume that the Covid-19 injections are to be assigned to the area of "civil pharmacological research" and that the Nuremberg Code therefore does not apply even if it is imposed on soldiers in the public sector with orders . Then, supposedly, all states will have to look the other way.

This means that if civilian pharmaceutical companies actually carry out "research projects" with completely new gene therapies in large field trials, then the state's duty to protect should no longer apply, even if they issue orders and threats of sanctions to their own soldiers on the basis of misleading information (!) is imposed.

For all random theorists and conspiracy deniers: If you think these gigantic networks are a “conspiracy theory”, then I will be happy to name literature and sources that have backed up this theory with a lot of data.

If you want to question your point of view, start with books like The Shock Strategy: The Rise of Disaster Capitalism by Naomi Klein, lead this reading with Deadly Medicine and Organized Crime by Peter C. Gotzsche and False Pandemics. from Dr. Wolfgang Wodarg continued.

I would be happy to recommend further literature on the “pandemic” staging, the network behind it and some of the people behind it to anyone who has processed this framework information.

But why is Art. 7 Sentence 2 of the IPbürgR now overridden? Where is the coherent justification for this?

If such an injustice is to be law in force now, then I only say:**Welcome to the Brave New World**“, where the Nuremberg Code, guaranteed in Art. 7 Sentence 2 of the IPbpR, should no longer apply to “civilian” pharmacological “research”, even if it is carried out under public law within the framework of military command structures most massive coercion is enforced in office.

Anyone who questions the unrestricted validity of Art. 7 Sentence 2 ICCPR is opening the gate to hell, or in any case refusing to close the gate to hell that was pushed open by the field test with highly experimental gene therapy drugs.

Because of this large-scale field test, which according to many experts, due to its intensive preparation, militarized organization and its devastating effects on the life and health of millions of people, amounts to an extensive and systematic (bioweapons) attack against all civilian populations in the world (at least in the countries , where these injections were administered), there have already been several submissions to the ICC.

I have already referred to one of these submissions in my brief of February 23, 2022 in the proceedings relating to BVerwG 1 WB 5.22 and BVerwG 1 W-VR 3.22**.**

There are also submissions from Germany.

Sarah Luzia Hassel-Reusing, for example, filed an international lawsuit at the International Criminal Court (ICC) in The Hague on November 26, 2022**Criminal charges of crimes against humanity under Article 7 of the Rome Statute**(RS) submitted.

Based on her research lasting several years, she is convinced that people have been killed or seriously injured in the context of the so-called anti-corona policies since March 2020 as part of an extensive and systematic attack against civilian populations and are being harmed by:

"Killing (Art. 7 (1) lit. a RS), extermination (lit. b), deprivation of liberty (lit. e), torture (lit. f), forced sterilization and sexual violence (lit. g), persecution (lit . h), apartheid-like persecution (lit. j/h) and other inhumane acts (lit. k).”

The press release states, among other things: "The 720-page criminal complaint contains the result of private, voluntary investigative work in the period from August 2020 to November 2022." (**Quote end**)

Source among others:

https://afaev.de/strafanzeige-beim-internationalen-strafgerichtshof-delivered/

Evidence: Testimony from Ms. Luzia Hassel-Reusing, contact details can be submitted at any time

US-based witness Sasha Latypova told the 140th session of the Corona Committee "**Evidence of a conspiracy to commit mass murder by the pharmaceutical companies, the US Department of Defense/HHS and other governments**" presented.

Evidence: Testimony from Mrs. Sasha Latypova, contact details can be submitted at any time

i)

With the sources above, you have everything you need to start investigating right away. Before I give you any further pertinent advice, I would first like to see whether your agency is actually taking action on the above advice.

Why have these suspects not even been investigated yet, but charges have already been brought against several doctors who, in great need, according to their professional duty, wanted to protect their patients who were massively forced to have the Covid 19 injections and in some cases also issued false vaccination certificates have?

Since March 2020, many lawyers have had to experience again and again that their presentation is not heard if they - no matter how well justified and scientifically proven - fundamentally criticize the so-called anti-corona measures and in particular the entire campaign of the federal and state governments as well as the announcements by PEI, RKI and STIKO on these Covid-19 injections.

Of course, there are also numerous other – former and current – officials and company employees in responsible positions who should be investigated for comparable reasons, especially from the ranks

of the Paul Ehrlich Institute,

of the Federal Ministry of Health,

of the Federal Ministry of Defence,

from BioNTech SE.

If appropriate investigations are refused, I will just take note that the administration of justice can fail completely, even in the case of such serious allegations, the clarification of which is of the greatest social relevance.

You will save countless lives if you act now. The accused will probably not stop by themselves.

So you should act now, even though your investigation may come too late for many people.

Finally, I ask you to inform me about the progress of the investigation, in particular about any indictment or a complete or partial submission of the proceedings.

Schmitz
Lawyer

Attachment A:

About 900 side effects that have already become known in the Pfizer approval study:

I

The above-mentioned witness Tobias Ulbrich has the side effects that Pfizer/BioNTech were already aware of due to the phase III clinical study - but not, at least not fully, to the "vaccinating doctors around the world" due to the empty package insert for the Covid-19 injections summarized in one of his briefs as follows (quote):

"a. Announcement ... from the clinical study phase III

The FDA instructed the defendant to submit all side effects with a description of all damage that occurred in clinical test phase 3 to the FDA by April 30, 2021. For the preparation of the report, this presupposes that the health damage that occurred after administration to the people in the control group who received an active substance had already been medically examined in order to determine the health damage determined in this way after administration of the 2nd dose of the vaccination. hold. After the first dose, 8 of the approximately 21,500 test subjects who had died and another approximately 1,400 test participants with substantial damage were excluded as test participants (sic!). About 8,000 of the remaining 20,000 suffered damage to their health.

Proof: Expert testimony Dr. Kremer (year-long examiner in drug approval), address for summoning will be submitted later.

Nevertheless, the FDA, setting a deadline of April 30, 2021, requested an interim report on the vaccination damage and health damage that had occurred up to that point, which the defendant wrote as small and narrow as possible in the summary analysis of the undesirable side effects after approval so as not to appear so blatant leave them as they actually were. The defendant stated the damage to health after the 2nd administration of the gene therapy as follows:

"1p36 deletion syndrome; 2-hydroxyglutaric aciduria; 5'-nucleotidase increased; Acoustic Neuritis; Acquired C1 Inhibitor Deficiency; Acquired Epidermolysis Bullosa; Acquired epileptic aphasia; acute cutaneous lupus erythematosus; Acute disseminated encephalomyelitis; Acute encephalitis with refractory, repetitive partial seizures; Acute febrile neutrophilic dermatosis; Acute flaccid myelitis; Acute hemorrhagic leukoencephalitis; acute
Acute hemorrhagic leukoencephalitis; acute hemorrhagic edema in infancy; Acute renal injury; Acute external macular retinopathy; Acute motor axonal neuropathy; Acute motor sensory axonal neuropathy; acute myocardial infarction; acute myocardial infarction; Acute respiratory distress syndrome; Acute respiratory failure; Addison's disease Addison's disease; Administration site thrombosis; Administration site vasculitis; Adrenal thrombosis; administration site thrombosis; adrenal thrombosis; side effect after immunization; ageusia; agranulocytosis; air embolism embolism; alanine aminotransferase abnormal; alanine aminotransferase increased; alcoholic seizure; Allergic bronchopulmonary mycosis; Allergic edema; alloimmune alloimmune hepatitis; alopecia areata; Alpers disease; alveolar proteinosis; ammonia abnormal; ammonia increased; amniotic sac infection; amygdalohippocampectomy; amyloid arthropathy; amyloidosis; amyloidosis senile; anaphylactic reaction; Anaphylactic shock; anaphylactic transfusion reaction; anaphylactoid reaction; anaphylactoid shock; anaphylactoid syndrome of pregnancy; angioedema; angiopathic neuropathy; ankylosing spondylitis;**anosmia; antiacetylcholine receptor antibody positive; anti-actin antibody positive; anti-aquaporin-4 antibody positive; anti-basal ganglia antibody positive; Anti-cyclic citrullinated peptide antibody positive; anti-epithelial antibody positive; anti-erythrocyte antibodies positive; anti-exosome complex antibodies positive; anti-GAD antibodies negative; anti-GAD antibodies positive; anti-ganglioside antibody positive; antigliadin antibodies positive; anti-glomerular basement membrane antibodies positive; anti-glomerular basement membrane disease; anti-glycyl-tRNA synthetase antibody positive; anti-HLA antibody test positive; anti-IA2 antibody positive; anti-insulin antibody antibody positive; anti-insulin antibodies increased; anti-insulin receptor antibodies increased; anti-insulin receptor antibody positive; anti-interferon antibodies negative; anti-interferon antibodies; positive; anti-islet cell antibody positive; antimitochondrial antibodies positive; anti-muscle antibodies against muscle-specific kinase positive; anti-myelin-associated glycoprotein antibodies positive; anti-myelin-associated glycoprotein-associated polyneuropathy; Antimyocardial antibody positive; antineuronal antibodies positive; antineutrophil cytoplasmic antibodies increased; Antineutrophil cytoplasmic antibody positive; Antineutrophil cytoplasmic antibody positive Vasculitis; anti-NMDA antibodies positive; antinuclear antibodies increased; antinuclear antibodies positive; antiphospholipid antibody positive; antiphospholipid syndrome; anti-platelet antibody positive; anti-prothrombin antibody positive; antiribosomal P antibody positive; anti-RNA polymerase III antibody positive; Anti-Saccharomyces Cerevisiae antibody test positive; anti-sperm antibodies positive; anti-SRP antibodies positive; antisynthetase syndrome; anti-thyroid antibodies positive; anti-transglutaminase antibodies increased; anti-VGCC antibodies positive; Anti-VGKC antibodies positive**; anti-vimentin antibodies positive; antiviral prophylaxis; antiviral; Treatment; anti-zinc transporter 8 antibody positive; aortic embolism; aortic thrombosis; thrombosis; aortitis; aplasia of pure erythrocytes; aplastic anemia; application site thrombosis; Application site vasculitis; Arrhythmia; arterial bypass occlusion; arterial bypass thrombosis; arterial thrombosis; arteriovenous fistula thrombosis; arteriovenous coronal graft site; arthralgia; Arthritis; arthritis enteropathic; ascites; Aseptic cavernous sinus thrombosis; aspartate aminotransferase abnormal; aspartate aminotransferase increased; aspartate-glutamate transporter deficiency; AST/platelet ratio index increased; AST/ALT ratio abnormal; Asthma; Asymptomatic COVID- 19; ataxia; atheroembolism; atonic seizures; atrial thrombosis; atrophic thyroiditis; Atypical benign partial epilepsy; Atypical pneumonia; Aura; autoantibodies positive; autoimmune anemia;

autoimmune aplastic anemia; autoimmune arthritis; autoimmune blistering autoimmune disease; autoimmune cholangitis; autoimmune colitis; autoimmune demyelinating autoimmune disease; autoimmune dermatitis; autoimmune disease; autoimmune encephalopathy; autoimmune endocrinopathy; autoimmune enteropathy; autoimmune eye disease eye disease; autoimmune hemolytic anemia; Autoimmune heparin-induced thrombocytopenia; autoimmune hepatitis; autoimmune hyperlipidemia; autoimmune hypothyroidism; autoimmune inner ear disease; autoimmune lung disease; autoimmune lymphoproliferative syndrome; autoimmune myocarditis; autoimmune myositis; autoimmune nephritis; autoimmune neuropathy; autoimmune neutropenia; autoimmune pancreatitis; autoimmune pancytopenia; autoimmune pericarditis; autoimmune retinopathy; autoimmune thyroid disease; autoimmune thyroiditis; autoimmune uveitis; autoinflammation with infantile enterocolitis; autoinflammatory disease; automatism epileptic; Disorder of the autonomic nervous system; autonomic seizure; axial spondyloarthritis; axillary vein thrombosis; axonal and demyelinating polyneuropathy; axonal neuropathy; bactericidal; Baltic myoclonic epilepsy; Band Sensation; Graves' disease; thrombosis of the basilar artery; basophilopenia; B cell aplasia; Behcet's syndrome; benign ethnic neutropenia; benign familial neonatal convulsions; benign familial pemphigus; benign Rolandic epilepsy; beta-2-glycoprotein antibody positive; Bickerstaff encephalitis; bile abnormal; bile decreased; biliary ascites; bilirubin conjugates abnormal; conjugated bilirubin increased; bilirubin present in urine; liver biopsy abnormal; biotinidase deficiency; birdshot chorioretinopathy; Blood alkaline phosphatase abnormal; Blood alkaline phosphatase increased; blood bilirubin abnormal; blood bilirubin increased; blood bilirubin unconjugated elevated; blood cholinesterase abnormal; decreased blood cholinesterase; blood pressure decreased; blood pressure diastolic decreased; blood pressure systolic decreased; Blue Toe Syndrome; Brachiocephalic vein thrombosis ;Brainstem embolism; brainstem thrombosis thrombosis; bromsulphthalein test abnormal; bronchial edema; bronchitis; bronchitis mycoplasmic; bronchitis viral; Bronchopulmonary aspergillosis allergic; bronchospasm; Budd-Chiari syndrome; bulbar palsy; butterfly rash; C1q nephropathy; caesarean section; calcium embolism; capillaritis; Caplan syndrome; cardiac amyloidosis; heart failure acute; cardiac sarcoidosis; ventricular thrombosis; cardiogenic shock; cardiolipin antibodies positive; cardiopulmonary failure; cardio-respiratory cardio-respiratory arrest; cardio-respiratory distress; cardiovascular insufficiency;**thrombosis of the carotid artery**; cataplexy; thrombosis at the catheter site; catheter site vasculitis vasculitis; cavernous sinus thrombosis; CDKL5 deficiency disease; CEC syndrome; cement cement embolism; central nervous system lupus;**Central nervous system vasculitis**; thrombosis of the cerebellar artery thrombosis; cerebellar embolism; cerebral amyloid angiopathy; cerebral arteritis; cerebral arterial embolism; cerebral artery thrombosis; cerebral gas embolism; cerebral microembolism; cerebral septic infarction; cerebral thrombosis; cerebral venous sinus thrombosis; cerebral vein thrombosis; cerebrospinal thrombotic tamponade; cerebrovascular accident; change in seizure type; chest discomfort; Child-Pugh-Turcotte score abnormal; Child-Pugh-Turcotte score increased; chillblains; suffocate; feeling of suffocation; cholangitis sclerosing; chronic autoimmune glomerulonephritis; Chronic cutaneous lupus erythematosus;**Chronic Fatigue Syndrome (CFS);**chronic gastritis; Chronic inflammatory demyelinating polyradiculoneuropathy; Chronic lymphocytic inflammation with perivascular pontine perivascular enhancement responsive to steroids; Chronic recurrent multifocal osteomyelitis; Chronic chronic recurrent multifocal osteomyelitis; chronic respiratory insufficiency; chronic spontaneous urticaria; circulatory collapse; circumoral edema; circumoral swelling; clinically isolated syndrome; clonic convulsions; celiac celiac disease; Cogan syndrome; cold agglutinins positive; Cold-type hemolytic anemia; colitis; colitis erosive; herpes colitis; colitis microscopic; ulcerative colitis; collagen disorder; collagen vascular disease; complement factor abnormal; complement factor C1 decreased; complement factor C2 decreased; complement factor C3 decreased;

complement factor C4 decreased; complement factor decreased; Computed tomogram liver abnormal; concentric sclerosis; congenital anomaly; congenital bilateral perisylvian syndrome; congenital herpes simplex infection; Congenital myasthenic syndrome; congenital varicella infection; congestive hepatopathy; childhood seizures; spasms locally; seizure threshold lowered; Coombs positive hemolytic anemia; coronary artery disease coronary artery disease; coronary artery embolism; coronary artery thrombosis; coronary bypass thrombosis; coronavirus infection; Coronavirus test positive; corpus callosotomy; Cough; cough variant asthma; COVID-19; COVID-19 pneumonia; skull cranial nerve disorder; multiple cranial nerve palsies; cranial nerve palsy; CREST syndrome; Crohn's disease; cryofibrinogenemia; cryoglobulinemia; Oligoclonal band present in CSF; CSWS syndrome; cutaneous amyloidosis; cutaneous lupus erythematosus; cutaneous sarcoidosis; cutaneous vasculitis; cyanosis; cyclic neutropenia; cystitis interstitial; cytokine cytokine release syndrome; cytokine storm; De novo purine synthesis inhibitors associated acute inflammatory syndrome; death in newborns; deep vein thrombosis; Postoperative deep vein thrombosis; lack of bile secretion; Déjà-vu; demyelinating demyelinating polyneuropathy; demyelination; Dermatitis; dermatitis bullosa; dermatitis herpetiformis; dermatomyositis; device embolization; device-related thrombosis; diabetes mellitus; cutaneous vasculitis; cyanosis; cyclic neutropenia; cystitis interstitial; cytokine cytokine release syndrome; cytokine storm; De novo purine synthesis inhibitors associated acute inflammatory syndrome; death in newborns; deep vein thrombosis; Postoperative deep vein thrombosis; lack of bile secretion; Déjà-vu; demyelinating demyelinating polyneuropathy; demyelination; Dermatitis; dermatitis bullosa; dermatitis herpetiformis; dermatomyositis; device embolization; device-related thrombosis; diabetes mellitus; demyelinating demyelinating polyneuropathy; demyelination; Dermatitis; dermatitis bullosa; dermatitis herpetiformis; dermatomyositis; device embolization; device-related thrombosis; diabetes mellitus; demyelinating demyelinating polyneuropathy; demyelination; Dermatitis; dermatitis bullosa; dermatitis herpetiformis; dermatomyositis; device embolization; device-related thrombosis; diabetes mellitus;**diabetic ketoacidosis; diabetic mastopathy;**dialysis amyloidosis; dialysis membrane reaction; diastolic hypotension; diffuse vasculitis; digital pitting scar; disseminated intravascular coagulation; Disseminated intravascular coagulation in neonates; disseminated neonatal herpes simplex; disseminated varicella; disseminated varicella zoster vaccine virus infection; Disseminated varicella zoster virus infection; DNA antibodies positive; double cortex syndrome; double-stranded DNA antibody positive; dream state; Dressler syndrome;drops drug withdrawal convulsions; dyspnea; Early infantile epileptic encephalopathy with burst suppression; eclampsia; eczema herpeticum; embolism cutis medicamentosa; embolic cerebellar infarction; embolic cerebral infarction; embolic pneumonia; embolic stroke; Embolism; embolism arterial; embolism venous; encephalitis;**autoimmune encephalitis; brainstem encephalitis; encephalitis hemorrhagic; Diffuse periaxial encephalitis; Encephalitis after immunization**; encephalomyelitis; encephalopathy; endocrine disorder; endocrine ophthalmopathy; endotracheal intubation; enteritis; enteritis leukopenic; Enterobacter pneumonia; enterocolitis; enteropathic spondylitis; eosinopenia; eosinophilia fasciitis; Eosinophilic granulomatosis with polyangiitis; eosinophilic sophagitis; epidermolysis; Epilepsy; epilepsy surgery; epilepsy with myoclonic-atonic seizures; epileptic aura; epileptic psychosis; erythema; erythema induratum; erythema multiforme; erythema nodosum; Evans syndrome; exanthema subitum;"

"Extended Disability Status:

eye edema; eye itching; eye swellingeye swelling; eyelid edema; facial edema; facial paralysis; facial paralysis; Faciobrachial dystonic fat embolism; febrile seizures; febrile infectious epilepsy syndrome; febrile neutropenia; Felty syndrome; femoral artery embolism; fibrillary glomerulonephritis; fibromyalgia; flushing; foam at the mouth; focal cortical resection;**Focal dyscognitive seizures**; Fetal Emergency Syndrome; fetal placental thrombosis; fetor hepaticus; foreign body embolism; frontal lobe epilepsy; fulminant type 1 diabetes mellitus; galactose elimination capacity test abnormal; galactose elimination capacity test decreased; gamma-glutamyltransferase abnormal; gamma-glutamyltransferase increased; gastritis herpes; gastrointestinal amyloidosis; elastic seizure; Generalized seizure non-motor seizure; Generalized tonic-clonic seizure; genital herpes; genital herpes simplex; genital herpes zoster;**giant cell arteritis**; glomerulonephritis; glomerulonephritis membranoproliferative glomerulonephritis; membranous glomerulonephritis; glomerulonephritis rapidly progressive;**Glossopharyngeal nerve palsy**;**Glucose Transporter Type 1 Deficiency Syndrome;**glutamate dehydrogenase increased; glycocholic acid increased; GM2 gangliosidosis; Goodpasture's syndrome; transplant thrombosis; granulocytopenia; granulocytopenia neonatal; granulomatosis with polyangiitis; granulomatous dermatitis; gray matter heterotopia; guanase increased; Guillain-Barre Syndrome; hemolytic anemia; hemophagocytic lymphohistiocytosis; hemorrhage; hemorrhagic ascites; hemorrhagic disease; Hemorrhagic pneumonia; hemorrhagic varicella syndrome; hemorrhagic vasculitis; hantavirus lung infection; Hashimoto's encephalopathy; hashitoxicosis; hemimegalencephaly; Enoch-Schonlein purpura; Enoch-Schonlein purpura nephritis; hepaplastin abnormal; hepaplastin decreased; heparin-induced thrombocytopenia; hepatic amyloidosis; hepatic artery embolism; hepatic artery flow decreased ; hepatic artery thrombosis; Hepatic enzyme abnormal; Hepatic enzyme decreased; liver enzyme increased; Hepatic fibrosis marker abnormal; Hepatic Fibrosis Marker Increased Marker increased; liver function abnormal; hepatic hydrothorax; hepatic hypertrophy; hepatic hypoperfusion; hepatic lymphocytic infiltration; hepatic mass; hepatic pain; hepatic sequestration; increased hepatic vascular resistance; hepatic vascular thrombosis; hepatic vein embolism; hepatic vein thrombosis; Hepatic venous pressure gradient abnormal; Hepatic venous pressure gradient increased; hepatitis; Hepatobiliary Examination Abnormal; Hepatomegaly; Hepatosplenomegaly; Hereditary Angioedema with C1-Esterase Inhibitor Deficiency; herpes dermatitis; gestational herpes; herpes oesophagitis; herpes ophthalmic; herpes pharyngitis; herpes sepsis; herpes simplex; herpes simplex cervicitis; herpes simplex colitis; herpes simplex encephalitis; herpes simplex gastritis; herpes simplex hepatitis; herpes simplex meningitis; herpes simplex meningoencephalitis; herpes simplex meningomyelitis; herpes simplex necrotizing retinopathy; herpes simplex esophagitis; herpes simplex otitis externa; herpes simplex pharyngitis; herpes simplex pneumonia; herpes simplex reactivation; herpes simplex sepsis; herpes simplex viremia; neonatal herpes simplex virus conjunctivitis; herpes simplex visceral; herpes virus infection; herpes zoster; herpes zoster cutaneous disseminated; herpes zoster infection neurological; herpes zoster meningitis; herpes zoster meningoencephalitis; herpes zoster meningomyelitis; herpes zoster meningoradiculitis; herpes zoster necrotizing retinopathy; herpes zoster oticus; herpes zoster pharyngitis; herpes zoster reactivation; herpetic radiculopathy; histone antibody positive; Hoigne syndrome; human herpesvirus 6 encephalitis; Human herpesvirus 6 infection; Human herpesvirus 6 infection reactivation; Human herpesvirus 7 infection; Human herpesvirus 8 infection;"

Note on the herpes diseases: These are always an expression of a defective immune system and an indication for every doctor to discuss the topic of HIV, since the destroyed

immune system first causes pathogens in the body to break out, which the immune system then no longer has under control.

