

Grand Jury - Session 4

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0:13 Reiner Fuellmich:

Good morning, good evening, wherever you are, this is the fourth day of the Grand Jury investigation with a real judge, real lawyers, real expert witnesses and real witnesses from outside the system. The final day focused on PCR testing and alternative treatment methods. Judge Rui will give us a brief summary in a minute.

This is just to let you know that last time we learned that there was no real pandemic, only a PCR test pandemic, and that this virus can be treated with the usual treatment methods. Before we get right into it, we're going to show you two videos, just to remind us what this is all about. One exposes one of the main proponents of so-called vaccines, Bill Gates, explaining how, ultimately, natural immunity is better than vaccine-induced immunity, and the other video shows a victim of these injections.

- 1:25 Presenter:

To start, actually, and get a bit of context from Mr. Gates, because this is a topic that you've talked about many times, you were ahead of the curve. Compared to before this pandemic started, how would you rate the current state of the fight against COVID-19?

1:45 Bill Gates:

Well, unfortunately, the virus itself, particularly the Omicron variant, is a vaccine in itself; it creates both B-cell and T-cell immunity. And it has been more successful in reaching the world's population than we have with vaccines. Serological surveys in African countries show that well over 80% of people have been exposed to either the vaccine or the different variants. And the result is that it greatly reduces the risk of severe disease that is primarily associated with being older and having obesity or diabetes, so that risk is reduced by that exposure.

And it's sad that we haven't done a good job therapeutically. We've only had good therapeutic vaccines for two years. It took us two years to have an oversupply. Today, there are more vaccines than there is demand. And, you know, that wasn't true. And the next time we should try to reduce the time to six months instead of two years, which some of the standardized platform approaches, including mRNA, would certainly allow us to do. So it took us much longer this time than it should have.

- 14:39-14:50 on screen:

Terrance Munsamy, 40, had her left arm rendered useless due to shingles that suddenly developed all over her body after receiving a Pfizer vaccine injection on December 1, 2021. Since then, she has been in constant pain and has lost her job due to long periods of absence.

3:50 Terrance Munsamy:

I just received my first dose of the vaccine on December 1, 2021, -the Pfizer vaccine, and I was very healthy and in good shape. Everything changed the moment I received the vaccine. When I started this new job on Nov. 23, they gave me instructions and asked for my green card to prove that I had been vaccinated. The job was the only reason I got the vaccine. No medical exam was done before the vaccination. My left arm became totally unusable since the day I got the vaccine, even at night I couldn't sleep. And it also spread to the other side. I endured the pain and agony for two nights. But on the third night, I noticed that it was getting worse. The bubbles started here first, then you could see it was spreading. Meanwhile, my hand was getting worse and worse, I couldn't use it at all. I couldn't take a bath. I couldn't seek care or treat myself. So I went to see my private doctor. When he examined me, my hand was in very, very bad shape, it went down to my index finger. And just by looking at it, he diagnosed me with shingles. He prescribed me something to help me sleep at night and some pain medication. And also an antibiotic. Blood clots are forming on my fingers and palm. Every two hours I have a sharp pain that affects my whole arm. It's like a burn, like you're being burned, and I have to run my arm under cold water constantly to get rid of the pain. I don't sleep at night, my arm is riddled with pain. I am constantly waking up the family. Even though the blisters have cleared up, there is still the pain of the nerve running through my arm all the time. I haven't worked since December 1st because I was away for so long. I'm so scared, I'll never get another vaccine, you know, I'd rather die or get Covid, maybe I'll survive. But this unbearable pain. And this red, disfigured arm. Because I'm someone who dresses well and eats vegetables now with the scars embedded in my body, I don't think I'll ever be the same person again. I hope this opens people's minds and they understand, I hope they do the right thing for the sake of their health.

6:48 Reiner Fuellmich:

Now that we've heard from the famous medical expert, Bill Gates, and one of his victims, we're going to hear from the real medical experts very quickly. But before that, Judge Rui E Castro is going to summarize the last day for us.
You need to turn on the sound, Judge Rui.

7:18 Rui da Fonseca e Castro:

Excuse me. Good evening to all. Summary of the grand jury investigation of the court of public opinion, February 2022.

Dr. Astrid Stuckelberger explained the introduction of the PCR test in 2020 as a diagnostic tool, which had never happened before. Also, normally in pandemics there is a patient zero, but there was none during the so-called pandemic. She explained that all previous attempts to vaccinate against the coronavirus had failed because this virus is constantly mutating. She mentioned the conflict of interest involving Drosten since GAVI made three payments to La Charité between 2018 and 2020. She stated that Drosten should have known that PCR tests are designed to produce a massive amount of false positives. So he should have known, he knew.

Dr. Ulrike Kammerer explained how the PCR test works and why it cannot technically inform that a sample that appears positive means a person is contagious. Even under perfect conditions, it cannot be used as a reference and as a basis for non-medical actions to stop the spread of the virus. Indeed, all active material is destroyed during the PCR process. The first WHO protocol by Christian Drosten is technically very bad, extending the PCR tests with the standards of the Drosten protocol to a bad use as a diagnostic tool. In addition, poor PCR test design can lead to a massive number of false or false positive results. This is the first time in history that molecular genetic testing has been used as a diagnostic tool, suggesting that the goal must have been to create false cases leading to pandemic control.

Sonia Pekova explained the differences in the genetic sequences of the different waves of 2020 by concluding that they were caused by different viruses. This would explain why Drosten's PCR tests have been aimed at three targets from the beginning so that nothing is missed. Thus, he would produce the number of cases required to claim the pandemic he

wanted. He further explained that with a virus that changes so much, it is not possible to use a single vaccine designed to fight the original virus, which is no longer circulating, which could lead to an increase in antibody-dependent disease.

Dr. Bryan Ardis explained how many people died in early 2020 due to the use of Remdesivir, which leads to massive acute renal failure, liver failure and heart failure.

John O'Looney, a funeral director, said there was no increase in deaths recorded in 2020 in the UK. It was only after the mass vaccination began that the death rate increased dramatically. When it became clear that many young people were dying of thrombosis.

Dr. Shankara Chetty found it very suspicious that the so-called new virus had spread from Wuhan to the rest of the world but not to the rest of China. He found it odd that the PCR test is beginning to be misused as a diagnostic tool. And that health authorities are saying that asymptomatic people can infect others. He explained how his medical practice in South Africa during 2020, he treated patients with common types of pneumonia, with hydroxychloroquine, which has long been used and has antiviral effects. That was the summary of the third day. Thank you.

11:45 Reiner Fuellmich:

Thank you very much. Now let's hear from the real medical experts. What about the vaccine? We learned last time that there is no such thing as a pandemic and that the virus can be treated by a traditional method effectively and safely. What is the truth?

12:16 Alexandra Henrion-Caude:

So if I can share my screen. Hi everyone. My name is Alexandra Henrion-Caude. And sorry, I'm going to share my screen. Can you see it properly?

Reiner Fuellmich:

Yes.

12:39 Alexandra Henrion-Caude:

I'm Dr. Alexandra Henrion-Caude, director of research in genetics and director of SimplissimA, my research institute, I have no conflict of interest.

It seems that we are facing an unprecedented problem. I would like to point out to begin with, to give more emphasis to the testimony you just presented, Reiner, that the current VigiAccess database of the World Health Organization contains more than 3 million reported adverse reactions. That is unprecedented. Because if we put together, for example, all the deaths that occurred only after the Covid-19 vaccination, compared to all the deaths that occurred over the 30 years for all the other vaccines, they already represent more than half of the deaths over 30 years. So basically, within a year of Covid vaccination, we've already reached more than half of the deaths. The problem is real, because no matter how we look at the data, taken here on ourworldindata, we have an increase in the number of confirmed weekly Covid-19 deaths per million people. This continues to increase, and precisely more so in countries that are vaccinating at a high rate, more so than in countries where the rate is not, -it's hard to assess, basically, because it's India and Africa, but the trend of the curve is so obvious that we can only say that vaccination is not the answer.

I want to emphasize that the problem is not an anti-vaccine or pro-vaccine problem as has been constantly presented to the public. The issue is to openly discuss our scientific knowledge and the gaps in that knowledge.

And specifically, we need to accept that RNA viruses mutate relatively rapidly, which can have a critical impact on vaccination strategies. To take an example, I'll take the ancestral variant of SARS-CoV-2 from Wuhan that is probably extinct. That is, it has not been seen in Europe or in other countries. And this Wuhan variant was... is believed to have died out without a vaccine. So, for the past two years, we have been repeatedly offered vaccine as the only answer to Covid-19.

Yet we have at least five problems with this presentation of the only solution to Covid-19.

The first is that these vaccines are unsafe and unethical products. We all know, I hope, that they are still in the research and development stage. These products are still in the research and development stage so they are still in clinical trials.

The second aspect is that they were presented as the single solution with false and shifting promises, mainly because, again, there was this ongoing clinical trial status that would end in 2023.

The third aspect is that they could be imposed on the world because they excluded any other treatment. Basically, we have this conditional clause of emergency approval, which is only dependent on no other treatment. So one can only understand why no other treatment was offered.

The fourth aspect is that there was no evaluation of the epidemic dynamics in terms of a decision to go further, to vaccinate massively. And that's also a very important point, as well as faulty pharmacovigilance because the problem was so important.

And last but not least. The fifth, is the flawed benefit-risk analysis, which did not take into account age, disease status, immunity status, whether natural or even declining now, as well as adverse effects. With these five pieces of context, we understand how these Covid-19 vaccines were foisted on us as a one-size-fits-all solution - I'll backtrack. So instead of going 1, 2, 3, 4, 5, I'm going to quickly go through the 5th point, this flawed benefit-risk analysis, but we'll come back to that later in detail. Because this is about the future.

The fourth point is the fact that there was no evaluation of the dynamics of the epidemic. This is important because normally when you vaccinate a population, you try not to do it at a stage of virus replication that would exceed a certain threshold. You don't want to be in a dynamic where there is an increase. In Israel, the black line here is the beginning of the vaccination campaign. And after that, you had the highest peak of Covid-19 deaths in the Israeli population. The same thing happened in the UK, where the deaths were more on the lower end of the epidemic dynamics. But again, the start of the campaign was followed by the highest peak in Covid-19 deaths, as in the Emirates. And with these three countries, -where it happened fairly early because they were the quickest to massively vaccinate their population, this should have stopped.

The exclusion of any other treatment, we have a lot of studies that show other treatments, yet these were excluded, just to say that there was no other solution. These false and shifting, unfulfilled promises are important. They are typically related to the fact that these products were presented to us as a way to end a pandemic.

20:42

Instead of ending a pandemic, we can read in the World Economic Forum conversation in September 2021, that Covid-19 was likely to go from pandemic to endemic. So that's one broken promise about the virus. The other promise was that it would be a weapon to eradicate the virus. Now, in Bloomberg last month, in January, it said that Europe was slowly starting to look at treating Covid like the flu, which is to say taking drugs and not relying on vaccination. So one broken promise. The next one was that it was a drug to protect against the disease. But we all know and Bloomberg reported it again yesterday, I think, that the new Covid variants have obviously complicated the issue of mandatory vaccination, because with these variants you can't guarantee that these drugs will protect against disease. The other important thing about these false and shifting promises is that at no point was immune status taken into account. And that's a major problem. There is a very good paper on 52,000 health care employees that clearly shows that you have substantial protection against Covid-19 whether you were previously infected or vaccinated. And that vaccination of previously infected people, does not provide any additional protection against Covid, which means that all these passports being imposed on people without regard to their immune status is a mistake.

Finally, the first point that was the reckless, thoughtless aspect of these products. It is necessary to know that the literature contained enough data, to have all the necessary warnings to understand that no vaccine against coronavirus has ever succeeded. No vaccine against a coronavirus has ever been approved in France, either in animals or in humans. This led a scientist to publish a very interesting paper early on, indicating that regardless of the control of SARS and MERS with vaccine candidates, there was a

phenomenon of antibodies associated with high inflammatory morbidity in all the preclinical models, which prevented them from going to the clinical stage. So they bypassed this knowledge. They also ignored the fact that this was a consistent phenomenon regardless of the type of vaccine used. It wasn't a matter of strategy, whether it was mRNA, DNA, or some type of vector, the problem remained regardless of the type of vaccine. And so they were asking that if we were going to vaccinate someone, we disclose the specific risk of Covid-19 disease worsening associated with the vaccination. The other aspect is that there were known warnings for the mRNA vaccine as well. As such, much like the coronavirus vaccine, no mRNA vaccine has been approved in the world for any human disease. And that, you see very well in the literature through the reviews. Basically, when you unravel all the clinical trials that have been done in the past, with the exception of Covid, they have never gone beyond phase two.

The last point I want to make with these reckless products is the choice of spike in the design of all of these vaccines, because they all specifically target the spike protein, which is a big mistake for three reasons. The first is that spike is known as a hotspot for evolution, for mutation, all these little triangles that you get mean that you've had an intense mutation in spike. So if you make an antibody against a region that keeps changing and mutating, you know in advance that your product may very well be out of date.

The second: the spike is a glycosylation hotspot. This is a little sugar that is added to the spike protein that you see here, the virus in red, the spike and this glycosylation of other sugars, which means that the patterns of these sugars still keep changing, and that will clearly make any vaccination more than tricky.

And last but not least is the fact that they have chosen a pathogenic antigen, which they have not tried to attenuate or inactivate, which is normally the case in vaccination, which means that they have retained the spike toxicity.

The last part is the fact that we now know that there will be repeated boosters, repeated injections. And this is again, based on our past knowledge, a critical issue, because systemic autoimmunity seems to be an inevitable consequence of overstimulating the host immune system.

On this point, I will turn the floor over to Vanessa and Sucharit. I want to emphasize the fact that we are facing an unprecedented global situation, which is harming at least three million people already, potentially, and creating for all of them, that is billions of people, and probably for future generations, a lack of demonstrated benefit, compared to vitamin D, for example, with which they could have compared their strategy. It is therefore, I believe, our responsibility to immediately stop this endless campaign, since the fourth dose has already been announced in Israel. Thank you.

28:25 Reiner Fuellmich:

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

28:48 Alexandra Henrion-Caude:

Cancer and infectious diseases, there have been different trials, clinical trials going on.

28:57 Viviane Fischer:

Could you quickly say what the second stage of the trials is, "phase two," what does that mean, for the public that doesn't know?

29:13 Alexandra Henrion-Caude:

It means that there are a number of critical steps that need to be reached to ensure safety and to be able to move on to the human stage. And these are the preclinical stages that you normally have, phase one, phase two, phase three, phase four. And because they didn't succeed, they didn't go any further.

29:58 Viviane Fischer:

So, but phase two means that it's...

30:00 Alexandra Henrion-Caude:

I saw that Vanessa wanted to elaborate, I think.

Viviane Fischer:

Okay, good.

30:06 Reiner Fuellmich:

Any other questions? Yes, sorry, Dexter...

30:11 Dexter L-J. Ryneveldt:

No problem, Reiner! Hi, Dr. Henrion-Caude, I just wanted to know, you are a geneticist, right?

Alexandra Henrion-Caude:

That's right.

Dexter L-J. Ryneveldt:

Okay, how long have you been practicing as a geneticist?

30:28 Alexandra Henrion-Caude:

Ooh since a... I'm very bad with time, since I got my PhD, so that was in 1997.

30:43 Dexter L-J. Ryneveldt:

1997 is a really big number of years, we're talking more than 20 years or so.

30:53 Alexandra Henrion-Caude:

Yeah, and more than that. And more than 15 years, 12 to 15 years on RNA biology, on RNA specifically.

31:05 Dexter L-J. Ryneveldt:

Okay, so you can say that you're an expert in genetics, you know all the ins and outs, basically, in genetics?

31:15 Alexandra Henrion-Caude:

No, what's great about our job is that we never know anything and we're always gaining knowledge. We are supposed to be specialists, that is to say that we have a good knowledge of literature, of a certain number of things, which is the stage where knowledge is. It's never the truth, it's never something that's completely established, it's always evolving.

31:56 Dexter L-J. Ryneveldt:

It's common knowledge that when it comes to Covid-19 vaccines, we're talking about -and we've presented the evidence, we're talking about mRNA vaccines that are genetic, or are a genetic way of introducing new cells into the human body, is that correct, doctor?

32:25 Alexandra Henrion-Caude:

Could you repeat that? I didn't understand your question.

32:28 Dexter L-J. Ryneveldt:

It's common knowledge that Covid-19 vaccines -and you've given evidence that these are mRNA vaccines, which means that they're gene therapy. So some cells are injected into the human cell, human DNA, is that correct if I say that?

32:25 Alexandra Henrion-Caude:

I still don't understand your question, so it's correct to say that it's an advanced drug based on gene therapy, some colleagues, and even the FDA, I think, have called it gene

therapy. I'm not comfortable with it being gene therapy, because therapy means you cure something, whereas in this case it was injected into people who didn't need to be cured and didn't want to be treated. That's why I'm not comfortable with the term gene therapy. But yes, by injecting these mRNAs into the cell, you can't say that you don't achieve a gene modification status, because just by the fact that this viral gene enters the cells, and to the best of our knowledge, we don't know yet when it's degraded. But I think Vanessa, again, will expand on that.
...you are modified, but we don't know at what stage cellular modifications occur.

34:24 Sucharit Bhakdi:

A comment, may I make a comment, Dexter?

34:28 Dexter L-J. Ryneveldt:

You can make a comment Professor.

34:31 Sucharit Bhakdi:

What Alexandra was saying is that you don't actually inject cells into the body. You inject a viral gene into the body and the gene goes into your cells. The difference is important. But otherwise, whether you call it gene therapy or not, it's a matter of semantics.

34:54 Dexter L-J. Ryneveldt:

Okay, excellent. Thank you very much for clarifying that. Dr. Caude, just before you go...

34:59 Alexandra Henrion-Caude:

I'll stay with you and I think you're going to know a lot more, now.

Dexter L-J. Ryneveldt:

Okay. So you've presented some evidence and I think it's really critical. And you've stated that no assessment of the dynamics of the epidemic has been done. How crucial do you think it is that this assessment has been done? Yes, so let me just stick to the question of how critical is it?

35:35 Alexandra Henrion-Caude:

Important enough to be in every medical student's book, that is, these are the basics that you learn, you don't want to vaccinate someone if there's a chance that they're going to get sick or get the disease, you don't want to take the risk.

36:02 Dexter L-J. Ryneveldt:

Okay, so my last question for you, Dr., I think you're aware of the 4 basic principles of the bioethical culture of medicine. And I'm going to talk about it briefly, the first of those four ethical principles is benefit, then do no harm, autonomy, and justice. Now, given the evidence you have presented, would you say that any doctor who offers or injects any citizen in the world with this mRNA vaccine that has never passed phase two, any of these doctors, are they in violation of the four major ethical principles that I just mentioned? I quote them quickly: benefit, do no harm, autonomy and justice.

37:19 Alexandra Henrion-Caude:

What happens when it's their ignorance?

37:27 Dexter L-J. Ryneveldt:

But when it's a medical doctor, you're...

37:31 Virginie de Araujo Recchia:

If I may. Maybe we can see some points also on the Nuremberg code for Professor Henrion-Caude. It's about informed consent. And I think it's very important, if I may, I'm going to confront the scientific findings of Professor Henrion-Caude with the principles determined in 1947.

38:02 Dexter L-J. Ryneveldt:

You may continue.

38:08 Virginie de Araujo Recchia
The Nuremberg Code.

Dexter L-J. Ryneveldt
(inaudible)

Virginie de Araujo Recchia
Yes, sorry. Dexter, can I continue?

Dexter L-J. Ryneveldt
Yes, please continue.

Virginie de Araujo Recchia

Thank you. The Nuremberg Code of International Criminal Jurisprudence presents a list of 10 criteria, the first of which is: "The voluntary consent of the human subject is absolutely essential. This means that the person concerned must have the legal capacity to consent; that he or she must be placed in a position to exercise free power of choice, without the intervention of any element of force, fraud, coercion, trickery, deception or other underhanded forms of compulsion or coercion; that he or she must have sufficient knowledge and understanding of what is at stake to enable him or her to make an informed decision." Consent, with its revocability, is the essential criterion for distinguishing, from a penal point of view, the victim from the subject.

Professor Henrion-Caude, from your point of view, can we consider that the people injected with the so-called anti-Covid vaccines have given true informed consent? Following what you say?

39:43 Alexandra Henrion-Caude:
Yes

39:46 Virginie de Araujo Recchia:
You think they understood, that they gave informed consent to the anti-Covid vaccines?

39:57 Alexandra Henrion-Caude:
No, they weren't informed, so they couldn't. So I think because of what I think was their ignorance, they couldn't, they weren't in a position to inform the patients.

40:29 Virginia de Araujo Recchia:
So they are victims? Because they can't be subjects of an experiment if they haven't given informed consent, full consent.

40:44 Alexandra Henrion-Caude:
In fact, the victims are the doctors who, for a number of them, did injections without the knowledge, without the knowledge, and the others were the victims themselves, because they could not provide an informed consent. Sufficiently informed.

41:08 Dexter L-J. Ryneveldt:
I'll jump in quickly, and I think this is very, very important doctor, we need to make this differentiation because you defined two types of victims. One is the doctor, who injects this experimental mRNA into an unsuspecting citizen. That's the first kind of victim you mentioned. The second class of victims you identified is ultimately the patient himself. So here's what I'd like to get to, -there's the first class, I'm of the opinion, and you can tell me if you agree with me, that when it comes to a physician, a physician cannot plead ignorance under any circumstances, based on the four basic ethical principles that I've read to you, and for each of them, whatever injection, or prescription he gives, it has to be to the benefit of the patient. So a doctor who has not done his own research, in any country in the world, and injects this mRNA, -now we have evidence, it has not even

passed phase two, that doctor cannot plead ignorance, so he or she must be held accountable. Do you agree with me on this statement doctor?

42:37 Alexandra Henrion-Caude:

Not quite because as I said in my presentation, I think we were faced with an unprecedented situation. That is, the pressure on doctors to vaccinate people was so strong that I don't see how they could have, or where they could have looked for the information. Because the information that they themselves were getting was not enough to be informed. That's why I really think that this is an unprecedented situation.

43:37 Dexter L-J. Ryneveldt:

Thank you very much for that, Dr... I'll get back to you Professor Bhakdi.

