

Parallel report by ZAAVV et al. on Germany's 7th country report on the ICESCR

We, the Center for the Investigation, Clarification, Legal Prosecution and Prevention of Crimes against Humanity committed on the basis of State Corona Measures (ZAAVV) (lawyer Ralf Ludwig and human rights activists Volker Reusing and Sarah Luzia Hassel-Reusing), together with the artist Julia Neigel as representative of the interests of artists in Germany and the Working Group on Medical Ethics of the World Health Council, submit this parallel report to the UN Committee on Economic, Social and Cultural Rights on Germany's 7th state report (E/C.12/DEU/7) to the UN Committee on Economic, Social and Cultural Rights in order to document systematic violations of the right to health (Art. 12 ICESCR), but also to work (Art. 6), social security (Art. 9), food (Art. 11), cultural participation and intellectual property (Art. 15 para. 1 a + c), as well as the requirements of legitimacy and proportionality (Art. 4) and the prohibitions of retrogression and discrimination (Art. 2). The government report omits serious human rights violations related to SARS-CoV-2, including the estimated 16.9 million vaccine*¹ deaths by December 31, 2022, based on excess mortality correlations in 125 countries (Annex IV.1). Our report closes this evidence gap, highlights the perspectives of those affected, identifies gaps in the national report and formulates actionable recommendations.

The main section provides an overview of the violations and recommendations; Annexes I-IV provide in-depth analyses including sources; Annex V contains the statement of singer Julia Neigel on the situation of musicians in Germany; Annex VI contains the statement of an affected doctor; and Annex VII contains the statement of the Working Group for Medical Ethics (agfme) against the mRNA vaccination* recommendation for pregnant women and children.

1. Violation of the prohibition of regression (Art. 2 par. 1 ICESCR) through the use of ethics to circumvent human rights

Modern constitutions and human rights treaties mark a quantum leap in civilization because fundamental and human rights have the highest legal force and are enforceable, while ethics remain legally non-binding. The UN has repeatedly reprimanded Germany and called on it to communicate human rights and, above all, the rights from the UN Social Covenant (ICESCR) more extensively to the population. Instead, studies such as "Vaccination as a Social Contract" and "Social and Behavioral Consequences of Mask Policies during the COVID-19 Pandemic" shape state nudging in Germany and shift the public discourse from enforceable rights to mere ethics (see Appendix III.3). This is institutionalized by the German Ethics Council, which advises the government and parliament purely ethically and thus suggests a feasibility of measures that does not exist if all applicable fundamental and human rights are fully taken into account. Specifically, the Council did not protect either soldiers or healthcare workers from the sectoral vaccination* requirements introduced in Germany with potentially lethal mRNA/DNA preparations against SARS-CoV-2; rather, the majority even recommended a general vaccination* requirement, while the minority at least recommended extending it to risk groups¹. This is a blatant step backwards - as if we were back in the 19th century ("Wild West") and had never adopted universal human rights.

¹ In this parallel report, each use of terms such as "vaccination" or "vaccine" shall include a reminder that the mRNA/DNA-based preparations against SARS-CoV-2, which have been injected into billions of people, are so-called "vaccines," a designation that has been legalized (see Annex II). However, these preparations are orders of magnitude more risky than conventional, traditional vaccines (see Annex IV, in particular section IV.1).

2. Prohibition of discrimination (Art. 2 par. 2 ICESCR)

Germany introduced a multi-level 3-G/2-G regime that forced people into different legal positions depending on their vaccination*, testing or recovery status, thus violating Art. 2 par. 2 ICESCR. Regulations excluded unvaccinated* people from restaurants, cinemas, libraries, sports facilities, universities, nursing homes, counseling centers and self-help groups, although neither the existence of the complete SARS-CoV-2 virus (Annex I) nor a significant reduction in its transmissibility had been proven. The reason for discrimination was health status, which is prohibited as “other status” within the meaning of Art. 2 Para. 2 and No. 33 of General Comment 20.

The institution-related vaccination* obligation (Section 20a IfSG) and the toleration obligation in the Bundeswehr led to de facto occupational bans and destroyed livelihoods, but are not mentioned in the State Report; here too, health status and social and economic status discriminated (No. 33 and 35 General Comment 20).