“Hyperammonemia; hyperbilirubinemia; hypercholia; hypergammaglobulinemiabenign monoclonal; hyperglycemic attack; hypersensitivity; hypersensitivity vasculitis; hyperthyroidism; hypertransaminemia; hyperventilation; hypoalbuminaemia; hypocalcaemic seizure; hypogammaglobulinemia; hypoglossal paralysis; hypoglossal paresis hypoglossal nerve paresis; hypoglycemic attack; hyponatraemic seizure; hypotension; hypotonic crisis; hypothenar hammer syndrome; hypothyroidism; hypoxia;**Idiopathic CD4 lymphocytopenia;**Idiopathic generalized epilepsy; Idiopathic interstitial pneumonia**; idiopathic neutropenia; Idiopathic pulmonary fibrosis**; IgA nephropathy; IgM nephropathy; III.**nerve palsy; III. nerve palsy**; iliac artery embolism; immune thrombocytopenia;**immune-mediated side effect;**immune-mediated cholangitis; immune-mediated cholestasis; immune-mediated cytopenia; immune-mediated encephalitis; immune-mediated encephalopathy; immune-mediated endocrinopathy; immune-mediated enterocolitis; immune-mediated gastritis; immune-mediated liver disease; immune-mediated hepatitis; immune-mediated hyperthyroidism; immune-mediated hypothyroidism; immune-mediated myocarditis; immune-mediated myositis; immune-mediated nephritis;**immune-mediated neuropathy;**immune-mediated pancreatitis;**immune-mediated pneumonitis**; immune-mediated kidney disease; immune-mediated thyroiditis; immune-mediated uveitis; immunoglobulin G4 immunoglobulins; immunoglobulins abnormal;implant thrombosis; inclusion bodies myositis; Infantile genetic agranulocytosis; infantile spasms; Infected vasculitis; infectious thrombosis; Inflammation; inflammatory bowel disease; thrombosis at the infusion site; thrombosis at the infusion site vasculitis; thrombosis at the injection site; injection site urticaria; Injection site vasculitis; Instillation Instillation site thrombosis; Insulin autoimmune syndrome; Interstitial granulomatous dermatitis; Interstitial lung disease; Intracardiac mass; Intracardiac thrombus; Intracranial pressure increased; Intrapericardial thrombosis; Intrinsic factor antibody abnormal; intrinsic factor antibody positive; IPEX syndrome; Irregular breathing; IRVAN syndrome; IV. nerve palsy;IV. nerve palsy;JC polyomavirus test positive;JC virus CSF test positive;**Juvenile idiopathic**Arthritis; juvenile myoclonic epilepsy; juvenile polymyositis; juvenile psoriatic arthritis; juvenile spondyloarthritis; Kaposi's sarcoma**inflammatory cytokine syndrome**; Kawasaki disease; Kayser Fleischer ring; keratoderma blenorrhagica; ketosis-prone diabetes mellitus; Kounis syndrome; Lafora's myoclonic epilepsy; Lambl's excretions; laryngeal dyspnea; laryngeal edema; Rheumatoid larynx arthritis Arthritis; laryngospasm; laryngotracheal edema; latent autoimmune diabetes in adults; hepatic opacity; liver palpable; hepatic sarcoidosis; liver scan abnormal; liver sensitivity; low birth weight baby; herpes infection of the lower respiratory tract; lower respiratory tract infection, lower respiratory tract infection; lower respiratory tract infection viral; lung abscess; lupoid hepatic cirrhosis; lupus cystitis; lupus encephalitis; lupus endocarditis; lupusenteritis; lupus myopathy hepatitis; lupus myocarditis; lupus myositis; lupus nephritis; lupus pancreatitis; lupus pleuritis; lupus pneumonitis; lupus vasculitis; lupus-like syndrome; lymphocytic hypophysitis; lymphocytopenia neonatal; lymphopenia; MAGIC syndrome; magnetic resonance imaging magnetic resonance imaging liver abnormal; Marburg variant of multiple sclerosis; Marchiafava-Bignami disease; Marine Lenhart Syndrome; Mastocytic Enterocolitis; Maternal exposure during pregnancy; thrombosis on the medical device vasculitis on the medical device; MELAS syndrome; Meningitis; meningitis aseptic; meningitis herpes; meningoencephalitis herpes simplex neonatal; meningoencephalitis herpetic; meningomyelitis herpes; MERS-CoV test positive; mesangioproliferative glomerulonephritis; mesenteric artery embolism; mesenteric artery thrombosis; mesenteric vein thrombosis; metapneumovirus infection; Metastatic cutaneous Crohn's disease; Metastatic pulmonary pulmonary embolism; microangiopathy; microembolism; Microscopic

polyangiitis; Middle East respiratory syndrome; migraine-induced attack; miliary pneumonia; Miller Fisher syndrome; Mitochondrial aspartate aminotransferase increased; Mixed connective tissue disease End-stage liver disease model abnormal; End-Stage Liver Disease Model Score Increased; Total Branched Chain Amino Acid to Tyrosine Molar Ratio; molybdenum cofactor deficiency; monocytopenia; mononeuritis; mononeuropathy multiplex; morphea; morvan syndrome; mouth swelling; moyamoya disease;**Multifocal motor neuropathy**; multiple organ dysfunction syndrome; multiple sclerosis; multiple sclerosis recurrence; recurrence prevention in multiple sclerosis; multiple subpial transection; multisystem inflammatory syndrome in children; muscular sarcoidosis; myasthenia gravis; myasthenia gravis crisis; neonatal myasthenia gravis; myasthenic syndrome; myelitis; transverse myelitis; myocardial infarction; myocarditis; myocarditis after infection; myoclonic epilepsy; myoclonic epilepsy and red fibers; myokymia; myositis; narcolepsy; nasal herpes nasal herpes; nasal obstruction; necrotizing herpetic retinopathy; neonatal Crohn's disease; Neonatal epileptic seizure; neonatal lupus erythematosus; neonatal mucocutaneous herpes simplex; neonatal pneumonia; neonatal seizure; nephritis; nephrogenic systemic fibrosis; neuralgic amyotrophy; Neuritis; cranial neuritis; neuromyelitis optica pseudorecurrence; neuromyelitis optica spectrum disorder; neuromyotonia; neuronal neuropathy; peripheral neuropathy; neuropathy,**ataxia,**retinitis pigmentosa syndrome; neuropsychiatric lupus; neurosarcoidosis; neutropenia; neutropenia neonatal; neutropenic colitis; neutropenic infection; neutropenic sepsis; nodular rash; nodular vasculitis; non-infectious myelitis; Non-infectious encephalitis; non-infectious non-infectious encephalomyelitis; non-infectious oophoritis; obstetric pulmonary embolism; occupational ocular hyperemia; ocular myasthenia; ocular pemphigoid; ocular sarcoidosis; ocular vasculitis; oculofacial paralysis; edema; edema blisters; edema due to hepatic disease; oral edema; esophageal achalasia; ocular artery thrombosis; ocular herpes simplex herpes simplex; ophthalmic herpes zoster; ophthalmic vein thrombosis; optic neuritis; optic nerve cells present; Lemierre syndrome; Lennox-Gastaut syndrome; leucine aminopeptidase increased; leukoencephalomyelitis; leukoencephalopathy; leukopenia; neonatal leukopenia; Lewis-Sumner Syndrome; Lhermitte's sign; lichen planopilaris; lichen planus; lichen sclerosus; Limbic encephalitis;Linear IgA disease;lip edema;lip swelling;liver function test abnormal;liver function test decreased;liver function test increased;hepatic induration;liver injury;liver iron concentration abnormal; liver iron concentration; neuropathy; Optic perineuritis; oral herpes; oral lichen planus; oropharyngeal edema; oropharyngeal spasm; oropharyngeal swelling; osmotic demyelination syndrome; Ovarian vein thrombosis; Overlap syndrome; Pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections; Paget-Schroetter syndrome; Palindromic rheumatism;purpura; pancreatitis; panencephalitis; papillophlebitis; paracancerous pneumonia; para-doxical embolism; parainfluenzae viral laryngotracheobronchitis; paraneoplastic dermatomyositis; paraneoplastic pemphigus; paraneoplastic thrombosis; cranial nerve paresis; parietal cell antibody positive; paroxysmal nocturnal hemoglobinuria; partial seizures; partial seizures with secondary generalization; patient isolation; iliac vein thrombosis iliac vein thrombosis; pemphigoid; pemphigus; penile vein thrombosis; pericarditis; pericarditis lupus; perihepatic disorders; periorbital edema; periorbital swelling; peripheral artery thrombosis; peripheral embolism; peripheral ischemia; Peripheral vein thrombosis enlargement; periportal edema; peritoneal fluid protein abnormal; peritoneal fluid protein increased peritoneal fluid protein; peritonitis lupus; pernicious anemia; petit mal epilepsy; pharyngeal edema; pharyngeal swelling; pityriasis lichenoides et varioliformis acuta; pneumobilia; pneumonia; adenoviral pneumonia; cytomegaloviral pneumonia; herpesviral pneumonia; influenza pneumonia; measles pneumonia; mycoplasma pneumonia; necrotizing pneumonia; parainfluenzae pneumonia viral; polychondritis; polyglandular autoimmune syndrome type I; polyglandular autoimmune syndrome type II; polyglandular autoimmune polyglandular autoimmune syndrome type III; polyglandular disorder; polymicrogyria; polymyalgia rheumatica; polymyositis;

polyneuropathy; polyneuropathy idiopathic progressive; portal vein pyaemia; portal vein embolism; portal vein flow decreased; portal pressure increased; portal vein thrombosis; portosplenomesenteric vein thrombosis; postprocedural hypotension; postprocedural pneumonia; post-procedural pulmonary embolism; post-stroke epilepsy; post-stroke; post-thrombotic retinopathy; post-thrombotic syndrome;**Post Viral Fatigue Syndrome; Postictal Headache; Postictal**paralysis; postictal psychosis; postictal condition; postoperative dyspnea; postoperative respiratory failure; postoperative thrombosis; Postpartum thrombosis; Postpartum vein thrombosis; Postpericardiotomy syndrome; Post traumatic epilepsy; Postural orthostatic tachycardia syndrome; Forebrain thrombosis Arterial thrombosis; Preeclampsia; Preictal condition; Premature labor; Premature menopause; procedural shock; proctitis herpes; ulcerative proctitis; product availability product availability; problem of product distribution; Product supply problem;Progressive hemiatrophy;Progressive multifocal leukoencephalopathy;Progressive multiple sclerosis;Progressive relapsing multiple sclerosis;Prosthetic heart valve thrombosis; pruritus; pruritus allergic; pseudovasculitis; psoriasis; psoriatic arthropathy; pulmonary amyloidosis; pulmonary artery thrombosis; pulmonary embolism pulmonary embolism; pulmonary fibrosis; pulmonary hemorrhage; pulmonary microembolism; pulmonary oil microembolism; pulmonary kidney syndrome; pulmonary sarcoidosis; pulmonary sepsis; pulmonary thrombosis; lung tumor thrombotic microangiopathy; lung tumor vasculitis; pulmonary vein occlusion disease; pulmonary vein thrombosis; pyoderma gangrenosum; phyostomatitis vegetans; pyrexia; quarantine; radiation leukopenia; Brachial radiculitis; Radiologically isolated syndrome; Rash; Rash erythematous; Rash pruritic; Rasmussen encephalitis; Raynaud phenomenon; reactive capillary endothelial proliferation; relapsing multiple sclerosis; relapsing remitting multiple sclerosis; renal amyloidosis; renal artery inflammation arteritis; renal artery thrombosis; renal embolism; kidney failure; renal vascular thrombosis; renal vasculitis; renal vein thrombosis; renal vein embolism; renal vein thrombosis; respiratory arrest;**respiratory disorder; shortness of breath**; respiratory failure; respiratory paralysis respiratory paralysis; respiratory syncytial virus bronchiolitis; respiratory syncytial virus bronchitis; retinal artery embolism; retinal artery occlusion; retinal artery thrombosis; retinal vascular thrombosis; retinal vasculitis; retinal vein occlusion; Retinal vein thrombosis; Retinol binding protein decreased; Retinopathy; Retrograde portal vein flow; Retroperitoneal fibrosis; Reversible airway obstruction; Reynold's syndrome; Rheumatic brain rheumatic disease; rheumatic disease; Rheumatoid arthritis; rheumatoid factor increased; rheumatoid factor positive; rheumatoid factor quantitatively increased; rheumatoid lungs; Rheumatoid neutrophilic dermatosis; rheumatic nodules; rheumatoid nodule removal; rheumatoid scleritis; rheumatoid vasculitis; saccadic eye movement; SAPHO syndrome; sarcoidosis; Satoyoshi Syndrome; schizencephaly; scleritis; sclerodactyly; scleroderma; scleroderma-associated scleroderma-associated digital ulcer; scleroderma renal crisis; scleroderma-like reaction; secondary amyloidosis; Secondary cerebellar degeneration; Secondary progressive multiple sclerosis; Segmented hyaline vasculitis; seizure; seizure anoxic; seizure clusters; Seizure-like phenomena; seizure prevention; foreign body sensation; septic embolism; septic pulmonary embolism; Severe Acute Respiratory Syndrome; Severe myoclonic epilepsy of shock;Shock symptom;Lung shrinkage syndrome;Shunt thrombosis;Silent thyroiditis;Simple partial seizures;Sjögren's syndrome; skin swelling; SLE arthritis; scleroderma-associated scleroderma-associated digital ulcer; scleroderma renal crisis; scleroderma-like reaction; secondary amyloidosis; Secondary cerebellar degeneration; Secondary progressive multiple sclerosis; Segmented hyaline vasculitis; seizure; seizure anoxic; seizure clusters; Seizure-like phenomena; seizure prevention; foreign body sensation; septic embolism; septic pulmonary embolism; Severe Acute Respiratory Syndrome; Severe myoclonic epilepsy of shock;Shock symptom;Lung shrinkage syndrome;Shunt thrombosis;Silent thyroiditis;Simple partial seizures;Sjögren's syndrome; skin swelling; SLE arthritis; scleroderma-associated

scleroderma-associated digital ulcer; scleroderma renal crisis; scleroderma-like reaction; secondary amyloidosis; Secondary cerebellar degeneration; Secondary progressive multiple sclerosis; Segmented hyaline vasculitis; seizure; seizure anoxic; seizure clusters; Seizure-like phenomena; seizure prevention; foreign body sensation; septic embolism; septic pulmonary embolism; Severe Acute Respiratory Syndrome; Severe myoclonic epilepsy of shock;Shock symptom;Lung shrinkage syndrome;Shunt thrombosis;Silent thyroiditis;Simple partial seizures;Sjögren's syndrome; skin swelling; SLE arthritis; Secondary progressive multiple sclerosis; Segmented hyaline vasculitis; seizure; seizure anoxic; seizure clusters; Seizure-like phenomena; seizure prevention; foreign body sensation; septic embolism; septic pulmonary embolism; Severe Acute Respiratory Syndrome; Severe myoclonic epilepsy of shock;Shock symptom;Lung shrinkage syndrome;Shunt thrombosis;Silent thyroiditis;Simple partial seizures;Sjögren's syndrome; skin swelling; SLE arthritis; Secondary progressive multiple sclerosis; Segmented hyaline vasculitis; seizure; seizure anoxic; seizure clusters; Seizure-like phenomena; seizure prevention; foreign body sensation; septic embolism; septic pulmonary embolism; Severe Acute Respiratory Syndrome; Severe myoclonic epilepsy of shock;Shock symptom;Lung shrinkage syndrome;Shunt thrombosis;Silent thyroiditis;Simple partial seizures;Sjögren's syndrome; skin swelling; SLE arthritis; Severe myoclonic epilepsy of shock;Shock symptom;Lung shrinkage syndrome;Shunt thrombosis;Silent thyroiditis;Simple partial seizures;Sjögren's syndrome; skin swelling; SLE arthritis; Severe myoclonic epilepsy of shock;Shock symptom;Lung shrinkage syndrome;Shunt thrombosis;Silent thyroiditis;Simple partial seizures;Sjögren's syndrome; skin swelling; SLE arthritis;**Smooth muscle antibodies positive;**sneezing; spinal artery embolism; spinal artery thrombosis; splenic artery thrombosis; splenic embolism; splenic thrombosis; splenic vein thrombosis; spondylitis; spondyloarthropathy; spontaneous heparin-induced thrombocytopenic syndrome; status epilepticus; Stevens-Johnson syndrome; stiff leg stiff leg syndrome; stiff person syndrome; stillbirth; Still's disease; stoma site thrombosis; stomal site vasculitis; stress cardiomyopathy; stridor; subacute cutaneous lupus erythematosus; subacute endocarditis; Subacute inflammatory demyelinating polyneuropathy; subclavian artery embolism; subclavian artery thrombosis; subclavian vein thrombosis; Sudden unexplained death in epilepsy; thrombosis of the superior sagittal sinus; Susac syndrome; suspected COVID-19; Swelling; swelling of the face; eyelid swelling; swollen tongue; sympathetic ophthalmia; systemic lupus erythematosus; Systemic Lupus Erythematosus Disease Activity Index Disease Activity Index abnormal; Systemic Lupus Erythematosus Disease Activity Index decreased; Systemic Lupus Erythematosus Disease Activity Index increased; Systemic Lupus Erythematosus Disease Activity Index; Systemic Lupus Erythematosus Rash; testicular autoimmunity; tightness in the throat; thromboangiitis obliterans; thrombocytopenia; thrombocytopenic; purpura; thrombophlebitis; thrombophlebitis migrans; thrombophlebitis of the newborn; thrombophlebitis septic; superficial thrombophlebitis; thromboplastin antibody positive; Thrombosis; thrombosis corpora cavernosa; thrombosis in the device; thrombosis mesenteric vessel; thrombotic cerebral infarction; thrombotic microangiopathy; thrombotic stroke; thrombotic thrombocytopenic purpura; thyroid disease; thyroid stimulating immunoglobulin increased; thyroiditis; tongue amyloidosis; tongue biting; tongue edema, tongue edema clonic movements; tonic convulsion; tonic posture; topectomy; total bile acids increased; Toxic Epidermal Necrolysis; Toxic Leukoencephalopathy; Toxic Oil Syndrome; tracheal obstruction; tracheal edema; tracheobronchitis; tracheobronchitis mycoplasmic; tracheobronchitis viral; transaminases abnormal; transaminases increased; Transfusion-related alloimmune neutropenia; Transient epileptic amnesia; transverse sinus thrombosis; trigeminal nerve palsy; trigeminal neuralgia trigeminal neuralgia; trigeminal palsy; celiac trunk thrombosis; tuberous sclerosis complex; tubulointerstitial nephritis and uveitis syndrome; tumefactive multiple sclerosis; tumor embolism; tumor thrombosis; type 1 diabetes mellitus; type I hypersensitivity; type III

immune complex-mediated reaction; Uhthoff phenomenon phenomenon ;Ulcerative keratitis;Ultrasound liver abnormal; umbilical cord umbilical cord thrombosis; Uncinate fits; Undifferentiated connective tissue disease; Upper airway obstruction; urinary bilirubin increased; urinary urobilinogen decreased; urobilinogen in urine, urticaria; urticaria papular; urticarial vasculitis; uterine rupture uveitis; thrombosis at the vaccination site; vasculitis at the vaccination site; vagus nerve palsy; varicella; varicella keratitis; varicella after vaccination; varicella zoster gastritis; varicella zoster esophagitis; varicella zoster pneumonia; varicella-zoster sepsis; varicella zoster virus infection; vasa previa; vascular graft thrombosis; vascular pseudoaneurysm thrombosis; vascular purpura; vascular stent thrombosis; vasculitic rash; vasculitic ulcer; vasculitis; gastrointestinal vasculitis;**vasculitis necrotizing;**vena cava embolism; vena cava thrombosis; venous intravasation; venous recanalization; venous thrombosis; venous thrombosis in pregnancy; paralysis of the VI. nerves;paralysis of the VI. nerves Vitiligo; Vocal cord paralysis; Vocal cord paresis; Vogt-Koyanagi-Harada disease; Warm-type hemolytic anemia; Wheezing; White nipple sign; XI. Neural paralysis; Hepatobiliary radiograph abnormal; Young's syndrome; Zika virus associated Guillain-Barre syndrome."

Evidence: Report on the summaries of all vaccine harms and side effects from the clinical phase III, Appendix K ....

At that time, the defendant already knew what health problems the gene therapy would cause.

It is therefore incomprehensible that Ms. Katalin Kariko, the defendant's former "vice president", herself invented how the immune system's interferon communication is switched off, and that this was also widely published and celebrated (more on this later) and that the defendant now dared to announce that that their gene therapy drug, which is supposed to affect the immune system, is not suitable for causing damage, while the defendant in clinical phase III has submitted its own report to the FDA to show what damage it was able to record in the immune system.

There are wide scientific publications on this topic.

Proof:

Innate immune suppression by SARS-CoV-2 mRNA vaccinations: The role of G-quadruplexes, exosomes, and MicroRNAs

Stephanie Seneff [a,*], Greg Nigh [b], Anthony M. Kyriakopoulos [c], Peter A. McCullough [d]

[a] Computer Science and Artificial Intelligence Laboratory, MIT, Cambridge, MA, USA, 02139
[b] Immersion Health, Portland, OR, 97214, USA
[c] Research and Development, Nasco AD Biotechnology Laboratory, Department of Research and Development, Sachtouri 11, 18536, Piraeus, Greece
[d] Truth for Health Foundation, Tucson, AZ, USA

Worse Than the Disease? Reviewing Some Possible Unintended Consequences of the mRNA Vaccines Against COVID-19

Stephanie Seneff[1] and Greg Nigh[2]
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[2]Naturopathic Oncology, Immersion Health, Portland, OR 97214, USA

Attachment K…

This explains why the former Minister of Health Jens Spahn and the Ministry of Health had to do without a declaration of contents and a package leaflet by order of the MedBVSV, because no vaccinator would have advised vaccination with this package leaflet. In particular, it is not at all clear from the summary of the defendants of April 30, 2021 how often the damage to health described occurred. They were lined up tightly together here." (end of quote)

Based on these circumstances alone, it is self-explanatory that the accused was not allowed to vaccinate the Covid-19 injections at all.

II.

Below is a very small (!!) selection of articles on the catastrophic consequences of the Covid-19 injections, which meanwhile can no longer be ignored by the so-called mainstream or old media:

1.

Latest study on mortality from Covid-19 injections:

Study entitled "Age-stratified COVID-19 vaccine dose death rate for Israel and Australia" dated 02/09/2023, the summary report of which is attached here.

In the "abstract" of this study it says in the introduction (quote):

It is now well known from autopsy studies and adverse event monitoring that the COVID-19 vaccines can cause fatalities. We have recently measured the vaccine dose fatality rate (vDFR), which is the ratio of vaccine-related deaths to the doses of vaccine administered in a population, to be as high as 1% in India and in conducting "vaccination equity" campaigns in poor states in the US, and as 0 .05% measured in Australia, with data not disaggregated by age group. In the present study, we provide the first empirical analyzes of age-stratified vDFRs using national all-cause mortality and vaccine adoption data for Israel and Australia. We note, that vDFR in older adults increases dramatically with age, exponentially with a doubling time of approximately 5.2 ± 0.4 years. As a result, the vDFR in the very old population is an order of magnitude higher than the value for the general population, reaching 0.6% for the 80+ age group in Israel and 1% for the 85+ age group in Australia, compared to < 0.01 % for young adults (< 45 years old). Our results suggest that prioritizing vaccination of those thought to be in greatest need of protection was imprudent. …" (Quote

end) As a result, the vDFR in the very old population is an order of magnitude higher than the value for the general population, reaching 0.6% for the 80+ age group in Israel and 1% for the 85+ age group in Australia, compared to < 0.01 % for young adults (< 45 years old). Our results suggest that prioritizing vaccination of those thought to be in greatest need of protection was imprudent. …" (Quote end) As a result, the vDFR in the very old population is an order of magnitude higher than the value for the general population, reaching 0.6% for the 80+ age group in Israel and 1% for the 85+ age group in Australia, compared to < 0.01 % for young adults (< 45 years old). Our results suggest that prioritizing vaccination of those thought to be in greatest need of protection was imprudent. …" (Quote end) that they need the greatest protection. …" (Quote end) that they need the greatest protection. …" (Quote end)

2.

https://sciencefiles.org/2023/02/18/death-from-covid-19-vaccination-compilation-of-autopsy-studies-proving-that-covid-19-vaccines-kill-people/

3.

https://corona-blog.net/2023/02/16/hohe-uebertrend-sterbefallzahlen-nach-corona-impfung-in-14-altersgruppen-in-deutschland/

4.

https://tkp.at/2023/02/16/devastating-impfschaeden-beim-us-military/

5.

https://tkp.at/2023/02/19/wann-genau-haetten-cdc-fda-und-pei-gegen-die-covid-impfstoffe-einwandern-musessen/

Attachment B:

For manipulation by the so-called mainstream or old media:

I

As is well known, many people in this country refuse to pay the license fee because the public service media do not even begin to fulfill their obligation to provide neutral reporting and thus their contractual obligation to provide information.

Through the regular and systematic embezzlement and distortion of extremely relevant information, the public media actually practice self-censorship (violation of ban on censorship according to Art. 5 Para. 1 Sentence 3 GG), whereby they (also) violate their obligation to contribute in their right to self-censorship to teach from publicly accessible sources without hindrance, and that excludes deliberate misleading in the context of "information transfer" (violation of Art. 5 Para. 1 Sentence 1 GG).

A leak of documents has shed light on how the federal government is working on a "narrative synchronization" on the Ukraine war.

The operators of the NachDenkseiten web portal were exclusively given an internal document from the federal government. After the presentation of the makers of the NachDenkSeiten, the content of this document could be verified. The identity of the whistleblower should be known.

So if this document - as everything speaks for - should be authentic, then it does indeed give an illuminating insight into the gigantic extent of the structures of a veritable federal German state propaganda, in particular with regard to the official involvement of the media, western social media corporations, educational institutions and the so-called "fact checkers".

NachDenkseiten published and commented on this document in two parts, part 1 on September 29, 2022, part 2 on October 4, 2022:

https://www.nachdenkseiten.de/?p=88618

https://www.nachdenkseiten.de/?p=88771

Part 1 of the NachDenkseiten contribution to this document leak of September 29, 2022 states, among other things:

"According to the present document, the AA networks primarily (“intensively and bilaterally”) with representatives of the USA on questions of disinformation. The International Partnership to Counter State-Sponsored Disinformation (IPCSD) and the Counter Foreign Interference Group (CFI) are explicitly mentioned in this context.

The last point made in the document regarding the activities of the AA is also instructive. There is talk of "(...) promoting the project proposals submitted by Deutsche Welle and DW Akademie to expand reporting for UKR/RUS and strengthen media skills (...)". We note that the Foreign Office, a federal ministry led by Green Party politician Annalena Baerbock, is planning to fund projects by the German international broadcaster Deutsche Welle. How this is compatible with the German Wave Act (DWG), which obliges "an independent formation of opinion" to be made possible, would be just one of several questions in view of the plans of the AA revealed in the document.

The Federal Press Office (BPA), together with the AA, is leading the so-called "EG disinformation" (when the NDS called on September 27, what EG stands for in this context, the responsible boss on duty at the BPA could not provide any information). According to the document, the BPA is responsible for "raising awareness of the issue and dealing with disinformation within the government". In addition, it offers “interdepartmental training courses” on disinformation. Spicy here: The training is not provided by the BPA itself, but by private third-party providers such as the “Institute for Strategic Dialogue” (ISD) and the “Business Council for Democracy” of the Hertie Foundation.

The ITS, with an explicitly transatlantic orientation and headquarters in London, hasboard of directorssuch illustrious people sit as Karl-Theodor zu Guttenberg, the management consultant Roland Berger and the CEO of Axel Springer SE, Matthias Döpfner.

"Cross-departmental training courses" on disinformation for employees of the federal ministries are therefore carried out by a transatlantic lobby organization, whose "board" includes exposed plagiarists and the head of the Springer press, which regularly spreads fake news - speaking of disinformation - and the private foundation of a department store magnate. The outsourcing approach in federal agencies could probably not be reduced to absurdity much better.

Finally, the document states that the deputy government spokespersons are regularly in "bilateral exchanges with Google/YouTube, Twitter, Meta, Tiktok and LinkedIn" to discuss the "respective strategies of the platforms to combat disinformation, especially in the context of the war in of Ukraine".

That means, according to the document, both the interior and foreign ministries as well as the federal press office have regular bilateral meetings (at state secretary level) with the major platform operators on "Russian disinformation" in the context of the Ukraine war. The resulting pressure to conform and censorship can be rated as significant." (End of quote)

Otherwise, to avoid repetition, reference is made to the content of the above-mentioned contributions.

We can see that in practice there is obviously nothing left of the alleged independence of the public media (cf. Section 6 (1) sentence 2 of the State Media Treaty).

Ultimately, the payer of the license fee pays to be guided and downright indoctrinated by such "influencers" according to the will, without even being able to recognize this in the productions of the public broadcasters.