You just clarified that, in your view, and this is from your evidence, and unprecedented evidence. Which means that, in a sense, being ignorant is justified for these doctors, although I don't agree with that at all. Because as a physician, you are committed to the best interests of your patients. It's your duty, even when it comes to pandemics and epidemics, or any type of disease, to do thorough research and consult with whatever, wherever it's needed. And that's the problem we have, because it all came down from the World Health Organization. The ministers and ministries of health in all the countries are on the same page. But what I just want to...

44:34 Alexandra Henrion-Caude:

I agree with you, but like I said, when you don't know where to find the information, it's more critical.

44:44 Dexter L-J. Ryneveldt:

Thank you doctor, and I ask that this be recorded because this Grand Jury has the evidence of a South African doctor who testified last week, he explained to us the medical testing process that he went through when he was confronted with this new coronavirus. So, in conclusion, given that he was able to do this as a general practitioner, without coming from one of the major cities in the country, he was still able to do it. So I will say that when it comes to duty of care, and I'm referring specifically to Dr. Fauci, doctors are supposed to know, all medical experts as well, as well as the medical societies in each country were supposed to know, and again, they can't be ignorant. Thank you for your testimony. I really appreciate it. In conclusion, Professor Bhakdi, is there anything you would like to add?

45:50 Alexandra Henrion-Caude:

Yes. I would just like to say that what I presented was a general overview. And the details are going to be brought in now with the presentation of Sucharit and Vanessa, the purpose was to give an overview. So I presented it as a shortcut.

46:12 Sucharit Bhakdi:

Dexter, I would like to...

Dexter L-J. Ryneveldt:

Thank you doctor! Yes, Professor Bhakdi

46:15 Sucharit Bhakdi:

I wish to say that I absolutely agree with you about the responsibility of physicians to inquire, especially when they see that something is wrong. Maybe not at the very beginning. But after months of these deaths and damages that we see, no one can plead innocence. The only other detail I wanted to share is that this new vaccine passed stage 4 because of manipulation of studies. Okay? So let's not make a mistake here.

46:55 Dexter L-J. Ryneveldt:

Thank you very much, Professor.

46:57 Alexandra Henrion-Caude:

No, I said except the Covid, except the Covid.

47:00 Sucharit Bhakdi:

Exactly. I think we should...

47:04 Dexter L-J. Ryneveldt:

Yes, we can move on. Thank you very much.

47:09 Sucharit Bhakdi:

Vanessa, would you like to continue?

47:15 Vanessa Schmidt-Krüger

Yes, thank you.

So thank you very much for organizing this event. My name is Vanessa Schmidt-Krüger. I'm a molecular cell biologist. And I think it's very important to inform people with real scientific facts that the mainstream media obviously hide or don't know well. With this event, basically, we want to show the public that there are also other opinions about viruses and vaccination than the ones that the vaccine propaganda tells us every day. In my presentation, I will address four main messages. And after that, I'll turn it over to my wonderful colleague.

Let's start with the first message, what you need to know is that we don't need coronavirus vaccines. My presentation is divided into three points. The first is that there have not been as many Covid deaths as the government and the media would have us believe. The first thing people should know is that SARS-CoV-2 is not a killer virus. This is also what the official statistics show. It is only the media and the government that are making a mountain out of a molehill. Several countries, including the United States, Italy and Sweden, have now published that in more than 90% of Covid-19 deaths, patients had several underlying diseases. These diseases damaged the patient's immune system to the point that these patients could no longer fight the virus as healthy people easily do. We would also like to point out here that the average age of Covid-19-related deaths is higher than the average life expectancy. It should be noted that a world-renowned epidemiologist, John Ioannidis, has calculated the death rate from infection worldwide from an incredible number of publications. It comes to 0.15%. This figure also includes those who had other chronic or acute illnesses and did not die of Covid-19, but had a positive PCR test, without Covid-19 symptoms. And we know from the previous session last weekend that the PCR test is of no use for clinical diagnosis. Based on this knowledge, the actual mortality rate of 0.15% still needs to be lowered. And just as a comparison for you, I would like to mention the mortality rate of cancer, is 0.3%, so double, and that of cardiovascular disease 0.44%, 3 times more and yet people regularly run to fast food restaurants, even though we know that high sugar consumption is a major risk factor for this disease. So our message is that we don't need to be afraid of this coronavirus.

Let me move on to the second point, which is why we don't need coronavirus vaccination. We all already have strong natural cross immunity to all coronaviruses, also to SARS-CoV-2. SARS-CoV-2 is not a new virus, whether a virus is new or not depends on its genomic sequence. SARS-CoV-2 has a nucleotide sequence that is 82% identical, genome-wide, to SARS-CoV-1, the 2003 influenza in China. But much more important than the nucleotide sequence is the amino acid sequence of the proteins and the code of the virus; because these proteins are the docking sites for antibodies and lymphocytes. In fact, all but two of the SARS-CoV-2 proteins have 95-100% amino acid sequence identity compared to SARS-CoV-1 proteins and these proteins also have the same 3D structure. This is important to assess whether antibodies or T cells, which are already present in the body from previous coronaviruses, can recognize and bind to these proteins. In fact, only three proteins are of great importance, namely the three proteins that are incorporated in the viral envelope, these are the S protein, therefore for the spike, the M protein for the membrane and the E protein for the envelope. Antibodies and lymphocytes can only neutralize the virus from the outside. This means that the interaction with these three envelope proteins is crucial. And precisely these three proteins of SARS-CoV-2 are highly identical to those of the 2003

virus. So we have 91% identity for the M protein, 96% for the E protein and another 76% for the spike protein. A study in 2020 compared all the cross-immunities between the proteins of the coronavirus family. And that study came to the conclusion that only 67% sequence identity needs to be present in the proteins to achieve cross-immunity. And we have much more identity from two important code proteins. I would also like to mention that there are already 149 studies. And these 149 studies have confirmed that we already have a large repertoire of T cells and specific antibodies in the body against all human coronaviruses, including SARS-CoV-2.

Blood plasma from individuals who were not infected with SARS-CoV-2 during the pandemic, as well as blood plasma collected years before the pandemic, showed very good pre-existing cross-immunity in a multiplex assay, which detects antibodies to different SARS-CoV-2 proteins. Even infants under six months of age already had these antibodies in their blood plasma, most likely through breastfeeding. These antibodies in young children disappear, but children quickly come into contact with the coronavirus during the flu season each year. As a result, by the age of three and a half, children are already immune to circulating coronaviruses. Children need contact with SARS-CoV-2 as early as possible. This allows them to develop immunity at an early age, but also to cross-immune to new coronaviruses later in life. If we lock children up, we are changing the immune system in ways that nature did not intend. What we are doing to children right now, at least in Germany, is catastrophic.

54:14

Now I come to the third point, why we don't need coronavirus vaccines. Besides the highly identical sequence of viral proteins that our body already knows, there is another proof that we all have good cross immunity. The injection shows that in infants who are still naïve, i.e. before the age of 4, many produce a certain type of antibody after contact with the virus. These are IgM antibodies. The quantity of these antibodies reaches an optimal plateau at the age of 6 years. And from then on, there is group immunity. These IgM antibodies are not present in other people, or only at a very, very low level, or not at all, and in other people, only IgG and IGA antibodies are produced as a result of a viral infection. And IgG antibodies are also the main type of antibodies after vaccination. IgM and IGA antibodies are hardly observed after the injection. This is the final evidence of pre-existing cross-immunity and re-exposure of the spike protein to a pre-existing repertoire of persistent immune cells in our body.

Within those 149 robust, high-quality scientific studies I mentioned earlier that confirm cross-over immunity, there is also one that showed long-term immunity. The authors of this publication state that patients cured of SARS-CoV-1 from 2003, still possess long-term T-cell memory, reactive to the nucleocapsid protein 17 years later, as well as robust cross-reactivity to the SARS-CoV-2 nucleocapsid. This means that natural infections cause a durable immune defense.

The scientific evidence also destroys the whole narrative of the need for boosters. The pressure to get booster shots over and over again because you no longer find antibodies in the blood plasma is complete nonsense and contradicts any basic knowledge of immunology. The body strictly regulates the amount of antibodies in your body. Antibodies always have a residence time of a few weeks and then they are eliminated from the blood. It would be a waste of resources if the body constantly maintained the amount of all antibodies at higher levels throughout life. So the antibodies are broken down after a while. What remains are memory cells that can react immediately and produce new antibodies directly when the pathogen reappears. It makes absolutely no sense to keep the amount of antibodies high for years with regular booster vaccinations. Their story that people are reinfected when the antibody level in the blood drops is also false. People get infected because vaccines can't prevent infections. I'll talk about that later.

So for example, during the summer, few people got infected because other external factors help the immune system like vitamin D levels, higher temperature, etc. But certainly not the vaccines. And while I'm on the subject of boosters, the 2nd thing we're told about booster vaccines, that we'll always need new boosters for new variants of the

virus is also false. As I mentioned earlier, the three proteins S, M and E in the virus envelope serve as anchor sites for antibodies and lymphocytes to neutralize the virus. We examined the amino acid sequence of these three proteins of the most important variants of SARS-CoV-2. Among them, there were the original Wuhan virus sequence of 2020, as well as the alpha, beta, delta variants, and also Omicron, the sequence of M and E proteins of the original Wuhan virus are 100% identical to the alpha beta and Delta variants. And 99,... % identical to the Omicron variant. So, again, 100% identical! The spike proteins are also 98-99% identical, in all five variants.

The current mRNA and DNA injection that triggers antibody production against the Wuhan sequence spike, should also work against the spike proteins of other virus variants. The problem is that these vaccines simply do not work. There is absolutely no need to adjust the mRNA sequence. Not in any way. No vaccine that triggers antibody production in the bloodstream can neutralize a virus that arrives by air in the lungs. It is physiologically impossible. There is no way these vaccines can work. I'll talk about that in a minute. So basically, I think this is all a big hoax.

In conclusion, SARS-CoV-2 is not a new virus to me, the high identity and the protein sequence prove that we already know this virus for at least two decades and therefore we must and can rely on the experience and knowledge of the already published data. We all have a very good and robust cross immunity to SARS-CoV-2. Our immune system can easily handle this virus. We don't die from the virus, some die from underlying diseases that weaken the immune system. They die because of a weakened immune system.

I think I'll take a break here. Maybe there are some questions before I go to the next chapter?

1:00:33 Reiner Fuellmich:

We'll hold for questions, colleagues, let's ask our questions at the end of the expert witness testimony.

1:00:44 Vanessa Schmidt-Krüger:

So shall I continue?

1:00:46 Reiner Fuellmich:

Yes, please.

1:00:48 Vanessa Schmidt-Krüger

Okay, I'm coming to the 2nd message that you should know: So-called vaccinations are ineffective and unnecessary. In addition to our robust natural cross immunity that I just mentioned, the public should know that Pfizer cheated. Peter Doshi, a writer for the renowned British Medical Journal, published major concerns last year about the reliability and relevance of Pfizer's reported vaccine effectiveness. He criticized the conflicts of interest that existed in the conduct of the Phase 3 clinical trial. 3 of the 4 experts, Pfizer staff, decided whether the symptoms that appeared could be attributed to Covid-19 disease and whether the subjects should therefore undergo PCR testing. This is important because the Phase 3 study was found to have serious errors, including at least partial unblinding of the study. A very large number of individuals, as well as symptoms in both the vaccine and placebo groups, were excluded from the study for various reasons and no one knows why. In addition, the vaccinated people received three to four times more medication for post-vaccination side effects than the placebo group. This means that these people may have escaped data collection as symptom-free even though they had an infection. Many technical errors occurred in the study. So, in summary, this study should have been declared invalid, as manipulation cannot be ruled out. It is therefore very doubtful whether the high efficacy of the vaccine is even true. The manufacturers use the relative risk reduction for their statistics, but this figure is actually irrelevant. Instead, they should have used the absolute risk reduction which also includes the probability of being affected in a population. You also have to include the number of people in the study who were still infected with SARS-CoV-2, even without showing symptoms. So if we calculate

the absolute risk reduction of the four vaccines, we come up with a protective effect of only about 1% or less. 1% is not enough, each vaccination is stopped below 50%.

Moreover, only very, very few positive cases were detected during the study, the statistical power is practically zero. In a serious scientific work, these results would be meaningless and it would be unthinkable to publish them. For example, if only one of the 20,000 people in the placebo group gets sick, by chance or not, and no one in the vaccine group gets sick, then according to this strange logic of the vaccine manufacturers, we will get 100% efficacy! This is ridiculous! And the actual numbers were not much higher. So we have to clearly question the reliability of this efficacy.

1:04:07

Point two, then: Why are vaccines totally ineffective? The lungs have their own defense system against pathogens, it is very important to know that the antibodies that are formed outside the lungs, in the spleen or in the lymph nodes after vaccination circulate in the bloodstream and can never reach the virus that enters the lungs through the air. First of all, the antibodies in the blood cannot cross the inner lining of the blood vessels, which is covered by a specific layer. This is called the endothelium. This endothelium forms a barrier. Some organs have layers in the endothelium, like the liver. And some organs have small pores in the endothelium. For example the glomerulus of the kidney and the bone marrow, for better blood exchange. But in all other organs, including the lungs, this endothelial layer is continuous, free of holes, so the antibodies can't get out of the blood vessels and never reach the little air bubbles in the lungs. And there's also a second barrier, the epithelium. So basically, you have the epithelium here, and if a respiratory virus comes in here through the air on top, the antibodies are produced in the lung tissue and the lymphoid organs here below the barrier, and in fact, the lungs only produce IgA and IgM. And those antibodies can cross that epithelium into the lung and get to the virus. Why? Because in that barrier are transporters that bind to those antibodies and take them up, transport them through the cells and release them on the other side of the barrier, where the virus is.

These two antibodies, IgA and IgM, are actually not produced in vaccinees. You see almost no IgM, and IgA is at a very low level. So the vast majority, I think it's over 90% of antibodies are IgG. But IgG antibodies in the lung tissue can never cross the epithelium. Never, because they are not transporters for this type of antibodies. So it's completely useless. So there are two barriers. Vaccination produces antibodies of several species, and there are two barriers that they can't cross. So the vaccine will never be able to prevent infection or neutralize the virus in the lungs. Some people might say, "Oh, there is evidence that the antibodies generated after vaccination can neutralize the virus. Yes, but this is only possible in an in vitro experiment and in an artificial cell culture system, never in vivo, in the human body.

In this experiment, you have a vial of isolated antibodies and a vial of artificial virus, then you put the antibodies in the virus, mix them up and then put them on a cell culture. Then you see if it neutralizes the viral infection or not. Of course, it can because you mix the antibodies with a virus before, but that never happens in the body. So all this is ridiculous.

In conclusion, antibodies are absolutely useless to prevent any infection and they cannot neutralize the virus in the lungs. Shall I continue with the next topic?

1:07:58 Reiner Fuellmich:

Some of our experts are in a hurry.

1:08:04 Dr. Vanessa Schmidt:

All right, all right.

1:08:05 Reiner Fuellmich:

So please give them a chance to tell us if one or two of them need to go first in our timeline.

1:08:17 Deanna McLeod:

Is it my turn?

1:08:18 Reiner Fuellmich:

Yes.

1:08:20 Deanna McLeod:

Okay, Perfect. So, is the screen sharing enabled? Here we go.

My name is Deanna McLeod, I'm the director and founder of a medical research company called Kaleidoscope Strategic. I have a background in immunology and psychology from McMaster University, which is the home of evidence-based medicine here in Canada. My particular perspective is unique in that I have worked in the industry for 10 years in many roles and in medical marketing and sales. In late 1999, I became concerned about a trend I was seeing in pharmaceuticals where there was an emphasis on benefits and downplaying of risks, both in the way trials were conducted, in the way marketing was done and in business practices. So in 2000, I launched and founded an independent medical research company designed to help clinicians prepare objective clinical guidelines. We provide research, medical research, writing and administrative support to help them.

We have worked with hundreds of physicians across Canada to prepare oncology guidelines and spend a great deal of time reviewing clinical trials and their design. One of the unique perspectives we have is that we have developed the ability over the years to see how pharmaceutical companies manipulate data.

So when I present what I do, I bring the many years of experience of our firms in preparing these guidelines to look specifically at the Pfizer phase 3 trial, and in particular the 6-month publication, or the 6-month follow-up data for that particular trial. I would like to point out a number of things that would make me question the accuracy of the reported benefits and risks.

One of the reasons I chose to look at the phase 3 clinical trial for the Pfizer data is that here in Canada, Pfizer is the base for all mRNA vaccines. Although Moderna is also used, it is much more limited. Pfizer is the vaccine that is promoted for children. And because this particular trial is the base, which means that all the other trials are based on this trial, I wanted to make sure, as I was looking at these data, that the benefits and risks were being reported. So that's what we're going to get into, and then here in Canada as well, there's a lot of discussion. After this phase 3 trial was completed at 2 months, with a 2-month follow-up, and they started the rollout of mass vaccination, they then moved to observational studies. Observational studies are analyses of real-world data that basically say, this vaccination rate is such and such, and our numbers were such and such, and we're looking at the number of COVID-19 cases, etc.

But that kind of data is actually with bias, it's very difficult to interpret correctly. So our firm has been looking at exactly the Level 1 data because that's the only way to create causality. If you have an observational trial, you can say it's associated and there may be a benefit. But the only way to really prove something in clinical trials is in the context of a phase 3 trial. And so to prove efficacy or safety. That's what we're going to look at today. I know my colleague Vanessa mentioned some of the benefits and limitations of this particular trial. But one of the things I want to highlight is the fact that it was conducted on healthy individuals, which is not uncommon. When you're considering a vaccine trial, you want to treat healthy people to minimize transmission of the virus to the most vulnerable people in society, who may not be able to have an appropriate immune response. However, if the vaccine or so-called vaccine, which I will call inoculation, is unable to stop transmission, then it is not a vaccine and should be studied in the actual population it is supposed to benefit. In this case, it is the population at risk, namely Canadian seniors living in long-term care facilities with multiple comorbidities. In addition, one of the things we found when we did a Royal Commission report in Canada was that the majority of these patients also had documentation that they were not undergoing medical intervention. Like a forest fire, you have a disease that is transmitted through the community, you have

elderly patients who do not have a strong immune system. We have under-resourced facilities, and we have a virus and people whose records say no medical intervention. So you can imagine that in Canada, the mortality rates were very, very high. In fact, 81% of the death rates were for people who had been placed in long-term care facilities.

1:13:36

So studying the treatment, which we'll call an inoculation, because I really don't think it qualifies as a vaccine, on a population of healthy people does not help us solve a problem that is specific to transmission in long-term care facilities and to older people who have compromised immune systems.

I think my other colleagues have mentioned this, but the vaccine, the inoculation, should have been compared to the standard of care if we wanted to prove something and that standard of care was natural immunity and treatments, not a placebo in the sense of no treatment or a person with no natural immunity. So we should have been comparing those two things, rather than comparing it to a placebo. And from the design of the trial, we can't say whether inoculation is better or worse than natural immunity because they weren't compared.

Regarding the tests. It was also mentioned earlier that this was a selective test, they did not systematically test, in the sense that they waited until someone was symptomatic. And then they left it to the discretion of the investigator to test or not to test, which created an investigative bias. I think my colleague also mentioned the fact that they were taking treatments to lower the temperature, which could have minimized the symptoms, so there could have been an infection without symptoms, which could have compromised the efficacy criterion in that regard. But they also were not able to detect asymptomatic infections.

1:15:13

They didn't use standard virologic tests. For example, when we look at clinical trials, we want to make sure that the tests used to determine the efficacy endpoint are validated. The standard for testing viruses is a virological test, and that has not been used. So when we look at a test like this, we immediately ask: Is this a manipulated endpoint? That's what we start to question.

In addition to that, let me just continue here. The results of the test. I'm going to focus on the primary endpoints because the primary endpoints are such that this study is actually designed to detect statistical significance in these particular endpoints. One of the criteria was, of course, COVID-19 symptoms plus a positive PCR test seven days after the second dose. And the second was the safety data. In terms of safety data, there were different forms of safety data collected, one was solicited, that was the reactogenicity data. They only looked at a subset of patients. They only tested reactogenicity on a subset of patients, not the whole trial, and they only did it for 7 days. Then they had spontaneous safety data. That means a patient could say, I don't feel well, they would report it in a notebook, and then mention it. If it was a serious adverse event, any kind of unsolicited adverse event, it was recorded for one month only. And if it was a serious or severe reaction, it would be recorded for six months. So you can imagine that if you report the endpoint, you continuously monitor the endpoint, but you only measure or monitor the safety data for 7 days and then at 6 months, you're going to miss a lot of the safety data. So safety monitoring was inappropriate for this trial, especially considering that you're using a gene therapy in a healthy population.

They also focused on clinical outcomes rather than subclinical outcomes. What I mean by subclinical outcomes is that they did not look at biomarkers and different factors. They could have looked at D-dimer levels for example, if they suspected a thrombosis problem.

Another thing, too, is that the secondary endpoint was severe symptoms of COVID-19. Although they claim that the treatment reduces both COVID-19 as well as severe cases, the other endpoint was a secondary endpoint, and the number of adverse events was insufficient to really establish causality.

Finally, I would like to talk about the fact that what we want to look at is all-cause morbidity and mortality. All-cause morbidity, which means looking at disease due to COVID-19, as well as disease due to the vaccine itself, looking at both symptoms, symptom burden, and also deaths related to that. Of course, the particular trial reported, focuses on that and something that is not really clinically meaningful, which is symptomatic positive PCR tests. The reason is that the majority of these symptomatic cases were mild and not really of concern. What we really needed to know was whether this was going to stop the COVID-19 hospitalizations and deaths of the elderly, and whether all of those causes of morbidity and mortality were higher in the inoculation group compared to the placebo group.

The other last thing is, and we mentioned this earlier, if this is going to be presented as a vaccine, then we would have to be able to prove that it stops transmission. And that was never part of the clinical trial design. So anyone who claims that it stops transmission is making false claims. Anyone who claims that they are reducing the serious disease of COVID-19 based on this trial would, again, be making false claims because the number of adverse events was not high enough. Anyone who would claim to reduce the number of deaths, again, would not be supported by this particular trial.

So I wanted to highlight the fact that after two months, we had a crossover. So there was an unblinding of the two groups. When the blind phase was lifted for the people in the placebo group, they had the opportunity to cross over into the inoculation group. About more than 80% of the people, I think it was close to 89% of the people, switched from one group to the other.