Shutdowns hit restaurants, bricks-and-mortar retail, entertainment and physical services particularly hard - a disadvantage due to social and economic status. Lockdowns and school closures placed a disproportionate burden on women in precarious employment: additional care work, loss of part-time jobs in retail, fewer home office options; single parents recorded massive losses of income and psychological stress for their children - discrimination by gender. Families with a migration background in cramped apartments suffered excessively from contact restrictions, making national origin a reason for discrimination.

Residents were isolated from relatives for months during the shutdowns, with serious physical and psychological consequences (Annex III.1, III.4); this discriminated against them on the grounds of disability, age and health status and violated Art. 2 para. 2 ICESCR in conjunction with Nos. 28, 29, 33 General Comment 20.

Children suffered disproportionately from compulsory masks and fear campaigns (“You’ll kill grandma if ...”), which caused them widespread psychological damage (Annex III.1, III.6).) and constitutes age discrimination (No. 29 General Comment 20) as a form of “other status” according to Art. 2 para. 2.

These violations are all the more serious because neither a complete SARS-CoV-2 virus nor a real pandemic has been proven and the measures were mainly used to push these groups towards mRNA/DNA vaccination*, which, according to excess mortality correlations, caused around 17 million deaths worldwide (Annex IV.1) and many times more serious damage (Annex IV.3). The national report completely conceals these consequences and the associated discrimination.

3. Violation of art. 4 ICESCR

3.1 Interference in human rights for no legitimate reason in the absence of evidence of the pathogen

Any interference with human rights requires a legitimate purpose and must be suitable, necessary and appropriate - i.e. proportionate - in accordance with Art. 4 ICESCR. On April 17, 2020, the ICESCR Committee expressly demanded that all COVID-19 measures must be proportionate and based on the best available scientific evidence (No. 3 and 10, E/C.12/2020/1). This condition is not met because the alleged highly dangerous “pandemic” has no verifiable factual basis.

There are three hypotheses: (1) zoonotic origin, (2) genetically engineered production, (3) no pandemic caused by this pathogen.

Section I.1 shows that a zoonosis is ruled out due to the low mutation rate of Sars coronaviruses. In addition, the furin cleavage site and the long insertion from the HIV genome (Section I.2), as parts of the genome published as belonging to SARS-CoV-2, cannot have entered there by natural mutation.

Section I.2 shows that although genetic manipulation has repeatedly succeeded in modifying sars-like coronaviruses that are naturally adapted to bats so that they fit the receptors of humans instead of those of

bats and thus overcome the species barrier, it has not been possible to make the coronaviruses modified in this way infectious from one genetically modified laboratory mouse with human ACE2 receptors to the next, so that there is no SARS-CoV-2 “pandemic” from the genetic laboratory.

Section I.3 proves that numerous countries do not have an isolate of Sars-CoV-2, and that the sequence of genes published as the supposed genome of SARS-CoV-2 are partly gene snippets from the lung lavage of patients in Wuhan, and partly “aligned” (computer-generated), so that the existence of the artificially created spike protein has so far been proven, but not the entire genome of even the spike protein, and whether the Sars-CoV-2 virus as a whole is real or only a model.

Whoever claims a human pathogenic virus bears the burden of proof, because the non-existence of the virus among billions of people cannot be proven in fact. Without reliable evidence of the pathogen, there is therefore no legitimate reason to restrict human rights.

Japanese studies show that many alleged SARS-CoV-2 variants are only fictitious or the result of further genetic manipulation because the synonymous intermediate stages necessary for natural mutations are missing (Section I.3). Instead of evidence-based pathogen detection, the impression of a “pandemic” was created by model calculations, an ultra-sensitive PCR test that reacts to tiny gene fragments (section I.4), statistical tricks such as suspending influenza statistics and counting all deaths up to 28 days after a positive test as COVID-19 deaths (section I.5), as well as constant shock and nudging campaigns with the severity of psychological torture.

One German risk upgrade was based solely on modeling; also a European or global lockstep and even a global simultaneous shutdown were discussed (section I.4) - a dynamic that only exists in the model, not in reality. A lack of raw data prevents independent reviews and violates the transparency requirement of evidence-based healthcare policy. Without a scientifically validated pathogen, there is no legitimate reason for restrictions; all interventions in ICESCR rights criticized in the parallel report are therefore disproportionate and thus human rights violations. Human rights issues are assessed objectively, intent or negligence play no role; errors, deceptions, shock and propaganda conditions cannot replace legitimacy. Even drastic measures - from the mRNA/DNA vaccination* campaign to nationwide shutdowns - were taken without reliable evidence of a specific pathogen or an acute national health emergency.