In any case, the consumer of these public broadcasts will not be greeted with comments such as "This broadcast was made in accordance with the wishes of our US partners and the suggestions of theInstitute for Strategic Dialogue (ISD)" explained who spoke to him in the respective broadcast and thus actually influenced his opinion-forming.

There are, however, far more serious examples of the systematic failure of public service broadcasters.

The many months of concealment of the considerable risks and dangers due to the Covid-19 injections are likely to be by far the biggest media scandal in post-war history, which not only raises a systematic failure of all public broadcasters - who are obliged to protect fundamental rights - but also raises questions of criminal law .

As an introduction to the facts that gave rise to this criminal complaint, the YouTube video titled "Media conference: Criminal complaint against Swissmedic", available under the link

https://www.youtube.com/watch?v=AJCGCe8bkis&list=FLCzhxhg0PXUCFr1GBiqSJig&index=12&t=6180s

recommended.

You can call up further attachments and sources for the aforementioned criminal complaint on the web under the following link:

https://coronaanzeige.ch

II.

A well-fortified democracy also requires a basic willingness from those responsible in the public service media to defend themselves against illegal political influence, in a word “civil courage”.

In its decision of September 29, 2022 - AZ. S 5 BLc 11/22 made extremely clear what civil courage is and what fatal consequences arise if those responsible do not have the courage to show civil courage and violate their duty of care.

Specifically, this remarkable resolution states (quote):

"A soldier as a citizen in uniform and thus a bearer of fundamental rights (cf. § 6 sentence 1 SG) does not have to go into an "experimental field" with the employer's duty of care (§ 31 SG) and the superior (§ 10 Para. 3 SG). to an outcome that is not reasonably calculable for him, if this does not actually, i.e. demonstrably, protect outstanding common goods. (boldface added by signer)

It goes on to say (quote):

"It is surprising that superiors, who are primarily responsible for the care of subordinate soldiers (cf. § 10 Para. 3 SG), are carelessly willing to jeopardize their health by issuing appropriate orders, without apparently even coming close to the illegality (§ 10 Para. 4 SG) and non-binding reasons (in particular § 11 SG9 of orders. Even if the Covid-19 vaccination is currently listed in the vaccination catalog of mandatory vaccinations, you have to independently check the aforementioned reasons when issuing an implementation order. From They are not relieved of this responsibility. In the process, if they perform their duties conscientiously, unless there is complete ignorance of the facts and, in the meantime, also of scientific studies,objectively pressing risk aspects of this vaccination as well as its lack of effectiveness are noted and then classified into the relevant legal categories of unreasonableness and disproportionality.

For a soldier, wanting to evade this personal legal responsibility with reference to alleged ties (such as the vaccination catalogue) represented remarkable irresponsibility in matters

crucial to the life and health of subordinate soldiers suffers a disproportionate or unreasonable vaccination order, is "on the account" of such "comfortable" superiors in this respect - since a dispute with their superiors and disadvantages for their career apparently fears - with whom they have to live in the future. Here, too, "moral courage" is required in the military field and not "blind" following." (End of quote)

Source:

https://www.anwalt-schmitz.eu/wp-content/uploads/2022/10/Wichtiger-Beschluss-des-Truppendienstgerichcts-Sued-4.-Kammer-Beschluss-von-29.9.2022-S-5-BLc -1122-against-enforcement-disciplinary fines.pdf

There is no better way to put this to the point.

Those responsible for the public service media, who, despite all the facts they have had to take note of since March 2020 and with regard to the dangers of gene-based injections in particular since the beginning of 2021, still backed this Covid-19 "vaccination" until the very end campaign, these judicial sentences should be placed on your desk in a frame and preferably engraved right above the entrance to your office building, so that you will be reminded of its content over and over again, until the day when this unspeakable Covid -19 "vaccination" campaign ends.

"Demonstrable" - and already proven here - is only that these experimental Covid 19 injections are not only ineffective and useless, but even increase the risk of severe courses and are associated with considerable danger to the life and health of all people.

The judge of the South Military Service Court, who announced the above-mentioned decision, obviously understood his legal mandate, and so he speaks the truths that can no longer be denied in view of clear facts and studies.

People are still waiting for the public service media to speak these truths as well.

A military complaints procedure at the BVerwG against the vaccination requirement for soldiers, which ended on July 7th, 2022 - for the time being (!), since hearing complaints and requests for bias are still pending - with an absolutely unacceptable result, see:

https://www.bverwg.de/pm/2022/44

after all, even some public broadcasters felt compelled to report, after many months of silence and relativization, that these Covid-19 injections are clearly verifiable and undeniably associated with very serious dangers to life and health and thus everything else than (as Federal Minister Lauterbach grossly misleadingly claims) are "free of side effects".

In particular, this military complaints procedure provided the insight that these Covid-19 injections are not reasonable within the meaning of Section 17 a (4) sentence 2 SG, as they are associated with considerable danger to life and (!) health, including death. The presentation on this ran like a red thread through the entire presentation by the complainants, see:

https://www.anwalt-schmitz.eu/soldaten-against-vaccination/

How high is the budget for public broadcasting? How many employees does he have? Were these resources insufficient to deal with this issue?

The lecture by colleague Ulbrich on June 19, 2022 (also available under the above link) on the principle of risk exclusion in aviation, which is much stricter for members of the air force, should have prompted the Senate to meet the requirements of Section 17 a Paragraph 4 sentence 2 SG to be affirmed.

No one can seriously deny that these Covid-19 injections are associated with very serious dangers and risks to the life and health of all "vaccinated" people and that these dangers and risks have already materialized hundreds of thousands of times in Germany.

New horror reports about serious side effects and the associated stories of suffering are published every day, for example in an article on the SciFi portal from July 13, 2022 on 150 studies “on supposedly very rare serious side effects”, see:

https://sciencefiles.org/2022/07/13/how-thick-is-your-fur-150-studies-on-allegedly-very-rare-severe-side-effects-that-are-so-common-that- one-rarely-needs-to-redefine-200-stories/

A soldier who, knowing these facts, agrees to a Covid-19 injection would not only be “grossly negligent”, but at least approvingly and thus willfully accept that his health would be severely and permanently impaired. This obviously violates his duty to maintain health according to § 17 a paragraph 1 SG.

We had pointed out that our objections to this obligation for soldiers to vaccinate, which we derive from the Basic Law and European and international law, have been fully confirmed by KRiStA - the "Network of Critical Judges and Public Prosecutors neV", see:

https://netzwerkkrista.de/wp-content/uploads/2022/03/Netzwerk-Kritische-Richter-und-Staatsanwaelte_Stellungnahme-Impfpflicht_Gesundheitsausschuss-21.3.2022.pdf

On July 7, 2022, the adjudicating Senate did not provide a single conclusive argument with which these objections would have been dispelled. Nor are there any counterarguments to these objections.

This duty of tolerance and vaccination of the soldiers evidently violates the basic rights and articles of the ECHR and the UN Civil Pact mentioned in the above-mentioned KRiStA article.

The public service media did not address this judicial scandal for what it was: a monstrous judicial scandal. Why not?

The data botch by RKI and PEI strongly confirms that these authorities are in fact very well aware that this is the case. In addition, these authorities must also have heard about the data manipulation by Pfizer for the allegedly high effectiveness of Comirnaty, which colleague Tobias Ulbrich addressed in his brief of June 19, 2022 (available under the above link). What even we lawyers can find out that such a specialist authority, which only deals with such things, must know all the more.

Public broadcasters with a budget in the billions, too, of course.

The questioning of the experts from the RKI and PEI before the BVerwG on the 2nd and 4th day of the hearing had clearly confirmed for everyone who attended these questionings, including the representatives of the public media, that the working methods of these authorities not only violates legal obligations, but is also organized so poorly and downright clumsily that these authorities are public**do not provide any valid or reliable data**, on which one could base a “vaccination” campaign or even a “vaccination” obligation.

I only refer to the contribution of Dr. Hans-Joachim Kremer on tkp.at from July 7th, 2022:

https://tkp.at/2022/07/07/political-judgment-tolerance-of-the-covid-vaccination-at-deutscher-bundeswehr-zulaessig/

In any case, this "institutionalized deception" by the RKI and PEI has long been so obvious to every critical observer that many articles have already appeared on it, especially on corona-blog.net and tkp.at, but also on the Rubikon portal, most recently on July 16. 2022, see:

https://www.rubikon.news/artikel/institutionalisiert-tauschung

https://www.rubikon.news/artikel/die-datenmanipulateure

https://www.rubikon.news/artikel/die-datenmanipulateure-2

There is now a new meta-study that shows the largely ineffectiveness of C19 vaccinations against earlier variants, see:

https://tkp.at/2022/07/15/neue-meta-studie-shows-the-large-scale-ineffectiveness-of-c19-vaccinations-also-against-earlier-variants/

A new study shows that boosters delay the end of infection, see:

https://uncutnews.ch/neue-studie-covid-booster-verzoegert-das-ende-der-infection-erheblich/

On August 15, 2022, the above-mentioned “Assessment Report” on the risk-benefit assessment of the BioNTech-Pfizer vaccine Comirnaty was published on the corona-blog.net website, see:

https://corona-blog.net/2022/08/15/ema-dokumente-zu-biontech-aus-2020-disclose-no-reliable-conclusion-about-the-efficacy-of-the-vaccine/

I repeat the sentence from this post:

"Consequentlycan effectiveness against the serious diseasein subgroups, particularly in certain population groups at high risk of severe Covid-19 disease (elderly people and people with comorbidities),**not be appreciated.”**

The following reader comment can also be found under the aforementioned link, to which there is basically nothing to add:

"Since the lower limit of the 95% confidence interval is strongly negative at -124.8%, one could also claim that vaccination increases the risk of severe courses. In any case, the data cannot be used to disprove this hypothesis. However, at the beginning of the approval process, the authorities claimed that the vaccine protected against serious illnesses, and they still do. This is also stated in the information sheets on consent to the vaccination. I wonder on what scientific basis can this be said? In any case, this does not emerge from the assessment report and I am sure that no national authority has carried out its own risk-benefit assessment based on a placebo-controlled, randomized study. That's why it was referred to the EMA,

This shows me once again that the state and the pharmaceutical companies are working together, have deceived people and ignored laws to protect the population. What about the declarations of consent, are they still legally effective? And who is liable for serious vaccination damage if consent was given on the basis of false promises?

Politicians in Germany are currently preparing the next wave of vaccinations, because anyone whose fourth vaccination was more than three months ago must then be tested again or wear a mask. The main argument here is protection against severe courses, since it is obvious to everyone that even those who have been vaccinated four times are not protected against infection. Our Health Minister Lauterbach is the best proof of this. But in my opinion there is no scientific basis for this claimed protection against severe courses, ie no controlled and randomized studies that prove this! This argument, too, turns out to be what it really is, pure propaganda!"

Source and proof: as above

So the data from Pfizer's pivotal study just doesn't prove the effectiveness of Comirnaty.

Moreover, it has been evident since March 2021 that Comirnaty can no longer receive unconditional approval, since Pfizer has dissolved the "control groups".

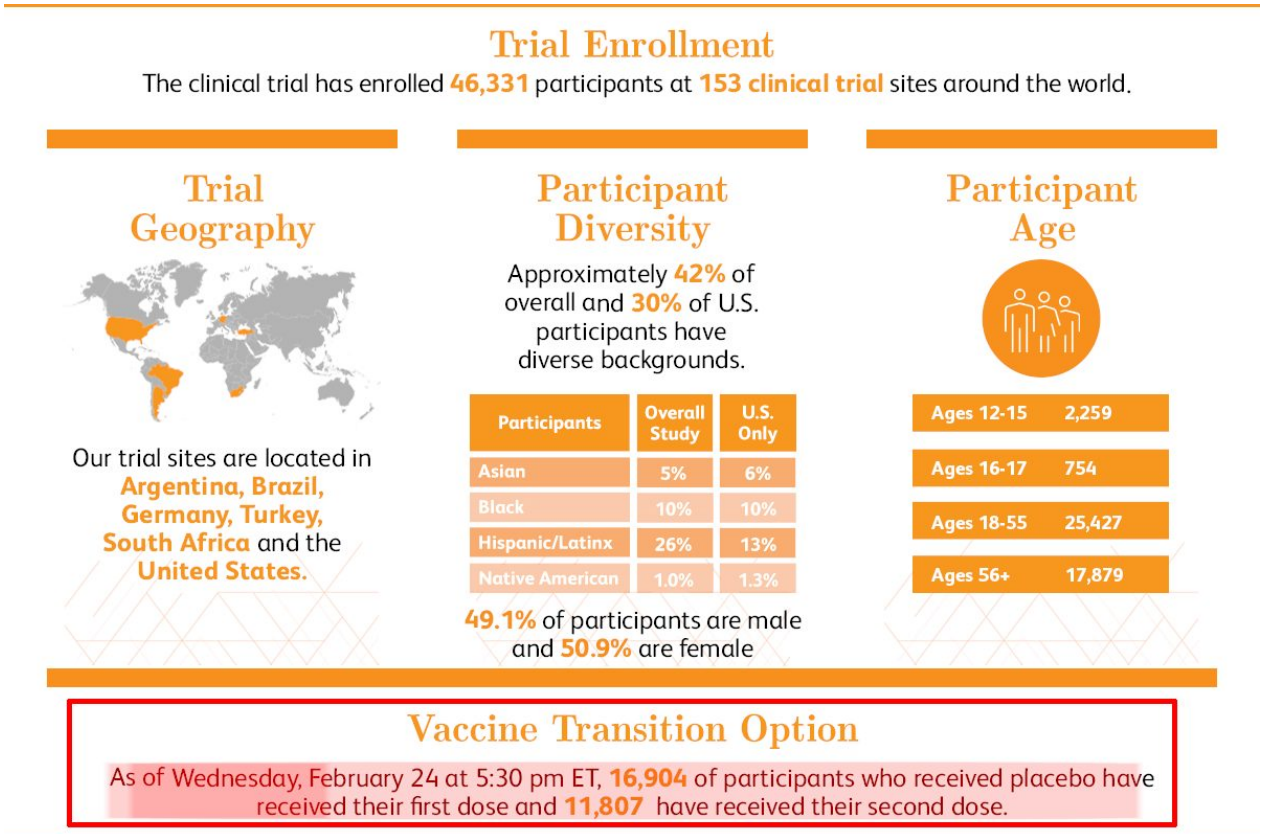
The aforementioned article on corona-blog.net reminds us of this again (quote):

"Incidentally, while leafing through the assessment report, we noticed another "amusing" detail. Near the end, on p. 165, you will find a table with obligations that BioNTech-Pfizer still has to fulfill (with due date):

In order to confirm the efficacy and safety of Comirnaty, the MAH should submit the final Clinical Study Report for the randomized, placebo-controlled, observer-blind study C4591001.	December 2023

Because this is so relevant, here it is again in translation:

In order to confirm the efficacy and safety of Comirnaty, the MAH should submit the final clinical study report for the randomized, placebo-controlled, observer-blind study C4591001. Ironically, the "control groups" (i.e. the placebo groups, including those from study C4591001) have already been vaccinated as part of the "Vaccine Transition Program" (wehave reported about it). In March 2021, the following graphic was also found on the BioNTech website:



Source:[BioNTech-Pfizer website]

We wonder when this information will arrive at the EMA. Also in[latest update of the EMA website](as of 07.01.2022) you can find the following table:

Study Status	Country	Summary of Objectives	Safety concerns addressed	Milestone	Due dates
Category 2					
C4591001 *Ongoing*	Global	The objective of the study is to evaluate the safety, tolerability, immunogenicity and efficacy of COVID-19 mRNA vaccine An imbalance between the vaccine and control groups in the frequency of COVID-19 disease, in particular for severe COVID-19 disease, may indicate the occurrence of vaccine associated enhanced disease. Surveillance is planned for 2 years following Dose 2.	Anaphylaxis Vaccine-associated enhanced disease (VAED) including vaccine-associated enhanced respiratory disease (VAERD) Use in frail patients with co-morbidities (C4591001 subset) Long term safety data.	CSR submission upon regulatory request: CSR submission 6 months post Dose 2: Final CSR submission with supplemental follow-up:	Any time 31-May-2021 31-Dec-2023

We translate another part into German:

A**lmbalance between the vaccine and control groups**in the frequency of COVID-19 disease, especially in severe COVID-19 disease, may indicate the occurrence of vaccine-associated increased disease. Monitoring is planned for 2 years after the 2nd dose.

This imbalance can simply no longer be determined because the control group no longer exists in fact."(Quote end)

Source and proof: as above

In truth, the data from the Pfizer US pivotal study, correctly interpreted, only suggests that Comirnaty has no appreciable efficacy.

But on the contrary !!!!

The already mentioned study (peer reviewed) by Prof. Dr. Peter Doshi et al., see:

https://www.sciencedirect.com/science/article/pii/S0264410X22010283

has even shown**that the Pfizer study found a 36% greater risk of serious adverse events in the vaccine group compared to placebo baseline.**

An analysis of this on tkp.at from September 2nd, 2022 states:

"Now is onenew studyfromPeter Doshi et alappearedwith the title "Serious adverse events of special interest following mRNA COVID-19 vaccination in randomized trials in adults(Serious Adverse Events of Special Interest Following mRNA COVID-19 Vaccination in Adult Randomized Trials).

Side effects are examined according to the year2020, before the introduction of the COVID-19 vaccine,throughthe Brighton Collaborationcreated and bysupported by the World Health OrganizationPriority list of potential adverse events relevant to COVID-19 vaccines.This assessed serious adverse events of particular interest observed in mRNA COVID-19 vaccine studies.

So it is oneSecondary analysis of serious adverse events reported in the placebo-controlled, randomized Phase III clinical trials of Pfizer's and Moderna's mRNA-COVID-19 vaccines in adults, with analysis focused on the Brighton Collaboration's Adverse Events of Special Interest .

Pfizer and Moderna's mRNA COVID-19 vaccinescausedan excess risk of serious adverse events of 10.1 and 15.1 per 10,000 vaccinees, respectively, compared to placebo baseline.Overall, the mRNA preparations showed an additional risk of 12.5 per 10,000 vaccinated peopleon.

The Pfizer study showed a 36% higher risk of serious adverse events in the vaccine group, the Moderna study a 6% higher risk." (End quote)

Source:

https://tkp.at/2022/09/02/studie-hebliche-severe-side-effects-in-den-mrna-c19-impfstudien/

According to this study by Doshi et al. So out: injections like Comirnaty do not reduce the risk of severe courses, but increase them considerably.

With such sources we could go on indefinitely.

But we can also refer to the numerous articles on the portals tkp.at or SciFi or Corona-blog.net, where the interested reader can find new meaningful articles and sources almost every day.

The scandalous withholding of information over many months already shows that many people are quite right to refuse to pay the license fee, since the public media have not even started to fulfill their contractual obligation to provide information, so that millions of people have been unaware of the considerable dangers for many months of the Covid-19 injections have been informed.

If the public service media were supposed to be “4. Violence" do their job in accordance with the law, then what the three powers have expected of the people in this country in the last 2 ½ years would have been absolutely impossible in this form.

Why have they not fulfilled their obligation to provide appropriate information? For example, because the prices of the pharmaceutical giants have fallen into the abyss and the days of this federal government would have been numbered if the public had found out that these Covid 19 injections pose such serious risks to the life and health of soldiers that they are not dangerous to any soldier can be expected?

First, from March 2020, the public service media helped to stir up the fear spiral with lots of fake news, with more and more horror reports about a ‘‘pandemic’’, the IFR of which – like a normal flu – is in fact only 0.15% . This is the value originally determined by Prof. John PA Ioannidis, which he has since corrected significantly downwards. Prof. Ioannidis is one of the most cited scientists in the world-

Once people grasp the consequences of this disinformation, public media's days will be numbered. Because this failure, which makes a mockery of the state's duty to protect, is unforgivable.

Comparable misinformed reports in the local press reporting on this trial are therefore not even acknowledged by the defense.

The license fee payers who sue against the obligation to broadcast license fees are always positively aware that the judiciary basically does not listen to their arguments and the chances of success are nil.**But they all decided to send a sign of protest and contradiction against these conditions with their contradictions.**

If a judge were to officially confirm through his judgment that the failure of the public broadcasters is systematic, so comprehensive and so serious that no person with an intact conscience can and would voluntarily pay for these "self-sufficiency companies with attached broadcasting operations", then he would have sent an important signal.

But that is not the concern of the people, who can simply leave what the public broadcasters do with their fees without comment.

Those responsible for public service broadcasters are among the main responsible for what has happened in recent years. it is def only a matter of time until the people in this country for a comprehensive jur. will demand refurbishment. But then it will no longer be the administrative courts that will be appealed to, but the criminal courts.

Anyone who has critically followed the goings-on of the public service media for years could quite appropriately exclaim in the words of Oscar Wilde:

"In the olden days they used torture, now they use the press. That is certainly progress.”

In this context, point 14 of the Press Code should also be remembered, which states:

"Reports on medical subjects should avoid unduly sensationalism that might arouse unfounded fears or hopes in the reader."

Against this standard, it is all the more reprehensible if the media not only advertised massively for the Covid-19 injections, but also massively against the "unvaccinated" people, which is also reflected on the website "I've participated - the archive for Corona injustice" has been impressively documented, see:

https://ich-habe-mitmachen.de/index.php?option=com_content&view=category&layout=blog&id=27&Itemid=235

If the public had been adequately educated about the real dangers and risks of Covid-19 injections, no one would have dared to agitate against the unvaccinated in such a way.

So that no one thinks that we are mulling over questions that are of no relevance to anyone, here are some dates:

As of July 17, 2021 (!), the EU's "vaccination death balance sheet" showed 18,928 deaths.

The article of the same name in the online magazine Rubikon from July 24, 2021 states, among other things:

"EudraVigilance, the European Union's suspected drug reaction database, which is also responsible for the registration of vaccine adverse reactions, reports– As of July 17, 2021 – the almost ***A staggering 18,928 deaths and 1,823,219 injuries in the European Union following COVID-19 'vaccinations'****(1 to 6). Since usually only a small part of the number of vaccination damages is reported and the half-sentence 'is not related to the vaccination' is now standard in the case of damages after a 'corona vaccination', one has to assume a significantly larger number of deaths and injuries. For British Airways pilots the 'factor of death' was around 1 in 1000 (7)…".*

Source:https://www.rubikon.news/artikel/die-imppftoten-Balance

Did the adjudicating court find out about these numbers from the public media in mid-2021?

Unless? Isn't it obvious that the disclosure of such data would not have had a major impact on the decision of all unvaccinated whether or not to be vaccinated?

Countless experts have been warning the public about the dangers of these genetic "vaccines" for many months in countless contributions, especially YouTube videos, interviews, articles and non-fiction books.

According to the assessment of these and other well-known experts, such "vaccinations" - as already mentioned - are in fact not "vaccinations" at all, but "prophylactic gene therapies" with completely unknown long-term consequences, see Prof. Hockertz, among others in his interview with the "Basel-Express", available at:

https://www.basel-express.ch/redaktion/gesellschaft/3083-das-ist-kein-no-vaccination-but-a-prophylactic-gene-therapy

The full interview with Prof. Dr. Hockertz from September 30, 2020 can be found under the link:

https://christen-im-widerstand.de/wp-content/uploads/2020/12/Interview-mit-Prof.-Hockertz-Final.pdf

The public law By concealing such facts, broadcasters are jointly responsible for the catastrophic consequences of the "vaccination" campaign, which is irresponsible in every respect.

In order to show the criminal law dimension of this vaccination campaign - and also the silence about the highly dangerous side effects of these genetic "vaccines", the following is particularly importantsmall selection of sources referenced.

These sources contain very concrete indications that the entire coronavirus "vaccination campaign" with regard to all conditionally (!) approved and used genetic "vaccines" was and is irresponsible in every respect and of criminal relevance for many reasons:

1.

complaintthe lawyer Tobias Schmid from March 2021,which - as far as is known - has been submitted to all (!) public prosecutors in Germany, see, among other things:

www.epochtimes.de/politik/deutschland/berater-der-impfgeschaedigten-ist-empoertstaatsanwalt-weist-53-seiten-strafanzeige-zurueck-a3472049.html

2.

Complaint to the International Criminal Court in The Hague for various international crimes in connection with the corona virus "vaccination" campaign:

https://www.rechtsanwalt-wilfried-schmitz.de/wp-content/uploads/2022/01/Beschwerde-an-den-Internat.-Strafgerichtshof-wegen-Verschlägen-gegen-den-Nürnberger-Kodex-und-Völkerrechtsverrechte -through-the-corona-virus-22vaccines22.pdf

The content of this annex is hereby referred to in its entirety.

The original English version of this complaint is linked at the bottom of the following article:

https://telegra.ph/Whistleblower-Aktivisten-filt-a-lawsuit-at-the-International-Criminal-Criminal-Court-and-throw-Big-Pharma-Gates-Fauci-und-british-12-18

It should be easy to see that the situation presented in the above complaint compares very well with the situation in other European countries.

3.

dr At the 86th meeting of the Corona Committee, Mike Yeadon explains the catastrophic side effects of the genetic "vaccine" substances and draws the conclusion that these effects are not an unintended "side" effect, but that it is obviously about helping people damage these "seed" substances:

https://odysee.com/@Corona-Ausschuss:3/Mike-session-86-de:6

dr In this interview, Mike Yeadon also reports that he wanted to inform the public about so-called mainstream media and warn them, but that his efforts in this regard were blocked by the media representatives.

He conclusively states that this whole "corona protection vaccination campaign" would have ended immediately if the media had adequately informed the public about all the dangerous aspects of these new genetically engineered "vaccine" substances even once.

4.

Even articles like the following should have caused all authorities and departments of the federal and state governments to realize months ago that the**uncompromising rejection**there is no alternative to these genetic corona "protection" "vaccinations":

"Pfizer Secret Documents: 1,223 Deaths and 158,000 Adverse Events in 90 Days After Emergency Authorization"

Source:

https://corona-transition.org/geheime-pfizer-dokumente-1223-todesfalle-und-158-000-unwanted-events-in

Once again:

An official document from Pfizer entitled

"Cumulative Analysis of Post-Authorization Adverse Event Records Reports"

contains data on adverse effects of the vaccine. According to the document, over a 90-day period, from December 1, 2020 to February 28, 2021, tens of thousands of adverse reactions to the vaccine were registered. 2020 – February 28, 2021.

During this period, there were 1,403 cases of cardiovascular problems, which is 3.3% of the data set.

Even more disturbingly, there were also 1,223 deaths (among study participants) during the 90-day period!!!