So after the 2 months, we don't have efficacy and safety data from the controlled trial. All of the safety data that we're going to look at, and this is the angle that I want to look at specifically, is really clouded by the fact that now most of the placebo group has been inoculated. So when we present the data, we'll look at the blinded phase, which was really only two months of the trial. We don't really get the full benefit of a randomized clinical trial until six months, which is what this data is, because of that crossover.

I don't want to assert that it was an intention. However, there is a great advantage if you are interested in minimizing safety, to have your placebo group go the other way at a very early stage, therefore, you will never be able to have a causal link to long-term safety issues.

1:20:55

In terms of efficacy, one of the things that we noticed in the report of this particular trial is what's called the combined efficacy criteria. One of the things in this trial, they noted in a discussion, was that immunity declined, after four to six months in the adult population. Here's a publication that shows follow-up data at six months. And in this publication, instead of reporting the results on adults, as they should have done following the initial two-month report, they combined the reports on the efficacy of adults and adolescents.

The adult results, of course, had six months of follow-up, but the adolescents had two months of follow-up. By combining the two, they increased the overall numbers, so they were still able to report a 90% efficacy rate. And that was probably due to the increase in the younger adolescent group, who were only followed for two months.

So, at this point, we don't know what the six-month efficacy of the inoculation was in the adults. That data was not provided in the report in question.

One of the other things I'm going to do here is compare, what we did is we extracted the data from the supplements, and we compared it to how they presented the efficacy data. We used the same treatment using relative risk reductions and absolute risk reductions, as Vanessa noted earlier, and we put them in one table so that you can compare the efficacy versus the risks of that particular vaccine by looking at it in one table. So you can see here that for symptomatic cases, which again is our primary endpoint, there was a net reduction in symptomatic cases between the inoculation group and the placebo group. That's our nice efficacy of 91%, remember this is adults and adolescents combined, not adults alone.

What this gives is that there's about a 4% absolute risk change, which is here, -4%. So there is a supposed benefit. But if you inoculate 20,000 people, a 4% benefit is not that

big. It's not dramatic. It's much better when you look at the relative risk change. That's why they tend to emphasize that, because it looks much more impressive than the 4% benefit that you get when you look at an absolute risk change, which is the number of people who actually benefit from the inoculation.

What I'm going to do is I'm going to jump here to the other primary endpoint. These are all primary endpoints. Treatment-related adverse events and serious adverse events are all primary endpoints in this trial, which were not mentioned to the same extent as efficacy. One of the things you'll notice here is that in the inoculation group, the investigators saw adverse events (which when you look at the reaction, in the data, are actually COVID 19-like symptoms) in 5241 people who participated and in the placebo group only 1311, a 300% increase. And if you consider that the absolute risk increase was -4% (that's the benefit here), the risk is +18% here. So there are more people at risk with this inoculation rather than people who benefit from the inoculation overall.

When we look at the severe cases here, you can see that there is a net difference of 22. This number of adverse events is clearly not clinically significant. But if you put it in a relative risk change framework, then it looks like 96%. However, there is only 0.1% overall benefit to reducing symptomatic severe cases of COVID. So, again, an overemphasis when looking at relative risk reduction and a very modest or minor benefit overall.

However, when we look at the serious adverse events associated with the vaccine, we see that in this group, there are 262 versus 150, so that's a difference of 100 cases of serious adverse events, a 75% increase. That's a 0.5% increase in absolute risk. So, again, what we're seeing here, when it comes to serious adverse event cases, is that you have more risk than benefit for this particular inoculation. When we look at the serious adverse events, which are very concerning to me, because we are treating very healthy people. A serious adverse event, as defined in this study, is one that requires hospitalization, is life-threatening, results in death or persistent disability.

You can see again that you have more serious adverse events 127 versus 116 in the inoculation group, which is a 10% increase. The incidence of these events is about the same as the risk of getting COVID-19 overall. It's small but significant when you consider the severity of these adverse events.

Here's the closest we could look at the morbidity caused versus the benefit. And here, when we look at deaths, we went to the supplement table, and we pulled out the deaths. These deaths are basically from the blinded phase only, which means they are the first two months of the actual trial or the first two months of follow-up of this actual trial. Because they're then switched from one group to the other, it's harder to find out. But in this blinded phase, deaths were comparable, 15 to 14 between inoculation and placebo. However, we have to remember that this is a very healthy population, whose diseases were controlled. So seeing this number of deaths on the placebo side where they actually got COVID-19 might be reasonable in a two-month time frame, out of 40,000 people, but seeing this number of deaths when people are supposed to not get COVID-19, because they are vaccinated, concerns us. When we looked at the deaths after the blind phase was lifted, you can see here that there were five deaths. Sorry, excuse me, I'm missing a number here.

There were five deaths in this case, and zero deaths in the placebo group for a total of 20 in the inoculated group and 14 in the placebo group. So, just to be clear, after the patients in the placebo group switched to the other group and received their inoculation, there were five additional deaths, for a total of 20 deaths of the inoculated people in this study and 14 in the placebo group.

Again, we have to consider that at least in this particular case, for the second half, there were more patients who had been inoculated than in the placebo group. But still, it's concerning, it's not the trend we would like to see.

Finally, if we look at the deaths related to COVID-19, there was only a difference of one death between the inoculated group and the placebo group. However, if we look at the cardiovascular deaths, we see that there were nine cardiovascular deaths in the inoculated group and five in the placebo group. So if our hope was to see morbidity and mortality

decrease in the target population, which is the elderly, what we see in this particular study is an increase in morbidity in the sense of risk and mortality in a healthy population. We are very familiar with cancer research. And if we had seen something like this in cancer research, we wouldn't have even proceeded to administer this product to people at the end of their lives. So these results are extremely concerning.

I'm just going to touch very briefly on the additional trials that have been done for children. One of the things that they do is they create a phase 3 trial and then they do these companion trials, where in this particular case they are called immunoblock trials. Basically, in these trials, we just focus on an antibody, the production of neutralizing antibody titers, and what they did rather than doing a clinical trial, thinking that the people who are most at risk would be children. There is no risk of serious disease for them, therefore, what we would have liked to have seen was a much higher safety, a much more rigorous number of participants. Very strong endpoints like subclinical safety, long-term safety, morbidity, mortality, we would have liked to see all of that. However, the trial that was designed or the endpoint that was used to approve these vaccines, or these inoculations, was non-inferiority of neutralizing antibody titers, which means they're comparing antibody titers in people who are 12 to 15 years old and comparing them to antibody titers in people who are 16 to 25 years old. So this study wasn't even designed to make any claims about clinical efficacy or safety. And anyone who makes claims of clinical efficacy or safety based on this study is essentially making misrepresentations or false claims.

Again, they did the same thing with 5- to 11-year-olds, with a slightly lower dose, and they compared them to neutralizing antibodies in 16- to 25-year-olds. If you can note here, that the number of trials, in which people enrolled in each of these two cohorts is very small. And so that's the basis on which we're moving forward with childhood vaccination.

They had 1000 people in the clinical part and the placebo part, about 1000 in each group. And these results, unlike the main trial, are descriptive results. So they're not intended to make any claims, but they give us a kind of window into the benefits and risks of inoculation in this particular group.

I'm going to move very quickly to this side, because this is the absolute risk change. And that's the one we really need to keep an eye on when we're looking for absolute or clinically meaningful clinical benefit. For symptomatic cases, it was -2%. So there was a reduction on that basis. If you can note here, that's really only a difference of 15 cases. And we should also note that the symptomatic cases in children are really not of clinical concern. So I would say that this is a clinically insignificant criterion, because there is no risk of serious disease. And of course, there were no differences in severe disease. So that's not a benefit to them.

However, if we look at the treatment-related adverse events, we see this disturbing trend, where we have more risk or adverse events in the inoculation group than in the placebo group. I'm just going to highlight that very carefully. The types of adverse events that have been reported in the placebo group and the inoculation group are very similar and their clinical symptoms are similar to COVID for the most part, at least on the basis of the reactogenicity data. To see more COVID-like symptoms in inoculated people versus people who actually contract COVID 19 based on these particular data is very curious. Again, this is a 1% increase in adverse events here. But when we look at the serious adverse events, remember, there's no benefit here, and suddenly there's an increased, albeit small, number of serious adverse events in the inoculation group, a 0.4% increase.

When we look at the serious adverse events, and remember this means hospitalization, life-threatening or permanently disabled, we have four in the inoculation group versus one in the placebo group. How many patients or how many children do you know, knowing that you are treating 1000 children, you are allowing four of them to be hospitalized, life-threatening or permanently disabled when they are not at risk for serious illness.

Because these are descriptive statistics, we cannot attribute cause to inoculation and say that it causes harm. However, it does appear that the trend is in the same direction at two months as the data for adults at six months.

I'm going to move very quickly to the very young, the five to eleven year olds who are vaccinated. Again, no risk of serious illness, no episodes of serious illness, slight differences in the number of symptomatic covid positive cases here. But we can see again here that in terms of adverse events, it's 46 versus 16. So the COVID-like symptoms are higher in the inoculated group than in the placebo group.

And just on that point, know what if we started to see something like this, where the symptoms are similar in both groups, and you get more in the inoculation group than the placebo group, we would start to wonder how rigorous or reliable the actual test is that you're using to assign efficacy.

I'm just going to go through this slide. This is the BMJ whistleblower report that questioned the integrity of the data that was considered. Our company is questioning the reporting of the data and the importance of the data. We have certainly noticed some tricks to try to increase efficiency and minimize safety by underreporting data. Looking at the relative risk reduction on the one hand, and on the other hand, what they did with safety, burying it in the supplements, and presenting it as percentages.

Another thing, too, that we look at when we see this type of report is that we will immediately wonder what the conflicts of interest are? Who conducted the trial? And who wrote the report? Because the conclusions of this particular report were that the inoculation was both safe and effective. When we looked at it more closely, there were no safety issues, "no new safety issues" is how I think they phrased it in the six-month trial.

We strongly disagree with that conclusion based on our analysis. So, we are looking at conflicts of interest.

It's worth noting that there were significant conflicts of interest in the majority of the people who were involved in this trial, including employment and stocks for the corresponding author, the last author, and particularly the two founders of BioNtech who essentially made \$9 billion at the time we did the research, I think it was in the fall of last year.

They made incredible amounts of money based on that report.

We trust these people with these incredible conflicts of interest. Even the lead author, SJ Thomas, has conflicts of interest with grants or consulting or clinical trial development. Notably, and I found this out recently, after the results of this trial were published, which drove up the price of Pfizer stock, the CEO of Pfizer divested his stock. Of course, that's pure speculation, but if I were involved, if I knew the safety data, if I knew the basis for the safety data and what went on behind the scenes, then I would probably be concerned about people eventually finding out about these safety issues. I might very well be inclined to give up my shares as well.

So my position is such that this trial should never have gone beyond this point. There were problems, although it's hard to attribute causality. But certainly there were tendencies to overemphasize benefit and downplay risk, both in the way the trial was not blinded and in the short duration of the trial, the short follow-up periods for safety results, the questionable test used for efficacy. And the focus on clinical benefit, without really looking very closely at safety. I would have liked to see all the unsolicited adverse events to see what kind of adverse events they reported. But again, all they allowed us to see was the Covid-like symptoms in both groups. So I would say that's obfuscation of the safety data, and it minimizes the representation. So it would be hard for me to understand how, based on the reports of this trial, someone could say that they gave informed consent when they accepted the inoculation. Thank you very much.

1:38:23 Reiner Fuellmich:

Thank you very much for that devastating testimony. Let me just add one thing, because we want to ask our questions at the end of this session. Your findings, the findings of your groups were confirmed by a whistleblower from one of the companies or the company that conducted the trials for Pfizer. I believe her name is Brooke Armstrong, and we're going to go into more detail on this tomorrow, because it has a significant economic impact. Their stock price is dropping rapidly right now

Thank you very much. Who's next? Sucharit.

1:39:20 Sucharit Bhakdi:

Vanessa... If I could speak now and you could take it from there. Because you just gave me the right starting point, would you be okay with me presenting my 15 minutes. I don't need any more and you can take over from there.

1:39:51 Dr. Vanessa Schmidt:

No problem for me.

1:39:54 Sucharit Bhakdi:

Thank you, because the time is flying by for me as well. This information and presentations are very important. I would like to bring another aspect. We don't really need to discuss more, because as it is set in the Nuremberg Code, if something is being used experimentally, even when the experiment is going on as it is now, we are in the research and development stage. So whenever something happens that is a clear indication that the agent that is being given to the experimental group is causing disease and death, it has to be stopped.

You have to ask yourself first if that could be the reason. We are not talking about one, two, or three cases, but thousands, thousands, hundreds of thousands of cases of serious adverse events. So, for that simple reason, if the propagators and instigators of this whole vaccine madness cannot show that it is not due to the vaccine, it must be stopped right now.

Vanessa told us that vaccines could never work in the first place. And they don't. We don't have to worry about whether the so-called protective antibodies are produced or not, because they play no role in preventing infection. That's what we see all the time.

So let's not digress and stick to the point: if there is no protection, can there be damage? The answer is: yes of course, because these, I am talking about mRNA, although the vectors of adenovirus vaccines are similar, these so-called vaccines have two toxic components. One being the envelope, the packaging, people should be aware of the fact that these lipid packages have never been tested, and passed the safety tests, never been tested in any animal or human model. And yet, although they are only chemicals that have never been approved for use on humans, they are used on billions of people. Those people who continue to do so should go to jail. There is no other way, because we now know that these lipids are highly inflammatory. They are similar to one of the major bacterial and killer toxins of humanity, endotoxin, which is what causes the cytokine storms when you have a bacterial infection. And these lipids do the same thing.

This has been published and there is no doubt that when you inject people with these vaccines, you are introducing a poison into the body that causes severe disease and death in animals. And this cannot be allowed.

Apart from these lipids, which have many ways of hurting you, we have the gene of the virus itself, encoding the spike protein. This can lead to damage by many mechanisms. But the two main categories are: one, the spike protein itself, when produced by the cell in your body and released by the cell in the body, is a poison. The spike itself is a poison. This is something that people know now, we didn't know it five years ago, but now we know it and it's published. So you can't inject an agent that causes a poison to be produced. That's ridiculous.

Secondly, when the spike protein starts to be produced, the cells that produce the spike will be attacked by the immune system. This is a fact, everyone knows it. Anyone who has studied medicine should know this. If they don't know it, then they should be prevented from practicing medicine. There is no excuse for not knowing it.

We have basic mechanisms that are simple. And of course, they have to happen. The systemic effects are predictable. When we predicted them a year ago, it didn't matter, because there was no other way they could work. The only thing we had to assume was that they would get into the bloodstream, get into the circulation, well via the lymph nodes and then into the circulation. And that's the first big lie that everybody was confronted with by the FDA, the EMA, the producers, the products would stay in the muscle, but anybody who has studied medicine should know that if you inject something into the

muscle, it's going to reach the lymph nodes. And anyone who has studied medicine should know that if something reaches the lymph nodes, and it's not a protein, it's going to reach the bloodstream. And then, of course, it was known. Pfizer was forced to reveal this data to the Japanese authorities who asked for it. It's all there, everyone can read it. Everybody can read it, those who really know about human medicine, because it's now proven that spikes appear in the bloodstream. But here's the thing, they don't appear for a day or two. If they appear in the bloodstream, the producing cell has to be in contact with the bloodstream, because there is no other way for a spike, which is a protein, to reach the bloodstream unless the producing cell is not directly in contact. It's such a simple, basic thing in medicine that if a doctor says he doesn't know it, his license should be revoked.

1:47:30

Now, what happens if we know that the spike is in the bloodstream, we know that the mRNA has reached the circulation, and in all likelihood has reached the vessel wall, which are endothelial cells. That, of course, will create a focus for vessel damage, and that's what we said a year ago. It's going to happen. The vessels are going to be damaged. What's going to happen next, the vessels are going to leak. What happens next? If the vaccines are still there, they're going to leak into the tissues, into the heart, into the lungs, into the liver, into the brain, into whatever you want. And if those cells start producing spike, they're going to be attacked by the immune system, because that's what the immune system is supposed to do, as Vanessa told you. We all have killer lymphocytes that have been trained over the years to kill these cells that produce spike. So you're going to have damage to the vessels. Where does this damage occur? If there is a God, he knows, we don't know. Because it's going to be random, probably in the small vessels, where the blood flows slowly, there's more time for the cells to pick up these substances and produce them. Small vessels, probably. You know, in the vessels of the brain, the sinus vessels, the veins of the brain, the blood sometimes stops, or in the heart. When you have the heart beating, with the effort of each beat, there's a pause when the blood stops flowing, so of course, these are the sites of prediction, where this damage is going to occur.

So these are the organs that are thought to be affected. The same is true for the spleen, because the flow in the spleen is complicated. It's known, but the blood flows very slowly there.

What is going to happen? You're going to damage the blood vessels, which will cause blood clots. This is also what we said a year ago, we are really worried that these clots will form all over the body. They can form in one person's brain, another person's heart, liver, who knows? It's called fate. The brain is particularly fascinating, because the brain is full of little blood vessels, which run through the whole brain, which keep the brain cells alive, the gray cells, the white cells, and the slightest disturbance can lead to the death of the nerve cells. Nerve cell death, depending on where the cells are, can produce anything, anything you want to think about. Of course, it can start with a headache, severe headaches, which are the typical symptoms that about 50% of people who get the second injection complain about. But that's just a headache... It's the first sign that clots are forming in the brain.

If you're unlucky, you start to get nerve palsies, the eyes start to stop seeing. The ears stop hearing. People start to be paralyzed. When does it happen? Nobody knows. But there are other things that happen.

Dear colleagues, many people tell me that they have seen psychological changes, personality changes. We have our brain with the limbic system, that is, you, that is the person you are. The human being given by God, if there is a God. I'm a Buddhist, you see, but I believe in nature, and that we are all individuals, each one has developed in his life to become what he is now.

And your whole personality, everything human is here. It starts there, it ends there. Your memory, some people get Alzheimer's, some people develop symptoms that look horribly like mad cow disease.

I don't want to go into that, I'm just telling you it's such a horrible, horrible sight.

My next point is the last one, then I'm done, because

I told you that these vaccines have to reach the lymph nodes. And we know now that they reach the lymph nodes, we know that the cells in the lymph nodes will die. Why do they die and how do they die? We don't need to discuss it, but they will die. And your lymph node cells are the cells that keep you alive because they deal with latent infections in your body, viral infections, shingles, and blah, blah, blah, tuberculosis in 95% of the third world population. I have tuberculosis in my lung, and I don't want to be vaccinated. If the cells in my lymph node start to die, the cells that are responsible for controlling the TB, that's what's going to happen. And other cells are responsible for controlling cancer cells. Cancer cells appear all the time in our body. People who have had cancer, lost control once, can be cured now. But they are also cured because the control lymphocytes are also there to eliminate the cancer cells that come back.

We hear stories all over the world of strange cases of tumors exploding in people. Very strange, isn't it?

We know that we are dealing with an agent that has no benefit, no benefit, zero, but has the ability to kill you through myriad possibilities. And who has killed and will kill our children again. How can we stand to see this happen? We don't need to talk about anything else. Look at the Nuremberg Code. I think it's number 6. If there is the slightest suspicion that an agent in an experimental phase is causing disease and death, that experiment must be stopped immediately. It has nothing to do with consent, it must be stopped.

I'll finish. If it was a matter of one or two days, Pfizer BioNTech will say: yes, but the benefit is always greater and the risk is only one or two days when this mRNA causes spike production. Yes, there are cases where that has happened. There have been a few cases, but they are so rare.

Honestly, guys, you know. How long has it been, Vanessa? A couple of months ago, this article came out that was so shocking, that the spike protein can be found in the blood of people who are vaccinated for ... how long was it Vanessa? ... three or four weeks, whatever, it was several weeks. How is that possible? Because we know that this mRNA has been modified to give it a long shelf life. But how long does mRNA last? Question. The answer has now been published in an article in the journal Cell. A reputable scientific journal is like the word of God. It's not a fake. It's the truth.

60 days after vaccination, they could still find the mRNA in the lymph nodes. In the lymph nodes of the vaccinated. They didn't look any further. But do you know what happens to those billions of people who got the damn vaccine, it stayed in their bodies creating poisonous spikes. It kills people for at least 60 days. I'm going to stop here, because I'm so mad that nothing is happening. I am so angry. People are killing our children. And it, I'm afraid to say, looks premeditated.

No one can say, "I didn't realize that," it's all out there.

So, of course, the whole thing would be closed, if someone could come along and show that indeed, the spike proteins are produced outside the injection site throughout the body. And at those sites, you have an ongoing immune attack and organ damage.

That's why this grand jury may be going to show all of this, because we have Professor Arne Burkhardt coming tonight to show you that he has evidence. The evidence is there. The evidence is there for anyone in the world to see. Once the evidence has been shown in 15 cases, it will be shown in thousands of cases.

Then you, the vaccine protagonists and producers ... my prediction and my hope is that the stocks will go underground because they will go bankrupt. That is my great hope.

Vanessa, I'm going to give you the floor again and then I think Arne Burkhardt is going to show you What Arne has done, I think I'm going to nominate him for the Nobel Prize. That's what I'm going to do. Because he may be the person who saves our children.

2:00:05 Reiner Fuellmich:

Thank you very much. I'm not sure because Mike said he wasn't feeling well. But if he's still on Zoom, and if he can hear us, we should allow him to present his case because you

just gave him the introduction. You suspect that this could be a premeditated murder. Please Mike, go ahead.

2:00:27 Mike Yeadon:

Okay, just give me a few seconds. I'm having trouble unlocking my iPad.

2:00:31 Sucharit Bhakdi:

Good to see you again, Mike.

2:00:33 Mike Yeadon:

Thank you. This is ridiculous. I know how to get into this thing.

2:00:39 Reiner Fuellmich:

Take your time.

2:00:39 Mike Yeadon:

Ah, here we go. No, I'm good. I've got it. Can you hear me well?

2:00:49 Reiner Fuellmich:

Yeah we can hear you.