3.2 Interference in human rights without a legitimate reason – mask mandates

Art. 4 ICESCR only permits restrictions if they are regulated by law, compatible with the nature of the rights, serve the public interest alone and are demonstrably necessary, appropriate and proportionate². Masks were mandatory in many places in Germany from April 2020 to April 2023. Although it was formally anchored in state ordinances, there was a lack of transparent, evidence-based justifications. Unlike the STIKO for vaccinations*, the RKI does not use a publicly documented SOP procedure³. Randomized studies until 2019 showed no significant benefit of everyday masks⁴; The RKI was aware of this finding, but later changed its recommendation without any new evidence. Internal crisis team minutes show that the lack of effectiveness was known and that the recommendation was “adjusted” for communication reasons⁵. Health risks such as respiratory physiology impairments were ignored⁶.

This meant that the narrow scope of assessment required by Art. 4 was already exceeded at the time of introduction: a measure with dubious benefits but considerable interference with physical integrity and freedom of movement does not meet the necessity criterion. Precautionary emergency measures may only apply for a short period of time and must be adapted as new evidence emerges; permanent use without evidence violates Art. 4 and the CESCR recommendations⁷.

Sweden chose a proportionate counter-model: State epidemiologist Anders Tegnell rejected a general mask requirement due to a lack of evidence⁸; the health authority declared in July 2020 that there was “not yet enough research”⁹. The government only recommended masks in commuter traffic for a limited period from

January 7, 2021, but there was no obligation to do so¹⁰. Tegnell found that the risks and social side effects outweighed the weakly proven benefits and that milder measures were available.

This example shows that future health measures must be strictly aligned with Article 4 ICESCR - with a disclosed evidence base, ongoing weighing of benefits and harms, transparent democratic legitimation and a clear time limit. This is the only way to safeguard fundamental rights and fulfill Germany's obligations under the UN Social Covenant.

4. Human right to work (art. 6 ICESCR)

The human right to freely chosen work obliges states to actively protect this right and to strive for full and productive employment while respecting all political and economic human rights. Germany massively violated this right through almost nationwide business closures from March 16, 2020, which were extended several times and destroyed countless businesses and jobs in sectors with high public traffic - gastronomy, stationary retail, entertainment and body-related services. Musicians, who are increasingly dependent on live performances due to the long-term erosion of their copyrights, were hit particularly hard (see art. 15 ICESCR). Depending on the respective province, artists were unable to perform for up to 21 months and were therefore unable to pursue their profession.

In addition, coronavirus vaccination* was mandatory: from March 15 to December 31, 2022 for nursing and healthcare staff (Section 20a IfSG) and, by toleration order from November 29, 2021 to May 2024, in the German Armed Forces. Those who refused to be injected for reasons of health or conscience lost their job or pay, some were punished for disobeying orders and were no longer allowed to carry out their profession; some became permanently unable to work due to vaccination* damage. The Bundestag openly discussed the measure as a means of keeping unvaccinated* people out of the labor market - a direct violation of Art. 6 ICESCR and the prohibition of discrimination, because professional status depended solely on vaccination* or health status.

Doctors who issued mask or vaccination* exemptions or warned against the mRNA/DNA preparations also lost their health insurance licenses in droves, were prosecuted under criminal or professional law and had to close their practices. As a result, supply structures are being destroyed, particularly in rural regions, which undermines both the right to work and the right to health (Art. 12 ICESCR). The destruction of businesses and jobs as a violation of the human right to work undermines the financing of the healthcare system and thus the realization of the human right to health.

5. Art. 9 ICESCR – right to social security

During the supposed SARS-CoV-2 pandemic, Germany launched aid and social programs worth historic billions, especially during the shutdowns, which also caused a massive drop in state and social security revenues; however, the packages missed those most severely affected, and neither the aid highlighted in the state report nor subsequent withdrawals of vaccination* or mask requirements remedy the human rights violations already committed.