The data included only "serious" adverse events. All side effects classified as “non-serious” should be processed in a separate report within 90 days. The data contained in this document was also collected on a voluntary basis, as indicated in the methodology section.

Still, the paper concludes that after "reviewing the available data," the vaccine has been deemed safe and ready for the market. Shortly thereafter, the FDA approved emergency use.

More documents will be released in the coming weeks. Public Health and Medical Professionals for Transparency have filed another motion to compel the FDA to expedite the release of the requested documents."

Source:

https://nationalfile.com/pfizer-documents-reveal-1200-vaccine-deaths-90-day-trial-period/

Knowing these facts, who would have had these Covid 19 injections?

5.

Criminal complaint from Kinderrechte eV because of the "coronavirus vaccination campaign" regarding the children:

https://kinderrechtejetzt.de/strafanzeige/

6.

Contribution of the Critical Judges and Prosecutors to the "vaccination teams" in schools:

https://netzwerkkrista.de/2021/08/19/impfteams-in-schulen-strafsrecht-fragen/

7.

A good and clear summary of important facts - also on the coronavirus "vaccination" campaign can be found in the "Corona exit concept" of the "Society of Physicians and Scientists for Health, Freedom and Democracy eV" from January 2022:

https://www.rechtsanwalt-wilfried-schmitz.de/wp-content/uploads/2022/01/2022-01-28-MWGFD-Corona-Ausstiegskonzept-Web.pdf

8th.

A comprehensive data analysis from 165 countries shows:**Highest Covid-19 death rates in most vaccinated countries:**

https://dailyexpose.uk/2021/11/03/worldwide-data-proves-highest-covid-19-death-rates-are-in-most-vaccinated-countries/comment-page-1/

9.

Two German scientists came to the same conclusion –**the excess mortality in Germany is closely correlated with the vaccination rate:**

https://corona-transition.org/excess-mortality-increases-with-increasing-vaccination-rate

10th

On "tkp - the blog for science & politics" you can find the article "Vaccine as a pandemic: increase in Covid deaths from the start of vaccination in several countries:

https://tkp.at/2021/05/13/impfstoff-als-pandemie-rise-der-covid-todesfaelle-ab-impfbeginn-in-mehreren-laendern/

11.

And you could go on like this indefinitely:

https://corona-blog.net/2022/07/27/tk-muss-daten-herausmachen-2021-waren-there-437-593-insured-because-of-vaccination-side-effects-in-aerztlicher-treatment/

https://corona-blog.net/2022/05/08/18-security-report-des-pei-296-233-side-effects-2-810-todesfaelle-und-less-information-than-ever/

Isn't it obvious that keeping people ignorant of these facts is absolutely irresponsible?

In addition, a whole series of very informative non-fiction books have been published, which have subjected the official narratives to the supposedly so highly dangerous corona pandemic to a thorough examination:

Also a small selection:

1.

"False Pandemics" by Dr. Wolfgang Wodarg.

It is also evident that Dr. Wodarg is personally attacked by those who cannot refute him on the matter.

2.

Anyone who wants to finally free themselves from the delusion that the pharmaceutical industry is only interested in the health of all people and that the healthcare system is free of any corruption should read the book "Deadly Medicine and Organized Crime" by Peter C. Gotzsche.

3.

The book "The Shock Strategy - The Rise of Disaster Capitalism" by Naomi Klein should be required reading for every schoolchild.

Reading such non-fiction books makes it easier to get started than dealing with thousands of web articles and videos, which one has to avoid because of the unconstitutional self-censorship of the public media, but also because of the censorship on YouTube (see Art. 5 Para. 1 S. 3 GG : "There is no censorship.") can currently only be found on other video platforms such as Odyssey.

It should be anticipated: Anyone who will deal critically with the above sources will inevitably come to the conclusion:

There was and is no actual reason and therefore no constitutional and therefore effective legal basis for ordering the various anti-corona measures, neither through the general clause of § 28 IfSG nor through the supplements in § 28 a IfSG.

There was therefore at no time any real reason to force all people in this country to carry out a life-threatening experiment with a completely new generation of genetic "vaccine" substances.

The persistent ignoring of quantitatively and often also qualitatively extremely weighty objections by politicians, their "advisers" and especially by the so-called public service and alleged "mainstream" media has consequently produced catastrophic consequences, as can be seen in particular from can be derived from the official figures mentioned above for suspected vaccine deaths.

At the beginning of October 2021, ARD employee Ole Skambraks wrote about this situation in an open letter, the under

https://multipolar-magazin.de/artikel/ich-kann-nicht-more

has been published, emphatically confirmed, and stated in the introduction to this open letter (quote):

"I can't keep silent anymore. I can no longer accept without a word what has been happening at my employer, the public broadcaster, for the past year and a half. Things like "balance", "social cohesion" and "diversity" are anchored in the statutes and media state treaties in

reporting. The exact opposite is practiced. There is no real discourse and exchange in which all parts of society can find themselves..."

As a result of this systematic disinformation, people were repeatedly violated in their basic rights, in particular in their human dignity according to Article 1 Paragraph 1 of the Basic Law, since they are not arbitrarily manipulable voters, herds or "vaccination" cattle, through this disinformation and influencing is treated in the same way.

It is precisely against this background that many people see their negative freedom of expression violated because the financing of a public media monopoly is being imposed on them, which from their point of view only serves psychological mass manipulation and thus violates their right to self-determination, since this Law can only be realized on the basis of truthful information gathering and communication.

For a long time, a massive violation of the public service program mandate has been observed on a daily basis, which in particular goes hand in hand with the violation of his freedom of conscience in accordance with Art.1 BvR 1675/16, 1 BvR 981/17, 1 BvR 836/17, 1 BvR 745/17has not yet been appreciated at all.

Formulations of the BVerfG such as the following only allow the conclusion that the BVerfG - at least in the last few years before the announcement of its judgment of July 18, 2018 (1 BvR 1675/16, 1 BvR 981/17, 1 BvR 836/17, 1 BvR 745/17) on the constitutionality of the broadcasting fee - cannot even begin to critically examine the "reporting" and the actual state of the public media (quote):

"In the possibility of using public service broadcasting in its function as a provider who is not solely subject to economic competition and who guarantees diversity in broadcasting reporting, who offers guidance through authentic, carefully researched information, lies the individual justification for charging the broadcasting fee as a contribution Advantage. Those who can, but do not necessarily have to, receive the generally accessible broadcasting services must contribute to the financing of public service broadcasting."

It would be simply a denial and a gross distortion of reality to describe the reporting of the public service media as "authentic" and "carefully researched" in a general way, so that an "orientation aid" could be given. The reporting of the last three years alone emphatically refutes this.

No guidance is given here, but the broadcast users are formally told, through constant manipulation, what they accept as true / good / just / despicable etc. and what they should or should not do. And if you don't follow this, you have to expect - as shown above - that the public broadcasters will even create a massive atmosphere against you and all other "deviants".

The case law itself has specified the examination program that in this context – challenging notices of broadcasting license fees and examination of applications for exemption for reasons of conscience – must also be processed in detail.

In its judgment of September 11, 2017 – M 26 K 17.3045, the Munich Administrative Court stated, citing the Hamburg Administrative Court (quote):

"The justification of broadcasting financing would only be called into question if the public service broadcasters failed to fulfill their public service mandate (§ 11 RStV) not only in individual cases, but in general and if there were a structural failure of public service broadcasting (cf. VG Hamburg, Uv 21.10.2010 - 3 K 2796/09 - juris)..."

That is exactly the central question here: Is there a structural failure of public service broadcasting?

Anyone who seriously pursues this question can then answer the question for themselves as to why broadcasters complain that their freedom of conscience has been violated because of their obligation to finance this broadcasting activity.

We could prove the assertion that

that the control bodies of the public service media have not fulfilled their control obligations for many years and

program complaints filed with the public service media have not led to the public service media fulfilling their statutory mandate again,

referred to the expert testimony of Mrs. Maren Müller, to load via the Association of Permanent Public Conference of Public Media eV

Contact details:

Permanent public conference of the public media eV
Internet: www.publikumskonferenz.de
E-mail:info@audikumskonferenz.de

It's long overdue for a judge to finally show the limits of the "system" of public broadcasting propaganda.

Because the one-sided and distorted "reporting" by the public media about the origin, course and consequences of the "corona pandemic" and the disastrous consequences of the genetic "vaccination" substances has shown most impressively that these media are extremely important for society important questions no longer allow any public discourse, with fatal consequences for the health and happiness of millions of people.

The absolutely one-sided public service scaremongering in the wake of the so-called "Corona Pandemic" since March 2020, which has prevented any discourse with critics, has proved most impressively that public service broadcasting is not "contrary in many ways". but only that was allowed and able to determine the public discourse, which corresponded to the so-called anti-corona policy of the federal and state governments and in particular to the Covid-19 "vaccination" agenda.

Is there even a single decision of a German court that in this context the refusal of broadcasting license fees - or otherwise - is appropriate - and that is, in depth - dealt with the media and constitutional reality and dealt with the question of whether it is not unconstitutional to oblige a person - against the voice of his conscience - to finance a broadcasting system that is no longer bound to his mission and to the central cornerstone of the Basic Law more recognizable?

financial guarantee? Doesn't matter what? Or is it just an uncritical confirmation of the financial guarantee for "propaganda" or for the mere conveying of the politics, agenda and ideology of the ruling "old" parties?

Shouldn't this propaganda only be paid for by those who have an interest in maintaining it?

In any case, people who can still hear the voice of their conscience only want to live in the truth and not have to finance anything that is neither democratically legitimized nor controlled and fundamentally violates the principles of the rule of law and the idea of international understanding.

If what the state of the media says about life and the actual state of the legal culture in this country is no longer of any fundamental importance, then - and only then - it may be quite correct from a right-wing nihilistic point of view that all these questions have no " have fundamental importance". Because then elementary legal questions, which are of the utmost importance for the peaceful (coexistence) life of people and peoples, in fact never have a "fundamental importance".

The question then is, of course, what is still supposed to have “fundamental importance” in this country.

III.

The public service media and the Corona crisis:

There are so many examples of misreporting under public law that it is really difficult to make a selection, even if you focus on a specific set of facts such as the grossly distorted and merely panic-mongering “reporting” about the supposed “corona pandemic” or the war focused in Syria.

Let us first deal with the actions of the public service media in times of the "Corona crisis" under Section IV.

The employees of the public broadcasting system have not even remotely fulfilled their duty to provide appropriate information and education to people, especially in the last few months. Especially in the context of this "corona crisis", the public media have acted like completely uncritical government press offices and pharmaceutical lobby system guards by not only refusing any differentiated reporting, but also repeatedly discrediting critics of this "corona policy" by the federal and state governments .

There was and is no constitutional and therefore effective legal basis for ordering a mask requirement and safety distances.

For an introduction, see the judgment of the AG Weimar from January 11, 2021 to AZ. 6 Owi – 523 Js 202518/20 referred to, according to which the current anti-corona measures can only be evaluated as unconstitutional and a gross political mistake, see:

https://openjur.de/u/2316798.html

The (acquittal) judgment of the District Court of Weimar in the **OWi thing to AZ. 6 Owi 583 Js 200030/21**from the **15.3.2021**.

https://www.rechtsanwalt-wilfried-schmitz.de/wp-content/uploads/2021/05/AG_Weimar_6_OWi_583_Js_200030-21_JURE210007322.pdf

In this context, the decision of the family court in Weimar of April 8, 2020, which was issued in child protection proceedings in accordance with Section 1666 (1) and (4) of the German Civil Code (Bürgerliches Gesetzbuch - BGB), is particularly noteworthy. that two schools in Weimar are prohibited with immediate effect from requiring pupils to wear mouth-nose covers of all kinds (in particular qualified masks such as FFP2 masks), from ordering participation in quick tests and from ordering the distance requirements.

The judge stated here: “The children are harmed physically, psychologically and educationally and their rights are violated without there being any benefit to the children themselves or to third parties.”

You certainly do not have to be sent a complete printout of the aforementioned decision of the Weimar Family Court of April 8, 2021.

In order to avoid repetition, the entire content of the aforementioned judicial decisions with all the evidence is fully referred to and raised for presentation.

Due to the density of the evidence and the indisputably high qualifications of the experts consulted by the Weimar Family Court, further explanations or even further taking of evidence on the evidence issues relevant to the decision here should no longer be necessary.

The same applies to the decision of **Family Court Weilheim from April 13th, 2021 to AZ. 2 F 192/21,** which, with regard to the obligation to wear masks in a secondary school, has made a similar arrangement as the AG Weimar.

This decision is also assumed to be known and does not have to be transmitted here.

As far as the status of the secured findings and the legal assessment of all the unspeakable "anti-corona measures" from the end of December 2020 is concerned, I would like to refer to the very well-founded one **190-page constitutional complaint (VB) of the judge Pieter Schleiter** from the Berlin Regional Court from the end of December 2020, which anyone can access on the web under the link

https://2020news.de/deutscher-richter-elevates-constitutional-complaints-in-things-corona/

can download for free.

Everyone who has to deal with the question of the unconstitutionality of the corona protection regulations of the federal states and the (lack of) justification of the various anti-corona measures must take note of these VB. These remarks must not be ignored.

According to the explanations of this VB, in particular the go-through of the federal government over statutory ordinances of the states within the framework of the decisions in the prime ministers' conferences, the de facto self-disempowerment of the parliaments (violation of the parliamentary reservation) and the far-reaching authorization of a health minister to change health law regulations were clearly unconstitutional.

The explanations on the factual and legal situation of this VB, which with its basic explanations can easily be transferred to the legal situation in all federal states, are hereby referred to in full and raised for presentation.

This VB contains, among other things – which will be explained in more detail below – from page 84 onwards, which have been established by well-known scientists **ten(!) major defects / errors this PCR test**been summarized.

I would like to refer to this in particular in this context, since nobody will dispute that without a scientifically sound basis - here the number of cases, which form the basis for assessing the pandemic from the very beginning - ultimately there can be no basis for epidemiological assessments.

The author of the aforementioned VB is by no means alone in this position. Rather, he knows he is in the best company of numerous experts who have critically examined the official narratives on the pandemic.

In the meantime, a "network of critical judges and public prosecutors" has also been founded, which has questioned and disputed the justification of the anti-corona policy, see:

https://www.netzwerkkritrichterundstaatsanwälte.de

In particular, it is also demonstrably wrong to claim that “in the event of such an infection” “those affected” are threatened with serious illnesses that can also lead to death.

You don't just know that since the **Heinsberg study**by Prof. Streeck better.

“With the total number of all infected people, the infection mortality rate (IFR) can be determined. It is included for SARS-CoV-2 for the outbreak in the Gangelt community **0.37 percent**..."

Source:https://www.uni-bonn.de/neues/111-2020

Much more comprehensive and differentiated is the meta-study by the highly renowned Stanford professor John Ioannidis, which makes the infection mortality (IFR) dependent on many factors and – even in the original version – sets it significantly lower again, at around 0.20%. **For people under the age of 70, the IFR is even lower.**

Original text of the study:

https://corona-ausschuss.de/wp-content/uploads/2020/10/BLT.20.265892.pdf

All media have reported on this meta-study, especially as it has also been published by the WHO, so that the adjudicating court must also be aware of it, see, among other things:

https://www.merkur.de/welt/who-corona-studie-tote-uebermorblichkeit-infection-pandemie-zr-90073439.html

Prof Ioannidis subsequently corrected the IFR to the value of 0.15%, see:

tkp.at/2021/03/29/neue-ioannidis-studie-infection-mortality-worldwide-about-015-percent/

In the meantime, he has set the value at 0.1% for under 70-year-olds, see:

https://tkp.at/2022/10/18/neue-ioannidis-studie-covid-war-schon-2020-harmless-than-so far-assumed/

Next he has **Association German Network Evidence-Based Medicine eV**at the **13.10.2020**published a detailed statement, which states, among other things:

"It can already be said with great certainty that the deaths primarily affect older and, above all, very old people. In Germany there were only 3 deaths under the age of 20. **The median age of COVID-deceased is at 82 years and 85% of those who died were 70 years of age or older**[9]. Overall, children seem to be less susceptible to SARS-CoV-2 infection. In Germany, only 3.4% of those who tested positive were under 10 years old, and only 6.4% between 10 and 19 years [9]. Children may also be tested less frequently. Therefore, these figures from the RKI should be interpreted with caution, as they do not come from a representative sample test, but only reflect the unsystematically carried out mass tests. In addition to age, comorbidities are also significant risk factors. In a recently published meta-analysis, cardiovascular pre-existing conditions, hypertension, diabetes mellitus, heart failure, chronic kidney failure and cancer were found to be independent risk factors for COVID-19 mortality [13]..."

Another overview of the Corona IFR can be found on the homepage of **Swiss Policy Research**, and this overview can be taken from:

swprs.org/studies-on-covid-19-lethality/

With regard to data collection in Germany, it should be noted that the data - regardless of the already given unsuitability of the PCR test - is also significantly distorted and falsified by the fact that in this country everyone is recorded as a "corona dead" who "with “ of the SARS-CoV-2 virus dies. The RKI is not interested in whether he died "of" this virus, according to the statements of the RKI boss Wieler, who said verbatim:

"We consider someone to be a corona death if a corona infection has been detected."

Source (with further references):

https://www.rubikon.news/artikel/refusal of command

The still widespread assertion that wearing mouth and nose covers is suitable for reducing the risk of infection according to the current state of scientific knowledge is also demonstrably false.

We assume that this absurd mask requirement obviously only served to continue the production of a “pandemic theatre”.

In the book "Virus-Wahn" the mask requirement is logically referred to as the "summit of absurdity" (ibid., pages 445 - 450 with numerous sources and studies), which confirms the statement on this page, which was derived from the sources already presented.

"For example, the renowned independent US institute National Bureau of Economic Research (NBER) showed in its meta-analysis with data from 24 countries and 25 US states in August 2020 that the prescribed measures such as wearing a mask have no relevant influence on the infection process." (ibid, p. 445 with additional references)

Evidence: expert testimony of Dr. medical Claus Koehnlein, Koenigsweg 14, 24103 Kiel

A study by Ines Kappstein also comes to the clear conclusion:

“The recommendation for MNB in public spaces has

1. **no scientific basis and is**
2. **even potentially counterproductive.**

In view of the low incidence of COVID-19 (July 2020) and thus also in view of the fact that the medical system and in particular the intensive care capacity is not to be expected to be overloaded (and incidentally was not the case in the previous weeks either), is such a drastic one Measures such as the general obligation to wear masks for the vast majority of all citizens in public spaces cannot be justified and do not correspond to the recommendations of the WHO.

The full text of this study is available at:

https://www.thieme-connect.com/products/ejournals/html/10.1055/a-1174-6591

The fact that "non-pharmaceutical measures" such as these lockdowns - the measures of which also include this unspeakable mask requirement - ultimately have no effect with regard to the supposedly intended containment of the spread of the corona virus has also long been evident from relevant studies, see e.g.:

Analysis by Prof. Dr. Werner Müller, available at:

https://www.prof-mueller.net/corona/analyse/

Study by Isaac Ben-Israel, which unfortunately is only available in English:

https://www.timesofisrael.com/the-end-of-exponential-growth-the-decline-in-the-spread-of-coronavirus/

This study concludes:

"Our analysis shows that this is a constant pattern across countries. Surprisingly, this pattern is common to countries that have taken a severe lockdown, including the paralysis of the economy, as well as to countries that implemented a far more lenient policy and have continued in ordinary life.”

Translation: "Our analysis shows that this is a constant pattern across countries. Surprisingly, this pattern can be found both in countries that have implemented a severe lockdown, including paralyzing the economy, and in countries that have implemented a far more lenient one engaged in politics and went on with their normal lives."

It should also have been common knowledge for a long time that asymptomatic or healthy children in fact no risk of infectionruns out

So has a great **Study from Wuhanalready in 2020**provided evidence that asymptomatic "infected" people - i.e. people without any symptoms of illness, i.e. healthy people who only tested "positive" with an unsuitable PCR test and were and are therefore misleadingly referred to as "infected" - "hardly play any role" in transmission of COVID-19:

*"After the end of a strict lockdown from January 23 to April 8, a city-wide SARS-CoV-2 nucleic acid screening program was launched in Wuhan between May 14 and June 1. The researchers came to a particularly exciting finding:***Asymptomatically infected people seem to play little role in transmission of COVID-19***. The screening results were published in the journal "nature communications".*

Source among others:

https://www.esanum.de/today/posts/covid-19-asymptomatik-infekte-uebertragen-corona-selten

It is now known that the study, which claimed a possible infection by asymptomatic people, was demonstrably based on an arbitrarily misinterpreted fact. However, it would take us too far to go into detail here.

That too should have been common knowledge for a long time.

Therefore, it can only be described as highly arbitrary, even if healthy people, who pose no danger to anyone, were and are forced to wear a demonstrably useless mask for absolutely no reason, which is also evident from the fact that not even FFP2 -Protect masks from viruses.

In addition, nobody should repeat the statements of the RKI completely uncritically, if only because employees of the RKI - including his boss Prof. Dr. Wieler – are apparently involved in numerous conflicts of interest.

The following articles, videos and comments on the "golden boy" Prof. Christian Drosten and the RKI boss Prof. Dr. Lothar H. Wieler are absolutely worth reading and seeing:

https://www.kla.tv/17877

https://www.rubikon.news/artikel/der-goldjunge

https://www.kla.tv/18351

March 20, 2021_The WielerVerflechtungenUnd_klaTV-18351 file

So anyone who would flatly and contrary to the facts claim that there were no reasons to question the statements of the RKI would be extremely badly informed at best.

As shown above, these reasons do exist, and these reasons must also be acknowledged.

And again: The number of cases - and thus also the recommendations - of the RKI - are absolutely useless and worthless, as they are all based on ineffective PCR tests. Much more on that below.

The recommendations of the RKI are absolutely irresponsible, especially given the fact that they simply completely ignore the effects of their recommendations.

Do we have to go on here about the catastrophic human and economic consequences of this lockdown policy?

The analysis of the BMI employee Kohn already made these consequences clear in May 2020, see:

http://schlussjetzt.org/BMI-Corona-Zeitung.pdf

Countless reports from lockdown victims are available on the web, including via the "Collateral News" portal, see:

https://collateral.news

There are countless other sources and meanwhile also studies on the disastrous and unjustifiable consequences of the lockdown, but in English, so that these should not be referred to here.

It is also repeatedly claimed that the excessive warnings and requests from the federal and state governments in the wake of the Corona crisis may have been "controversial".

Such formulations ultimately only distract from the fact that the critical experts, who have been simply ignored by the mainstream media, have unequivocally refuted the official narratives very early on with regard to all the central claims of the pandemic theatre. A supposed "diversity of opinion" is intended to distract from the fact that some scientists such as Prof. Bhakdi, Prof. Hockerzt, Dr. Wodarg et al just argue based on scientific evidence, others demonstrably not.

Of course, no matter how well-intentioned but misguided “precautionary measures” are, they do not justify the violation of mandatory occupational health and safety regulations. One can also make serious mistakes out of good motivation, which is merely assumed here.

The state governments also had and have the legal obligation and the resources to have the sense and nonsense of all anti-corona measures, especially those mentioned here, and the health risks associated with them comprehensively reviewed in every respect by external advice.

All state governments have grossly violated this obligation.

Apparently, one only has to – as Naomi Klein impressively explained more than 10 years ago in her book “The Shock Strategy” – put an entire people into shock with constant mass media influence and thereby largely suspend the critical ability of the majority of the population , and any "reform policy" or vaccination campaign, no matter how disastrous for the prosperity and happiness of a people, which in the examples given by Naomi Klein always served the economic advantage of very wealthy circles, can simply be implemented against the will of a people.

Anyone who believes that such a catastrophe-pandemic theater cannot be staged worldwide is only revealing their ignorance of certain structures and networks that can demonstrably exert the greatest influence on the so-called leading or mainstream media.

The following study by Swiss Policy Research, which only takes a few minutes to read, is recommended as an introduction to a differentiated appreciation of “mainstream media”:

https://swprs.org/wp-content/uploads/2018/07/die-propaganda-matrix-spr-hdv.pdf

Anyone who then wants to go deeper into this can fall back on a plentiful supply of media-critical literature, such as the **Dissertation by Uwe Krüger on the subject of "media power"**, which traces the influence of elitist networks on the leading media and alpha journalists, see the publisher’s free excerpt at:

https://www.halem-verlag.de/wp-content/uploads/2013/09/9783869624594_le.pdf

We will return to these networks below.

At some point, experts may pursue the question of whether the unconstitutional reality that we have to observe in the course of this supposed "corona crisis" not only in this country, can only be compared with the findings of Asch's conformity experiment, the Milgram experiment and the Stockholm syndrome can be explained.

Whatever the appropriate explanation for the current decline in legal culture and the passivity of most people that seems so resigned: to dubious and in truth not at all independent sources such as the self-proclaimed “fact checkers”, those of the mainstream media – including the public service ones Media – as much as they like to be referred to, no one should and may no longer refer to them.

Because no one would still quote these fact checkers if they had read the two articles "Fact check with the fact checkers", which can be accessed under the following links:

https://www.achgut.com/artikel/faktencheck_bei_den_faktencheckern__Folge_1

https://www.anti-spiegel.ru/2022/eine-meldung-und-ihre-geschichte-factenchecker-demand-from-youtube-stricter-censorship-measures/?doing_wp_cron=1663607667.2745089530944824218750

The content of this article speaks for itself and needs no further comment.

The court can answer the question itself:

Has public broadcasting ever adequately reported on such insights, which are of the utmost interest to all people in this country?

Therefore, the question is still and with each passing day all the more urgent:

Why is there still no critical discourse in the public service media as to whether there is any scientifically sound justification, let alone a constitutional legal basis, for these far-reaching encroachments on the freedoms and rights of countless people and on cultural and economic life as a whole?

Why are the critical voices of renowned virologists / microbiologists / doctors etc. still not acknowledged in a public discourse?

In addition to the constitutional objections, the above-mentioned 190-page VB also reveals other circumstances that should make professional journalists who have to deal with the sense and nonsense of Corona policy very thoughtful.

The conflicts of interest of some RKI employees are also discussed in this VB from page 87, penultimate paragraph.

There it says: “The co-author of the Corman/Drosten paper, Marion Koopmanns, is a WHO consultant. Just like Andreas Nitzsche, who used to work at TIB-Molbiol, is now in a managerial position at the RKI. Heinz Ellerbrok also holds a managerial position at the RKI. He is also a shareholder in GenExpress GmbH, which is managed by Olfert Landt. The three and the aforementioned co-author Chantal Reusken have collaborated in the magazine Eurosurveillance published (…). And not to forget Lothar Wieler, President of the RKI; he sits (on) the European Advisory Committee on Health Research of the WHO. (...)"