2:00:51 Mike Yeadon:

OKAY. I'm well aware that there's been some great testimony already. So just very briefly, for the record, I'm Dr. Mike Yeadon. I spent 32 years in the biopharmaceutical industry, as a biologist, immunologist, toxicologist, biochemist. I was 10 years ago at Pfizer where I was the vice president, head of respiratory and allergy research worldwide and I spent 10 years in the biotech industry. I speak out because, as we are hearing this afternoon, these vaccines are very bad products. It has already been established, that there is no need for a vaccine. But I think it's worth expressing it at a higher level because I know the pharmaceutical companies know that too. It is never appropriate to try to invent, develop, manufacture and distribute a new vaccine for a respiratory pathogen of such modest lethality, even if it were slightly worse than it is. And the reason is that by the time you've done all the work to establish that it's safe, that's the watchword for any public health intervention you might give to billions of people, that's the most important thing. It's more important than efficacy. So, to establish that this is true, you're going to need more time than any plausible expectation of how long a pandemic will last. I only realized this recently, but we probably already knew that. What I want to tell you is that it would never have been possible to do what they claim to have done, because they didn't do it at all. It's a fake vaccine, poorly developed, poorly designed.

2:02:42 Reiner Fuellmich:

Quick interruption. I think you made a slip of the tongue when you said the lethality is so modest, I think you meant the effectiveness is so modest.

2:02:51 Mike Yeadon:

No, I was talking about the virus.

2:02:57 Reiner Fuellmich:

I'm sorry, I was wrong.

2:02:59 Mike Yeadon:

Yes because the virus is not airborne like Ebola. If it was 50% lethality, you'd take different risks. But for something only slightly worse than the flu, if that's true, you wouldn't do all those things. We've also established that it's not necessary. There are good treatments and so on.

But nevertheless, ladies and gentlemen, these vaccines were made from these genetic products. So we have to ask ourselves what the intention was, because it could never have worked. It could never have worked, even if it was safe, for the reasons that Vanessa and

Sucharit pointed out. But they were made. So why? There are several answers. One is just to make money, to rip everybody off. I think for me the dominant reason was this grid idea that we've talked about before, that people should be vaccinated to qualify for a vaccine passport, which is a digital identifier.

But there's another possibility. It was to establish in the public's mind that these were legitimate products, so they could use them for other purposes. I won't go into it at this point but I think it's pretty obvious why they're using this particular type of gene-based product, because they're going to use it again, ladies and gentlemen.

Quickly, in terms of safety, very quickly, this is a whole new type of medical intervention. Although they've cleverly managed to disguise them under the word "vaccine", the only thing they have in common with traditional vaccines is the word. And that is all. There is no other similarity. So when someone says, "You're too cautious about safety," I say, with any new class of product, in fact, each individual version of a product in any new class, you have to establish safety in trials. People's opinions are worthless, including mine, but the onus is on the manufacturer to prove safety, not on me to prove that it's harmful, although they are harmful.

I think we've already talked very briefly about how ... and I say this myself, how these vaccines were designed. I'm a drug discoverer, I spent 32 years in research and development, I was trained in toxicology, so I think I can say, and you can believe me, being in this environment, that these vaccines are what I would call toxic by design. That is, if you were discussing it around a whiteboard in the research office, the moment you agreed to make a genetic vaccine based on a spike protein, you know exactly what's going to happen. So it's not an irrational design. It couldn't work, they would probably have risks, and you wouldn't be able to characterize the long-term results, but they did it anyway. These are smart people, from highly paid pharmaceutical companies with decades of experience.

So, the 3 flaws are: first, it produces the spike protein that we've already talked about, without any modulation in virology. Second, the spike protein is genetically the least stable part of the virus, again, this was mentioned by Alexandra. Third, no one has mentioned this yet, it's the part of the virus that is the least different from humans, you really want to pick something that is very unique to the pathogen, and very different from you. Why? Because if there are similarities, known similarities, when you trigger an immune response to that injected material, there is a possibility of autoimmunity. And in fact, I'm convinced that that happens, and other people think so too.

And I would say that I think the companies knew that the spike protein was toxic, genetically unstable, and similar to many human proteins with all the consequences that you would expect from that. Obviously, they are going to have to defend themselves but I tell the general public that this is my opinion. I have had it confirmed by other drug discovery specialists.

2:07:00

What else should we say? Yes, Sucharit and others have spoken. In the design, there is nothing that limits the length of time that the gene transcribes to make proteins. It could be minutes, hours, days, years. There's nothing about it that tells us how long it will happen. We can't just say, "Oh, it's going to be okay. How long does it last? They didn't have to measure it. They didn't have to measure it because they were able to persuade the regulators, maybe they were corrupt, that these are "vaccines".

And they have been allowed to follow a development pathway that is relatively light in terms of obligations for the innovator, the pharmaceutical companies. In fact, I would say it should have been classified as a genetic drug, where the obligations are rightly extremely onerous, it would have taken a long time, and certainly would have included measurements of how long the spike protein was produced, and where it was in the body, as mentioned by Sucharit. They were not required to do either. This is a catastrophic failure on the part of the regulators who knew very well that what I am saying is true, because it is conventional. I've never seen an exception other than in vaccines, where you don't have to study what's called pharmacokinetics and pharmacodynamics. So they haven't done that. It should never happen again.

Bill Gates was quoted recently as saying "we were a little too slow". Mr. Gates, you are not a drug discovery specialist, I think I've established that. And I can confirm what I said, that to move to a public health situation for these billions of people, the biggest obligation is safety, not efficacy. You can only do that by treating a very large number of people and observing them over a long period of time, not 2 1/2 months, that's completely inadequate. So his suggestion to say next time we'll do it in 6 months, you shouldn't let him do that. It's completely inappropriate. It's almost certainly going to be detrimental.

Going back to manufacturing, the previous colleague, she left, but she gave a good account of how, when this vaccine goes through development, you have to demonstrate that you can consistently make the product, so that it is characterized as: what's in the vial is what you say is in the vial. The clinical trials were done with relatively small amounts of material because they were done on a few tens of thousands of people at most.

But when you go to production, instead of a few tens of thousands, in total it's going to be on the order of a billion doses. The implication of that for people who don't know is that you can't use the same process for manufacturing clinical material. You can't, you can't scale it up. So you have to start over, and do an industrial scale process. When you do that, the steps required to characterize what you've done, which is the drug substance, the genetic material, what was formulated, what is then called the drug product, those two steps, drug substance and drug product, require about half of the entire workforce of a research and development organization like Pfizer. I've worked there. About half of the people are involved in the final stage of synthesis, manufacturing, characterization, all of that.

And the reason they have 50% of their resources there is because it's very, very complicated. So the idea that they've made a billion doses, and all of these processes have been stabilized, characterized, inspected, approved by the regulatory agency is for the simple minded. They haven't done these things, because it's not possible to do them within a number of years, probably at least 5 years.

So what they claim to have done consistently is impossible, and the regulator knows it was impossible. And that's clear to people who have read the regulatory interactions between the European Medicines Agency and Pfizer -that's the one I actually saw because someone leaked it, in November 2020. For example, the EMA technical evaluators in Amsterdam, had listed 7, what they call MO, major objections. They are all related to the things I just listed, they didn't have control of the processes resulting in a coherent, pure material, and they didn't have control of what happened to it between manufacturing and formulation, those lipid nanoparticles that Sucharit mentioned.

2:12:05

I can see 7 major objections. Just to give you an example, when I was at Pfizer, if someone had gone through the actual department of the company and found a marketing authorization application, and even one major objection was raised, heads would have fallen off, because that meant that there was no dialogue with a regulator to understand what was required by them. So they had 7 objections listed in November 2020. And then a few weeks later, in December of that same year, that vaccine product received, regardless of its conditional marketing authorization, an emergency use authorization. So I'll leave it to the auditors to decide for themselves, given what I've told you about the complexity of the process. I am in close contact with people who have done research, as I have, and who have spent their entire lives in this sector of the pharmaceutical industry. Is it possible that all these major objections have been resolved? No, it's not possible. What they have been putting out, deploying and injecting into people are materials that change from batch to batch, vial to vial, syringe to syringe. They have no idea what you're actually getting. And I think that's probably one of the main contributing factors to the wide range of toxicity that you see in databases, like VAERS in the United States. Some batches are associated with 6,000 adverse event reports, others with a small handful, which can't be due to differences in sensitivity, not over a million and a half doses per batch. The average should be about the same.

And yet they're so different that there must be a reason for that. And the reason is that it's not the same substance in each batch. So I would say that this is all criminal: the production, the authorization by the European Medicines Agency, and then by other global regulators. I think that should be investigated, because I think there is a criminal level of collusion and fraud that led to these contracts being signed as appropriate when there is absolutely no way they could have been. We also heard from other witnesses, and I agree, they did not do what they were supposed to do, which was to protect against infection, replication of the virus in the respiratory tract or transmission. And I come to that conclusion, looking at the medical statistics, the statisticians who analyze the data. I'm afraid that what you see in the public domain is almost certainly data fraud at the national level. In other words, you've been lied to all along about what these products actually do. I put these items in the "miscellaneous" section, along with a bunch of other things I couldn't classify. It was never appropriate to do that.

Remember Bill Gates: "The world won't go back to normal," he said with a smile, "until we vaccinate pretty much the whole planet." Well, the only people you'd want to protect - assuming it was the right thing to do, and it wasn't - are the people who are at risk of severe disease if they get infected. And those are the elderly, older than me, and have 3 or 4 concomitant comorbidities or other life-threatening illnesses. So why would you want to vaccinate the entire planet? Even if it worked and was totally safe, you wouldn't do it, even for the sake of money and medical resources. You don't unnecessarily inject billions of people who are not at risk at all more than once. So there's a real problem here. I mentioned it because people think it's the right thing to do, when it's absolutely not. It was recently learned that people who have suffered from certain viral diseases - it was probably known, but I didn't know - that if you survive certain viral diseases as a child, it leads to a reduction in chronic diseases in adulthood, including certain cancers. So it's not, as the media suggests, always desirable to escape infection or avoid it. Honestly, if you're a young, healthy person, you're not at significant risk for severe forms. Also, I think getting lifelong immunity to this rather mild virus is actually a good thing for young people. So it would be inappropriate to inject them. So why would they want to vaccinate every human being on the planet? Well, those of you who have been studying this for the last 2 years know that this has nothing to do with public health. But again, it's about this idea of control. That's it for that part.

2:17:01

One final note: If mass vaccination policies were really about public health, I'll quickly give you 3 examples of people not to vaccinate. First, if you've already contracted the disease and you're cured like this Steve... I think it was Steve James from the NHS: he criticized the British health minister, Mr. Javid, saying, "I'm not going to get vaccinated. One of the reasons is that I'm already immune after being infected. So it's a dangerous thing to do. You don't want to think, "Well, maybe it will protect them even more." No, it's dangerous. If they're already immune to the virus, including the spike protein, what do you think is going to happen if you introduce a genetic sequence into their body that's going to make large amounts of the element that they're already immune to? They will have hyperimmune responses: it could kill them. So it's a completely stupid thing to do. It's reckless and unnecessary, since they're already protected by their own immunity, to vaccinate people who have been infected and have recovered. And if it's really as contagious as they say, after 2 years, who wouldn't have encountered this virus? So it's over. We shouldn't be chasing people who are already immune.

The second category is young and healthy people, which is anyone under the age of 60. But when it comes to children, again, it's a complete nightmare to try to inject them: there's no risk to them and the benefit/risk ratio can only be negative, you're going to hurt and kill children and save none.

And the third group, I study it very closely, because I have followed the research myself, are pregnant women. As I said before, since 1960, everybody in the pharmaceutical industry, all the health professionals, and all the pregnant women know that you shouldn't take anything if you can avoid it. And if you're going to take something, you do extensive research and make sure it's proven to be safe for your pregnancy. Have they done full

reproductive toxicity studies with these gene products? No. And yet, your governments have told you that it is totally safe. First, they don't know that. Second, they can't know because the studies haven't been done. And third, history has taught us that you should never do that. So the fact that they do and those three reasons are, I think, very strong examples of why it can't be public health. Also, and I won't go into this but the recalls, again... It's completely immunologically insane to keep doing injections. If you don't get an adequate immune response after one or two doses maximum, forget it. That's another fraud that I don't really understand why.

And finally, some caveats. We don't provide proof after the fact. Dr. Wolfgang Wodarg and I, as early as December 2020, before any of these products had received emergency approval, were concerned about their simple design. And we wrote what turned out to be, I think, the first full scientific critiques and concerns. The European Medicines Agency did not respond to that petition. But instead, what happened was that we were both subjected to defamation and censorship. We tried and so did many other people. Good people, women and men in the people's court know that people like me and others were very concerned even before the emergency authorization and had brought these problems to the attention of regulators and others, including the media. And the fact that they didn't do anything with that information, even to say, "My goodness, this is concerning. Let's discuss it" tells you everything you need to know: that it wasn't about public health, and that they weren't going to bring an alternative viewpoint. I think I'm done.

2:21:28

Yes, I think that's probably enough. I hope I've demonstrated to you that, as someone who has experience in the biomedical R&D process and has a firm grasp of research developments in manufacturing processes, even though I don't claim to be an expert on vaccines, that these kinds of products would not be the kind of thing that I would work on with novel, chemical, biological entities. And none of the normal processes were followed. As a result, they got sloppy, dangerous products that are inherently poor and variable in quality. And then the steps taken to inject the population, including a majority of people who are not at risk from the virus, show you, I hope, even though it's horrible, that this is all a fraud. In conclusion, we have to be incredibly vigilant, not only in being able to prosecute, I hope, the people behind this crime, because it is a very serious crime. But we also have to be very vigilant about what happens next. I'll leave it at that. I would be happy to answer questions if there are any.

2:22:43 Reiner Fullmich:

Just a quick question, because I don't know if you can stay longer. If you look at the body of evidence, as we received it tonight: is there any chance that the errors we saw happened by accident?

2:23:05 Mike Yeadon:

No, no chance at all. I'll tell you why. Here's another example: the 4 major companies that came up with these gene vaccines, Johnson and Johnson, AstraZeneca, Moderna, and then the combination of Pfizer and BioNTech, all 4 decided to pick the most inappropriate parts of the virus to make a vaccine. So how could these 4 companies independently - unless they were colluding - how could they make exactly the same mistakes? Well, no, they couldn't, Reiner. They would have corrected each other and surely would have come up with several different models. If you can't be first in class, or clearly stand out from the competition, you usually give up the fight, or do something different. That's what I've done 10 times. So once you learn what others are doing, unless you think you're faster, better, or safer, you either give up or do something else. But no. All 4 of them presented a poorly designed product, and they made the same mistakes in quotes. And by the way, if you start a new program, the probability of ever being on the market is a fraction of one percent. This is called the attrition rate. As programs move from their creative phase to their development phase, the probability of them reaching the market is very low. What is the probability that all 4 scientists could have succeeded at the same time? I would say that it can be shown mathematically that it is infinitesimally small. So they didn't do any of the things they said they did. Therefore, I'm afraid there is a conspiracy, a collusion

between the pharmaceutical companies, the regulators and the people, allowing them to go ahead. So no, it can't be a mistake.

2:25:03 Reiner Fullmich:

Thank you very much, Mike. I think we're getting into RICO law territory. Thank you very much, Mike.

2:25:11 Mike Yeadon:

Okay, my pleasure. Thank you. I'm honored.

2:25:16 Reiner Fullmich:

We should continue now, either with Vanessa to finish her testimony or with Professor Burkhardt. But I think Vanessa has been waiting too long now. Yes.

2:25:31 Vanessa Schmidt:

I would like to make a suggestion because I had two chapters left and one of them has already been well summarized by Susharit and Mike on biodistribution, etc. So I can skip that chapter. And the other one is about why vaccination failed. I don't think it really fits the content that we're talking about. So I'm totally fine with us going straight to Arne Burkhardt. I think that's more important.

2:25:58 Reiner Fullmich:

Thank you very much. We will surely ask some questions in the discussion. Okay. Professor Burkhardt.

2:26:09 Arne Burkhardt:

Yes, good morning everyone. First of all, Sucharit introduced me very nicely, but actually, I have to say that I've been doing in the last two years what I've been doing for 40 years. If someone came to me and asked, "Can you look at why this person in my family died?", I would agree. If someone asked me, "Do I really have cancer?", I would say, "Yes, I'll look again." And I would invite them to come and see my microscope. That's what I'm going to do with the results I'm going to show you today. Everybody can see them if they come here. So to show you our study, I will need to put up some slides. Can I do that? Where should I...

2:27:17 Viviane Fischer:

There should be a green area at the bottom.

2:27:26 Arne Burkhardt:

I don't see it. No. That's not it.

2:27:41 Reiner Fullmich:

Yeah, there it is. We see it. Yes.

2:27:58 Arne Burkhardt:

How about there?

2:28:00 Reiner Fullmich:

No, still not.

2:28:04 Viviane Fischer:

You have to select the right window.

2:28:10 Viviane Fischer:

I think you have to click on your document before you share it.

2:28:18 Arne Burkhardt:

I have Images, iPod, iPhone, Microsoft.

2:28:25 Viviane Fischer:

No, I meant the document you want to share. You have to click on it. And then...

2:28:31 Arne Burkhardt:

I don't see it.

2:28:38 Reiner Fullmich:

Corbyn will show you how to do it.

2:28:41 Arne Burkhardt:

Okay.

2:28:49 Alexandra Henrion-Caude:

If I may, Arne, you click on "Share Screen" and then you have a number of options that come up. No, no, no. Before that, you have to select the screen that you want to display on your computer. There's an intermediate step.

2:29:15 Reiner Fullmich:

You have to open the document or the image that you want to show us first, and then select "Share Screen."

2:29:25 Arne Burkhardt:

Yes. Okay.

2:29:29 Reiner Fullmich:

This is Corbyn.

2:29:38 Viviane Fischer:

Maybe we can ask some questions in the meantime?

2:29:40 Reiner Fullmich:

Yes, Dexter, your turn.

2:29:42 Dexter Ryneveldt:

I saw that Professor Bakhdi was here. Maybe he can chime in.

2:29:49 Reiner Fullmich:

The floor is yours, Sucharit.

2:29:55 Sucharit Bhakdi:

Okay. Yes, I'm here now, Dexter. I just wanted to add one thing. As we said, all the mRNA vaccines of the future are going to face the same problems that we are facing now. We need to demand that these gene vaccines never be allowed to receive emergency use approval with this lightning speed, this lead time. This is what Mike Yeadon also said: you can't test the safety of a new vaccine in a few months, it's impossible. Finally, other vaccines like Novavax, which are not genetically engineered, should never be allowed to be used under emergency authorization. There is no reason for this since there is no pandemic at the moment. Second, because no one has ever demonstrated the efficacy of these damn other vaccines like Novavax. And thirdly, because they've never been tested for safety, or whatever you want to call it. Right? People are now trying to move to non-gene vaccines. And I think it's very important to say no, not at this point. If you wanted to ask something, Dexter, go ahead.

2:32:02 Reiner Fullmich:

No, you had raised your hand. That's why he thought you wanted to talk.

2:32:06 Sucharit Bhakdi:

Oh right. That's what I wanted to add.

3:32:11 Dexter Ryneveldt:

Thank you, Professor Bhakdi.

2:32:15 Reiner Fullmich:

Maybe while Professor Burkhardt is solving the screen sharing problem, we can continue with Antonietta Gatti.

2:32:30 Antonietta Gatti:

Okay, thank you very much. Let me introduce myself. First of all, I am a physicist and bioengineer and I have tackled the problem of this pandemic from an original point of view. Indeed, I have directly studied vaccines, because I have experience in innovative analysis using a scanning electron microscope coupled with energy dispersive spectrometry, and I have checked the chemical composition and contamination of 42 standard vaccines. Of course, I also applied these new techniques to new gene therapy products. Of course, they are completely different from standard vaccines. I'm not going to talk about spike or DNA, because you are great experts, much more than I am. But I would like to discuss the nanotechnology content of these vaccines, sorry, these products, because they are not vaccines in my opinion. You probably know that Big Pharma developed a new nanomedicine technique for these products and they wanted to introduce mRNA into the cell. All biologists know that mRNA is recognized by the membrane sensor and rejected. To do this, they use a Trojan horse. This means that they fill narrow liposomes with mRNA, because these nanoparticles are not recognized by the membrane sensor. The person who created the human body probably did not know that it also contained nanoparticles. Therefore, there is no effective defense mechanism against nanoparticles. So they are phagocytosed by the cells and when they are inside, the coating of lipid components is degraded and mRNA is released inside. Big Pharma has not published any notes or information on the mechanism of degradation of these liposomes. I do not know if this mechanism is related to the low temperature. The initial low temperature of minus 70 degrees was probably not related to the storage of the liposomes. We don't know, but we think there is a connection. The problem is that no one has controlled either the mechanism or these nano-entities. When I say "nobody", I mean the CDC, the FDA, the EMA and other national organizations. So there is no quality control on these products and my research reveals that these products also contain something else. By "something else" I mean strange nano-entities that are probably due to a very strange narrow technological process. These nano-entities have no business being in vaccines. There are aggregates of stainless steel nanoparticles and we don't know why: surely they are from nanotechnology intentionally added to the product. Not to all products. I think they are only in certain batches and probably only in certain Pfizer vaults. So there is a list of good and bad batches of vaccines. If you want, I can show you pictures so you can better understand what's in them. Wait a minute, let me find the... Sorry. And these entities are added intentionally. Can you see? Not yet. Wait a minute, wait a minute. I'll try again. I have the same problem...

2:39:54 Reiner Fullmich:

Something's coming up, yes.

2:39:56 Antonietta Gatti:

Okay. Just a moment. Do you see there?

2:40:02 Reiner Fullmich:

Yes, you can see the image.

2:40:07 Antonietta Gatti:

Perfect. These white particles don't exactly belong to the vaccine, but they're related to it: they're metal debris inserted into the needle of the syringe and they're wear debris from the tin wall of the needle, but when they inject the vaccine fluid, this wear debris is also injected into the body. You see the problem. And you see here... Wait a minute. Yes, you see here some very atomically dense white debris and this debris is composed of chromium. There's chromium in there. These softer entities are probably an agglomeration

of liposomes or something else, graphene for example. But it's very interesting because it's a microneedle and a nanotechnology product. And you can see very well by the regular holes that are created that it is a microneedle and that it is probably filled with a product that is released when you inject the vaccine into the body. But let's move on to these entities: they are a mixture of organic material and aluminum silicate nanoparticles and all of these particles are thrombogenic. They are not biocompatible. So they can not only scratch the internal blood vessels, but also trigger a coagulation cascade. So some of the side effects we are seeing can probably have these particles as a trigger. In this case, this sphere contains more than seven microns of silica: I don't know what it's doing there. And there are other small stainless steel particles. Stainless steel is iron, chromium and so on. But I want to show you a little particle that is very interesting in AstraZeneca and if you magnify it, you see an ellipse full of metallic nanoparticles composed of iron, chromium, copper, nickel, tin. This is a nanotechnology product, but we don't know what the mission of this non-biocompatible entity inside the vaccine is. I also found silver particles but in Moderna. These strange entities of more than seventy microns are full of holes. These could also be filled with something: they are inside the vaccine and they are added to the vaccine with something special that we don't know. These little particles are composed of silicon, lead, cadmium, selenium. Cadmium selenide is a very interesting nanoparticle: it is a product of nanotechnology that is thrombogenic. But we don't know the extent of these other materials inside the product and the other particles composed of stainless steel which is an inorganic organic compound. This means that the RNA liposomes have probably stuck together these metal particles. You probably saw that many patients had magnetic effects at their injection site. These entities can cause these effects. And if there is a strong magnetic field, these particles can react within an electromagnetic field. I found a lot of different things inside Janssen: aluminum, silicon, and titanium particles. There's probably a quality control problem not done by the manufacturer but also by the testing agencies because all this is clearly visible under the scanning electron microscope. So, I think that... Wait... I'm going to stop here because I want to talk to you, especially Mike Yeadon because I've also seen contamination in the old vaccines, but in the new ones, there are nano technological compounds, particles inside, and the effect in the body is unknown. I have been studying biocompatibility of materials for many years. So I have experience with this, but this is the first time in my life that I have seen nanotechnology products in a fluid. I coordinated a European Commission research project on nanotoxicity. And I know very well what the effect of nanoparticles is inside cells: I have nice pictures of direct biological interaction of these nanoparticles with DNA, but also mitochondria, organisms and DNA. So I think these new products are dangerous in the end. I don't see how the body could oppose these stimuli. Thank you very much.

2:49:51 Reiner Fullmich:

We'll save our questions for the discussion, but Antonietta, in your opinion, could these nanoparticles have been included in the vials by accident or do you think... ?

2:50:11 Antonietta Gatti:

In the last vaccines, I'm sure there was contamination during the induction process to develop the vaccines. I think the silver nanoparticles were probably added by mistake, because there was contamination during the synthesis process with other activities as well. But, you have seen a couple of nanoparticles that are now technologically developed and added intentionally. That's my personal opinion, of course. But we know that many other scientists have said that the problem is contamination from external electromagnetic fields. And I think that these entities can probably be the link with the external electromagnetic field and when they are inside, they can generate small magnetic fields capable of interacting in new ways inside the body. I recently published an article on Sudden Infant Death Syndrome. I'm working with other collaborators, including neurologists, and in analyzing this baby's brain, we found that inside there were contaminated particles, but also aluminum or aluminum substrate particles and scientists here probably know what that means. So this part of the excipients of the standard vaccines was transferred from the mother to the fetus, and from there to the brain. So this is new, because we've always been taught that giving drugs to an expectant mother carries risks. And now, vaccinating pregnant women has become normal. This is wrong,

because inside there are inorganic nanoparticles, nano-entities, which can be transferred to the fetus and disseminated to all organs of the fetus.

2:54:14 Reiner Fullmich:

Whose brain...

2:54:17 Antonietta Gatti:

The brain too, of course, but I think they can also reach the liver, the kidneys, etc. because they are carried in the bloodstream. Not all of them of course, but the particles I showed you can interact with the proteins in the blood. They can activate a coagulation cascade, but also create an inorganic, non-bioresorbable organic compound. And that's also a problem because they can trigger the new system. So these simple images suggest that a new mechanism can be generated. Some pathological mechanisms can be generated in the body because of the presence of these entities.

2:55:27 Reiner Fuellmich:

Thank you Antonietta. Let's quickly see if Professor Burkhardt is ready to join us again. Good morning, Professor Burkhardt.

2:55:40 Arne Burkhardt:

I hope I can show you my pictures now. Do you see there?

2:56:02 Reiner Fuellmich:

Not yet. It's coming. We are now seeing several images. You probably have... Yes, now we can see the first one: "Autopsy and histological study on vaccination".

2:56:21 Arne Burkhardt:

So this first slide gives you an overview of what we've been doing for the last year. About a year ago, I was contacted by relatives who suspected that their loved ones had not died of natural causes, but as a result of vaccination. At the time, I wrote to the national pathology associations and suggested that a death study be initiated to examine the consequences of deaths that occurred during the period associated with vaccination. But I got no response. So I said, 'If no one else will do it, I will. And over the next few months, many pathologists, physicians, and biologists came to me and said, "We've had similar cases, we've made the same observations. So now we are eight pathologists and physicians and a physicist has also joined us recently. We have 30 autopsies and four biopsies in our study. But four more cases came in today. So I have studied five cases so far. It's taking a long time. Most of the data I'm going to give are related to 15 initial cases analyzed by routine methods, three of them with advanced methods. You see here the deceased: seven males, eight females, seven days to six months after the last injection, and the age range is 28 to 95 years. And you can see that these are the usual vaccines used in Germany, mainly Pfizer and Moderna. So we were asked for a second opinion on these autopsies that had been done elsewhere, some in pathology institutes, some in forensic medicine, and the macroscopic examination of the organs did not establish that these deaths were related to the vaccination. All cases that passed through forensic medicine were not even examined by histopathology. Only relatives were suspicious and insisted on a second opinion, and our second opinion showed that certain histological features appear. Most of the cases show these features in the following slides. We got these results: five very likely links to death, seven probabilities, two possibilities, and one case excluded because we could not prove a link to vaccination. It should also be noted that most of the patients we examined had not been treated for a long time in the hospital. This rules out any therapeutic changes in the organs. For example, if a patient has been subjected to artificial respiration, the changes in the lungs are secondary and you cannot distinguish the consequences of the vaccination from those of the respiration. So this is very important because most autopsies are performed in hospitals and most patients autopsied in hospitals have been treated for a long time in the hospital. But our study was mostly untreated patients who collapsed at home, on the street, in their cars, at work, and in nursing homes. So we found damage in most of the organs and most importantly, the blood vessels were damaged, the small vessels, the endothelium, the

innermost layer and the vascular wall. Then we found unidentified intravascular material in the vessels, which I will discuss later. Then the spleen, lymph nodes, and lymphatic organs showed significant changes, and the heart, lungs, and brain also showed changes of inflammatory origin in most cases. And finally, we found what we call a "lymphocyte mania" in most organs outside the lymphatic organs, which is very reminiscent of autoimmune phenomena seen in autoimmune diseases. What methods did we use? Routine histological preparation, classical stains and immunohistochemistry. Immunohistochemistry is a second step that we are going through right now: we use standard markers of lymphocytes, inflammatory cells. And in some cases, we've been able to show the presence of the spike protein in these tissues. For anyone who is not familiar with microscopy and how organs look under the microscope, here is a normal liver and you can see these dark spots that outline the nuclei, and then there is the cytoplasm that looks a little bit granular: these are mostly mitochondria. So we were able to see the nucleus and the cytoplasm, as well as some changes in the cytoplasm. And one of the most impressive changes was a change in the wall of the small vessels and capillaries. You can see the normal vessels: they are surrounded by a very thin layer of endothelial cells. You can see these spindle cell nuclei, but they are firmly attached to the vessel wall whereas in the vaccinated patients, we observed this phenomenon: the endothelial cells have swollen nuclei that are detached from the wall. And they are mixed with the erythrocytes. From time to time, we also see this phenomenon caused by autolysis, which is the decomposition occurring after death. But we were able to prove that these small vessels were destroyed by lymphocytic inflammatory infiltrates: you still see the elongated, swollen, fusiform nuclei, and the whole area has been infiltrated and they are really destroyed.

3:06:06

We wondered how this could be possible and we wanted to see if we could show the spike protein in these damaged cells. For those who are not familiar with immunohistochemistry, you can see the sequence here. We use several antibodies, and the last one has a certain color. So we have a brown pigment, and you can see here a positive reaction in a cell from a cell culture. Before we applied this method to our histology slides of autopsied people, we did cell culture studies, and these are cell cultures as negative controls. And here we have a transfection with the vaccine. This is a larger magnification and you can see this strong positive reaction here. Here we applied this to the tissue that we were looking at where we had seen damage to the vessels, and on the right you can see the little capillaries: there is a clear and very specific staining of these cells. And you can see that the inner layer of the artery is also stained in the smaller arterial walls. And you can see desquamated cells inside. And we have seen this damage not only in the small vessels, but also in the large vessels, especially in the aorta. We now have two cases that have died of aortic rupture. And here you can see one of those cases. This is the interior on the right, the interior with the blood flows. And one of the aortas is composed of an irregular wall, alternating smooth muscle cells and elastic fibers. And you can see already here in the wall that there are some areas where the texture is irregular at a few small points which are lymphocytes. The inflammatory reaction on the outside of the aorta is even more impressive. Here are the vasa vasorum, the vessels of the vessel. And if you magnify them even more, you can see these defects in the arterial wall of the aorta. You can see that there is an inflammatory reaction. Again, this is evidence that this is intravascular damage to the aortic wall. And we have seen the same thing in larger and smaller arteries. Again, we wondered if this could be a toxic effect of the spike protein. Similar changes can occur with certain genetic defects but also with certain poisonings like what is called lathyrism. This is a poison that is found in some chickpeas, but it is very rare and it leads to dissection and rupture of the aorta. So this can happen in case of poisoning. Here you can see that we have demonstrated with the spike protein. And you can see very clear markings at the nuclei of the myofibroblasts, which are in the aorta and also near the vasa vasorum of the smaller vessels, in the outer layer of the aorta, that have a positive reaction. How many times have we seen this?

3:11:08

First of all, there is the small vessel damage: endothelitis-some call it swelling and scaling-lymphocytic infiltration in 11 cases, vasculitis/perivascularitis of the larger vessels in 10 cases, focal necrosis of the vascular walls and inflammatory reaction, as I have shown, in 6

cases and inflammation with thrombosis in 2 cases. And I can add rupture of the aorta in 2 cases. Let's move on to 2 other organs: the liver and the spleen. You can see that these two tissue samples were in a kerosene block and were sectioned and stained in the same way, then fixed and inserted in the same way. And here you can see the liver which is largely negative. But if you look closely, you can see some small vessels here that are positive and the spleen shows a completely different picture. The spleen itself shows diffuse positive staining, but even at this magnification, you can see that the vessels, these round areas here, are strongly positive.

So first of all, I'm going to show you the liver and you can see that the liver cells are negative, this is a slight non-specific reaction that cannot be considered positive. And you can see that the endothelial cells in the liver are strongly positive. And in the spleen, as we've all seen before at this low magnification, we have a very diffuse and specific staining of the cells and we've seen a phenomenon that is known in some autoimmune diseases, which is called "onion skin inflammation" of the central arteries of the spleen. We see this, for example, in lupus erythematosus and also in changes that 50 pathologists have analyzed as far as we know.

This is a focal destruction of the follicular arteries with products of the lymphatic follicular tissue. And here you can see where the changes were found and here is the area that is important. This is the white pulp of the spleen and this is a follicle with a central follicular artery. This phenomenon that I'm referring to is the onion skin reaction or phenomenon, which is that the wall of this small artery has been altered and disorganized. And finally, we were also able to demonstrate a strong positive reaction to the spike protein in these arteries affected by this phenomenon which, to my knowledge, has never been described. Here is a small central artery in the spleen and you can see that this is the wall and here there is a defect: the lymphatic tissue, which is proliferating and exerting some pressure, is prolapsing into this artery. And the other lymphatic organs show activation. In some cases, the lymph nodes are very enlarged. And on the other hand, we have seen central lymph node infarction in some cases. Here's a normal one, just to show you the follicles, and here's a phenomenon described by some Japanese agencies and perhaps associated with vessel changes in the small arteries or capillaries.

And now we come to lesions in other organs, now it is internationally accepted that vaccination can cause myocarditis and inflammation of the heart muscle and you can see a normal specimen and here you can see the lymphocytes, the little dark spots that are infiltrating and they are not only infiltrating, but in some cases they lead to necrosis of the heart muscle cells. And this is very important to differentiate this from a normal infection of the heart tissue, because in a normal infection, you don't see many lymphocytes, but mostly granulocytes. So we come to the lungs, on the right side, so a lung with normal alveoli, which are filled with air and some lymphocytes inside and some macrophages, but here, after vaccination, not after artificial respiration, you see that this lung tissue has collapsed and has dense lymphocytic infiltration. And these are T cells as we were able to show by immunocytochemistry. And now we come to the changes in the brain and for those who are not familiar, we have the skin on the skull, and we have dense connective tissue here: the dura and this loose connective tissue in the arachnoid with some very delicate vessels, blood vessels, and then of course we have the brain tissue and we found changes in all three of these locations. And these are the main findings: transfection-associated encephalitis, lymphocytic infiltration and focal destruction of the intracerebral and arachnoid blood vessels, subarachnoid hemorrhage without aneurysm, as you may know, abnormalities of the base of the brain are the most common cause of rupture, and then we have focal lymphocytic infiltration of the dura and finally, in one case, partial necrosis or closure of the epiphyseal terrain. And here you can see the lymphocytic infiltration in the dura mater which is a membrane that covers the brain and the skull. And here you can see this 26-year-old man who died after vaccination you find this infiltration. And in the same case, we also found lymphocytic infiltration in the small vessels of the brain tissue itself. To finish with the autopsy cases, I'm going to show you one more case, the necrotizing encephalitis of a 76-year-old man with aortic and coronary artery vasculitis as I showed the lymphocytic myocarditis and in this case, here you can see the changes in the brain tissue. There is necrosis and inflammatory infiltration of granulocytes and lymphocytes

and in this case also we were able to demonstrate the presence of the spike protein mainly in the valves of the vessels, as you can see here, but also in the neural cells themselves as you can see here, this is a typical granular reaction.

And this is a demonstration of a recent case that we looked at, we come to the big entity that we saw, what we call lymphocytic AMOK, an accumulation of lymphocytes, which can be called lymphocytosis in non-lymphatic organs, inflammation and tissue destruction primarily caused by lymphocytes as we saw for example in the myocardium, but also in other organs, virtually in all tissues. This reminds us of the changes we have seen in autoimmune diseases. These numbers need to be interpreted because we only had the salivary gland in two of the cases, autopsies and both cases showed inflammation of the salivary gland as in autoimmune disease and also we only had two cases and both had infiltrations as in Hashimoto's thyroiditis, although I showed the skin, I will show you later the liver, kidneys, cysts and dura mater which I already showed you.

Now, here's just an example, you can see the lymph node and you can see that it's like a little lymph node right in the middle of the lung, it has reaction centers here and it's very, very, very rare that you see that. And here you can see that these dark areas are infiltrations, small lymphocytic infiltrations, again with germinal centers and activation like swollen lymph nodes.

Now, we come to another problem, I mentioned that we observed strange material in the vessels and tissues of 5 cases. And this is an example that we found in the spleen vessel. First, we thought that this just had TET cells, but they have internal structure, then we thought it might be a contrast medium, yet the patient died at home and had never been to the hospital in the last year. So actually we don't know, we showed it to about 50 pathologists and nobody knows what this material is, we're going to do more research. And we think it's a material from the injected vaccine. We know that nanoparticles can clump together when they heat up in the body, circulate and eventually accumulate in the vessels.

And this is a similar finding in the dead tissue in one of the cases. And also here we have these strange intra-cellular structures that nobody knows what it is. We just call it unidentified and in one case which is a long time after vaccination, we found these strange materials and some tissue reaction and fibrosis. So I'm going to show you the autopsy case of a 40 year old man who was supposed to have died of natural causes, because it was indeed myocarditis, a heart attack that took him away. But here the vaccination. And the autopsy, just by the macroscopic aspect, seemed to confirm the fact that he had died of a heart attack and that he had indeed died of an infarction, but he had pre-existing arterial sclerosis, but there was in addition the lymphocytic myocarditis that I had shown you before and we found and here is a cross section of the coronary artery. Here you see the thrombosis, this thrombosis of the heart is the cause of death. But in addition, you find here sclerotic changes. And again, what I showed you at the beginning, there are areas in the deeper layer of the vessel here, where you can see that there is some disruption of the structure and there is lymphocyte infiltration, and the lymphocyte infiltration is also near the vessel. And here, you can see them also in this tissue here, lymphocytic infiltration. This is very unusual, and I don't think I've ever seen this in a vessel, so the logical consequence is that this man died from inflammation of the coronary artery disruption that caused thrombosis and thrombosis in the heart, in fact, and in fact, he didn't die of natural causes, but he died from the consequences of vaccination.

And finally, some examples of surgical bioptic specimens, appendectomy, bronchial biopsy and skin lesion. You can see here an observation from the other pathologists that I work with, they found that appendectomy specimens often do not show much inflammation inside the appendix, but marked inflammation near the appendix. And you can see it here. This is fatty tissue around the appendix. And again we demonstrated the spike protein. And in fact it was very clearly expressed by the endothelial cells around the appendix.

And here, a 26-year-old man after vaccination, nine months after vaccination, and he was still having difficulty breathing. And so they did a bronchoscopy nine months after vaccination, and the bronchoscopic image showed normal mucosa with no secretions on the surface. But in our histology, we had marked mucosal inflammation with eosinophilia. And we were able to demonstrate the spike protein again. Now, for those who are not familiar with this: Inside the epithelium, there are often these elongated cells that are not epithelial and they are called dendritic cells, a function in immune detection and immune surveillance. And here you can see that these dendritic cells were in the bronchial epithelium, strongly labeled by the Spike protein, whereas the endothelial epithelial cells of the small vessels are only very weakly labeled.

And finally, a skin biopsy, here, you can see that there are some ... what we might call a granulomatous reaction under the skin. And this is a further investigation, we did not see any spike protein in these cases. So when we did these examinations, all the cases were seen by two pathologists and other pathologists. Also, I saw all the changes in the problem. And again, and again, we were asking ourselves, Well, are we chasing a ghost? Is this really true? We looked at each other, and we said, "Are you seeing this too? Do you see this phenomenon? Do you see this artery as an onion skin phenomenon? Well, we came to the conclusion, no, we are not chasing a ghost. More studies are needed and provocative. Thank you very much.

3:31:40 Reiner Fuellmich:

Just a quick question, Professor Burkhardt. When you have seen the expression of the spike protein in the organs, in the cells, can you exclude the possibility that it entered the body in another way than by vaccinations, than by inoculations? Is it possible that there is another way?

3:32:07 Arne Burkhardt:

Some people have had the idea that these people might have had what you call a true Coronavirus infection, but first of all, most of these people died suddenly. They collapsed. And I've never heard of a Coronavirus infection where people don't have a history of respiratory problems and so forth. But we're in the process of doing core capsid testing. And we will have the results very soon.

3:32:54 Reiner Fuellmich:

Thank you very much. Colleagues, before we start the discussion and ask more questions, we should listen to our last expert on this topic. Professor Bergholz, if that's okay. Professor Bergholz?

3:33:23 Werner Bergholz:

I guess you can hear me now.

3:33:24 Reiner Fuellmich:

Yes.

3:33:25 Werner Bergholz:

I have a presentation. Now, after listening to you, it turns out that what I have prepared, in a way, seems to be a good summary of what we heard today. So let's take a look at that. I need to go to the split screen first. Here we go. How much time do I have?

3:33:58 Reiner Fuellmich:

We're a little bit pressed for time.

3:35:03 Werner Bergholz:

Yes (laughs). As usual, so I.... So, I'm switching to full presentation mode, if my computer is setting up, and I hope it works. Do you see the full presentation now?

3:34:21 Reiner Fuellmich:

Yes.

3:34:23 Werner Bergholz:

Right. I'm not a doctor. How is it that I'm in this group of people? Well, my added value in this group is that I've been practicing quality and risk management for about 20 years, if not more, and I've also taught it at the university. I've also conducted research in this area and I have about 17 years of industrial experience in manufacturing. So what Mike said about intensification was right up my alley, and I'll come back to that later.

I'm going to skip over that overview. The topic is the quality perspective. Why is this important? I looked closely at the leaked Pfizer contract. And somewhere in there, it says that the quality of the product must be constantly tested and that good manufacturing practices must be followed. So far, so good, nothing unusual.

But now comes the important part, what is it? Compensation. That is, if there is a problem, normally manufacturers are exempt from claims for damages. But that will not be possible in the case of a serious violation, a significant violation of good manufacturing practices. So if we find substantial nonconformities, against ISO 9001, which is sort of the gold standard for quality management systems, that will mean that the indemnity clause is void, which I think is what we would all like. So that's a pretty busy slide.

So much for nonconformities in the development process. Our Canadian expert has already said that the false expectation that they could protect you, I didn't even include that. But what you also said is that the known risks from animal experience in previous attempts to bring these pseudo vaccines to market, were all ignored. And I would even say circumvented. Pfizer made a statement in October 2020, saying that they had not done any animal experiments.

And also the telescoping of phases, which I would have called in my language "quality gates." If you do that in parallel you increase the risk unduly. I don't think that needs further explanation. And then our Canadian friend has already mentioned a lot of these things that Peter Doshi, the co-editor of the British Medical Journal, has listed as serious deficiencies in this study. And so I think we can even say it's fraudulent.

Then what I think is ridiculous is the premature removal of the blind and the vaccination of a large part of the control group. Then the dubious purpose was mentioned, with a relative risk reduction that is completely irrelevant. We're talking about 1%. So the development process is seriously flawed. And this is the first serious compliance failure that simply cannot be excused by urgency.

And then the documents that were submitted to the European Medicines Agency in December of 2020, there were...there were several obligations on their conditional approval. And, as Mike pointed out, most of those obligations were related to either poor process or poor material control. Most of these obligations that should have been addressed by June 2020, have not even been met to date. And normally, the only action would have been to stop everything until the manufacturers had done their job. That is not the case here.

Secondly, Mike also made this point. If you go from such a small amount that you use for these 40 or 50,000 servings or doses for studies, if you expand to make billions of them, you have two problems: you can only use inferior chemicals and you have to use large-scale equipment. And so, in a way, I think Mike said it and I agree, you would have to start from scratch, because what you get from that product is different. Unquestionably different. The only question is how different from the original product. So conclusion number 3 is that, from this, it seems relatively unlikely that we will have stable mass production. And the proof is here.