Does the public broadcaster also not have contributions like the above-mentioned video entitled “The (secret) Christian Drosten files”, available at

https://www.kla.tv/17877

noticed that has been viewed well over 1 million times in a very short time?

But he should have done that so that he can pursue the question of what kind of people the supposed anti-corona policy is actually based on.

Months earlier there had been very critical articles about the "Golden Boy" Prof. Christian Drosten, see Rubicon article "The Golden Boy", available at:

https://www.rubikon.news/artikel/der-goldjunge

Everyone should reflect on all of this before (also) allowing themselves to be tempted to continue to uncritically trust the statements of highly biased RKI employees or this "golden boy" Prof. Christian Drosten.

It is also strongly recommended to take the time to read the aforementioned book "Virus-Wahn" by Dr. medical Köhnlein / Engelbrecht (although his view that there are no viruses is emphatically rejected), because then he will know after the first 100 - 120 pages at the latest how people have been doing this again and again for more than 120 years have been lied to and cheated by the pharmaceutical industry and some of its supposedly so glorious pioneers, with regularly the most catastrophic consequences for countless (believing) people all over the world.

Many an epidemic sow that has already been driven through the global village has not only collapsed on the home stretch in the past, but died shortly after the starting signal. And that's the only difference to the current Sars-CoV-2 pandemic theater: The "epidemic inventors" have learned from the mistakes of their earlier fake productions, just as a director learns from failed theater rehearsals.

Also, no one can claim anymore that it can only have been an absolute coincidence that the current pandemic events - as Paul Schreyer has shown in his above-mentioned book - have been played out in large conferences for many years.

There are real treasure troves on the upheavals in health policy and the seemingly all-powerful influence of pharmaceutical companies on the politics of many countries, including the above-mentioned book "Deadly Medicine and Organized Crime - How the Pharmaceutical Industry Corrupts the Health Care System" by Peter C. Gotzsche, where some of the worst scams of the pharmaceutical giants are given due credit in the chapter "The 'Hall of Shame' of the Pharmaceutical Giants" (ibid. from p. 59).

In view of such machinations, as discovered by Peter C. Gotzsche and many more, no one should be surprised why some of these pharmaceutical giants now want to "save" the whole world with hastily produced corona vaccines. It is a well-known truth: The business with the "disease" is promoted most sustainably by playing with fear and on a large scale by carefully worked out shock strategies.

It should be emphasized again that the use of "shock strategies", as is currently practiced in reporting on wars, is nothing "new".

As already mentioned above, this phenomenon has been dealt with in depth by the non-fiction author Naomi Klein in her book “The Shock Strategy”.

"The Shock Strategy: The Rise of Disaster Capitalism is a German translation from English published in September 2007critical of capitalism Canadian journalist's bookNaomi Klein. Using historical examples, the author explains how shocks Economic or military in nature and natural disasters can be used to gain political influence privatizations according to the model of Chicago school and particularly Milton Friedmans in national economies against the politically articulated will of the majority of the population.” (Source: Wikipedia).

There is also a short video about this book on YouTube, which is well worth seeing:

https://www.youtube.com/watch?v=K_C0T_3uNyU&t=23s

Is it all just "conspiracy theory"?

Mindfulness means that you deal with all warnings in a timely manner and then react appropriately to the situation, not that you flatly defame and ignore all warnings as "conspiracy theory" and then lull yourself and others into a false sense of security.

This applies in particular to those who, due to their function, have to serve the state mandate to protect human life.

How is it compatible with freedom of broadcasting and programming that numerous alpha journalists are organized in transatlantic networksand thereby made themselves appear to be mere (albeit very well paid) news anchors for the US State Department and NATO? See among others:

https://propagandaschau.wordpress.com/2016/07/02/also-the-mdr-acts-quite-shamelessly-as-a-branch-of-nato-to-defend-russian-propaganda/

If politicians fail in their function as "broadcasting councillors", it is probably because many top politicians - as Ernst Wolff publicly announced in August 2021, among others - have been very closely networked with the World Economic Forum (WEF) via various young talent recruitment programs, see YouTube video "International solidarity - Ernst Wolff in conversation with the Corona Committee", available at:

https://www.youtube.com/watch?v=3a9KKpd1t90

For Ernst Wolff - and certainly not only for him - through this networking, through which they are declared to be prepared for their intended role as "global leader" and "global shaper", the people finally become "puppets" of the circles that (also) are organized via the WEF.

In this context, reference is also made to Uwe Krüger's above-mentioned dissertation "Opinion Power" and the study available on the "Swiss Propaganda Research" portal (now: Swiss Policy Research) on the "propaganda matrix" of the Council on Foreign Relations (CFR) reminds:

https://swprs.org/wp-content/uploads/2018/07/die-propaganda-matrix-spr-hdv.pdf

The fact that transatlantic networks are secretly undermining democracy is also the subject of numerous non-fiction books such as Hermann Ploppa's "The Doers Behind the Scenes".

Thus, no one can say that the information needed to clarify the background and structures of these networks is not accessible.

In this context, attention is drawn to the obvious consequences for employees of public broadcasters when they publicly speak truths that do not seem to fit into an overarching political agenda.

Documentary filmmakers like Frieder Wagner- because of their documentaries about uranium ammunition (see YouTube video: "The doctor and the irradiated children of Basra - the consequences of uranium ammunition") then simply no longer get any orders and are therefore effectively thrown out.

What does such a personnel policy, which silences critics and elevates transatlantic networked and "systematic" "journalists" to important key positions, have to do with "democracy" and "diversity of opinion"?Such a personnel policy impressively proves the exact opposite and is reminiscent of a state censorship policy in the sense of a state model GDR 2.0.

In a system ruled by fear like this, only opportunists and dodgers can make a career; the honest and courageous have to remain silent, or they'll be kicked out.

It is precisely this development that every critical citizen follows with great concern.

Contrary to the opinion of some administrative courts, which have not yet adequately grasped and appreciated the reality, the "independence of the broadcasting corporations and the variety of their programs" obviously does not only depend on the "financing" or the income of the contributors.

The independence of the broadcasting corporations depends to a large extent on who makes a career there with what personal background and who is allowed to fill the most important key positions (in particular: director, editor-in-chief of news programs, news anchor).

If everyone in the highest position comes from the same transatlantic club, then, according to the plaintiff, the independence of public service broadcasting is inevitably gone.

This is not a spirit that the judiciary should support if it does not want to lose its standing with the people. Rather, these structures should be discussed publicly – and also in court.

In any case, the BVerfG is met with scorn and ridicule "on the Internet" for its judgment of July 18, 2018, insofar as it simply stated there in general what the license fee is for, without even beginning to question whether this corresponds to reality at all, see among others:

https://propagandaschau.wordpress.com/2018/07/19/das-bundesverfassungsgericht-beschaedigt-itself-again-due-to-ignorance/

So there is no lack of concrete "starting points" for the assumption that the financing of such an overriding public service broadcasting cartel serving political interests, which punishes employees for the utterance of unpleasant truths and does not touch employees for the dissemination of proven fake news, is not just a "personal" "unfairness" but constitutes something that must profoundly burden a person's freedom of conscience and belief.

Again and again it is claimed that these are only “individuals”.violations".

Will this unrealistic assertion like this “text module” be copied forever in this or another version into all administrative court judgments, regardless of whether the allegation of “individual” violations is a single unrealistic joke?

Comparable formulations of the administrative courts read (quote): "In individual cases or in certain programs, a presentation can certainly be made which does not meet the requirements for objective and neutral reporting and contains errors. However, an atypical special situation not taken into account by the legislator cannot be seen in the fact that a broadcaster
separateprogram content." (see VG Braunschweig - 4 A 382/18) (underlining added by the undersigned)

How can a court then, taking into account the actual state of the public service media, also make the statement (quote): "A structural failure of public service broadcasting, as a result of which it would generally fail to fulfill its public service mandate, cannot be allowed recognize (VG Hamburg, judgment of October 21, 2010 – 3 K 2796).”?

Because it can't imagine what should actually be unimaginable (anymore) in this country?

In view of the reporting in the public service media over the last 6-7 years, the claim that there are only "individual violations" has finally become a farce.

The media expert Prof. Michael Meyen, who grew up in the GDR, described the state of the public media in his interview in the 64th edition of the Corona Committee (from about minute 5:54 p.m.) of August 6th, 2021 even (from about minute 21) explain very conclusively why as a journalist even in the GDR you didn't have to reckon with such existence-destroying

consequences (quote: "The height of the fall was low") when you criticized the government, see:

https://www.youtube.com/watch?v=8dLLAwf1Teo&t=1185s

Apparently, the public service media can and is allowed to insult and denounce everything as long as it fits into some agenda or just doesn't fit into the agenda, such as currently - once again - also the US President Donald Trump, who as " worse" President was defamed with "Ku Klux Klan sentiment" (!!):

https://www.youtube.com/watch?v=W3m5WBg3McA&feature=youtu.be

So are these the "professional standards" that public service broadcasters talk about when they praise themselves?

So it says on the portal "The Propaganda Show" under:

https://propagandaschau.wordpress.com

"5 years of documentation of criminal propaganda" in the period from September 2013 to August 2018", whereby the plaintiff distances himself from any insulting statements in the following quote, even if he considers the sharp criticism expressed in this quote to be justified (quote):

***"5 years of documentation of criminal propaganda** are enough. At the end of the month we will stop working on this blog. The more than 1.7 million words in the more than 3,000 published articles would fill around 17 books, based on the usual 100,000 words for a book. Even if there are many reblogs and excerpts from linked articles in other media, one or the other can perhaps imagine how much work has been invested here.*

This includes writing and laying out the articles, producing countless videos and graphics, writing tweets and administering three blogs (propaganda show, propaganda reporter and propaganda ticker) was only part of the daily work, because the main work consisted of course in research, viewing, studying, evaluating and archiving a vast amount of sources and information.

Regular readers know that we are lied to and manipulated in the state broadcasters, which are financed with compulsory fees, on a daily, systematic basis and on all substantive questions of domestic and foreign policy. Anyone who still doubts or denies this is either a completely clueless fool or part of this criminal system that has caused unimaginable suffering, war, terror, expulsion, mass exodus, exploitation, as well as social and political divisions and the beginning disintegration of the EU in recent years caused.

*It is part of the truth to call those responsible what they are: criminals, scum, mass murderers of the truth and mass murderers of millions of people.*There is nothing to sugarcoat, nothing to justify and nothing to put into perspective. Anyone who, knowing about German and European history, lies to, sedates, disinforms, divides, incites war and hatred to an entire people as needed, is morally to be located even lower than their own grandfathers, because they had no chance of At the beginning of the 20th century, the new power of the mass media and propaganda was still largely unfathomable, let alone defending oneself against a totalitarian and murderous system that still comparatively clumsily weaponized this power.

The servile perpetrators of today, the Gniffkes, Klebers, Miosgas, Sievers, Buhrows, Slomkas, Atais, Lielischkies and whatever their names are, know the history and they know about the power of the media. They willfully and ruthlessly kill the truth for a thousandfold Judas wages, which even Judas would not have accepted. They don't have one, they have millions of people in the predominantly Islamic world and tens of thousands of people in Ukraine on their non-existent conscience. The banality of evil smiles kindly at public service cameras, leaving behind a curtain of liesal Qaeda do the dirty work.

What can be recommended to those who actually still believe that they are informed truthfully, objectively, impartially and comprehensively on ARD and ZDF, as required by the interstate broadcasting treaties? Honestly? These contemporaries cannot be helped. They live in stupidity and they will die stupid one day. The chance that they will not "only" become victims of media, but also physical victims of propaganda has never been greater than it is today and it is increasing every day.

*The neoliberal imperialists' war against a freedom of opinion that dares to appear as a recalcitrant contradiction is not only escalating in Germany with censorship and persecution, but also increasingly sharply in the USA, where*wordpress.com*home is. It is therefore foreseeable that efforts to pull the plug on this blog will be successful in the not too distant future. If you later want to read all the disinformation and propaganda of the last 5 years about the Maidan, the Ukraine war, Syria, Yemen, etc., you should read ours in good time offline package Download." (End of quote, boldface added by signers)*

Anyone who just rummages through the archive of the propaganda show will have to recognize that the above summary of 5 years of propaganda documentation is unfortunately not exaggerated, but rather describes the real, degenerated state of the media in full.

Such handling of the truth by the financially and technically well-equipped "state radio" is inexcusable and absolutely unbearable for the plaintiff in every respect.

In the face of media criticism, which can provide countless examples for each individual broadcast day, how can one (still) speak of the fact that in "individual cases" "in certain programs" (which ones?) the obligation to provide objective and neutral reporting is violated " can"?

This regularity, this intensity, this scope, that proves impressively that in all possible broadcast formats (and not only in certain broadcasts) regularly or daily or even hourly (and not only in individual cases) with absolute certainty massive violations of journalistic due diligence comes.

The "structural failure" of public service broadcasting is as evident as can be imagined.

Regularly - and not only in detail - not "all" existing opinions and tendencies are shown in the programs of the public service media, but only the special interests of a political network, which is precisely concerned with preventing even somewhat accurate information from being given to the public Citizens in this country seems to be interested.

According to the plaintiff's conviction, the consumer of the public service media only experiences what he - according to the given agenda of this transatlantic networked political elite (more on this below) - "may" and "should" experience, so that he is in the sense the interests of these networks can be manipulated at will and, in particular, persuaded to agree to the foreign policy of the USA and the federal government, which often violates international law.

This affects innumerable political issues of the greatest importance for world peace, such as the use of uranium ammunition by US forces in several wars and the devastating consequences for the peoples and people affected, but also the participation of the German armed forces in wars in Syria, Afghanistan and Serbia and currently the clarification of the demonstrably false central claims of the Corona madness.

A democracy needs dialogue and fair dealings with one another, otherwise it is dead.

The question of whether reporting throughout the western world is in fact not "controlled" or actually "steered" by a very few influential groups was also the subject of a scientific study, the results of which were then published under the title

"The Council on Foreign Relations Propaganda Matrix"

have been published and which can be accessed free of charge by anyone under the following link:

https://propagandaschau.wordpress.com/2017/09/09/die-propaganda-matrix/

Extremely impressive and highly detailed insights into the world of think tanks and foundations, through which the super-rich of this world can exert a significant influence on global political events, can be found in the book "Inside Corona - The Pandemic, the Network & the Backers" by Thomas Röper .

Reading this book should be sufficient to credibly convey that the entire so-called anti-corona policy, including the entire Covid-19 “vaccination” agenda, has been meticulously prepared down to the last detail over many years by such think tanks and foundations is and almost all countries on earth have only implemented their plans and simulation games.

The responsible editors are "responsible to all citizens in the same way"? Actually? How exactly does this responsibility manifest itself? What were the consequences in recent years that a number of employees of public service broadcasting have not lived up to their responsibilities and the programming principles of public service broadcasting? Do a few dozen or a hundred examples have to be added for this? Or is the content collected from the online portal “The Propaganda Show” and the other sources mentioned still not enough?

Do you have to pull up a whole truckload of well-founded program reviews when everything is accessible online for everyone?

How does this responsibility show when countless program complaints etc. - as far as is known - in recent years have not led to the editors and news anchors responsible even for repellent trivialization of terrorists (as happened in the context of reporting on the war in Syria) in high Bows flew out of the transmitters?!

The reality is more like that, for example, a Dr. Kai Gniffke, who has been chief editor of ARD Aktuell in Hamburg since 2006 and is therefore particularly (co-)responsible for the Tagesschau and Tagesthemen programs criticized in the lawsuit, was recently elected director of SWR, see among others:

https://www.swr.de/swraktuell/Neuer-SWR-Intendant-gewaehlt-Kai-Gniffke- wird-neuer-SWR-Intendant,intendanten-wahl-100.html

Such a career of an editor-in-chief for continued and often unforgivable "mistakes" may prove that obliging system trolls are always royally rewarded for their "services" by all appearances, but from the point of view of the plaintiff is whole galaxies from the "just reward ' removed, which would be appropriate for such repugnant disinformation by Christian ethical standards.

So this is what it looks like, the “effective” “public” control of public service broadcasters by broadcasting and administrative boards. In this system, only those who "conform to the system" can and may have a career, and that means - at least for the moment - who does not criticize certain "official" narratives (including the non-reporting on the use of uranium ammunition) and works hard involved in the Russophobic media baiting.

Apparently, word shouldn't get around that a kind of "Deep State" by "Captain America" has repeatedly brought about wars that violate international law, raised 9/11 questions (see "The Mysterious Collapse of WTC 7" by Prof. David Ray Griffin) and also gladly used weapons of

mass destruction such as uranium ammunition worldwide, especially in the search for weapons of mass destruction in Iraq (which, of course, were never found).

Actually, the citizen can assume that an "amendment of the Basic Law" - be it by changing written laws or (de facto) by changing the public reporting practice - by which the principles laid down in Articles 1 and 20 of the Basic Law are affected according to Article 79 Paragraph 3 of the Basic Law "perpetually" is inadmissible.

According to Article 1(2) of the Basic Law, the principles laid down in Article 1 of the Basic Law also include the following commitment of the German people “to inviolable and inalienable human rights as the basis of every human community, of peace and justice in the world.”

In addition, one of the principles laid down in Article 20 of the Basic Law, according to Article 20(4) of the Basic Law, is the right to (at least passive, peaceful) resistance against “everyone who undertakes to abolish this constitutional order.

Where does the plaintiff (still) have the right to resist or the legal guarantee if he is “allowed” to finance a public-law war-mongering propaganda event in which the statutory control bodies such as broadcasting councils obviously systematically fail and program complaints regularly have no personal or other consequences trigger, apart from the fact that "editors" like Dr. Kai Kniffke, who have probably caused the majority of program complaints in recent years, are also reconciled with the highly lucrative position of artistic director?

It is therefore completely irrelevant who decides in the broadcaster from year to year how the budget funds are used, with which the party liable to pay also has to finance such broadcasting formats, if it has been observed every day for years, and therefore very regularly and constantly, that these funds are used for repellent disinformation and outright propaganda, in particular against the Russian Federation and the Syrian President.

Consequently, it is also not possible – completely ignoring reality – to claim that it is “not certain” for which programs and program content the contribution of the respective debtor is used. This line of argument is also always tried without reflection by the courts.

Due to the daily disinformation that has been constantly practiced for several years, it is clear from the outset that - every year and day after day - more transatlantic lies and half-truths are being spread among the people, so that it can be done properly, for example, by Putin and Assad hates and hopes that NATO will finally bring the aggressor Putin to his knees and that the nice "rebels" will finally drive the evil Assad out of office.

It can be assumed that every human being knows in his heart what is truth and what is a lie and what is right and what is wrong. Thus, no man can claim that he does not know what he is doing when he lies, deceives and misleads people on a daily basis.

Nobody should simply ignore criticism, especially not with such arguments.

In any case, books such as the above-mentioned “The Mysterious Collapse of WTC 7” by David Ray Griffin provide so many arguments and (scientifically sound and certainly irrefutable!) evidence in qualitative and quantitative terms that the official narrative on 9/11 is clearly refuted must be viewed. No military "engagement" in Asia could ever be justified by 9/11, nor should it ever be.

People are entitled to financial support only for what is really in their interest and in the interest of true democracy, true rule of law and true international understanding.

IV

Incidentally, a great deal could be added to the justification for the application for approval

in order to emphasize the special social and also legal-political relevance of the legal questions to be clarified here.

Instead, we just want to emphasize that the methods of propaganda manipulating people through newspapers, radio and television and the motives underlying their use are so old that no one should be surprised that these methods are also used in the present with the utmost self-evidence, especially in the western hemisphere and in the German public media network.

In order to show these historical connections, we would like to limit ourselves to the following sources on some of the intellectual pioneers of "propaganda" and also go into a small selection of publications by renowned scientists who have dealt extensively with the manipulation of people over the last 100 years by "mainstream" media - to which the defendant undoubtedly belongs - from various political, historical and psychological points of view.

Although Wikipedia has long since degenerated into a propaganda tool (see the series "Stories from Wikihausen" and others), the articles listed below can still be quoted, since their content - as far as reproduced below - is expressly stated in some of the books listed below is confirmed.

Pioneers of "propaganda"

1.

Edward Louis Bernays (*22nd of November 1891 inVienna; † 9th March 1995 innew York), a nephew of Sigmund Freud, is considered alongside Ivy Lee and other than*father ofpublic relations* and coined the name for his profession*PR consultant* (*Public Relations Counselor*).

“Bernays was a pioneer in the application of research results from the young psychology and social sciences in the applied public relation. His successes in public relations helped that psychoanalysis Freud's in the United States of America to popularize. The Freudian image of man is fundamental to Bernay's work and arguments: Man is an irrational being, motivated by unconscious instinctual impulses, which necessarily requires cultural taming and control. This applies in particular to the crowd psychology. On this basis, he developed campaigns to influence opinion based on what was then current knowledge of mass psychology. Bernays argued:

"Once we understand the mechanism and motives of groupthink, it will be possible to control and direct the masses to our will without their knowledge."

He referred to this science-based opinion-forming technique as *engineering of consent* (meaning: technology for the production of approval and consensus). Bernay's most famous book *propaganda* (1928) begins with the chapter *organizing chaos* and the words:

“The conscious and intelligent manipulation of the organized habits and opinions of the masses is an important element in democratic society. Whoever manipulates the unseen mechanisms of society forms an invisible government, which is the true ruling power of our country. We are governed, our minds formed, our tastes formed, our ideas largely suggested by men we have never heard of. This is a logical result of the way our democratic society is organized. Large numbers of people must cooperate in this way if they are to live together in a balanced society. In almost every action of our lives, whether in the sphere of politics or in business, in our social behavior and our ethical thinking we are dominated by a relatively small number of people who understand the mental processes and behavior patterns of the masses. They are the ones who pull the strings that control public thought.” (Source: Wikipedia)

2.

Walter Lippmann (* September 23rd 1889 in new York; † December 14th 1974 near New York).

"...Because of his conservative and strictly anti-communist attitude, Lippmann was Noam Chomsky's moral and intellectual antithesis. Although Lippmann opposed communism, he admired "the advantage" of centralized political influencing of the masses along the lines of Politburo of the Soviet Union. With their help, the public could be won over to political goals that they basically reject. This manipulation of the masses is necessary because "the interests of the community are completely beyond public opinion" and may only be carried out by so-called responsible men.

According to Lippmann's understanding of democracy, an intact democracy consists of two classes. The very small class of "specialists" are actively entrusted with the affairs of the common good. These men analyze the state of the nation and make decisions on political, economic and ideological levels. On the other hand there is the class of “objects of action” left to the specialists, according to Lippmann the “confused herd” from whose trampling and noise the specialists have to be protected. In a functioning democracy, according to Lippmann, the mass of people ("the herd") only have the authority to choose the specialists and spend the rest of the time "grazing".

In his essays on democracy he demands that only the specialized class should take care of the "formation of a healthy public opinion" because the public consists only of "ignorant and intrusive outsiders". (Source: Wikipedia)

Some) critics of propaganda and its methods

1.

Arthur Ponsonby, 1st Baron Ponsonby of Shulbrede (* February 16 1871; † March 23rd 1946), a British civil servant, politician, writer and pacifist, was probably one of the first to draw public attention to the methods of war propaganda.

"In his book *Falsehood in Wartime* (1928) he examined and described the methods of war propaganda of those involved in World War I. It contains the famous note: *"When war is declared, truth is the first casualty"* (Eng.: "After the declaration of war, the truth is the first victim."). Anne Morelli systematized and updated its presentation in *The principles of war propaganda*:[1]

1. We don't want war.
2. The opposing camp bears sole responsibility for the war.
3. The opponent's leader has demonic traits ("the villain on duty").
4. We fight for a good cause.
5. The opponent fights with forbidden weapons.
6. The opponent commits atrocities on purpose, with us it is a case of accidental errors.
7. Our losses are small, those of the enemy enormous.
8. Distinguished personalities, scientists, artists and intellectuals support our cause.
9. Our mission is sacred.
10. Anyone who doubts our reporting is on the side of the enemy and is a traitor.”

(Source: Wikipedia)

2.

Rainer Mausfeld, Professor Emeritus of General Psychology, argues in his book Why Are the Lambs Silent? that democracy has been eroded in an unprecedented way in recent

decades. Democracy has been replaced by the illusion of democracy, free public debate by opinion and outrage management, the guiding ideal of the responsible citizen by that of the politically apathetic consumer. Elections meanwhile play practically no role for fundamental political questions. The important political decisions would be made by political-economic groups that are neither democratically legitimate nor democratically accountable. The destructive ecological,

There are several YouTube videos with lectures and interviews by and with Rainer Mausfeld, in which he takes up the contents of his aforementioned book, see among others:

https://www.youtube.com/watch?v=Rk6I9gXwack&t=343s

3.

The book “Hidden History – How a Secret Elite Plunged Mankind into WWI” by Gerry Docherty and Jim Macgregor on the real causes of WWI. "Hidden History" is also a very good textbook on the years of intensive war propaganda in the Anglo-American media, with which the First World War was systematically prepared.

War is always about war propaganda, especially a world war. The First World War is the perfect illustration of this basic truth, as well as the fact that the occupation of "central switchboards" of power in (war) important government offices, ministries, media, companies, diplomatic missions etc. is completely sufficient, in order to be able to successfully prepare and stage a great world war by bypassing the respective people and even the respective parliaments and even governments (and against their actual will).

4.

The book "Media Control - How the Media Manipulate Us" by Avram Noam Chomsky, a world-renowned American emeritus professor of linguistics at the Massachusetts Institute of Technology (MIT), is also dedicated to the subject at issue.

What is established there in relation to the US media landscape can easily be transferred to the German public media landscape.

The text on the back cover of this book reads: "Why democratically elected governments do not commit crimes even when they wage aggressive wars, or: How the media manipulates us in our daily lives."

With this one sentence, Chomsky makes it very clear that the mainstream media are particularly responsible for ensuring that serious crimes are no longer described and punished for what they are, especially through criminal investigations before courts such as the ICC.

5.

Ulrich Teusch, German professor of political science, author of the book "Lückenpresse", has also dealt in detail with the so-called "quality media" in his latest book "The War Before War - How Propaganda Decides on Life and Death", published in 2019.