What do we see here? We see a sequence in this case of 175 adverse event reports for 175 lots, I didn't put the lot numbers themselves, but they were in alphabetical or alpha numerical order. So as far as we know, this is the temporal sequence in which they were produced. And this is, by the way, the statistical control of the process and how to handle it. Anything that, oops sorry... that goes beyond the dotted line is out of control, the process must be stopped immediately. And what you can also see is that even in between, we have quiet periods, and it starts to oscillate a little bit. This is one of the best periods and then it gets worse. Here we have a quiet period. And then it starts to oscillate again. And what's interesting is that this batch, which I've annotated here, is a second batch, with which the 15-year-old girl, Cheyenne Braun, was inoculated or vaccinated, and from what I remember, she died about 3 or 4 weeks later.

And I checked for the first injection as well. And again, her injection was not one of the worst, those would have been the worst. But again, it happened in one of those periods of agitation rather than those periods. And what I suspect is that if we were to track all the people who were vaccinated by these, we would find, in my prediction, many more deaths, because the number of cases that were reported correlates pretty well with the number of deaths and the number of serious injuries.

So even worse, what we're seeing here are these super toxic batches that Mike talked about. What we can see here, I'll go back to it for a minute, we see here a maximum scale of 30. And here we are at 3000. These isolated groups of batches are absolutely excluded from anything that could happen statistically, this is something that was done on purpose. So I think we have clear evidence here that something was done intentionally. And what I learned from the website: howbadismybatch... they analyzed these batches, and this is also important to know, they were sent to all 50 states in the United States, whereas these harmless batches were sent to 2 to 12 states, as I recall. So how did the manufacturers know that they had to distribute these to these 50 states in order to dilute them? They knew that. So there was intent, at least in the mailings. Now let's move on to effectiveness.

Already in July 2021, I had found evidence in Israel's data that the effectiveness had already completely declined. And of course, they then started the recalls and the forced injection. And of course, the result was that things got worse.

This is a very recent graph for England. And I would really like to show it in person to our Chancellor Olaf Schultz, who is advocating mandatory injections. The red is per 100,000 people, those are the vaccinated people who tested positive per 100,000 people in January, and the blue is the unvaccinated people. So I think it's very clear: If you want to take the risk of at least testing positive, or having a higher chance of being infected, from what we've heard, once our immune system is depleted, if you want to increase the risk, get vaccinated. So we can say that we now have a pandemic of the vaccinated, without a doubt in my opinion. And that should be given to every member of parliament who votes for vaccination, and then we will know that they have bad intentions.

Going back to adverse events, we have a problem with adverse event reporting, there is still gross underreporting. That's why I compared, just for Germany, the number of deaths per year, for those 70 million or so vaccinations per year, between 2000 and 2019, which is about 20 deaths. Those COVID-19 injections resulted in 2,255 deaths. So you could say that's 50 times more deaths per injection, or 100 times more per person injected, assuming two injections. How can you get past that and ignore it? I've experienced this when I talk to friends and acquaintances who believe the story, the narrative, and I tell them, "This is the official data. Why don't we see it in the mainstream media... I leave them wanting more, because maybe this is the first time they're starting to think about what's going on.

So, we have a dramatic increase in the death rate, the same is true for the rest and we find similar things in other countries.

Going back to what Antonietta Gatti told us. I have listed what has been found by light microscopy. We frequently found graphene oxide bands. They looked like it and in one case, in Raman microspectrometry, exactly one of these bands, there is no doubt that it was graphene oxide, absolutely no doubt. It's a very characteristic fingerprint. We have metallic objects, which may be debris from the production equipment. And in a very small number of cases, objects that look like microchip fragments have been reported. And I have a lot of experience having worked in the microchip industry, when you want to analyze a chip, you put it in appropriate liquids, and it will disintegrate. And you get fragments like that. And this is absolutely identical to what you would expect, if you just disintegrate a chip. It's too bad there's no scale so I could have even told you what the minimum size of the elements is, it's probably not, by far, the latest technology. So where do these things come from? The most likely reason in my opinion is not that this was introduced intentionally, but I suspect that it was perhaps sensor chips that were in the production equipment, in which over time also things can disintegrate and nobody cares. And so the filtering also seems to be very sub-standard if all these things can be found, unless these things are added intentionally. I'm almost done. So, next, a serious non-compliance. Three types of undeclared solid objects in the injection fluid. That's not acceptable.

And of course, the results in terms of pathology. I don't think I need to say anything about that anymore. What I would like to point out, and I think Mike or someone else mentioned this, is that there is no control over how much of the toxic spike protein is produced, where it is produced, and for how long. So what happens in our body is absolutely out of control. Every organ and body function can be affected. So what kind of treatment is this?

So my conclusion is, and I would love to help the jury corroborate this, that there are so many serious concerns and quality nonconformities that, by basic quality assurance principles, all vaccinations should be stopped immediately. What's also important, we've done the work of the Paul Ehrlich Institute, and now we have to force them to act. If they don't, they will have to answer for it in court one day, I think. So in terms of the contract, in terms of the quality controls, almost everything has been breached. And so, in my opinion, the indemnification clause is void. It just is.

3:51:14 Reiner Fuellmich:

Actually, the conclusion you come to in that last aspect is the same conclusion that a group of Belgian lawyers came to, except that they were not even aware of the serious defects in the quality control. So that confirms what you say. Thank you very much. Werner. Thank you very much.

3:51:39 Werner Bergholz:

You're welcome.

3:51:41 Reiner Fuellmich:

Very impressive.

Yes, we have 2 more experts who are going to try to explain to us why, after all we've seen tonight, after all this destruction, deliberate destruction caused by the so-called vaccine, why people are letting this happen to them? But before we talk to these experts, let's ask some questions. Because I think there are a few questions that we still need answered, Ana and Virginia and Dexter.

3:52:19 Ana Garner:

Thank you. I'll get started. My name is Anna Garner and I'm from the United States. I'm a lawyer there. And I'm going to direct this question, I guess to any of you who can answer it. We've heard a lot of testimony about the design flaws that were included in the production or rather the testing of these inoculations. We won't call them vaccines. So we have many design flaws, we have the unblinding after only a few months, we had the, let's see, it was called immunobridging that they did by overlapping studies with adults and young adolescents, we have, a risk rate distortion using relative risk rates versus absolute risk rates. Is there anything similar to what has been done before in deploying other types of inoculations that were ostensibly for public health reasons? Is anyone aware of these kinds of design flaws in previous inoculations that have been deployed for the public?

3:53:46 Reiner Fuellmich:

That might be a good question for Sucharit or Alexandra.

3:53:52 Sucharit Bhakdi:

Both, swine flu.

3:53:55 Alexandra Henrion Caude:

I don't have an answer.

3:53:57 Sucharit Bhakdi:

The swine flu, the swine flu, which is killing thousands of people, which has been spread and installed, for no reason. And I have to say, you know, Wolfgang Wodarg... and I it was I think, 2009. And we wrote about it and said, this is bad, this is bad. That's clear. Of course, you can go back to 2001.

3:54:42 Alexandra Henrion Caude:

Sucharit, was that for the flu, like Ana Garner said?

3:54:48 Ana Garner:

No, it was for any kind of inoculation, but I'm aware of...

3:54:53 Alexandra Henrion Caude:

Aah! That's different. So, because you mean, if there were a number of adverse events for example, and they'll be stopped?

3:55:07 Sucharit Bhakdi:

I'm talking about the introduction of vaccines that have not been properly tested, and that are ridiculous. And actually, it started with anthrax, anthrax in 2001, if I remember correctly, which was in the same vein, it was crazy, and the same people were behind it at that time. And that leads to deaths.

3:55:37 Ana Garner:

Professor Bhakdi, can I interrupt you for a second? In these situations, were there similar design flaws, or were the results with anthrax and swine flu distorted, as is the case with the COVID-19 inoculation?

3:55:57 Sucharit Bhakdi:

Without going into detail, Ana, the design flaws were similar, not the same of course, but they were there, and you need to read about that. I can't explain it to you now, in five minutes. There was the fear, and then there was the SARS and the bird flu fear, and then there was the swine flu fear, the swine flu fear that killed so many people and was representative of what was happening in 2000. I think it was 2009. And that is repeating itself today. But on such a frightening, frightening scale, that I can't understand why people don't stand up and say no, that's an absolute no, no. And I've said it before, these so-called vaccines, these shots, are in the experimental stage. You're obligated to get anyone in the world before you let these so-called vaccines be injected into people's bodies, as soon as you see, -that's the Nuremberg Code by the way, the Nuremberg Code, which was, of course, existing in 2009 with the swine flu, but now...

3:57:48 Ana Garner:

Dr. Bhakdi, what I'm trying to figure out...

3:57:50 Sucharit Bhakdi:

One last thing.

The problem with this agenda, which has a deficit compared to previous agendas, is that the deadly consequences of vaccination become apparent so quickly. And so you can stop vaccination immediately. We couldn't have done that 12 years ago, with swine flu, because those vaccines were conventional, and nobody could have known what they would have done. But now, but now we know that these vaccines kill quickly, quickly. There's no discussion, Nuremberg code, we have to stop them.

3:58:54 Ana Garner:

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

3:59:33 Sucharit Bhakdi:

I'm sorry, Ana. Listen...

3:59:36 Reiner Fuellmich:

Did they know that? Did they know it, or did they not know it? It's a simple question, please. Did they know? Did they have to know? Or could they not know?

3:59:47 Sucharit Bhakdi:

They couldn't not know it. And so it's premeditated, and so they have to be... they have to be removed from our world. And, Reiner, you were saying at the very beginning: Let's start a court case. And I can tell it's overdue. It's... is... late!

4:00:13 Reiner Fuellmich:

That's why we're doing this. Because we can't expect this kind of hearing in a court of law. We're doing this outside the system to show and lead the way.

4:00:24 Sucharit Bhakdi:

Yes, Reiner, but the case is closed. The case is closed because it's so clear. And we will all testify for you in the prosecution.

4:00:36 Reiner Fuellmich:

Yes.

4:00:39 Alexandra Henrion Caude:

So the other cases that they stopped the vaccination that I know of, the results were terrible. As far as I remember, it was a Nature paper with RSV, retroviral since these are vaccines for children. And that was in some of the Nordic countries, Denmark or Sweden, I don't remember exactly, but I can certainly look it up for you. And the other cases are the dengue vaccine. Basically, every time, the result was terrible, so they had to stop the vaccination.

4:01:34 Sucharit Bhakdi:

Yes, exactly, Alexandra. So if they stopped them, they have to stop them now. And now is tomorrow. My goodness. What has happened now is much worse than all the horrible things that happened during Dengue. Now, I'm Thai, I know Dengue, and anthrax, that was terrible. But what's happening now is 1000, 10,000 times more terrible, and it's now documented that it's terrible. And Ana has shown images that should scare everyone. Even lay people have to see how the immune system is driven to kill these people. And I don't want us to discuss this anymore. I want us to stand up and put these people in jail. They have to stop. I don't care how or why. You know, we have a little boy and we realize we're going to leave this country because the Germans, Alexandra, sorry, the French, the Swiss are no better than the Austrians. Justice is bad.

4:03:04 Reiner Fuellmich:

Sucharit, we are working on this right now, we are trying to find out why this is happening and how it is happening, Sucharit, but we are working on this please.

4:03:20 Alexandra Henrion Caude:

When I was in Parliament in Luxembourg, I quoted the number of deaths that they had to reach, and they were very rare. Again, it's very recorded, very official, because it was posted in the Luxembourg Parliament and the number was too low to stop vaccination.

4:03:56 Reiner Fuellmich:

But to come to a conclusion, do we agree that even though similar faulty processes have happened in the past, this is totally unprecedented, because from your reactions, Sucharit, and everyone else, that's what I'm inferring, this can't be compared in any way to what has happened before. As far as faulty processes are concerned.

4:04:24 Alexandra Henrion Caude:

Unprecedented.

4:04:30 Reiner Fuellmich:

Your mic is off, Sucharit.

4:04:40 Sucharit Bhakdi:

Look, our children and grandchildren are being killed. I don't know why we are discussing anything. This has to stop. And let me tell you that all future mRNA or adenovirus vaccines will have the same risks, the same risks, they have to be stopped. They have to be banned. And never ever in the future of humanity, these vaccines, whether they are propagated by Bill Gates, I don't know Bill Gates, I don't care about him. But he can't have the power to own the world.

4:05:35 Reiner Fuellmich:

We understand your point of view. We understand your point of view. Everybody seems to agree on that. But that is the CONCLUSION that we have to draw from the findings that we are trying to make. We are not quite finished yet. But I agree with you. I'm about to finish, you don't go into a court of law and say here's the result, please give me a decision that matches, as you go through the different steps to gather all the evidence that you... Sucharit, please. It's okay. I understand. Maybe doctors do this, but lawyers don't. Please be patient. Have patience. Otherwise, we will fail, because if we go too fast, we will fail. Please understand us. Please understand us.

4:06:31 Sucharit Bhakdi:

OK, bye bye. Then 10,000 children die. I don't want that.

4:06:40 Reiner Fuellmich:

Nobody wants that.

4:06:42 Sucharit Bhakdi:

I can't stand it.

4:06:44 Reiner Fuellmich:

Virginie, please.

4:06:46 Virginie de Araujo Recchia:

Yes, thank you. And I'll take my role, which is to record for the court, the grand jury and a judge and finally formally to the experts. Do you think, based on your medical and scientific findings, that the following rules from the Nuremberg Code have been respected by the producers of gene therapies and the international national agencies? If you wish, you can answer Yes, it is respected or No, it is not. Rule number 2, the experiment must be such that it produces results that are beneficial to society, impossible to obtain by other methods or means of study and not random and unnecessary in nature. Do you think this has been met?

4:07:45 Sucharit Bhakdi:

Of course not. We know all of that.

4:07:50 Virginie de Araujo Recchia:

And number 3, the experiment must be conducted in a way that avoids unnecessary physical and mental suffering and injury, do you think that was respected?

4:08:03 Sucharit Bhakdi:

Of course it hasn't. We know that.

4:08:07 Virginie de Araujo Recchia:

Number 4, and I'll go to 6, no experiment should be conducted, when there is an a priori reason to believe that death or disabling injury will occur. Do you think this has been respected?

4:08:24 Sucharit Bhakdi:

Of course not.

4:08:27 Virginie de Araujo Recchia:

5, the level of the sentence to be taken should never exceed the humanitarian importance of the problem to be solved by the experiment. Do you think it has been respected?

4:08:39 Sucharit Bhakdi:

Of course not.

4:08:42 Virginie de Araujo Recchia:

And finally, provisions must be made to protect the subject from any possibility of injury, disability or death? Do you think that it has been met?

4:08:56 Sucharit Bhakdi:

Of course we don't. And we know that.

4:09:00 Virginie de Araujo Recchia:

Thank you very much. Thank you very much.

4:09:05 Reiner Fuellmich:

Well, thank you very much. We know that. We know that, Sucharit but the jury is still out. This is for some people, the very first time they've heard this, Dexter, you wanted to ask a question?

4:09:19 Dexter Ryneveltdt:

Yes. In conclusion, Professor Bhakdi, when you testified, you did testify to the extent that we are now in phase 4. So the question I want to ask each of you or whoever wants to answer is that when Dina McLeod testified, and I don't know if I got this right, but you can help me, is it only when you do phase 3 of a medical experiment that you can prove efficacy? Is this correct? Or have I forgotten something?

Have I forgotten something? Professor, I can't reach you, Professor Bhakdi, you are on mute.

4:10:18 Sucharit Bhakdi:

Listen, listen. What is efficiency? This is the thing that ran through the whole session, starting with Alexandra and ending with us. How do you define effectiveness? If you define effectiveness, by saying: You're not going to get a cold? I say no. Efficacy has always been defined by the number of serious infections and deaths. And there we have the answer. The answer has been there all along. Nothing in this whole scam has ever been shown to be effective, because there is no effectiveness, if you have an infection

4:11:16 Dexter Ryneveltdt:

Professor Bhakdi. My question, and this is what I'm getting at and I want the jury to understand that based on the evidence that you've given, you're stating that we are now in phase 4. So my question, and I'm asking you or whoever, is at what point can we conclusively prove efficacy, because if we're in phase 4, and I'm not sure I understood the genomic evidence correctly, you can only test efficacy in phase 3. So if you can clarify or if someone can clarify that for the jury, that would be greatly appreciated.

4:11:58 Sucharit Bhakdi:

All right, I'll just give you my opinion. Effectiveness, testing effectiveness by numbers, which means nothing, which is what's happening now, as we heard today, becomes secondary to the Nuremberg Code, which says the moment you have a danger, threatening with what you're trying to apply, you have to stop that test. And now we know, I don't care about efficiency, you can't trade one life for another. You can't say I'll kill you to maybe protect your grandmother. That's not allowed. And so we don't have to talk about efficiency. As soon as an experimental agent is found to be dangerous, it must be stopped and the cause of that must be investigated. If they don't, they are in defiance of the Nuremberg Code and should be brought to justice.

Dexter Ryneveltdt:

Thank you Professor Bhakdi, thank you very much. Thank you. No further questions for me. What's going to happen basically is that when it comes to effectiveness, we're actually going to clarify that also on the basis of all the evidence that's been brought in so far, and that will continue to be late in our final arguments. But thank you very much, Professor Bhakdi.

Reiner Fuellmich:

Let's turn this section now, close this part of our hearing and look at why this is happening. How is it possible to get so many people to accept these kinds of medical interventions? We have two experts on this. One is Meredith Miller and the other is Ariane Bilheran, both of whom know a lot about psychology. Who wants to go first? Meredith, I'm sorry to have kept you waiting so long.

4:14:17 Meredith Miller:

No worries. Can you hear me well?

4:14:19 Reiner Fuellmich:

Yes, absolutely.

4:14:21 Meredith Miller:

Thank you. So, in the last 2 years, we've seen the same patterns of abuse dynamics around the world that we see in interpersonal relationships. And I'm speaking in terms of psychological abuse, which is most often invisible, but very real, insidious and pervasive in the life of an individual who has been targeted.

Over the years, I have worked with victims and survivors of abuse, but only a small percentage of these individuals have experienced physical abuse. Those who have experienced both physical and psychological abuse have told me that in the long run, the psychological abuse has caused them far more harm in their lives. This is not to minimize physical abuse, it is to emphasize how damaging emotional abuse can be. My understanding of emotional abuse comes from a lifetime of immersion in these family and relationship environments, as well as 16 years of study and work in the field of holistic healing and coaching. For the past 6 years, I have specialized in the topic of narcissistic abuse, which is primarily psychological abuse. In working with these individuals, I have even had the opportunity to work with people with PhDs, some in psychology, as well as licensed psychotherapists who have told me that they did not notice it in their own lives. They didn't recognize the abuse process, nor did they learn to recognize emotional abuse in their training programs.

So today I want to talk about the 2 most important concepts I think to understand the individual experience of someone who has been abused, when people fall into the narrative trap, or even when the evidence, information, and truth comes out, and people continue to hold onto the narrative. Why would people choose to ingest an experimental substance? But also, why would they conform to the narrative in general. And at the very end, I want to bring up a Yale University study from 2020. This is going to tie into what Brian Garrish was talking about last weekend, he was talking about applied behavioral psychology, he brought up a study that was done. And he said that this could be used to change the way people think, feel and behave. And so this Yale study, this Yale University study from 2020, basically gives us the keys to understanding the particular emotional manipulation tactics that they use. They don't call it emotional manipulation, they call it the COVID-19 vaccine message. And I'm not going to talk about the science because that's not my field, my field is to recognize the red flags of emotional abuse and manipulation. So that's what I'm going to talk about.

The first concept to understand about abuse is cognitive dissonance. It's a survival mechanism that occurs. Let's say a person has been cultivated to believe in a certain worldview or perspective, or this narrative that was launched in 2020. And then all of a sudden you present them with evidence or information that contradicts everything they've believed up to that point, the person is going to be unable to reconcile that conflict in their

mind and in their brain. And what's going to happen is a tremendous amount of stress and anxiety on the nervous system, which triggers the amygdala circuitry, almost a short circuit or a hijacking of the brain and the person goes into denial. So they won't be able to see that evidence. That's why, as the truth is revealed, people just can't look at it, they may get angry at the messenger, they may just turn away or shut someone out of their life because they are trying to show them evidence. Some people may be a little more aware of their cognitive dissonance and when you try to show them the evidence, they may even say to you, "I can't look at that, because if what you're saying is true, I can't exist in a world like that." So that's the nature of cognitive dissonance. And that's what keeps people in this brain fog. And in the brain fog of cognitive dissonance, this inner conflict, it's very difficult to think. So people have a very hard time with cognitive processes and critical thinking. And what they want to do is see the good in the aggressor, in the perpetrator.

The second survival mechanism that occurs is similar to cognitive dissonance, but more complex. Cognitive dissonance from my point of view, is sort of level one. It's that conflict that occurs in the dissonance, in the brain. Level 2 is Stockholm syndrome, there are more complex psychic dynamics that occur here. In interpersonal relationships, we call it a traumatic bond. But with strangers, we call it Stockholm syndrome. The same mechanisms occur in the human brain and neurological system. What happens with Stockholm Syndrome is that there are 4 parameters. I'm going to explain them in a very clear way so that people can understand the connection with what they have experienced and what they have witnessed in other people. And I'm going to give some examples of how we've seen these 4 parameters manifest in real life since 2020.

The very first one is isolation. And this can be physical and/or psychological isolation. The most important key here is that the person is isolated from outside perspectives. She can only have the abuser's narrative. The abuser will therefore ensure that she has no access to outside perspectives, as this allows the person to become completely enrolled in this narrative. Scientists have found that after a prolonged period of isolation, high levels of stress begin to alter the person's neurological system, which impairs their ability to form social bonds, and even causes irritability and aggression when given the opportunity to participate in social situations.

So the state that is caused after isolation and prolonged isolation is disconnection. Disconnection, the polyvagal theory, creates the feeling of insecurity, a person begins to feel insecure when we are not socially connected, we are mammals, we rely on social connection in order to feel neurologically safe. So how did isolation play out in the world? There was domestic confinement, for example, where people were told to stay home with minimal social opportunities. And then the way they were isolated by the perpetrators was through technology. So to understand the individual experience, we also have to look at the environment in which the individual exists. And it is in a world of increasing technological dependence.

So an individual is at home, and they're constantly connected to their cell phone, they're constantly connected to the Internet, they're constantly connected to television, they're constantly listening to mainstream media, they're constantly going on social media, and they're constantly bombarded by the repetition of that message. Even in the corporate world. There's been a coordinated message in businesses, repeating those same catchphrases that we hear from government officials and through the mainstream media, shopping in a grocery store, in the Walmart or Kroger store and in the background, you're constantly assaulting your subconscious, the loudspeakers are telling you those same messages about staying 6 feet away and wearing your mask and getting vaccinated. And so, in order to control a person's exposure to outside perspectives, what have we seen? We've seen censorship, silencing, propaganda, fact-checking, muzzling, shaming, and defaming of anyone providing that outside perspective. So that's basically how the isolation phase went.

The next phase of Stockholm Syndrome is the perception of acts of kindness and this is part of the abuse cycle. In an abusive relationship, there is a back and forth between

idealization and devaluation, a kind of reward and then punishment. This is called intermittent reinforcement. It comes and goes. The perceived act of kindness is the idealization part. And what that does is it causes the person to relax their vigilance, to begin to trust the perpetrator, and then the intermittent reinforcement of the intermittent reward causes the person to work harder to get that reward, to become more invested in that relationship or that life situation, and to develop a quasi-obsession with compliance based on the hope of getting that reward. So the state that a person is in as a result of this perceived act of kindness, and the key word here is "perceived" because it's not kindness from an aggressor, it's manipulation. But the nervous system and the person perceive it as an act of kindness. So the condition that is caused here is almost an addiction to that hope, and an addiction to the hope that this will be the time when they get the reward, or this will be the time when the change for good happens.

4:23:53

So how did that happen?

We went through phases of confinement, followed by restoration of some freedoms, relaxation of some restrictions, then confinement again, and so on. We have been in this cycle several times since 2020.

Currently, these are the trends around the world in many places. Again, we're seeing this act of "perceived goodness," we're hearing that some governments are dropping some rules. So what's going to happen is that people are going to start hoping again, they're hoping that, "Oh, it's finally back to normal!" And that's what every victim of an abusive relationship hopes for: to get back to the good times. So the discourse that you hear in society is that people are hoping for a return to normalcy.

Other acts of apparent kindness - we've seen so many - the free vaccine. We've also seen in America, lotteries, in some states, "get vaccinated and win \$50, \$100...", up to \$1 million in some states. Other states are offering French fries, donuts, guns, pickup trucks, you can even get a free lap dance from a stripper in Las Vegas, if you get vaccinated there. There have also been mortgage and student loan suspensions, you know, allowing people to defer them. And we've heard promises of security, "It's for your own good, it's because we care about you." Those are perceived acts of kindness. And also, and this is a key element: small measured elements of truth. This perceived act of kindness is dosed periodically, almost like a drug within the relationship or situation. So when they reveal little aspects of the truth, let out little bits of truth, what happens is that we get hopeful again, because we think the truth is finally going to come out and we're going to be able to move on and get past it.

And so the third parameter of Stockholm Syndrome is the perception of a threat to life. We then enter a more serious state. When the autonomic nervous system "perceives" - and this is a key word - a life threatening cue in the environment, the person is automatically stuck in a state of autonomic nervous system collapse. And this happens over a period of time. This does not happen the first time, but after repeated bombings and shock trauma, repeated messages of fear in the images they showed to completely terrified people. So after a period of terror, the autonomic nervous system immediately goes into a state of immobilization. And in this state of immobilization, a person feels paralyzed, they may feel dissociation, they may have absences, they may not really be present. They don't really concentrate anymore. They have a kind of automaton behavior, which makes compliance and control much easier. And the brain fog that sets in can even cause the metabolism to shut down.

So when the nervous system goes into this state of autonomic nervous system collapse, the metabolism can also shut down. What's interesting to note is that this state also causes a decrease in immunity. And that's an interesting thing because we are in a pandemic. And when a person is put into this state by the autonomic nervous system, endogenous opioids are also released into the body, which allows the person to remain numb. So it's useful when a person is in a lot of pain. But then it becomes inappropriate because the numbness keeps the person locked in that state. So it's very difficult for them to do anything and act, because they are neurologically immobilized.

So why are people so afraid? On the one hand, we've seen the fear messages about the virus, and also the fear of other people that they've been conditioned to see as dangerous, because of the disease. And on the other hand, many people have been very afraid of the tyranny that is taking place.

The fourth and final parameter of Stockholm syndrome is the perception of an inability to escape. So the person is in this state of collapse for a while, and it goes on and on for a while. They become exhausted, they no longer have the energy to try anything, to fight for anything. She enters a state that we call "learned helplessness", which is also known as "weakness, dependence and fear", which causes apathy. And in this state of apathy, instability and fear, the person begins to feel hopeless, they feel completely helpless about their life, they feel like everything is out of control. And what happens is that when a person is locked in this state, this very low state of consciousness, they don't even have access to the fight or flight system, which requires more energy. They don't even have the energy to fight or flee at that point. So they obviously don't have access to higher states of consciousness, like critical thinking, brain, intellect, or even things like imagination. So if a person can't imagine an escape, how are they going to get out of it? And that doesn't mean that a person is necessarily locked behind prison doors. Most victims of abuse leave their homes several times a day, they go to work, they go to school to pick up their children, they go about their lives, and they come home. So it's the feeling of not being able to escape.

And that person is so terrorized, so weakened and so dependent on the abuser that they begin to believe that their survival depends on the abuser. They also lose all their creativity and all the beautiful things that make us human. And so in this state, it will go on and on. And in the long run, the individual becomes spiritually deficient, loses all faith. And when all faith is lost, the only thing that remains is emptiness. And that word, emptiness, does not do justice to the feeling and experience that person is going through. It is the worst feeling a human can have. Because you feel like you're detached, lost and floating in the universe, with no connection, no support, no promise of a future. And I think a lot of people have been locked into that state. What happens then is that people escape into the imagination. And we've seen a huge increase in pornography, a huge increase in addictions and overdoses, and we're even seeing self-harm, a huge increase in suicides.

So how is that possible? Because a lot of people's sense of reality comes through technology. It comes through the media, through social media, through contact with other people who are in that situation. So it's a very difficult state for someone who is in that situation. Their mindset is, "I can't." For everything: "I can't". So how can they wake up? How can they do anything other than what the abuser tells them, knowing that they have learned that resistance is painful? The example is that of a woman who is subjected to marital rape. She learns over time that it is futile to resist and that resistance only leads to more pain. So let's let it end. And I've heard so many people say, "I just wanted it to be over so I went and did my shot. You know, they're in that state. So Stockholm Syndrome explains why people stay in abusive relationships or situations like this story, why people come back, why people can't look at the evidence that comes up, why people are irrationally loyal to these abusers and perpetrators and why people even develop empathy for them. So if I have a few more minutes, I'd like to show this Yale study.

4:31:47 Reiner Fuellmich:

Yes, okay.

4:31:50 Meredith Miller:

I'll share my screen. Password, I'm sorry. No, it forces me to leave Zoom. I'm really sorry. It's on clinicaltrials.gov. If anyone wants to look at it: clinicaltrials.gov, "COVID-19 vaccine messaging," NHS and US National Library of Medicine. This was done at Yale University in July 2020. And what they did was they used emotional manipulation messages like personal freedom, economic freedom, self-interest, community interest, economic benefit, guilt, embarrassment, anger, trust in science, and chetty. What is interesting is that they tell us up front what their outcome measures are. Their primary outcome measure is intent

to receive COVID-19 vaccines. So they want to know what a person's intention is to get vaccinated 3 months or 6 months after the vaccine is made available.

The secondary outcome measures are: first, confidence in the vaccine. So they want to know how much confidence people can have or how they can influence people's confidence in the vaccine. Second, persuasion of others. They want to know how willing a person is to persuade others to get vaccinated. Third, the fear of those who have not been vaccinated. Fourth, the social judgment of those who don't get vaccinated. And they give you four things to measure the person's judgment of that other person. Trustworthiness: if you don't do it, you're not trustworthy. Selfishness: if you don't do it, you're selfish. Sympathy: if you don't do it, you're not sympathetic. And competence: if you don't do it, you're not competent.

So they want people to intend to get the vaccine. They want to get people to trust the vaccine. They want people to persuade others to get vaccinated. They want people to be afraid of those who haven't. And they want people to socially judge those who didn't get the vaccine. And so it seems very clear that they are manipulating people about this vaccine. When we look at the messages they use, for example, trust in science. The premise here is that getting vaccinated against COVID-19 is the most effective way to protect your community. Vaccination is supported by science. If a person does not get vaccinated, it means they do not understand how infections are spread, or they are ignorant of the science. Lachetê: For example, emergency responders, such as firefighters and doctors, are courageous. Those who choose not to be vaccinated are not brave.

Another of the messages they used, which might already remind the jury of something, remembering the message they have heard constantly for the last two years: the common good. So this message talks about the dangers of COVID-19, to the health of loved ones. The more people who get vaccinated against COVID-19, the less likely their loved ones will get sick. Society needs to work collectively to get everyone vaccinated. So as I read them, I notice red flags. I even see gaslighting, which is the distortion of the perception of reality. For example, they say, "COVID-19 is causing havoc on the economy and people's economic freedoms." But that's not true. It's the regulations and restrictions and government policies that are wreaking havoc on people's personal freedom and economic freedom and the economy. And so I would love for scientists to take a look at this study and see what they have to say about it. I just wanted to bring up the alarming signals of abuse and manipulation. And I think this study really ties into what Brian Gerrish was talking about, using applied behavioral psychology. It's a concrete example of how they did that, and how they manipulated people into taking this product and not just taking it, but doing their job for them by convincing other people to take it.

4:36:20 Reiner Fuellmich:

When was this study done?

4:36:22 Meredith Miller:

In July of 2020.

4:36:26 Reiner Fuellmich:

Can you send us a link to that study?

4:36:30 Meredith Miller:

Yes I can send it to you.

4:36:32 Reiner Fuellmich:

Thank you.

4:36:38 Meredith Miller:

I'll send it, but you can go ahead. I'm trying to get my... sorry.

4:36:45 Reiner Fuellmich:

That's okay. Go ahead, Dexter.

4:36:49 Dexter Ryneveldt:

Yeah, I'd just like to...Ms. Miller, about the Yale study, and you put a good emphasis on it. What I would like to understand is: who commissioned this study? Is it just an academic study or...?

4:37:09 Meredith Miller:

I'll put the link in the chat. Oh, it's disabled. I'll send you the link. I'm not a scientist. I'm a holistic coach, I help people heal from abuse. But I do recognize the red flags of abuse and I would like scientists to take a look at the study. I have only read the presentation page they made public. I'm sure a scientist would be able to take a look at it and dissect that study in a very scientific way that might be helpful in answering your question.

4:37:38 Dexter Ryneveldt:

Thank you very much.

4:37:41 Reiner Fuellmich:

Do you want to continue Meredith or...?

4:37:45 Meredith Miller:

That's all I had to present, unless you have any other questions?

4:37:47 Reiner Fuellmich:

We do have some questions. But wouldn't it make sense to hear from Ariadne first?

4:37:53 Meredith Miller:

Sure.

4:37:55 Reiner Fuellmich:

Okay, go ahead please Ariane

4:37:59 Ariane Bilheran:

Thank you, I'm going to read in English because my English is a little...My name is Ariane Bilheran, from France. I am a philosopher specialized in moral and political philosophy, I am a clinical psychologist and doctor in psychopathology, specialized in the study of manipulation, power deviance, perversion, paranoia, harassment and totalitarianism. So I'm going to speak from both perspectives. I have taught for several years at the university in France, I have been an auditor and investigator for companies, but also an expert for the courts in cases of harassment at work. I have published many books on this subject, some of which have been translated into languages other than French. In the present situation, my expertise allows me to say that we are dealing with a totalitarian drift. And I will describe to you why I think so.

It is a totalitarian drift, from the point of view of political philosophy, but also from the point of view of psychopathology, which corresponds to a collective delusion, the paranoid delusion. Paranoia is a contagious psychosis whose key word is harassment and which functions according to the following structure: an imaginary visible or invisible enemy persecutes us. We must go to war against the enemy. And this justifies the use of harassment. And all means are allowed.

It is a delusion of persecution that leads to action. The intention to harm is nevertheless safeguarded, which is why I have spoken in the past about the need for criminal convictions of paranoid profiles, which are in the majority of cases at work in harassment. In the totalitarian system, the content of the delusion can change. For example - who is the designated enemy - but the structure remains the same, the one I just mentioned. First point, my diagnosis: harassment used against populations, with terrible consequences on the mental health of individuals. In the political crisis we are going through, typical methods of harassment have been used on people who are victims of repeated moral pressure, with the aim of creating and maintaining a state of terror in the individual. The

consequences are terrible for the mental health of the people. The least we can say is that mental health has not been at all at the heart of the concepts.

On the contrary, the damage is considerable: multiple traumas, depressions, suicides, psychological disorganization, addictions, mental confusion, psychiatric decompensations, especially of the schizophrenic type. Numerous specialists alert us, particularly with regard to children. For example, in January 2021, the head of the child psychiatry department at Necker Hospital in Paris, Dr. Pauline Chaste, reported an alarming increase in suicide attempts among children and young adolescents in several Parisian hospitals. Mental health disorders are also often factors and triggers of somatic disorders, called psychosomatic disorders, affecting the health of the individual.

Currently, the end justifies the means and the logic is sacrificial, it becomes acceptable to sacrifice individuals in the name of quantity, in the name of the greatest number, and the individual is deprived of his human rights. Moral considerations are no longer integrated into the discourse except to be used in terms of blackmail and manipulation. It would be for the good of the group that the individual should be sacrificed himself. As an example, children's schooling has been sacrificed in many countries of the world for the last 2 years with class closures, which have increased inequalities, those who have access to the Internet and those who do not; brutal class closures which lead children to have depressive ideas. In France, health care workers were fired because they refused to undergo experimental injections, in a context of a so-called pandemic where the health system could not logically afford to suspend its personnel...

Any form of disagreement or even simple questioning is met with censorship and repression in the face of a dogmatic narrative that no one has the right to refute despite the many paradoxes it presents. The French president had repeatedly called on the French people to sacrifice themselves to be a force in the war against the virus. More globally, entire countries have been confined, without being able to cope with the economic confinements, with a plunge into misery of millions of individuals. With this sacrificial logic, individuals no longer count and can be used as subjects of experimentation, up to genocide. There are no longer any legal or spiritual limits. The method used is that of a cult.

First, terror: an extremely dangerous virus will kill us.

Secondly, confinement, restriction of freedom of movement and infringement of fundamental inalienable rights, such as freedom of movement, freedom of expression, etc.

Third: exclusion and mistreatment. Critical citizens are considered bad, even to the point of calling for murder in some political speeches. For example, in Italy, where personalities from journalism, politics and medicine have called for segregation on trains between the vaccinated and the non-vaccinated, suggesting a sign around the neck for the non-vaccinated as well as statements wishing to re-establish the gas chambers. Some people today have lost everything: jobs, livelihoods, parental rights, etc. simply for being an opponent of the policies that have been pursued. For example, the refusal of care as well as the practice of injection without any discernment of individuals in their diversity, constitute an abusive practice that endangers human life without the States taking responsibility. In France, the fact of having been a victim of anaphylactic shock is not a criterion for being exempted from injection.

Fourth: conflict of loyalty, forcing individuals to make impossible choices. False choices. For example, between the right to work for our livelihood and the right to have our own bodies. This is a false choice.

Fifth: hypnotic suggestions. In particular an element called the "hypnotic seal", which induces the impossibility of thinking in people, through the mass media with the repetition of stories, speeches and images of panic.

Sixth: censorship and persecution.

Seventh: repeated traumatic shocks are transmitted to the population. For example, closure orders issued at the last moment, sometimes even orders within orders within a paradoxical discourse. For example, in France, the government is known to say everything and its opposite sometimes within a few weeks of each other without ever justifying what has been said before.

Eighth: generalized anomalies. For example, incentives to traditionally untrained professionals to perform injections such as the nutritionist, physiotherapist or psychologist, in exchange for significant benefits.

Ninth: guilt-tripping of individuals, deviation, blackmail, intimidation, threats, denial of care to a certain category of the population, deprivation of education for children, disorganization of spatial and temporal reference points for the entire world population, surveillance and transgression of people's intimate lives, etc. And it is an asymmetrical context where people have been subjected to the decisions of their leaders and where innocent people have been designated as guilty. For example, children were designated as guilty of killing their grandmother. The citizen is treated as a prisoner on parole.

The repeated traumatic shocks thus obtained over time, caused both by political speeches and decisions, but also supported by the incessant suggestions of the mass media, have led individuals to states of traumatic dissociation. This triggers a defense mechanism called denial in psychology. It is the impossibility to imagine the violence of the situation that threatens the psychic life. The manipulations of the mass media playing on fear and panic have led to divisions in families and couples and in friendships, dividing society into two camps, and provoking distrust of all against all, from which it will be very difficult to emerge in order to establish harmony between citizens. Isn't it said that divide and conquer?

The mass media have operated a permanent hypnotic suggestion, reducing the individual to a mathematical unit, a number or a positive or negative case. In hypnosis, there is the hypnotic seal which is a very powerful induction that causes the radical prohibition of reflection and research on a given subject, like a drawer that is sealed in the psyche. A sect or a cult requires an adherence to a religious type of faith. The individual is not asked to analyze, but to believe blindly. Persecution, censorship, and intimidation fall upon those who would analyze, not believe.

A cult or a sect always promises a return to the lost paradise. It is the same with the totalitarian system. The cult or sect proposes fetish objects: here the Holy Grail was the injection, supposed to free us from evil. Of course, this was a lie. People who have received two injections now lose their rights in many countries, if they refuse to continue with this. And we see clearly that it is to lead us further towards a world of global planetary control and surveillance, where the individual will be reduced to nothing, at best to be used as a force of production, at worst to be annihilated as useless to the rule of the perpetrators.

The totalitarian drift is sectarian and prophetic in nature. Hannah Arendt said of the scientificity of totalitarian propaganda that it is characterized by the emphasis it places almost exclusively on scientific prophecy, as opposed to the more traditional reference to the past. The prophecy took place from the beginning with a completely unrealistic and unrealized prediction. Its prediction, in number of days, and I refer to the book I wrote with Vincent Pavan, a professor of mathematics, *The Forbidden Debate*, which will be published in early March in France. The totalitarian system places the realization of its objectives in an always distant future, a sort of final promise: the return to the lost paradise, the end of the calvary, the purity of the race, the territory purified of disease, the return of the world before, etc. It is about uniting the masses against the common enemy.

Here, the virus is supposed to embody the opposition to the achievement of this goal. The enemy, external and internal, will be susceptible to change. Ideological scientism and its predictive technique are constantly moving. Their chameleon-like dimension keeps them in power, discourse is no longer a reflection of experience, it is experience that must conform to discourse. We have started from predictive models, which we want to impose on reality. Let us reflect on Ferguson's predictions in this case. In science, the model must always be subjected to reality, and not the opposite. The French mathematics professor Vincent Pavan explains it in this book: "Thus, the first postulate was established: Ferguson's models and the calculations that were based on them corresponded to reality. It is precisely from this moment that the collective delirium begins. The disconnection from reality was established, and from then on the postulate of the predominance of arbitrary figures resulting from modelling speculation was imposed, in place of the statistical enumeration of the operational sciences (those that start from the facts and measure them).

There was thus a major scientific sin here, with tragic consequences for humanity. We must understand why totalitarianism works on populations. It works on populations because in totalitarianism, there is a promise made. It is a promise that will of course not be kept. The promise to the people is that they will take full responsibility for the suffering

of their existence, and that the lost paradise will be returned to them. This is what was set up at the beginning in the Western countries: "we take care of you completely, stay at home, we pay you, don't think, we think for you. Don't think, we'll think for you. Get vaccinated and everything will go back to the way it was before, don't think, we'll do it for you", and so on.

From the point of view of psychology, the profiles that instigate harassment are perverse and/or paranoid profiles, so-called narcissistic profiles, but in the case of perversion the criminal responsibility is engaged, because there is no delusional construction, while in the case of paranoia the question is more debatable, since it is a delusion of persecution. Nevertheless, the paranoid individual is perfectly conscious of harming. He even justifies it, he clearly has the intention to harm and the intention is justified by a pseudo-ideal, the common good, health for all, etc. As we have already seen in previous totalitarian regimes. The paranoid does not necessarily believe in the content of his delusion, it is rather a way of being in the world, a persecuted way, where the other is seen as an enemy. And we can make the assumption that the instigators of this tragic development for the peoples have this relationship to the world: a relationship to the world made of anguish, persecution, narcissistic rigidity in which the peoples are seen as enemies, a world population considered too important and to be eliminated in certain eugenic perspectives.

Clearly, the totalitarian system functions according to a pathological structure that is that of paranoia; the mass psychosis is created by paranoid profiles, although they need the alliance of different pathological profiles, notably the perverts (cynicism and instrumentalization, they do not believe in the discourse of persecution, but generally they are those who are considerably enriched by the crises that they have contributed to create, for example, for their own sole profit) and the psychopaths (mercenaries of the regime), in order to continue existing. The paranoid delusion persecutes, in the name of what it prophesies. And what it prophesies, it simply makes it happen. "There will be quantities of deaths", he says. And in fact, by dint of prohibiting treatments that cure patients and making populations more precarious, these deaths are coming. Moreover, the ideological narrative justifies the persecution by self-defense. With paranoia, it is authorized to kill since it was in self-defense.

In the paranoid delusion, there is an idea of hypochondriacal delusion. This is what leads to mass Munchausen's syndrome, which is the inappropriate over-medicalization of a common viral disease, which would deserve appropriate and early care, while denying the warnings, temperance and experience of experts and creating more problem and suffering than it solves.

In the delirious hypochondria of paranoia, the disease is everywhere, experienced as dangerous, deadly, enemy of the living. The sick person is opposed to the healthy, as the impure is to the pure: orders are given to eliminate the part of the social body designated as impure. The supposed impurity is to be hunted down by terror and radical methods: the end justifies the means. This is the reason why terror is constitutive of the totalitarian political body, just as legality is for the republican political body, according to Hannah Arendt.