He summarizes his insights, which he documents with countless sources in chapters such as “War propaganda – before, during, after”, “The war sellers”, “Double standards: Israel and Russia”, “War, censorship, repression – then and now”. summarized in the foreword as follows: “... Today we can draw a line and record the essential insight: We are dealing with media that cannot be reformed. They are integrated into the existing system of power and domination... Historical experience teaches us that warmongers can expect a great deal (or everything) from the established media, while those opposed to war can expect little (or nothing). Anyone who thinks this is too sweeping a statement may ask themselves the question: when has the media ever prevented a war or even made a recognizable attempt

to by subjecting the prevailing pretexts or justifications for war to a rigorous examination? And vice versa: how often has the media “provided for the war” through tendentious, emotionalizing reporting and commentary…? How often have they created that social sports palace atmosphere that made it possible in the first place? ... In the fight against war, in the fight for peace, the media of those in power cannot be relied on. The only thing we can rely on is ourselves.” (Boldface added by signers). in the struggle for peace, the media of those in power cannot be relied on. The only thing we can rely on is ourselves.” (Boldface added by signers). in the struggle for peace, the media of those in power cannot be relied on. The only thing we can rely on is ourselves.” (Boldface added by signers).

Anyone with common sense and a little research can provide themselves with numerous examples of how the public service media, through deeply biased, emotive reporting and commentary, has pushed for general support for US wars and sanctions against "rogue states" such as Syria and Syria respectively. against the so-called “Assad regime” and the “barrel bomb thrower”; on the war in Syria see also Teusch, ibid., page 113 ff.; the use of barrel bombs has always been denied by the Syrian government. Was the use of uranium ammunition by US forces in several war zones, which has never been as scandalized as these barrel bombs, really more humane?

The list of such war propaganda, which – as also demonstrated by Teusch (ibid. in the chapter “The War Sellers”) – was regularly and intensively designed by highly paid PR experts, is very long.

Teusch thus draws the conclusion (quote) in his chapter “The War Sellers” (p. 104 – 115). "Whether Iraq, Libya or, more recently, Syria - we always find the same constellations: i.e. an alleged disaster that the other side is about to cause and the demand to intervene in good time to prevent worse or the worst. As far as the journalistic support of all this is concerned, one can certainly speak of media repeat offenders, and one cannot explain or excuse their highly tendentious actions with stupidity or naivety. They know what they're doing. For example, they know very well when and why they pillory someone and beat the drum for war, and they know just as well

6.

In his books "The Hollywood Code" and "The Music Code", Nikolas Pravda has conclusively demonstrated that the film and music industry has been used for decades to manipulate the masses, including for the purpose of psychological warfare, which is downright aimed at destroying social norms.

In his preface to The Music Code, Nikolas Pravda states on page 8 fua:

“But music not only transports certain ideas in order to make them “popular”, ie “belonging to the people” … it can also be an instrument of power or even a weapon in itself – even on its most elementary level as vibration, frequency and rhythm. Precisely because pop, rock and rap music is usually rebellious and subversive, it is ideally suited as a Trojan horse for the power elite, in that it is instrumentalized in passing off their own goals as those of their listeners.

How could it be otherwise when the music industry was created by the same power structures it is said to be rebelling against, and when in many cases its "stars" turn out to be nothing more than puppets controlled by others."

7.

The "restricting" of the people from real democratic participation has had an impact on all levels, including the media, until today.

From the point of view of the plaintiff, this "birth defect" of the Basic Law is likely to be largely responsible for the failure of the public media as the "fourth power", because as a vicarious agent of a policy - which they actually have to "control" - to ensure that a responsible citizen to supply investigative information - basically the beneficiary of the practice is that the citizen is put in front of people's representatives, who effectively decouple him from co-determination.

Control bodies such as the Broadcasting Council are not democratically elected by the respective broadcast users. On the contrary, all relevant regulations for the election of the broadcasting councils of the respective broadcasters indicate which groups and thus special interests must be represented there.

It could also have been explained here under what – undemocratic – circumstances the public service media were rebuilt after the Second World War and that the Interstate Broadcasting Treaty ultimately came about without the participation of the public. The above-mentioned complainant Olaf Kretschmann explained this history in detail in his constitutional complaint (published on the web) to the BVerfG, to which reference can be made here to avoid repetition.

The citizen is therefore regularly not asked, and certainly not directly, about central political decisions that affect everyone. It is therefore no wonder that the state of society is largely as apathetic and disinterested as it is. The citizen has nothing to say anyway. Because he can neither effectively contradict the reporting nor effectively exercise control over the public service media. A direct election of the broadcasting councils (at the state level by the people entitled to vote or by the payers of broadcasting fees) is also not planned.

It is precisely in this that many people recognize a violation of their human dignity that they have to co-finance such an anti-democratic stupid waste. Man is not a voter, but a man whose will in a democracy may not be manipulated and controlled by suppressing and distorting information at will.

The judiciary cannot have escaped the notice that criticism of the public service media has increased significantly in recent years. Olaf Kretschmann is just one of many protagonists.

According to the case law of the administrative courts - as already mentioned - it is undisputed that the following standard can be assumed:

"The justification of broadcasting financing would only be called into question if the public service broadcasters failed to fulfill their public service mandate (§ 11 RStV) not only in individual cases but in general and if there were a structural failure of public service broadcasting. "

This defines the examination program; what matters here.

And if a court is only willing to take note of the concrete examples presented here, which undeniably represent only the tip of the iceberg, then it will no longer be able to seriously deny that public service broadcasting has been a total structural failure for years reveals.

Public broadcasting fails “not only in individual cases”, but “generally”, and the reporting on the war in Syria and the persistent silence about the evident arbitrariness of numerous anti-corona policies in recent months are outstanding examples of this.

The breach of legal obligations on the part of public service broadcasters is undeniable and definitely structural, systematic and demonstrable.

Attachment C:

On the influence of the pharmaceutical industry on reporting in the media and medical journals in particular:

I

I could explain in depth on dozens of pages why the respondent should not simply uncritically believe everything that is claimed in the ARD and ZDF programs, especially if the critic is a supporter of the coronavirus protection injections and moreover sits on the expert council of the federal government.

The following information can be found on Wikipedia:

"...In Berlin, the COVID-19 vaccinations began on December 27, 2020 in retirement homes in order to protect the very old as a particularly vulnerable group first. Clinicians and nursing staff were also among the first to receive vaccination offers. Meanwhile, this oneprioritizationraised up. Sander said in June 2021 that without a refresher in winter, there could be renewed infections in old people's and nursing homes, for example.[10]

As an expert on vaccinations, he was also repeatedly present in the media during the pandemic, including several times in the morning magazine or in thetoday's Journal.[11][12]Since 2021 it also belongs toCorona Expert Council of the Federal Governmentto...."(end of quote)

It is always impressive how easily the respondent ignores all possible warnings. Prof. Matthes speaks of a side effect rate of 0.8%? Do you have to pursue this? Oh no, some director who is fully behind this "vaccination" campaign and has very close ties to the federal government claims something different.

It is particularly strange that some judges did not even want to clarify whether Pfizer really falsified data as part of the approval studies.

The whistleblower Brook Jackson named for this purpose, as can be seen from her complaint filed by colleague Dr. Röhrig as an attachment to its already submitted pleading of March 28, 2022 (see explanations there from page 78 onwards), to be able to take a more in-depth position on precisely this question.

As an insider who can testify to everything from her own experience, Brook Jackson is much more than an investigative journalist.

So far, the so-called mainstream media has not even been interested in the analyzes of the team of scientists led by Deanna McLeod from CCCA, who evaluated Pfizer's approval studies.

Expert witness Deanna McLeod would be able to convey vastly different insights and conclusions to the trial Senate about the safety, efficacy, and quality of Pfizer's mRNA injections.

The same applies to the insider Dr. Mike Yeadon, who was after all Vice President of Pfizer and was involved in the development of vaccines there for many years. For the reasons

already given, his warnings about certain highly toxic batches in particular must be noted and taken very seriously

It is also surprising that many media and government representatives have such unshakable confidence in the "integrity" of Pfizer's data, just as if a canonization or even beatification process had already been initiated for their company bosses.

It must have been a well-known fact for a long time that Pfizer in particular occupies a top place in the “Hall of Shame” of the pharmaceutical giants.

The non-fiction author Peter C. Gotzsche, who was also named as a witness (and also asked for an interpreter for the English language), explained the less than glorious history of the pharmaceutical giants in his book "Deadly Medicine and Organized Crime" from page 59 (Citation):

“In recent years, numerous articles and books have appeared on serious cases of scientific misconduct and fraudulent marketing perpetrated by pharmaceutical giants. Although the evidence is overwhelming, the standard industry excuse whenever a company is convicted is that there are bad apples in every company.
But the crucial question is whether every now and then there is a single bad apple, which could be excused, or whether almost the whole basket is rotten, in other words, whether most companies are breaking the law.
To find out, in 2012, I typed the names of the top ten pharmaceutical companies into a search engine, combined with the word "scam." For each company I got 0.5 to 27 million hits. I chose the best-known case mentioned in the ten hits on the first page and submitted it to other search engines.
All ten cases were recent (2007-2012) and had something to do with the United States. The most common cases were illegal marketing, recommendation to use drugs for unapproved indications, misrepresentation of research, concealment of adverse effects, and fraud on Medicaid and Medicare.
I would now like to go into these cases in more detail, in descending order of company size.

1.Pfizer was willing to pay $2.3 billion in 2009

At the time, this was the largest drug fraud settlement in the history of the American judiciary. A branch of the company admitted to selling drugs for unapproved uses "with intent to defraud or mislead." As it turned out, the company had illegally marketed four drugs...
Pfizer paid $1 billion to avoid being charged. The company has been accused of paying bribes and lavishly entertaining doctors to prescribe the four drugs. Six whistleblowers received $102 million. Pfizer signed a corporate integrity agreement with the US Department of Health and Human Services, meaning the company committed to good conduct for the next five years. Pfizer had previously entered into three such agreements, and when the company again promised prosecutors in 2004 that it would not market illegal drugs, it was busily doing just that while signing the agreement....”

2. Novartis was willing to pay $423 million in 2010

...

3.Sanofi-Aventis was prepared to pay more than $95 million in 2009 for fraud

...

4. GlaxoSmithKline was willing to pay $3 billion in 2011

This was the largest settlement involving drug fraud in American history.
...

5. AstraZeneca was ready to pay $520 million for fraud in 2010

The allegation was that AstraZeneca marketed one of its best-selling drugs, Seroquel (quetiapine), for use in children, the elderly, veterans and inmates for indications not approved by the FDA.

6. Roche persuades governments to stockpile Tamiflu

In my opinion, Roche committed the biggest theft of all time without anyone taking the company to court. To prepare for the mild flu epidemic of 2009, the US and European governments bought billions of euros and dollars worth of Tamiflu (oseltamivir).
Roche has not published most of the data from its clinical trials and refuses to make them available to independent researchers at Cochrane...

7. Johnson & Johnson paid more than $1.1 billion in fines in 2012

The jury found that the company and its subsidiary Janssen downplayed the risks of their antipsychotic drug Risperdal (risperidone). The judge spoke of nearly 240,000 cases of Medicaid fraud in Arkansas..."

And so the list goes on with Merk, Eli Lilly and Abbott.

With such a "hall of fame" can one not get the idea that a pharmaceutical giant like Pfizer could have botched up its approval study for Comirnaty so massively that this could have had a negative impact on the data on the safety, efficacy and quality of the "vaccine". ?

The non-fiction author Peter C. Gotzsche will be quoted below because in his aforementioned book he also wrote about “conflicts of interest in medical journals” (page 113 onwards), the “corrupting influence of easy money” (page 121 onwards), on “doctors, who get money from industry” (from page 127) and “aggressive sales strategies” (from page 145), especially through “clinical studies”.

According to Peter C. Gotzsche, "intimidation, threats and violence" also belong "to sales promotion" (ibid., from page 353).

Peter C. Gotzsche writes (ibid., page 353): “It takes a lot of courage to be an informer. The healthcare system is so corrupt that people who expose the criminal activities of pharmaceutical companies become pariahs. They disrupt the lucrative status quo, in which the people around them benefit properly from industry money: colleagues and bosses, the hospital, the university, the medical specialists, the medical association and some politicians…”.

The adjudicating court will certainly have taken note of how positively the success of the BioNTech company has affected the coffers of the city of Mainz and how much the founders of the BioNTech company have been showered with awards from the city and university of Mainz, the state of Rhineland- Palatinate, Bund and many more.

If anyone has the courage to question the basis of this economic success, then he is sure to be contradicted by everyone who benefits in any way from the economic success of BioNTech and Pfizer - and other pharmaceutical giants.

As the development so far has shown, not only the competent authorities and courts, but also the public must be made aware of what is actually and exclusively about – also in this case:

For the primacy of law, for the defense of law and humanity against all efforts to question and ultimately destroy their foundations.

The law and humanity are higher than any "science" that uses inhuman methods and/or serves inhuman goals, regardless of whether you label everything that has been masquerading as "science" for the last two years or calls it "science". can truly be called science.

Without access to the law, a person is not a human being, and if he were denied this access, then there would no longer be any medicine that could cure his basic ailment – the denial of access to the law.

Fundamental rights such as those of the Basic Law and ethical guidelines such as the Nuremberg Code were created specifically for the purpose of banning all forms of soulless, empathetic and conscientious "science" and "medicine" that are aimed at the goals of a life-hostile, technocratic, eugenic , transhumanist or also fascistoid ideology or agenda, to issue a rejection for all times, at least for all times in which man is still man, because in his heart he (still) knows what is right and what is wrong.

No one wants a "medicine without humanity" (see book of the same name by Alexander Mitscherlich and Fred Mielke) or a world in which a "Hippocrates is stewing in hell" (see book of the same name by Michel Cymes), at least no one who does not want his soul has sold to the interests of an agenda that no longer puts the well-being of man and nature in the foreground, but - economically or otherwise motivated - special interests in the foreground, no matter by what forces and what motives such an agenda may be promoted (scientists without morals, illegally acting employees of the pharmaceutical industry, eugenicists, transhumanists etc.).

Who would have thought three years ago that questions of ethics in science, which have been discussed in books such as "The Physicists" and are required reading in schools, would once again become so topical.

Human life, and by that I mean: human life under humane circumstances that enable a self-determined life, will come to an end when what we have experienced in the last two years "in the name of science" becomes the blueprint for the shaping the future.

A good policy is one that protects people's freedom and rights, not one that does the opposite and effectively excludes people from real participation in political events.

If people, especially the weakest in society, especially the elderly, the dying and small children, against all scientific evidence and against all humanity in many areas of life and for hours to wear (demonstrably ineffective and pointless) masks, comply with (demonstrably pointless) If distance requirements and participation in (demonstrably unsuitable but harmful to health) tests are required, then "science" is perverted and its function reversed.

Incidentally, "scientists" were also responsible for the conception and refinement of such measures, which in every respect meet the criteria of white torture, i.e. people who worked on behalf of the military and secret services to break people without direct physical violence.

In this regard, the article "Psychology, White Torture and the Responsibility of Scientists" by Prof. Rainer Mausfeld from 2009 is just a reminder.

https://www.uni-kiel.de/psychologie/psychophysik/mausfeld/Mausfeld_Psychologie%20%27weiße%20Torture%27%20und%20die%20responsibilities%20von%20scientists_2009.pdf

So that the adjudicating court can deepen this topic, I have repeatedly referred to the really excellent book "The Shock Strategy" by Naomi Klein. The so-called anti-corona measures and the accompanying media panic orchestra correspond in every respect to this shock strategy, which Naomi Klein pursued more than a decade ago back to its historical roots, which also include MK-Ultra torture programs counted.

Such shock effects were expressly desired by the state in the context of the "corona pandemic", such as the BMI strategy paper "How we can get Covid-19 under control", which can still be found on the web, on page 13 with formulations such as "In order to achieve the desired shock effect “ in the context of the target groups mentioned there.

Source:

https://fragdenstaat.de/dokumente/4123-wie-wir-covid-19-unter-kontrolle-bekommen/

Yes, "scientists" were also involved there, of course those who made their special knowledge available for the purpose of scaring people and even children and the elderly - completely without reason.

I maintain that someone who is capable of torturing and traumatizing children is also absolutely unbelievable from the outset if he pretends to want to protect the health of just one fellow human being as a determining motive. Such a scientist is simply a hypocrite who hides the cloven foot of his scientist's smock and the grimace of a devil behind his smooth, glossy grin.

No one has the right to determine the lives and bodies of people and - directly or indirectly, be it with coercion and/or fear and dread - to force them to be injected with mRNA or vector substances that are associated with obvious, but are demonstrably associated with significant risks to life and health.

Anyone who is willing to sacrifice human life and torment people because they - allegedly - want to save other human lives by doing so has - not only in my opinion - already freed himself from all values and legal principles, from which every social contract and thus also inner peace and the survival of any society depends on it.

Many titles and honorary awards, bestowed with much fanfare and trumpets and tinsel, cannot change this finding. Under 1000 wigs, a person is and remains who he is.

So if a doctor or scientist no longer hears the voice of conscience, no longer considers life sacred and must be protected because his moral compass is defective, possibly because

he uncritically and obediently puts economic and/or political interests above that Hippocratic oath, then - so I believe - the teachings and knowledge of medicine and science will no longer be able to guide him. All the money for his education was a waste. Society should reclaim it from him. In my opinion, such a physician would be a great danger to human health and the happiness of any society. Good effects and fruits can no longer emanate from his work.

The administration of justice would be destroyed from within if the forces that are supposed to defend the law no longer have the power to stop the forces that simply do what they want and therefore assign the written law only the task of presenting them before just to defend punishment.

Everything that has happened in the last two years "in the name of science" will also have to be dealt with under criminal law in due course. And the dimension of the injustice is so gigantic, the number and the suffering of the victims so high that nothing and nobody can and will prevent this coming to terms in the long run.

As it says in an ancient Indian epic:

"The collapse of the social order can only be prevented if the king uses his punitive power correctly."

Even if some "doctors" and "scientists" will not like it:

The law has the function of protecting the natural rights of man, especially his life and dignity, and a medicine that has forgotten this does not deserve to be called "medicine".

Non-economic interests of pharmaceutical companies and the willingness to experiment of "scientists" have to determine what "law" is or how fundamental principles of a constitutional state are to be interpreted. Medicine follows the law and not the law of medicine / science / research.

The law is designed to show limits to powerful special interests that seek to harm the common good for purely personal gain.

This procedure will hopefully make an important contribution to this.

This clarification seems necessary so that no one believes that a few pro-pharmaceutical studies could suspend elementary fundamental rights or make them available as “privileges” that Article 79(3) of the Basic Law has declared to be unchangeable.

II.

It should be pointed out that there are still lawyers in Germany who fight for a humane and just world in which the law takes precedence over special interests.

A statement by a network of critical judges and public prosecutors dated March 17, 2022 confirmed in every respect the legal objections that my colleagues and I raised in these proceedings against the soldiers’ obligation to tolerate or vaccinate.

The legal ideas underlying this legal reasoning are universal in character and can be invoked anywhere in the world in defense of people against all forms of "compulsory vaccination" and even more so against all forms of compulsion against injections with mRNA- and vector-based substances become.

It is therefore justified to quote extensively from this source.

There it says, among other things (quote):

"Incompatibility of compulsory vaccination with the COVID-19 vaccines with the Basic Law and with binding international law

The statement shows that the compulsory vaccination planned in the above-mentioned draft laws or in the application - be it general or in reserve or limited to certain age groups - is not compatible with the Basic Law and binding international law. In the case of the violation of the Basic Law, the focus of the presentation is placed on a problem that has received little attention up to now, namely the fact that the state deliberately kills people with a vaccination requirement - albeit in small numbers in relation to the total number of vaccinations. This is incompatible with the basic law's guarantee of human dignity (I.). In the area of international law, violations of the European Convention on Human Rights and the International Covenant on Civil and Political Rights are shown (II.).

I. Violation of the Basic Law

1. Violation of the right to life according to Art. 2 Para. 2 Sentence 1 GG in connection with the guarantee of human dignity of Art. 1 Para. 1 GG

Vaccination also inevitably causes human deaths as a side effect. A large number of deaths have now been recorded.1 The number of other suspicious activity reports is alarming. In its safety report from February 7th, 2022 to December 31st, 2021, the Paul-Ehrlich-Institut (PEI) recorded 2,255 reports of suspected fatal outcomes from the vaccination.2 The Federal Constitutional Court recently recognized this fact in its decision on the facility-related obligation to provide evidence .3 Since compulsory vaccination would affect millions of people who would have to endure this medical procedure solely because of a government order, it is clear that there would be deaths among them because of this obligation alone.

To put it in a nutshell from a legal point of view: by ordering compulsory vaccination, the state is intentionally killing people.

From a legal point of view, it is irrelevant that at the time of the order it is not yet clear who will be affected as an individualized person. Incidentally - in relation to the disproportionately larger group of the vast majority of people who do not suffer such a side effect - it is an attempted homicide; because there is at least contingent intent (dolus eventualis). This is the case when the person acting considers the death of a person to be possible – albeit remote and unpleasant – but comes to terms with it in order to achieve another goal by nevertheless acting – here in the form of a statute.4 Here are the occurrences of death not only possible, but statistically safe.

Up to this point (at the level of the offense of manslaughter under Section 212 of the Criminal Code), this dogmatic assessment has been the consensus in case law, provided the person issuing the order was a human being. The fact that it is “the legislature” or the member of

parliament who votes for it puts their actions in an even more significant light because of their commitment to law and order (Article 20(3) of the Basic Law).

The question of whether killing people could be justified in order to protect other legal interests must be distinguished from this. The Federal Constitutional Court answered this fundamental question in its groundbreaking judgment on the Aviation Security Act. It follows from this that such interventions are not compatible with the right to life according to Art. 2 Para. 2 Sentence 1 GG in connection with the guarantee of human dignity of Art. 1 Para. GG.5

With this verdict, the Federal Constitutional Court ruled on a constitutional complaint against the Air Security Act's authorization of the armed forces to use armed force to shoot down aircraft that are intended to be used by terrorists as a weapon against human life. The Bundestag and the Federal Government had defended the law in this procedure. The federal government took the view that the state was fulfilling its duty to protect life with the Aviation Security Act. If the right to life of one person and the right to life of another conflict with each other, it is the task of the legislature to determine the type and scope of the protection of life (i.e. to decide on the killing of people if necessary). The federal government took the absurd view that

“Such treatment disregards those affected as subjects with dignity and inalienable rights. They are reified and at the same time deprived of their rights by the fact that their killing is used as a means to save others; by unilaterally disposing of their lives by the state, the victims themselves, who need protection on plane occupants, are denied the value that people deserve for their own sake.”

It follows from these principles that compulsory vaccination with the currently approved COVID-19 vaccines is incompatible with the right to life under Article 2(2) sentence 1 GG in conjunction with the human dignity guarantee of Article 1(1) GG. Because the most significant8 purpose of the vaccination requirement stated by the legislature is to protect other human lives.9 However, those affected are treated as objects in relation to the vaccination. They are merely seen as a danger to other people that needs to be eliminated or reduced. As a result, the people affected are reified and at the same time deprived of their rights by the state unilaterally disposing of their lives. It makes no difference if only a small number of people affected by compulsory vaccination die as a result.

This is based on the "object formula" established by Dürig and used by the Federal Constitutional Court in consistent case law, according to which it contradicts human dignity to make people - as here - a mere object of state action.10

Nor can it be argued that the vaccination also serves to protect those who have been vaccinated. Needless to say, the vaccination is of no use to the affected holders of fundamental rights, because their lives have been taken. That being said, it is recognized that in our society everyone has the right to harm themselves, up to and including death.11 For example, high-risk sports, smoking, poor diet and excessive stress are permitted, and health-promoting behavior such as exercise in the fresh air is not mandated by law . Ultimately, because of the absoluteness of human dignity, the state is also unable to count the number of human lives it has killed against the number of human lives that may have been saved from death by COVID-19.

The Federal Constitutional Court judged the case differently if there were only attackers in the aircraft. In this regard, it stated:12

"Whoever, like those who want to misuse an aircraft as a weapon to destroy human life, unlawfully attacks the legal interests of others, is not fundamentally called into question as a mere object of state action in its subject quality [...] if the state takes action against the unlawful attack and tries to ward it off in fulfillment of his duty to protect those whose lives are about to be taken. On the contrary, it corresponds precisely to the subject position of the attacker if the consequences of his self-determined behavior are personally attributed to him and he is held responsible for the events he has set in motion. He is therefore not impaired in his right to respect for his own human dignity."

It is necessary that the current rhetorical escalation towards people in politics and society who have not been vaccinated against COVID-19 cannot be equated with terrorists when it comes to the content of their claim to dignityno further justification. Otherwise, it would be a sign of the total loss of the human dignity category in the pandemic.

In addition: In the case of those affected, who "only" experience serious, permanent health damage and disabilities, there are good reasons to assume that human dignity has also been violated. Because great suffering is also inflicted on them in order to protect others from illness or death, which means that they also become objects of state action.

2. Further violations of the Basic Law

A vaccination requirement violates other fundamental rights, including the right to physical integrity in Art. 2 Para. 2 Sentence 1 GG, the right to freedom of belief and conscience (Art. 4 Para. 1, 2 GG), the right to bring up children Parents (Art. 6 Para. 2 GG), the right to freedom of occupation (Art. 12 Para. 1 GG) and the right to informational self-determination (Art. 2 Para. 1, 1 Para. 1 GG).

With regard to the medical, microbiological, epidemiological and statistical findings required for this legal assessment, reference is made to the well-founded and detailed elaboration of the group "7 Arguments", a working group of 81 scientists, - "A COVID-19 vaccination requirement is unconstitutional" of 9. March 2022.13

For the legal explanations, reference is made to the recently published report by Prof. Dr. dr Boehme-Neßler "Is a general obligation to vaccinate against SARS-CoV-2 constitutional?" Murswiek, "Freedom Restrictions for the Unvaccinated, The Unconstitutionality of the Indirect COVID-19 Vaccination Compulsory" of October 4, 2021, which also extensively includes the underlying medical and epidemiological facts.15

II. Violation of the European Convention on Human Rights (ECHR) and the International Covenant on Civil and Political Rights (UN Civil Covenant)

Any kind of compulsory vaccination with the vaccines currently available in Germany against COVID-19 violates several articles of the European Convention on Human Rights (ECHR)16 and the International Covenant on Civil and Political Rights (UN Civil Pact).17 The Federal Republic of Germany has the ECHR ratified on December 5, 1952, which came into force on September 3, 1953 and was integrated into German law via an act of approval.18 The same applies to the UN Civil Pact, which the Federal Republic of Germany ratified on December 17, 1973 and which became effective on December 23, 1973. March 1976 came into force.19 German law must be interpreted and applied in accordance with the international legal obligations of the Federal Republic of Germany, which result from both the ECHR and the UN Civil Pact.20

Some of the violations are discussed below: violating the prohibition on forcing participation in medical or scientific experiments (1.), violations of the right to physical and mental integrity (2.), and violations of the right to life (3.) .

1. Ban on forcing participation in medical or scientific experiments, Article 7 Clause 1 of the UN Civil Pact

The first sentence of Article 7 of the UN Civil Pact prohibits torture or cruel, inhuman or degrading treatment. In sentence 2, the article also explicitly states: “In particular, no one may be subjected to medical or scientific experiments without his or her free consent.” The authors of the UN Civil Pact inserted this sentence with the intention of preventing “atrocities like the in the concentration camps during World War II,”21 and in order to emphasize the great importance of the ban through this specific clarification, even at the risk of repeating the ban in Clause 1, which already implicitly included a ban on forced participation in medical or scientific experiments.22

The special significance of the bans in Article 7 of the UN Civil Covenant is shown by the fact that they are absolute. They can therefore not be restricted under any circumstances. The fact that Article 7 is an emergency-proof article also lends additional weight.23 This means that even in the event of an officially declared state of emergency under Article 4 of the UN Civil Covenant that “threatens the life of the nation”24, States parties will not be able to fulfill their obligations under Article 7 cannot override. The prohibition applies even in times of war, as is evident from numerous international treaty and customary provisions of international humanitarian law applicable in armed conflicts.25

The ban on forced participation in medical or scientific experimentation is enshrined in the binding Convention on Human Rights and Biomedicine (Oviedo Convention) of 199726 of the Council of Europe and its Additional Protocol on Research of 200527 as well as in non-binding international declarations such as the Universal Declaration on Bioethics and Human Rights28 of 2005 and explained and interpreted in more detail in the Nuremberg Code29 of 1947. US courts in particular have recognized the latter as part of customary international law, which is binding for all states.30

To avoid violating Article 7 of the UN Covenant, participation in scientific or medical experimentation requires free, informed consent.31 In particular, the first principle of the Nuremberg Code emphasizes that “the voluntary consent of the subject is absolutely essential” Participation in medical or scientific experimentation.32 Thus, anyone participating in such an experiment must be adequately informed in advance of the purpose and nature of the procedure, as well as its consequences and risks33 and must not use any form of coercion, deception, inducement or be exposed to other types of pressure.34 The clarification process should also be a continuous one, ieParticipants in scientific or medical experiments should be continuously informed about new risks, possible negative consequences and uncertainties.35 Free consent also includes the right to refuse to participate in medical experiments36 and to withdraw consent at any time.37

The vaccines against COVID-19 currently available in Germany – from Pfizer/BioNTech (Corminaty), from Moderna (Spikevax), from AstraZeneca (Vaxzevria), from Johnson & Johnson (COVID-19 Vaccine Janssen) and from Novavax (Nuvavoxid) – must be called experimental. They were only granted conditional marketing authorization by the European Medicines Agency (EMA),38 which has already been extended by one year in the case of the first four vaccines.39 According to EC Regulation 507/200640, the EMA can issue conditional approvals for medicinal products "although no comprehensive clinical data on

the safety and efficacy of the medicinal product have been submitted".41 This is possible for medicinal products According to the EMA documents, the completion of the clinical studies and thus the complete data is not expected until December 2023 or July 2024.46 The fact that these studies are still ongoing (!) gives the new vaccines an experimental character. No amount of intensive advertising of the new vaccines can hide the fact that efficacy and safety issues have not yet been finally clarified, in particular the long-term effects that are not yet logically known. The current Federal Chancellor Scholz rightly said in September 2021 ironically: "We were all the guinea pigs for those who have waited until now."47) gives the new vaccines a still experimental character. No amount of intensive advertising of the new vaccines can hide the fact that efficacy and safety issues have not yet been finally clarified, in particular the long-term effects that are not yet logically known. The current Federal Chancellor Scholz rightly said in September 2021 ironically: "We were all the guinea pigs for those who have waited until now."47) gives the new vaccines a still experimental character. No amount of intensive advertising of the new vaccines can hide the fact that efficacy and safety issues have not yet been finally clarified, in particular the long-term effects that are not yet logically known. The current Federal Chancellor Scholz rightly said in September 2021 ironically: "We were all the guinea pigs for those who have waited until now."47

At the same time, it can be noted that the World Health Organization (WHO), similar to the EMA, has only “listed” the currently available Covid-19 vaccines under its Emergency Use Listing Procedure (ELUP) for worldwide administration (i.e. provisionally). At the same time, so-called "real world data" studies48 and other studies on the efficacy and safety of the global vaccination campaigns will continue to be carried out over the coming years.49 The full safety and efficacy profile of the "at the speed of light"50 - instead of the usual 10 to 15 years - developed COVID-19 vaccines based on new gene-based technologies51 will therefore only be known in a few years.

From this it follows obviously: Any kind of mandatory vaccination with experimental substances would therefore undermine any possibility of voluntary and informed consent to participate in the ongoing medical experiments on the effectiveness and safety of the COVID-19 vaccines and thus violate Article 7 of the UN Civil Covenant. Other types of (indirect) coercion, pressure and incentives to participate in scientific or medical experiments - such as the loss of a job, exclusion from social and cultural life, from educational institutions, etc., for example via 2G regulations - are also subject to the above criteria untenable and violate Article 7 of the UN Civil Covenant.

2. Right to physical and mental integrity of the ECHR and the UN Civil Pact

Compulsory vaccination would also violate state obligations to respect the right to physical and mental integrity of the person.

The right to physical and mental integrity arises from the ECHR and the UN Civil Code from the right to respect for private life53 and from the prohibition of torture or cruel, inhuman or degrading treatment.54 The right to physical and mental integrity grants a person the exclusive use of their body and control over it and is therefore the basis for self-determined development and self-determined actions of the individual. The ECtHR has generally given great weight to the right to physical and mental integrity in its jurisprudence, identifying the freedom to dispose of one's body as a fundamental value protected by the ECHR55 and emphasizing that "a person's body is the most intimate aspect of private life.”56

Just like participation in medical or scientific experiments, any interference with this right through medical treatment requires free, informed consent.57 The informed consent must meet the same requirements as those mentioned above for participation in medical or scientific experiments, including alternative medical ones Treatment methods, their risks and side effects and the question of what happens if treatment does not take place must be elucidated.58 Here, too, it is essential that the information is provided without any kind of coercion, deception, incentive or other type of pressure in order to to guarantee the voluntary nature of consent. A compulsory vaccination that leads people to be vaccinated against their will,

Superficially, it could be argued that, unlike the prohibition of torture and cruel, inhuman and degrading treatment, the right to physical and mental integrity is not absolute and can therefore be restricted under Article 8(2) of the ECHR and Article 17(2) of the UN Civil Covenant . However, such restrictions are only permitted if they are provided for by law and are (proportionate) necessary in a democratic society to pursue an objective mentioned in Article 8(2) of the ECHR – such as “protecting health”59.60 The ECtHR also decides regularly that any interference with the right to physical integrity through compulsory medical treatment requires a strong justification due to the high value of the subject to be protected,

In view of the fact that the currently available vaccines against COVID-19 neither prevent infection nor contagion,62 but could at best protect against severe courses for a period of time,63 it remains unclear how compulsory vaccination should contribute to the protection of public health, also with regard to the low infection fatality rate (IFR) of COVID-1964 and the existence of effective alternative treatment methods.65 But at the latest when the question of proportionality arises, a serious interference with the right to physical and mental integrity by a COVID-19 - Obligation to vaccinate is clearly seen as a violation of this right. Because the currently available vaccines against COVID-19 cannot be described as "safe".

3. Right to life under Article 2 of the ECHR and Article 6 of the UN Civil Covenant

As discussed, vaccination also leads to death in some cases. This constitutes a violation of the right to life, which is protected under Article 2 of the ECHR and Article 6 of the UN Civil Covenant. State acts of killing violate the right to life unless one of the exceptional circumstances listed in Article 2 ECHR applies: the execution of a death sentence,68 the defense of a person against unlawful use of force,69 the killing during a lawful arrest, the prevention of a lawfully detained person from escaping70 or killing to suppress an insurgency.71 Article 2 of the ECHR does not permit other justifications for state killings outside of these exceptional circumstances.

Source (with further references in the footnotes):

https://netzwerkkrista.de/wp-content/uploads/2022/03/Netzwerk-Kritische-Richter-und-Staatsanwaelte_Stellungnahme-Impfpflicht_Gesundheitsausschuss-21.3.2022.pdf

Even the technocrats, eugenicists and transhumanists of this world should have recognized: No cunning, lie and inhumanity can be veiled with a lot of text and “science” in such a way that it does not become obvious at some point, especially not when the entire world population is affected and as long as there are still people who - precisely because they are human - still know in their hearts what is right and what is wrong.

If, of all things, "in the name of health protection" all forms of life worth living are destroyed, the old and sick, even the dying, are isolated from relatives, children are tormented for years

with compulsory masks in schools and are forced to keep their distance from playmates, then a believer who worships the God of neighborly love, when the devil of inhumanity and lies has long since taken control of medicine and those parts of science that also confirm such medicine.

In the following I will – as already announced above – explain what to think of the constant call for “scientific publication” or confirmation through a publication in a scientific journal.

But no one who boasts of an academic education and special knowledge should forget that every human being, especially those without any school or university education, knows in his heart exactly what is right and what is wrong.

Every person in this world would be able to recognize and "know" immediately that what someone like the concentration camp doctor Dr. drove Mengele was a grave injustice. Every human being has this inner access to the law.

Since this "duty" to tolerate mRNA injections also affects freedom of belief, it is permissible to quote an excerpt from a religious one. This also seems justified because it must seem to a religious person in particular that the events of the last two years can be adequately grasped and described with terms of law, but only with prophecies of the end times.

So it says, among other things, in the “Peace Gospel of the Essenes”:

"They sat around Jesus and asked him, 'Teacher, what are the laws of life? A little longer with us and teach us. We want to hear your words that we may be healed and righteous."

And Jesus answered: 'Do not seek the law in your holy writings; for life is the law, but the writing is dead. Truly I tell you, Moses did not receive his laws from God in writing, but through the living Word. The law is the living word of the living God to living prophets for living people. The law is written in everything that lives there. You find it in the grass, in the tree, in the river, in the mountains, in the birds of the sky, in the fish of the sea; but above all seek it within yourself. For verily I tell you, everything that lives is nearer to God than the Scriptures, which are lifeless. God created life and everything that lives in it so that through the ever-living Word they might teach man the laws of true divinity. God did not write the laws in the pages of the books, but in your heart and in your spirit. . . . Truly I say unto you, the Scriptures are the work of men; but life and all its hosts are the work of our God. Why don't you listen to the words of God written in his works? And why study ye the dead writings which are the work of men's hands?" (End quote)

Source:

http://www.atair.at/ Bibliothek/downloads/evang_d_friedens.pdf?fbclid=IwAR09oH-QtfbA8voVVrJBmOKWuUKyADaQW1LtxMuqhbbpiNBZ91V9u8nhPrQ

If every single human life counts and even a single person who died or suffered severe health damage as a result of these mRNA injections (which are not indicated for this group of people!!) can no longer be justified, then everyone should ask themselves how it would affect his own life if fate were to die or seriously (and chronically) ill the person who is particularly close to him.

Let's now turn to the question that, like in the fairy tale The Emperor's New Clothes, everyone involved may well know that mRNA injections are neither effective nor safe, yet dare not speak the truth.

After so many months, data and studies, everyone who just wants to know knows this, especially all experts. Very many are silent, for various reasons, but not all.

It sometimes happens that, at the very moment, a paper is published on the very topic that you want to include in your presentation.

On May 18, 2022, the online magazine "tkp - the blog for science & politics" published an article by Dr. Peter F. Mayer titled "Reconciliation with the Pandemic of Lies".

In my opinion, this article perfectly summarizes what I primarily wanted to bring to the hearing of the adjudicating Senate with this brief, so that in future it can immediately recognize which strategy the Respondent is apparently pursuing when it hears from the Complainants' expert witnesses in all possible and impossible contexts "scientific publication" required.

The realm of “scientific publication” is – and this will surely be known to representatives of the pharmaceutical industry's interests – dominated by the very forces behind this mRNA injection campaign.

No further justification is required, because it is immediately obvious: everyone (publishers, television and radio stations, etc.) who is dependent on advertising income will think a hundred times over whether they should publish an article that their (main) sponsors or advertising clients should could spoil.

In the aforementioned contribution by Dr. Peter F. Mayer now says (quote):

“It has become increasingly rare in the past two years that scientists have been able to publish critical opinions and scientific findings that contradict official policy. The censorship not only hits social media, but also massively in scientific publications and especially in those related to medicine.

But there are notable exceptions like the one inPubMed Surgical Neurology Internationalal published articlestitled "COVID UPDATE: What is the truth?" Saved here as a pdf to be on the safe side, should it disappear again:

COVID UPDATE: What is the truth?

The author, dr. Russel L Blaylock, also diagnosed right at the beginning (which) has been going on for two years:

"Until this pandemic event, I have never seen so many journal articles withdrawn - the vast majority promoting alternatives to official dogma, especially when the articles question vaccine safety."
“These journals depend on large amounts of advertising revenue from pharmaceutical companies for their income. There have been several instances where powerful pharmaceutical companies have used their influence on the owners of these magazines to remove articles that in any way question these companies' products.”
“The media (television, newspapers, magazines, etc.), medical societies, state medical associations and social media operators have proclaimed themselves the sole source of

information on this so-called 'pandemic'. Websites have been removed, highly qualified and experienced infectious disease clinical physicians and scientific experts demonized, careers destroyed, and any dissenting information labeled as "misinformation" and "dangerous lies", even when it was presented by top experts in the fields of virology, infectious diseases, pulmonary intensive care and epidemiology. This obscuration of truth occurs even when Highly qualified scientists and successful doctors are also affected:*"Dr. One of the most cited experts in his field, Peter McCullough, who has successfully treated over 2000 COVID patients with an early treatment protocol (which has been completely ignored by the so-called experts), is the victim of a particularly vicious attack by those financially supported by benefit from the vaccines. ... Despite this, he is under constant attack from the information controllers, none of whom have treated a single patient."*

Here are some more highlights from the article, which is worth reading:

Neither Anthony Fauci, the CDC, the WHO, nor any government medical agency have ever offered any early treatment other than Tylenol, hydration, and calling an ambulance as soon as you're short of breath. This is unprecedented in the entire history of medical care, as early treatment of infections is critical to saving lives and preventing serious complications. Not only have these medical organizations and their federal lapdogs failed to propose early treatment, they have attacked anyone who has attempted to initiate such treatment with every weapon at their disposal — disqualification, deprivation of hospital privileges, shaming, destruction of the reputation and even arrest

The COVID-19 pandemic is one of the most manipulated infectious diseases in history, marked by a never-ending stream of official lies spearheaded by government bureaucracies, medical associations, medical boards, the media and international agencies. We have seen a long list of unprecedented interference with medical practice, including attacks on medical experts, the destruction of medical careers by physicians who refuse to help kill their patients, and massive healthcare regimentation led by non qualified individuals of enormous wealth, power and influence.

For the first time in American history, a president, governors, mayors, hospital administrators, and federal bureaucrats are designating medical treatments based not on accurate scientific or even experience-based information, but on enforcing acceptance of special forms of care and "prevention" -- including remdesivir, use of ventilators, and finally a range of essentially untested messenger RNA vaccines. For the first time in the history of medical treatment, protocols are being formulated not based on the experience of physicians who have successfully treated most patients, but by individuals and bureaucracies who have never treated a single patient - including Anthony Fauci, Bill Gates , the EcoHealth Alliance,

About the media and the pharmaceutical industry

Worse still is the actual design of medical articles to promote drugs and pharmaceutical products that contain fake studies, so-called ghost-written articles.[49,64] Richard Horton is quoted by the Guardian as saying that “journals on pharmaceutical information laundering have become an industry"[. Proven fraudulent "ghostwriting" articles sponsored by pharmaceutical giants have regularly appeared in leading clinical journals such as JAMA and the New England Journal of Medicine - and have never been removed, despite proven scientific misuse and manipulation of data.

Ghostwriting articles employ planning firms whose job is to draft articles using manipulated data to support a pharmaceutical product, and then have those articles accepted by top-tier clinical journals, i.e. the journals most likely to influence the have clinical decision-making by physicians. They also provide physicians in clinical practice with free reprints of these

manipulated articles. The Guardian found 250 companies engaged in this ghostwriting business. The final step in designing these articles for publication in the most prestigious journals is to recruit recognized medical experts from reputable institutions to add their names to these articles.

…….

As for the information made available to the public, virtually all of the media is under the control of these pharmaceutical giants or others profiting from this "pandemic." Their stories are all the same, both in content and wording. Cover-ups are staged daily and massive data exposing the lies of these information controllers is hidden from the public. All of the data circulating through the national media (TV, newspapers and magazines), as well as the local news you see every day, comes exclusively from "official" sources - most of it being lies, distortions or completely conjured out of a hat – all with the aim of deceiving the public.

The television media gets most of their advertising budget from the international drug companies, which exerts an irresistible influence to cover all fake studies supporting their vaccines and other so-called treatments.[14] In 2020 alone, the pharmaceutical industry spent $6.56 billion on such advertising.[13,14] Pharmaceutical television advertising accounted for $4.58 billion, a whopping 75% of their budget. This buys a lot of influence and control over the media. World-renowned experts in all areas of infectious diseases will be banned from the media and social media should they take any stand against the lies and distortions concocted by the manufacturers of these vaccines.

The healthcare industry

These attacks on free speech are terrifying enough, but even worse is the near-universal control that hospital administrators have exercised over the details of hospital medical care. These stooges now dictate to doctors what treatment protocols to follow and what treatments not to use, no matter how harmful the "approved" treatments are or how beneficial the "unapproved" treatments are.

Never in the history of American medicine have hospital administrators dictated how their physicians should practice medicine and what drugs they may use. The CDC has no authority to regulate hospitals or physicians about medical treatments. Still, most doctors complied without the slightest resistance.

The Federal Care Act furthered this human catastrophe by offering all US hospitals up to $39,000 for each ICU patient they put on a ventilator, although it was clear early on that the ventilators were a leading cause of the deaths of these unsuspecting, trusting patients were. Also, the hospitals received $12,000 for each patient admitted to the ICU - which I think and others think explains why all the federal medical agencies (CDC, FDA, NIAID, NIH, etc.) did everything in their power to to prevent life-saving early treatments. Allowing patients to deteriorate to the point where they had to be hospitalized was a big buck for all hospitals. A growing number of hospitals are at risk of bankruptcy and many have already closed their doors before this "pandemic". Most of these hospitals are now owned by national or international companies, including teaching hospitals.

It's also interesting that with the onset of this "pandemic," the number of hospital corporations buying up a number of these financially vulnerable hospitals has skyrocketed. These hospital giants have been found to be using billions in federal grants to take over these financially vulnerable hospitals, further expanding corporate medicine's power over physician independence. Doctors who have been evicted from their hospitals are having a hard time finding other hospitals to enter as they could also be owned by the same corporate

giant. As a result, compulsory vaccination affects a far larger number of hospital staff. For example, the Mayo Clinic fired 700 employees for exercising their right

What we do know is that major medical centers like the Mayo Clinic receive tens of millions of dollars in NIH grants each year, as well as money from the drug makers of these experimental "vaccines." I think that is the real reasoning behind this policy. If this could be proven in court, the administrators making these regulations should be prosecuted to the fullest extent of the law and sued by all aggrieved parties.

The problem of hospital failures has been exacerbated by hospital immunization requirements and the resulting refusal of large numbers of hospital workers, particularly nurses, to be compulsorily vaccinated - an unprecedented occurrence in the history of healthcare. ….

When this pandemic broke out, hospitals were ordered by the CDC to follow a treatment protocol that resulted in the deaths of hundreds of thousands of patients, most of whom would have recovered had proper treatment been allowed. Based on the findings of doctors who have successfully treated most Covid patients, it is estimated that of the 800,000 people said to have died from Covid, 640,000 could not only have been saved, but in many cases their health conditions from before of infection could have been regained if early treatment with these proven methods had been prescribed. This neglect of early treatment constitutes mass murder. This means that 160,000 people would have actually died had which is far fewer than the number who died at the hands of bureaucracies, medical societies and medical boards that refused to advocate for their patients. Studies of the early treatment of thousands of patients by brave, caring doctors have found that seventy-five to eighty percent of deaths could have been prevented.

Is there really a pandemic?

It is also important to remember that this event never met the criteria for a pandemic. The World Health Organization changed the criteria to make it a pandemic. In order to maintain pandemic status, the virus must have a high mortality rate for the vast majority of people, which has not been the case (with a 99.98% survival rate), and there must be no known treatments - which is the case with this virus was the case - but a growing number of very successful treatments.

The draconian measures taken to contain this fabricated "pandemic" have never proved successful, such as: B. masking the public, lockdowns and social distancing. A number of carefully conducted studies during previous flu seasons have shown that masks of any type have never prevented the virus from spreading through the community.

Some very good studies even suggested that the masks actually spread the virus because they gave people a false sense of security, and other factors such as observing that people were constantly violating sterile technique by touching their mask, improperly removed and leaked infectious aerosols at the edges of the mask. In addition, the masks were disposed of in parking lots and walkways, placed on tables in restaurants and stowed in bags and purses.

A number of pathogenic bacteria can be cultured from the masks within minutes of donning the mask, putting immunocompromised individuals at high risk of bacterial pneumonia and children at higher risk of meningitis. In a study by researchers at the University of Florida, more than 11 pathogenic bacteria were cultured from the inside of children's masks in schools.

It was also known that children were essentially at no risk of contracting or transmitting the virus.Also, it was known that wearing a mask for more than four hours (as in all schools) leads to significant hypoxia (low blood oxygen levels) and hypercapnia (high levels of CO2), which have a number of harmful health effects and also affect the development of the child's brain.

Tools of the indoctrination trade

The creators of this pandemic expected the public to hit back and ask embarrassing questions. To prevent this, the regulators fed the media a variety of tactics, one of the most common being the "fact check" scam. When confronted with carefully documented evidence, the media "fact-checkers" countered with accusations of "misinformation" and an unfounded "conspiracy theory" that their lexicon called "debunked". We were never told who the fact-checkers were or where their "debating" information came from - we were simply told to believe the "fact-checkers". ... Here is a list of things that have been labeled "myths" and "misinformation" that have later been proven to be true.

- The asymptomatic vaccinated spread the virus in the same way as the unvaccinated symptomatic infected.
- The vaccines do not provide sufficient protection against new variants such as Delta and Omicron.
- Natural immunity is far superior to vaccine immunity and is most likely lifelong.
- Not only does vaccine immunity wane after a few months, but all immune cells are damaged for a long period of time, putting those vaccinated at high risk of all infections and cancer.
- COVID vaccines can cause significant incidences of blood clots and other serious side effects.
- Vaccine advocates will call for numerous booster shots as soon as a new variant becomes available.
- Fauci will insist that the Covid vaccine also be used for young children and even infants.
- Vaccination passports will be required to enter a business, board a plane and use public transport.
- It becomes an internment campor lockdownsgive for the unvaccinated (as in Australia, Austria and Canada)
- The unvaccinated are denied employment.
- There are collusions between the government, elite institutions and vaccine manufacturers
- Many hospitals were either empty or sparsely occupied during the pandemic.
- The spike protein from the vaccine enters the cell nucleus and alters the cells' DNA repair function.
- Hundreds of thousands have been killed by the vaccines and many times more have been permanently damaged.
- Early treatment could have saved the lives of most of the 700,000 fatalities.
- Vaccine-induced myocarditis (which was initially denied) is a significant problem that is rapidly disappearing.
- Special lethal batches of these vaccines are mixed in with the bulk of other Covid-19 vaccines.

Several of these anti-vaccination claims can now be found on the CDC website — most are still labeled "myths." Today, ample evidence has confirmed that each of these so-called "myths" was in fact true. Many are even admitted by the "vaccine saint," Anthony Fauci. For

example, we were told even by our cognitively impaired President that once the vaccine was released, everyone who was vaccinated could remove their masks. Oops! Shortly thereafter, we learned that those who have been vaccinated have high levels (titers) of the virus in their noses and mouths (nasopharynx) and can transmit the virus to others they come into contact with - particularly their own family members. Masks must be put back on - double masking is even recommended. It is now known that the vaccinated are the main carriers of the virus, and hospitals are full of sick vaccinated and people suffering from serious vaccination complications.

Another tactic used by vaccine advocates is to demonize those who refuse to be vaccinated for a variety of reasons. The media labels these critically minded people as “anti-vaxxers,” “vaccinate refusers,” “vaccinate refusers,” “murderers,” “enemies of the common good,” and those who are prolonging the pandemic.

Conclusions

We are all experiencing one of the most dramatic changes in our culture, our economic system and our political system in the history of our country and the rest of the world. We have been told that we will never return to "normal" and that a major reset is planned to create a "new world order". Klaus Schwab, head of the World Economic Forum, laid all this out in his book about the “Great Reset”. This book gives a good insight into the mindset of the utopians who pride themselves on calling this pandemic "crisis" their way to a new world. This new world order has been planned by the manipulating elite for over a century. In this paper I have focused on the devastating effects

As you have seen, an unprecedented series of events has taken place within this system. Hospital administrators, for example, have taken the position of a medical dictator, ordering doctors to follow protocols not written by those with extensive experience treating this virus, but by a medical bureaucracy that has never seen a single COVID Has treated 19 patients. So e.g. For example, the use of ventilators for Covid-19 patients in ICUs was mandated in all medical systems, and dissident doctors were swiftly removed from their positions as nurses despite having significantly better treatment methods. In addition, doctors were instructed to use the drug remdesivir, although its toxicity, lack of effectiveness and high complication rate have been proven. They were instructed to use medications that affect breathing and to mask any patient even though the patient's breathing was impaired. In each case, those who refused to abuse their patients were removed from the hospital and even faced disqualification – or worse.