The whole constitutes a totalitarian drift. For political philosophy, notably according to the work of the Italian philosopher Giorgio Agamben, it is a matter of normalizing a state of exception in which human rights are suspended. The pass prevents freedom of movement. It is likely that the nature of these passes serves to control the movements of citizens, which will be reinvented in the name of other emergencies: ecology, health, terrorism, manufactured in the name of the state of exception.

Let us recall the political criteria of totalitarianism, which cannot be reduced to a dictatorship, a despotism, or even a tyranny: monopoly of the mass media and of the police force, central direction of the economy, persecution of opponents and of any criticism, system of surveillance of individuals, encouragement of denunciations, concentrationary logic orchestrated on the basis of terror, clean slate policy, moving ideology built on the division between good citizens and bad citizens, on the enemy (visible or invisible) and on purity.

The totalitarian system is supported by an ideology, i.e. a delusional belief that has no connection with logical truth or with the reality of experience and that constantly needs to renew itself in its content in order to maintain illegitimate power. The key instrument for

the establishment of a totalitarian power is, first of all, the harassment of the minds which must become permeable to the ideology.

The propaganda of the media must obtain the division of the collective, of the traditional clans, of the family social classes, of the political clans, according to the paranoid cleavage, between the good and the bad. The line of designation can evolve according to a chameleon ideology, the terror intervenes quickly towards the designation of the enemy. Here at the beginning, the enemy is an ugly virus that intends to spread the human species and against which we are at work. Then the enemies become the disobedient, who do not want to respect these so-called sanitary measures imposed by the political field.

The propaganda is often masked behind subtle manipulations: "It's for your own good", and takes pleasure in creating collective traumatic shocks. For example, I think of the number of deaths repeated daily, which then allowed them to extend their control over the system and to terrorize the population. The latter, under the effect of paradoxical injunctions and weariness, will see the torturing power as a savior. But to their great misfortune, the pseudo savior is at the same time the persecutor.

"Totalitarianism is international in its organization, universal in its ideological aim, and planetary in its political aspirations. It pursues "the experiment of total domination", declared Hannah Arendt. Faced with this generalized violence which induces psychic despair, many people fall into suicidal acts, perversion or madness. Individuals behaving in a respectful way of the fundamental prohibitions, can, with the favour of a totalitarian ideology, regress, and in particular on a perverse mode. The deployment of the totalitarian system thus leads to the occurrence of numerous abuses of power and sadistic acts, committed by leaders who reveal themselves. And one wonders then how this good family man, usually so pleasant, and known for so long, became capable of so many atrocities...

In conclusion, Goebbels noted in his diary. "In the Warsaw ghetto, a certain rise in typhus was noted. But measures were taken to ensure that they were not taken out of the ghetto. After all, Jews have always been carriers of contagious diseases. They must either be crammed into a ghetto and left to their own devices, or they must be liquidated; otherwise, they will always contaminate the healthy population of civilized states."

It is important to mention that we have already had to deal with an epidemiological type of sanitary ideology in the not so distant past with the typhus epidemic, which the Nazis claimed to fight and eradicate. It is indeed the deployment of this idea for the typhus epidemic, to designate a category of the population as a carrier, and to treat them as epidemic propagating parasites. The typhus epidemic was developing because all the conditions were there for it: distribution of bedbug-infested blankets, crowding in unsanitary ghettos, etc. In an article entitled The seeds of a fascist international, while everyone is shouting victory and "never again", Hannah Arendt, under the still smoldering ashes of the war, immediately announced the tensions of tomorrow, in the form of an international entity, which would infiltrate the post-war institutions in the manner of an occult sect, and which could even come back through the creation of Europe. That is to say, at the very moment when the European populations thought they had got rid of the awful beast, the philosopher said that it could happen again, and much worse. In the totalitarian system, the living is the enemy, the individual is reduced, at best, to a number. Language is corrupted so that individuals can no longer think about what is happening to them. For example, asymptomatic patients: this expression means nothing. Or the addition of a new vocabulary in the media: no less than 60 new words or expressions. The objective is no longer alienation but the annihilation of the human subject, and for this to happen, all spontaneity must be broken. Totalitarianism is in essence genocidal. It no longer needs the human. Rather, it claims to recreate them from scratch. New men, to whom it is necessary to suppress the freedom to make reign the tyrannical ideal of purity. Transhumanism, which is a modern form of the Nazi superman, is a pure and simple negation of human rights. The term "transhumanism" was coined in the 1940s by Aldous Huxley's brother to replace the term "eugenics," and the apology of a powerful body, the will to power of the transhumanized superman, presupposes the elimination of sick and suffering bodies considered useless.

5:10:22

Totalitarian regimes always use science -or we should rather say scientism, to establish a pseudo-legitimacy concerning the existence and the demand of a kind of religious fervor around this scientism. The current crisis is the reign of the god of mathematics. Hannah

Arendt said that propaganda is no longer an objective problem on which people can have an opinion, but it has become in their lives an element as real and intangible as the rules of arithmetic. However, I must remind you that it is impossible to apply mathematical, statistical and biological concepts to the political, moral and spiritual experience of man. If we accept that mathematics and statistics direct our human existence, we are reduced to numbers, positive or negative, positive cases or negative cases, and we can therefore be eliminated without any remorse. The discipline that reflects on the political morality and spiritual experience of man is philosophy, in particular moral and political philosophy and metaphysics. The human being is sacred, human life is sacred. In other words, it is impossible to apply scientific concepts from pseudo-science - which, let us remember, are sciences of dead matter - to the political, moral and spiritual experience of man. The scientific approach, carried by its limits and applied to the human being, is then used to try to justify approaches that are in reality neither scientific nor human. Let us quote the writer Arthur Koestler who witnessed the recruitment methods of the totalitarian experiment, which he himself lived through, in his book, *Darkness at Noon*. There are only two conceptions of human morality and they are at opposite poles. One is Christian and humanistic, declaring the individual to be sacred and affirming that the rules of arithmetic should not apply to human units, that is to say, to units that represent either zero or infinity in our equation. The other conception starts from the fundamental principle, that the collective end justifies all the means. And not only does it allow, but it requires, that the individual be, in all cases, sacrificed to the collective, which can dispose of him, either as a guinea pig for an experiment, or as a lamb to be sacrificed. Thank you very much.

5:13:48 Reiner Fuellmich:

Thank you Ariadne. Dexter. Do we have any questions? I think we do. Ana?

I have a question or I have two questions, if I may. You both seem to agree that this doesn't happen by accident. But it's something that other people have invented. And this is now a concerted effort, a concerted global effort that is underway? Is that right?

What kind of people are doing this? I know I've asked this question before, but how can someone go beyond what we consider empathy, for example, and humanity? And believe in sacrificing individuals for the greater good? What kind of people are we dealing with? Are we dealing with psychopaths who are still able to understand what they are doing, and control what they are doing?

5:15:11 Meredith Miller:

I think a psychopath understands the difference between right and wrong very well, but they have a spiritual problem of conscience. Conscience is what makes us human. And they can tell the difference between right and wrong. They are not crazy at all. But their conscience does not feel the weight of guilt that we who are capable of feeling empathy would feel. Over the years, I've had psychopaths comment on my videos and openly say that they feel superior to others because they are not bothered by that empathy and guilt.

5:15:47 Reiner Fuellmich:

So there is some megalomania involved. They think they're superior to everybody else. And that's why they can do whatever they want with individuals.

5:16:02 Meredith Miller:

The grandiosity and the sense of entitlement to get away with anything.

5:16:04 Reiner Fuellmich:

Yeah. That's what criminals who commit really horrible acts usually have in common, right?

5:16:18 Meredith Miller:

You know, what's interesting is that when the DSM, the Diagnostic and Statistical Manual of Psychiatry, describes Narcissistic Personality Disorder and Antisocial Personality Disorder as overt, obvious forms, it treats criminals who get caught and go to jail. The scientific literature does not describe the covert profiles, which are very sophisticated and,

in my opinion, much more dangerous because they are covert and can go very far into society because of that.

5:16:48 Reiner Fuellmich:

Does this mean that those who pull the strings are not more dangerous than those who help them? Those whose strings are being pulled.

5:17:01 Meredith Miller:

The latter are the enablers. And in terms of abuse systems, you can even think of them as a family unit, or society in general. But any abuse system is made up of abusers and facilitators. And it's actually the enablers that keep the system going, the abusers need the enablers to do that work for them.

5:17:27 Ariane Bilheran:

I'm going to speak in French... Not everyone seeks power.

5:17:35 Translator:

No, I can do it. Can you hear me? Yes. I'm sorry. I was muted, so I couldn't translate. I will translate what Reiner asked. So it sounds like both of you, what Reiner wants to know is who are these people, psychopaths?

5:18:19 Ariane Bilheran:

Not everyone seeks power. The profiles that seek power are essentially paranoids and perverts. These are narcissistic disorders: psychopathy, perversion, paranoia. These are serious narcissistic disorders. They have not, in their psychological construction, developed otherness.

5:19:21 Reiner Fuellmich:

How do we get through this? I think it's important for people to understand what's going on and to see the bigger picture. There's no other way because to me that's the only way to get people to see what's really going on. And only if they can see and understand what's going on, can they stand up to it and fight it.

Ariane Bilheran

Hannah Arendt said that totalitarianism stops when the masses stop believing. If there is no participation of civil society, there is no totalitarianism.

5:20:41 Reiner Fuellmich:

Yes, that's right.

5:20:43 Viviane Fischer:

But in order to do that, they have to know about it. And maybe that's why we're seeing these intense censorship efforts right now because it's getting dangerous, like for example, the number of people who are speaking out now are gathering in the streets. And is that what you think too?

5:21:04 Virginia De Araujo-Recchia:

Yeah, I also think that there's more and more censorship, and the media has done so much work that it's really hard for us to get to the truth. Yes. So I think that's the main problem we have now. And the mainstream media, they really do a tremendous job of undermining it.

5:21:50 Ariane Bilheran:

And there's a psychological barrier for people to think that their rulers want to harm them

5:22:10 Meredith Miller:

I think one of the biggest barriers is cognitive dissonance because even if there was no censorship, to control information, to control reality, even if people had access to that information, it's very difficult for them to deal with the truth in that state. And something

really important that Arianne mentioned earlier is the deprivation of human rights and how human rights are suspended. And the trick that all abusers use that keeps people in abuse is that they want to destroy your self-worth. They have to crush your self-worth. They have to make you believe that you are not worthy of your basic human rights. And what constitutes abuse here is not just the vaccine. It's the compliance, they want to violate our consent. And this will be a pattern that will continue through the next pandemic and the next crisis that they will manufacture or take advantage of until the pseudo-great reset. So self-esteem is very important to rebuild for the individual, otherwise they will not believe that they are worthy of these basic human rights.

5:23:22 Dexter L-J. Ryneveldt:

Thank you very much

5:23:23 Reiner Fuellmich:

I'm sorry, Dexter?

5:23:24 Dexter L-J. Ryneveldt:

Thank you, Reiner. I think you mentioned something very, very important indeed Miss Miller. You were talking about consent. I mean, when you refer to the Nuremberg Code, when you refer to the Helsinki declaration, when you refer to natural law, whatever... it all comes down to consent. So for me, it seems to me that... it is really a psychological war. But it is psychological warfare, with the main objective of obtaining the voluntary consent of the population. And what we will end up with, and I can already predict what a possible defense will be, when we go further, is to say: "No, we just gave them the information. And with that information, they gave their consent. But from a psychological point of view, when it comes to getting consent now, it has definitely been given on the basis of the psychological warfare that has been waged on the population. Do you agree with that?"

5:24:38 Meredith Miller:

That's right. And that's what all abusers do in a relationship, they tell you what they're doing without telling you. So they can say, "I told you so and you knew it all along," because they don't accept any responsibility for their actions. The more sophisticated and covert the abuser is, the more they need your voluntary consent. And I think it was Virginia who mentioned earlier today, that's not true consent. Because when people don't get the real information, they don't realize the deception that's going on. They are not giving true consent. It was a trick. It was a trick to get them to consent to something that was a deception all along.

5:25:20 Dexter L-J. Ryneveldt:

So obviously the mass media plays a big role in getting people into that consent and getting them into that mindset.

5:25:30 Meredith Miller:

Yeah, that's the trick, the abuser's equation is: problem reaction solution. And so that's kind of what Brian Gerrish was talking about last weekend with applied behavioral psychology where they first cause a problem. They either manufacture a problem or a crisis or they take advantage of a problem that's already happening. Then they provoke your emotion, whether it's fear, for example, and by provoking that emotion, they can almost predict what your behavioral response will be in order to lead you to a predetermined solution. And the more sophisticated abusers will make you beg for that solution and say that it was your idea all along.

5:26:10 Dexter L-J. Ryneveldt:

That's what brings me to "follow the science". Because when you listen to all these talking heads, and even doctors like Dr. Fauci, one of the defendants, they always repeat, "follow the science," and they tend to put the population in a specific mindset to say, "You can trust me, I know what I'm doing, and I'm not going to hurt you." But obviously that's not the case.

5:26:42 Meredith Miller:

And that's one of the emotional manipulation tactics that they've used to build trust in science, if we look at this Yale study. And so when you hear Fauci say, "I am science and if you don't believe me, you don't believe in science." It's those catchphrases. It's like a complete download of information that triggers an emotional response and then the behavioral response.

5:27:10 Ana Garner:

I have a question, just a very brief question. Meredith, you talked about...by the way, you both gave a great presentation, it was great to see how the two come together and reinforce each other. But Meredith, you mentioned something about Stockholm Syndrome, you know, the perceived threat of death. And then you gave an example of people who are afraid of either the virus or other people. And on the opposite end of that spectrum, there are people who are afraid of tyranny. And that made me think that maybe none of us, regardless of what we think is going to happen, none of us have escaped this psychological terrorism that is going on in the world. Is that a fair statement?

5:27:56 Meredith Miller:

Absolutely, I have to admit that I've been in that state periodically all this time as well. And I think we've all had those moments. Maybe some people spend more time in that state than others. And some of us are able to return to these higher states of consciousness, through healing work from our own traumas in our lives. But otherwise, it's very difficult to get out of that state. And really, no one is completely immune to that. But self-esteem is really the greatest immunity to abuse and manipulation, because it really makes you question what people are trying to make you do and what their intentions are.

5:28:34 Ana Garner:

That's a key element, oh, I'm sorry, you probably need to translate. But that's a key component, self-esteem. And that's where maybe we need to empower people. That's one of the things I think we do is give them knowledge and self-esteem, so they know that they are worthy beings with human rights.

5:28:55 Meredith Miller:

I think a big part of self-esteem, the way for people to regain self-esteem, is to set boundaries. So knowledge is not going to change their self-worth, knowing that they are human and they have inalienable rights, God-given rights, from birthright to human rights. This means nothing to a person who is stuck in this state. So the only way to begin to rebuild your self-esteem is to assess what matters most to you, take inventory of your values, and then set boundaries to protect them. And every time you set a boundary like "No." And "No" is the complete sentence. And only manipulators keep pushing and pushing once you say no. So when a person sets that boundary, they start to rebuild their self-esteem naturally.

Translator

I'm sorry to interrupt, but Ariane would like to speak and for some reason she was muted. So if there's anything we can do, then she can also answer. Okay, you're here. Ariane, they were talking about...I think it was Reiner or Dexter, they talked about the importance of consent. Is that what you said Dexter?

5:30:05 Dexter L-J. Ryneveldt

That's right. Yes, from a psychological standpoint. And I think for you, if you could explain it from a totalitarian point of view, that would be very good.

5:30:27 Ariane Bilheran:

In fact the stalker seeks submission from his victim. And for that, she can't put herself in opposition, it's counterproductive for him. He has to get the victim to do something that she wouldn't have done if she hadn't been harassed. That's why there's manipulation. Stockholm syndrome, it's a moment when the victim can't escape the stalker. She's trapped. And so there's a survival mechanism. Where the victim is going to anticipate

what the victimizer wants to try to survive and so she's going to put herself in the brain of her executioner. That's when she's going to encounter the suffering of her executioner. And then, like for us, the survival mechanism...

5:33:10 Virginie De Araujo-Recchia:

Can I ask a question Arianne? Is that why sometimes we see people who go beyond what they expect, for example they mask themselves in their car, they mask themselves everywhere even if it's not mandatory, is that why?

I wanted to say that this is why we see people who sometimes go beyond what is asked of them, we see them wearing the mask everywhere, even when they are alone? They go beyond what the executioner asks in fact.

5:33:52 Ariane Bilheran:

It's a survival mechanism. If we please the executioner, maybe he will spare us. And then there is another mechanism, we always erase, the unpleasant events that we have experienced. Everybody. And so the victim only has empathy for the victimizer. And it's all the easier, because the executioner uses paradoxical speeches. "It's for your own good. "I love you "...

5:35:20 Reiner Fuellmich:

So what we have here, if we look at the solutions, we have to not only rationally understand what's going on. And that's probably what we have to do to expose the whole situation so that people see what's going on. But it's not enough to rationally see what's going on. We also have to overcome what one of you called, I think it was you Meredith, spiritual bankruptcy. We have to understand that there is something worth fighting for. Whether it's a loved one, spirituality or religion. But it's not enough to understand rationally what's going on, we have to overcome that spiritual bankruptcy, that's a great term.

5:36:50 Meredith Miller:

Reiner you mentioned how some people sometimes think about their children or their grandchildren or their creator, or whatever, beyond themselves. And that that's often a very useful motivation, because what is it that makes the person rise? You know, humanity is on the ground right now, for the most part, and that's the victim in an abusive relationship. No one can lift that person up, you can lift them up and they will fall right back down. She has to find it in herself. But like you said, that spark that will reignite their soul and their spirit after that kind of abuse, it's something outside of themselves, that motivates them to get back up because they don't believe that they themselves are worth it, but there's something else that is worth it.

5:37:36 Reiner Fuellmich

This is very well said. It's easy to understand. Thank you.

5:37:48 Ariane Bilheran:

I think what's complicated is that when you have victims of stalking, you have to cut the link to the stalker. But here, it's not possible. But people can still do it a little bit, already by cutting the media. So what is very important is to propose, as we do, other discourses, naming, as my colleague said, the relation of abuse, the transgression.

5:39:16 Virginie De Araujo Recchia

I have a question about this. It's about the philanthropist Bill Gates that we heard at the beginning of the session and you say that a paranoid profile is aware of doing harm, and intends to do harm. Because there is no construction of a delusion. When Bill Gates says he is sad because he can't vaccinate everyone. What do you think about that? Is he aware that he is hurting people by funding everything for example?

5:40:11 Ariane Bilheran:

It's complicated because... I would love to expert Bill Gates. Does he believe in the story that he has proposed? If we are in this kind of pathology, there is no registration of true

and false. That is to say that we are well below in the psychological construction, of the capacity to distinguish the true and the false. So to have a discourse and an understanding, an ability, even if it looks rational. If we talk about the paranoid profile, there is no access to truth and falsehood, to the ability to distinguish between truth and falsehood. Good and evil. Imagination is confused with reality. The person says one thing and the next day, the opposite. But the relationship to the world remains one of harassment and persecution, with an intention to harass. And so, we have the eternal question between philosophy and law. Between psychology and law. For us, the psychologists, we can explain everything. But the law must set limits. And all stalker profiles are either perverted or paranoid. That is, with a difficulty, an impossibility to respect the other. An inability to control one's impulses. An inability, really, to be able to discern truth from falsehood. An inability to discern right from wrong.

5:44:24 Reiner Fuellmich

Very good. I tend to find comfort, or even courage, in accepting that it doesn't take 80% or 70% or even 50% of the people to change things. Rather, I tend to believe that only a few good men and women, given the circumstances, are capable of turning things around, you don't need the masses. The reason I say this is that the masses who seem to be under the influence of mass information are not capable of any real activity of their own. They can only react to what they are told. We, on the other hand, are the ones... we who are in this group now... And probably most of the people who are watching this, the majority of our jury, we've already wondered, we've already come to the conclusion that there's something wrong. That's why I think it's not important to have the masses behind us, but only a few good men and women, maybe 5%, maybe 10%. Is that a correct assumption?

5:45:44 Meredith Miller:

Critical mass, is that what you mean? What is that critical mass? And I think there will be some people who will never wake up. I think some people will take that to their grave. And I think we have to accept that we don't have to try to convert everybody or wake everybody up. In fact, it's disrespectful to even try to confront someone who doesn't want to listen to what we say. But I think you're right that at some point, I don't know what the number is, the critical mass will create some kind of change. And that also invites some kind of, you know, some kind of intervention from outside that will maybe help us in that process.

5:46:21 Reiner Fuellmich:

Thank you.

5:46:25 Ariane Bilheran:

And in social psychology, we have had a lot of experiments on submission to authority, with Milgram, with the Stanford prison. At the beginning, we are rather around 1%. With the Milgram experiment, or the Stanford prison... in terms of submission to authority.

5:47:27 Reiner Fuellmich:

More than 1%.

5:47:28 Viviane Fischer:

Much more than that. Because the Die Basis party got almost 800,000 votes. And these are clearly anti-measures people and there are many more anti-measures people who have never heard of this party for example, or who did not vote for them. So I think in Germany at least, it's reached a much higher level than 1%.

5:47:58 Ariane Bilheran:

There's the beginning of the experiment, and there's the aftermath. At the beginning of the experiment of submission of authority. In March 2020, how many were we?

5:48:25 Viviane Fischer

But resistance is also contagious. So yes.

5:48:31 Reiner Fuellmich

More than the virus.

5:48:33 Meredith Miller

That's right.

5:48:37 Reiner Fuellmich:

Well, thank you very much. I don't want to interrupt anyone. Ana, or Dexter? Yeah, I think that's encouraging. So why don't we end on that note for today?

5:48:57 Dexter L-J. Ryneveldt

Yes, no further questions.

5:49:00 Reiner Fuellmich

Well, thank you very much for everything you did for us tonight. It was a real encouragement at the end of the day. Thank you for staying with us for so long. Thank you Virginia, thank you Meredith. Thank you, Ana. Thank you, Ariane. Thank you, Deanna. Thank you, Judge Rui e Castro. And thank you, Dexter. And thank you all for staying with us, for listening to us, and, I hope, for resisting.

We'll see you all tomorrow then. Goodbye. Goodbye, everyone.