For the first time in modern medical history, early medical treatment of these infected patients has been nationally ignored. ….

The families were not allowed to see their loved ones, so these seriously ill people in the hospitals were forced to face their deaths alone. ... In a number of states, most notably New York State, infected elderly people have been deliberately transferred from hospitals to nursing homes, resulting in very high mortality rates among those residents. At the beginning of this “pandemic”, over 50% of all deaths were in nursing homes.

During this "pandemic" we have been fed a never-ending stream of lies, distortions and disinformation from the media, health authorities, medical bureaucracy (CDC, FDA and WHO) and medical associations. Physicians, scientists and infectious disease experts who have formed associations to develop more effective and safer treatments have regularly been demonized, bullied, shamed, humiliated and had their licenses and

hospital privileges forfeited, and in at least one case one has been ordered a psychiatric examination.

...

The draconian measures of masking, lockdown, testing of the uninfected, use of the inaccurate PCR test, social distancing, and contact tracing had proved of little or no help in previous pandemics, but attempts to dismiss these methods have been unsuccessful. Some states ignored these draconian orders, recording either the same or fewer cases and deaths than the states with the most severely enforced measures. Again, neither evidence nor apparent demonstrations have led to these socially destructive measures being halted. Even when whole countries like Sweden, which avoided all these measures, had the same infection and hospitalization rates as the countries with the strictest, very draconian measures, there was no change in the policy of the control institutions. No evidence changed anything.

Experts in the psychology of destructive events such as economic collapses, major catastrophes, and past pandemics have shown that draconian measures come with an enormous price in the form of "deaths of despair" and a dramatic increase in severe mental disorders. The effects of these pandemic measures on children's neurodevelopment are catastrophic and largely irreversible.

Over time, tens of thousands could die as a result of this damage. Even as these predictions emerged, the controllers of this "pandemic" continued full steam ahead. A sharp increase in suicides, an increase in obesity, a rise in drug and alcohol use, a deterioration in many health measures, and a staggering rise in psychiatric disorders, particularly depression and anxiety, were ignored by those responsible for this event.

We eventually learned that many of the deaths were due to medical neglect. People with chronic diseases, diabetes, cancer, cardiovascular diseases and neurological diseases were no longer properly cared for in their clinics and doctor's offices. Non-urgent operations have been postponed. Many of these patients chose to die at home rather than go to the hospitals, and many viewed the hospitals as "death houses."

The head of insurance company OneAmerica said his data suggests the death rate among people aged 18 to 64 has increased by 40% compared to the pre-pandemic period. Scott Davidson, the company's chief executive, explained that this is the highest mortality rate in the history of insurance records, which compile extensive data collections on mortality rates each year. Davidson also pointed out that such an increase in the mortality rate had never been seen in the history of death data collection. In previous disasters of monumental proportions, the mortality rate increased by no more than 10 percent, 40 percent is unprecedented.

dr Lindsay Weaver, Indiana's chief medical officer, said Indiana's hospitalization rate is higher than at any time in the last five years. This is crucial as the vaccines should significantly reduce the number of deaths, but the opposite has happened. Hospitals are being inundated with vaccine complications and critically ill people in dire straits due to medical neglect from the lockdowns and other pandemic measures.

A dramatic number of these people are now dying, with the increase following the introduction of the vaccines. The lies spread by those who have proclaimed themselves medical dictators are endless. At first we were told the lockdown would only last two weeks, but it lasted over a year. We were then told that masks were ineffective and did not need to be worn. That was quickly reversed. Then we were told the cloth mask was

very effective, not anymore and everyone should wear an N95 mask and before that they should wear a double mask. ... We were told that hospitals were mostly filled with the unvaccinated, and it later turned out that the exact opposite was true around the world. we were told

When the vaccines were released, women were told the vaccines were safe at all stages of pregnancy, only to find out that during the "safety testing" prior to the vaccine's release, studies on safety during pregnancy had not been conducted. We were told that careful testing on volunteers prior to EUA approval for public use proved the vaccines' extreme safety, only to learn that these unfortunate subjects were not followed up, medical complications caused by the vaccines were not were paid and the media covered it all up. [We also learned that the pharmaceutical manufacturers of the vaccines were told by the FDA that further animal experiments are unnecessary (the general public would be the guinea pigs). Incredibly, we were told that Pfizer's new mRNA vaccines had been approved by the FDA, which was a blatant deception as a different vaccine was approved (Komirnatie) and not the one used, the BioNTech vaccine. The approved Komirnaty vaccine was not available in the United States. National media told the public that Pfizer's vaccine was approved and no longer classified as experimental - a blatant lie. These deadly lies continue. It is time to end this insanity and bring these people to justice." (End quote) which was a blatant deception as a different vaccine was approved (Komirnatie) and not the one used, the BioNTech vaccine. The approved Komirnaty vaccine was not available in the United States. National media told the public that Pfizer's vaccine was approved and no longer classified as experimental - a blatant lie. These deadly lies continue. It is time to end this insanity and bring these people to justice." (End quote) which was a blatant deception as a different vaccine was approved (Komirnatie) and not the one used, the BioNTech vaccine. The approved Komirnaty vaccine was not available in the United States. National media told the public that Pfizer's vaccine was approved and no longer classified as experimental - a blatant lie. These deadly lies continue. It is time to end this insanity and bring these people to justice." (End quote) that Pfizer's vaccine was approved and no longer classified as experimental - a blatant lie. These deadly lies continue. It is time to end this insanity and bring these people to justice." (End quote) that Pfizer's vaccine was approved and no longer classified as experimental - a blatant lie. These deadly lies continue. It is time to end this insanity and bring these people to justice." (End quote)

Source:

https://tkp.at/2022/05/18/abrechnung-mit-der-pandemie-der-luegen-in-pubmed/

No one wants to live in this "New Normal" in the world we've been living in for the past two years. If what we have experienced in the last two years is supposed to be the blueprint for the society in which we are to live in the future, then we would all have reason to worry whether we would still live decently in this dystopian world, age, become ill become and can also die.

After all, who would want to lie in a care bed, possibly weak and unable to defend themselves, and then experience something being injected into their body that they would never have tolerated when they were in full possession of their mental and physical strength?

Does anyone think that the seniors given the new injections have been adequately educated beforehand?

Should everything be possible and also “permitted” if it is only given out by some purchased scientist as “science” or as serving the supposed scientific progress? Science as a substitute religion? The mass of people can no longer understand many of the questions that are also disputed in this process because they lack the basic knowledge, so they have to blindly trust the new "authorities" and princes of the new religion of "science".

The mainstream press can happily cite tens of thousands of studies from pharmaceutical-friendly (specialist) journals: all this does not change the fact that the right to tolerate gene-based and also experimental injections draws a clear boundary and no free citizen who is aware of his natural rights still conscious, would like to live in such a world, presume that third parties have control over his body and standardize and restrict his entire thinking and actions through a sea of regulations that change weekly, even if he submits to such a "vaccination dictate". has bent.

There is no "science" that has the right to make man the mere object of highly dangerous experiments with "gene therapy drugs".

Those responsible at the PEI will also have to ask themselves the question:

Where is the limit now that must not be crossed?How many people (still) have to die or become seriously ill for the approval of gene-based injections to be suspended or revoked?

Do these limits still exist when politicians, IT company bosses, pharmaceutical giants and NGOs like the WHO arbitrarily declare the next pandemic and then allow the arrogance to immediately “vaccinate” all of humanity with completely new substances without any long-term study?

So how many livelihoods have to be destroyed, how many people have to die or become seriously ill, become ill, suffer a heart attack or stroke for this PEI to say: “That is indeed a little too much human suffering. We're ending this "vaccination program."?

That is one of the central questions of this time. What does a human life matter? And can anyone even presume to dispose of the life and health of fellow human beings in this way, especially of people who have never been adequately informed and who would never have given or would give their consent if they had been given appropriate information?

III.

But let's come back to the question of why the demand for the publication of a critical article in a professional journal is a subtle deception of the public and misleading of the court and thus a stun grenade.

If Prof. Dr. dr Steinestel the expert witness Prof. Dr. Burkhardt asks why he did not publish his findings in a medical journal, then this question obviously not only served to mislead the court, as already explained in my brief of May 15, 2022. No one would ask a forensic pathologist who testified in court to first publish his autopsy results in a – if possible reputable – professional journal. Any forensic pathologist would only be able to laugh heartily at such a demand.

Prof. Dr. dr Steinestel should not only know, but also knows with certainty, that - for the reasons set out above - it can become an insurmountable hurdle even for a highly renowned

scientist to publish an article in a respected medical journal that critically deals with the side effects of novel mRNA injections.

Prof. Dr. During his hearing on May 2, 2022, Burkhardt already reported about such difficulties in finding a journal that is willing to publish his findings, but did not go into detail.

With a bit of polemics, one could say: A scientist who has something to say that is “bad for the business” of the pharmaceutical giants has a difficult time. And this also applies to the world of medical journals.

If someone like Prof. Dr. dr Steinstel from a pathologist like Prof. Dr. Burkhardt asks why he doesn't publish his findings in a (preferably renowned) medical journal, then the assumption is justified that he only asks this because he knows exactly that a pathologist whose findings are like sand for the wheels of the pharmaceutical industry are likely to have almost no chance of publishing these findings in a renowned specialist journal.

About the influence of the pharmaceutical industry on medicine as a whole, from the training of all medical professions to the definition of training content, to the filling of positions at universities, the allocation of third-party funds for research and scholarships and endowed professorships as well as the publication of (pharmaceutical-friendly) articles in specialist journals in their entirety To be able to understand this dimension, one would basically have to trace the history of medicine since the beginning of the 20th century, including the biography and impact of scientific fraudsters such as Pasteur and Koch.

That would go beyond the scope of this brief.

But if the discerning Senate would like to work through this history of modern medicine, which is indispensable for understanding the present, then the following sources in particular are recommended:

1.

"Virus Madness" by Dr. medical Köhnlein et al., chapter there "The seizure of power by the microbe hunters" (p. 63 - 106) (Note: The view of these authors, according to which there are no viruses, is expressly not shared. Prof. Dr. Ulrike Kämmer will soon become their expert Publish a statement that should finally do away with the claim that there are no viruses or that no evidence of the existence of viruses has ever been provided.)

2.

The newly launched "Vaccination Cemetery. What the people, the experts and the governments know about the blessing of vaccination" from 1912 (!), to which our colleague Bahner drew attention, impressively proves that more than 110 years ago - to the chagrin of many people - an adequate processing of vaccination complications was prevented, especially by the authorities responsible at the time.

The parallels between then and now are startling.

3.

The tactics behind this "You have a study against me? No problem, I'll easily fund 100 studies that are for me." is what is called "War Gaming", War Gaming for profit.

This war gaming, which concerns the financing of questionable studies, is also intended to "spread the message of scientific disagreement" and includes "smear campaigns" against critical scientists, is very old and was invented by the tobacco industry and later also adopted by the mobile phone industry , which, for economic reasons, wanted to deny the dangers of high levels of exposure to electromagnetic fields.

dr Josef Mercola has illustrated the history of War Gaming in his book "EMF - Electromagnetic Fields" starting on page 72. This can only be referred to here so that the scope of this document is not exceeded.

On YouTube there is also (still) a documentary worth seeing with the title "**War gaming for profit. Mobile phone radiation, cancer risk & industrial lobbying**", which shows these strategies of the mobile phone industry against critical scientists and against their explosive research results on harmful effects of mobile phone radiation:

https://www.youtube.com/watch?v=HNMqgLQ_xDg

When the discerning Senate watches this documentary, it will be able to answer its own question as to whether the pharmaceutical industry and its supporters from powerful networks have taken war gaming strategy to new dimensions in the last two years.

4.

The expert Peter C. Gotzsche named by us states in his book "Deadly Medicine and Organized Crime" (quote):

"Clinical trials are marketing in disguise

No matter what the pharmaceutical industry does, whatever they call it, and whatever they say of their noble motives, it's all about one thing: selling drugs.
She does this brilliantly because she tightly controls the nature of information about her products and the flow of information, both in scientific articles and in marketing. Their clinical trials are rarely research in the true sense of the word (see Chapter 5), and their marketing is disguised as research. The studies often have a flawed design, and further errors are introduced during data analysis. Misleading results are announced in order to ensure that the study will boost sales, regardless of what an honest test would have revealed..." (ibid., p. 145, with many references).

I hope at least one judge in the Grand Senate will obtain this book.

If the discerning Senate knew what was in there, then – in contrast to the (allegedly) bona fide respondent – it would certainly no longer be able to simply blindly look at the "integrity" of the data from pharmaceutical companies like Pfizer and those who cooperate with them to trust companies.

Trust is good, control is better, and extremely critical examination is essential, even if the respondent seems to want to handle things differently.

5.

“Almost all medical journals are interest driven

The influence on medical professional associations and journals is enormous and almost all medical "experts" are in some way dependent on the industry from which they benefit financially. A large proportion of scientific journals are dependent on and influenced by the pharmaceutical industry without this being apparent to the reader. Contacts between companies and researchers have become so pervasive that the New England Journal of Medicine has had to drop its requirement that authors reviewing clinical trials have no financial affiliation with the companies whose drugs are being evaluated. The journal simply could not find enough independent experts and had to limit their financial dependence to up to $10,000/year (8).
Faculties and specialist societies are also dependent on industry in a non-transparent manner. Far too little attention is paid to the influence of industry on the formulation of treatment guidelines. It is often difficult to distinguish between the statements of the professional societies and those of the industry.The diverse links between industry and medicine have prompted calls in US medicine, including leading medical faculties, for research and training to be independent of the direct influence of industry and for third-party funds and funds for training to flow into a pool that is managed by assigned to an independent body..."

Source:

https://www.ippnw.de/social-responsibility/health-policy/pharma-campaign/article/de/die-pharmaindustrie-und-ihr-einfluence.html

6.

On April 7, 2015, the Süddeutsche Zeitung ran the headline “Out of consideration for the pharmaceutical companies”.

In the introduction it says: "The editor of a medical journal resigns because his critical commentary cannot be printed. The incident shows the influence of the pharmaceutical industry..."

Source:

https://www.sueddeutsche.de/gesundheit/medizin-kann-man-das-nicht-abschwaechen-1.2419538

7.

Another enlightening amount from the online portal “FAcheitungen.de”:

“Influence of the pharmaceutical industry through sponsorships and gifts

Vienna (pte/11/20/2008/13:59) - The healthcare industry exerts great influence not only on doctors but also on journalists and brings them into conflicts of interest. This was the finding of physician Steven Woloshin from the University of Dartmouth dms.dartmouth.edu with Australian colleagues in a study published in the British Medical Journal www.bmj.com. The

scientists identify particular threats to journalistic independence in the area of training, journalistic awards and in the everyday routine of reporting.

“Some journalist colleagues like to be invited to exotic places. By reporting accordingly, they ensure that they will be invited again in the future,” reports medical journalist Hans Weiss to pressetext. In his current book, Weiss discusses how doctors can be influenced by the pharmaceutical industry. He sees a failure on the part of the editors behind the influence of journalists. “The problem is that the media does not pay for the journalists to travel to do their research. Independent reports cannot be provided in this way.” Corrupt behavior is widespread in several areas of journalism, especially in travel journalism. The difference, however, lies in the consequences of the work. “Drug reports are about health, thus a matter of life and death for the patient. A far greater responsibility rests on medical journalists,” says Weiss.

The journalist Bert Ehgartner, like Weiss, has recently attracted attention through publications critical of pharmaceutics. He emphasizes to pressetext the problem of a lack of specialist training. "In Austria there is no training to become a medical journalist, rather the editors slip into this activity." The journalists' lack of critical ability relates to the same basic problem as with doctors. "Doctors are usually just as unable to distinguish between a good study and one managed by the pharmaceutical industry, because they don't receive adequate epidemiological training during their medical studies," says Ehgartner. The Dartmouth study had criticized the funding practices of journalism schools, through which pharmaceutical companies subtly gained greater loyalty from students and teachers.

According to the criticism of the study, the close interweaving of editorial and business interests of media companies is increasingly blurring the boundaries between PR and journalism. According to Ehgartner, there is a particularly close connection with the sponsors of health pages in tabloid media. He estimates the proportion of editorial content linked to advertisements to be 50 percent. "Often, a health topic is addressed and a few pages further on you will find a corresponding advertisement." A health journalist from an Austrian tabloid medium advertised registered branded articles, which, however, were not recognizable as such, reports Ehgartner. Critical distance is particularly problematic for specialist media. "In almost all medical newspapers, the publishers are dependent on advertising from the pharmaceutical industry,"

Source:

https://www.fachzeitungen.de/pressemeldung/korruption-im-medizinjournalismus-10728/

Against this background, too, nobody should be influenced by irrelevant expressions of opinion from controlled "fact checkers" who presume to judge factual issues and the work of experts, although they are not at all qualified to do so.

What kind of times are we living in that such pseudo fact checkers are even heard?

8th.

What about “free research”?

In the article "Bought Science" by Prof. Dr. Christian Kreiss on "heise.de" from August 28, 2020 says (quote):

“Only a sixth of the research is free, the vast majority is in the service of profit maximization. The wrong development would be easy to change if the political will is there

In Germany, about one sixth of all research is currently free, five sixths is research subject to directives, most of it in the service of industry, a smaller part through detailed state bureaucratic specifications. In other words: Of the 700,000 people who conduct research in Germany (full-time equivalents), well over 500,000 are NOT able to pursue their own research questions, but receive instructions from the group management or other staff departments on what they have to do research on.

In the vast majority of cases, the question is how profits can be maximized and not what is good for the country and its people. Even at state universities, only about every second research euro is available for free research, the other half is prescribed by third-party funders. So even at universities and technical colleges, only about every second professor can research freely, and every second researches what was agreed with the third-party funder. Independent research has declined sharply in Germany over the past 30 years or so.”

Source:

https://www.heise.de/tp/features/Gekaufte-Wissenschaft-4876172.html

Appropriately, it should be mentioned that there is currently even a "AG Sahin" at the University Medical Center Mainz, which is led by Prof. Dr. Sahin himself is directed:

https://www.unimedizin-mainz.de/immunologie/arbeitsgruppen/ag-sahin.html

The question of whether and to what extent the University of Mainz receives third-party funding from BioNTech will be clarified in another context.

9.

The sad fate of the former board of directors of BKK ProVita, who sent the PEI a "strong warning signal" on February 21, 2021, should be well known.

10

dr medical Gerd Reuther, author of the books "Heilung Nebensache" and "Der befraude Patient", found clear words about the practices of drug tests in his article "Servants of the Pharmaceutical Industry", published on May 19th, 2020 in the online magazine Rubikon.

There it says, among other things (quote):

"When it comes to drug tests, the motto “What bread I eat, I sing the song” usually prevails. Exclusive reprint from "The Deceived Patient".

...
When I take a medicine, I need to be able to have confidence that my prescribing doctor is not only of good faith - the information on which his medical decision is based must also be absolutely reliable. However, there can be no talk of this in the modern, commercialized

medical establishment. Research on the benefits and side effects of drugs is largely “sponsored”, and its results are therefore pre-determined by commercial interests. Even the individual doctor hardly has the opportunity to distinguish truth from profit-driven suggestion. Medical knowledge is increasingly being privatized and standardized. Physicians no longer use drugs to serve their patients; rather, the pharmaceutical industry uses medical professionals to sell their products to patients.
...

More than 90 percent of randomized drug trials are financially influenced by the pharmaceutical industry (1, 2). This isn't a new phenomenon: Recent documents show that the US sugar industry bought study authors for $50,000 back in 1967 to disguise sugar as a risk factor for vascular disease. Since then, the*Sugar Research Foundation*promoted for at least two decades study results that take sugar out of the firing line and identify cholesterol and fats as the cause of atherosclerosis (3).
With the relocation not only of the production of pharmaceuticals, but also increasingly of clinical studies to India or China, a further deterioration in the integrity of the data collected is to be feared. When examining 1,622 applications for drug approval, the inspectors at the Chinese supervisory authority CFDA found that 81 percent (!) had to be withdrawn due to falsified, incorrect or insufficient data (4). Since a search in an American database (5) whose data is at least partially collected in China, studies there are also relevant for approvals in the USA and Europe.

The exertion of influence goes even further and also means that new areas of application are sought for existing substances beyond their original purpose and new diseases are invented with the help of doctors.

Es werden Einschlusskriterien und Umfang der Studiengruppen manipuliert, klinisch irrelevante Zielwerte definiert, nachträgliche Untergruppenanalysen vorgenommen und mathematische Signifikanz als patientenrelevante Signifikanz ausgegeben. Immer, wenn die eigentliche Anwendung eines Medikaments zweifelhaft ist oder wird, tauchen aus dem wissenschaftlichen Nebel Studien auf, die einen trotz gezielter Suche „unerwarteten“ positiven Nebeneffekt aufgedeckt haben wollen: Bei regelmäßiger Einnahme des Antidiabetikums Metformin sei das Risiko für das Nachwachsen von Polypen im Dickdarm reduziert (6)! Auf diese Weise ließe sich ein geringeres Risiko genauso gut für die Untergruppe der Smartphone-Nutzer nachweisen …

Despite their mathematical significance, these "evidences" are random correlations without causality and are therefore irrelevant to everyday life. Commercially, on the other hand, they are extremely important when an old drug is given a new application.

Worse still, this pseudo-evidence, which does not stand up to scrutiny, can hold back real knowledge gains for years and decades and cause pointless treatments. It is in the interests of the sponsors and their own specialist area claims: What would be advantageous can also be one day! How else can it be explained that even in the most respected international journals, the rate of positive results for studies with and without industry support differs significantly, by almost 20 percentage points (!): 67 percent positive results with industry support and 49 percent without the same (7th)?

Industrieunterstützung macht es fünfmal so wahrscheinlich, dass ein untersuchtes Medikament als Mittel der Wahl empfohlen wird – was natürlich nicht heißt, dass es auch fünfmal so wirksam wäre … Und wenn 100 % der „wissenschaftlichen“ Poster – Kongressbeiträge, die nicht als Vorträge angenommen wurden, sondern nur in Plakatform ausgestellt werden – mit Industrieunterstützung Positives zu vermelden haben, verkommt „Wissenschaft“ in den Untiefen der nationalen Fachgesellschaften zur Lachnummer (8).

Quelle:

https://www.rubikon.news/artikel/knechte-der-pharmaindustrie

In den sozialen Medien gibt es schon seit Monaten nahezu täglich neue schockierende Berichte dazu, dass junge und vormals kerngesunde Sportler während eines Wettkampfs kollabiert und nicht selten auch verstorben sind.

This phenomenon is completely new in this dimension and should have warned the Respondent and prompted him to stop the "vaccination" campaign with mRNA injections immediately.

IV

To Bill Gates in particular:

Anyone who sees stickers like "Don't give Gates a chance" should already know the reasons for such public criticism of Bill Gates.

Critical articles about the machinations of Bill Gates and his "Melinda & Bill Gates Foundation" are legion.

This is what it says in an article on the online portal Rubik. Entitled "Die toten Afrikaner" et al. (quote, emphasis added in the text):

“The racism of the vaccine industry and its henchmen is well known by now. Africa or India serve as a test field for the profiteers. In the so-called developing countries, vaccinations and vaccination attempts regularly kill people — often children — or leave them severely disabled for the rest of their lives. Apparently nobody in charge cares about that.

The WHO was once again forced to admit that a major international vaccine initiative, backed by Bill Gates, among others, who currently wants to make everyone on this planet happy with regular and dangerous compulsory corona vaccinations, is actually a deadly outbreak caused by the very disease it was supposed to eradicate.

*21st Century Wire*writes about the vaccination scandal, which does not appear in the German quality media (1, 2):

“This was supposed to be one of the biggest public health scandals of this decade, but instead it has received little attention — largely because of the high profile of the individuals and organizations involved.
The United Nations has been forced to admit that a major international vaccine initiative is indeed causing a deadly outbreak of the very disease it was meant to eradicate. (...)
Health officials have now admitted that their plan to stop 'wild' polio is backfiring, as scores of children are being paralyzed by a deadly strain of the pathogen derived from a live vaccine — unleashing a virulent wave of polio...

In a contribution to Bill Gates' global vaccination agenda, Robert F. Kennedy Jr. describes the aforementioned case from India as well as other vaccination scandals from this country and especially from Africa (9):

Indian doctors blame the Gates campaign for a devastating non-polio epidemic of acute paralysis (NPAFP) that paralyzed 490,000 children beyond expected rates between 2000 and 2017. In 2017, the Indian government rejected Gates' vaccination program and ordered Gates and his vaccination policy to leave India. NPAFP rates fell rapidly. (...)
In 2014, the Gates Foundation funded testing of experimental HPV vaccines developed by Glaxo Smith Kline (GSK) and Merck on 23,000 young girls in remote Indian provinces. About 1,200 suffered serious side effects, including autoimmune and fertility disorders. Seven died. Investigations by the Indian government accuse the Gates-funded researchers of wide-ranging ethical violations: pressuring at-risk village girls, bullying parents, falsifying consent forms and denying medical care to the injured girls. The case is now before the country's Supreme Court. (...)
In 2010, the Gates Foundation funded a Phase 3 trial of GSK's experimental malaria vaccine that killed 151 African infants and left 1,048 of the 5,949 children with serious side effects, including paralysis, seizures, and febrile seizures.
During Gates' 2002 MenAfriVac campaign in sub-Saharan Africa, Gates employees forcibly vaccinated thousands of African children against meningitis. About 50 of the 500 vaccinated children [in the village of Gouro, Chad, editor's note] developed paralysis (10). South African newspapers complained: 'We are guinea pigs for drug manufacturers'. Nelson Mandela's former chief economist, Professor Patrick Bond, has described Gates' philanthropic practices as 'reckless and immoral'.
In 2010, Gates pledged $10 billion to WHO and said, 'We need to make this the vaccine decade.' A month later, Gates said in a Ted Talk that new vaccines 'could reduce the population.' In 2014, Kenya's Catholic Doctors' Association accused WHO of chemically sterilizing millions of involuntary Kenyan women with a 'tetanus' vaccine campaign. Independent laboratories found a sterility formula in every vaccine tested. After denying the allegations, the WHO finally admitted that it had been developing the sterility vaccines for over a decade. Similar allegations came from Tanzania, Nicaragua, Mexico and the Philippines.
A 2017 study (Morgenson et al. 2017) showed that the WHO's popular DTP vaccine kills more African children than the diseases it prevents.” (End quote)

Source:

https://www.rubikon.news/artikel/die-toten-afrikaner