Under German healthcare law, compensation requires formal recognition as vaccination* damage or treatment errors, but most of those affected fail to receive it because the Paul Ehrlich Institute only confirms a fraction of suspected cases and courts often criticize the alleged lack of causality; this means that the costs of health damage caused by mRNA/DNA vaccines* or medically unindicated ventilation are passed on to victims and families and the obligation to provide social security in the event of illness and disability (Art. 9 ICESCR) is violated.

The government refers to short-time work benefits, special cultural funds, restart aid and energy price relief totalling over €95 billion, which stabilized companies and households but offered no incentives to

rehabilitate those affected professionally or medically; none of the measures prioritized people who lost their ability to work due to government regulations. Only €1.7 billion had been approved from “Neustart Kultur” (€2 billion) and the special fund for cultural events (€2.5 billion) by the end of 2023, without providing long-term security for freelance musicians; many slipped into Hartz IV or citizen's income, which provides neither retirement provisions nor qualifications, and the aid came too late for artists who had already lost income during the first shutdown.

Despite energy flat rates, higher child benefit and planned basic child protection, demand for the „Tafeln“ (a private food bank organization that provides poor people with food) increased during the lockdowns, single parents reported a massive increase in insecure housing, and there is still no systematic impact assessment of the pandemic measures on child poverty.

The state report mentions short-time work compensation, restart aid for culture and the special fund for events and claims that layoffs have been “largely avoided”; however, none of this aid is linked to reemployment or compensates for the loss of income of those who lost their jobs due to compulsory vaccination* or masks - the core problem - the coercive nature of the measures - is not addressed.

In January 2022, BA boss Detlef Scheele (Annex III.5) even held out the prospect of unemployment benefit freezes for unvaccinated* people, which violates the substantive guarantee of Art. 6 and the right to social security under Art. 9 ICESCR, but was also part of the shock strategy.

Damage to health, deaths and destroyed livelihoods and jobs are now so extensive that neither social security nor the state budget, both already damaged by shutdowns, can bear the costs. Compensation must therefore be financed primarily by confiscating the assets of those private actors and their organizations that used shock and nudging strategies to influence political decision-makers against their own population; retroactive liability rules and a reversal of the burden of proof are required - these are far milder interventions than not compensating the victims or a state bankruptcy. Such retroactivity is permissible under human rights law, as the prohibition of retroactivity only applies to criminal law (Art. 11 para. 2 UDHR).

6. Human right to food (art. 11 ICESCR)

Back in April 2020, WFP head David Beasley warned the UN Security Council that 135 million people were suffering from acute hunger - and coronavirus shutdowns could plunge a further 130 million into hardship¹¹. The International Food Policy Research Institute calculated that 140 million additional people would live in extreme poverty and up to 178,510 additional children would die of hunger¹²; Oxfam predicted an increase in daily hunger deaths from 10,000 to 12,000¹³ and 122,000 more people on the brink of famine. On November 3, 2021, the WFP reported 282.7 million hungry people in 80 countries - around 110% more than in 2019 (135 million in 58 countries) - caused by conflicts, climate crises and, above all, the economic consequences of the COVID-19 shutdowns. Germany's repeated shutdowns contributed to this wave of hunger¹⁴ and thus violated its duty to respect the right to food (Art. 11 ICESCR) and subsequently the right to health (Art. 12) because they contributed to hunger, serious health damage and deaths in export-dependent countries; this also contradicts the ICESCR Committee's requirement to protect particularly vulnerable groups (No. 2, Opinion of 17.04.2020, E/C.12/2020/1).

7. Human right to health (Art. 12 ICESCR)

Art. 12 para. 1 ICESCR guarantees everyone the highest attainable standard of physical and mental health as the basis of a life lived in dignity (General Comm. 14 no. 1). Health is therefore itself a fundamental right and the key to all other rights. States must therefore ensure the “best attainable standard” (General Comment 14 para. 43 et seq.) and prevent any regression - as consistently as with all other ICESCR rights (para. 32). In

parallel, Art. 7 ICCPR and Art. 3 and 16 CAT prohibit torture and degrading treatment. This report examines such practices and their impact on the right to health (Art. 12 ICESCR; General Comm. 14 No. 3 and 8) and explains how they turned many citizens into perpetrators or victims of human rights violations during the corona measures.

7.1 Causing mental and physical damage to health through shocks, nudging and psychological torture

Psychological manipulation - shocks up to the level of psychological torture according to Prof. Dr. Biderman's "Chart of Coercion" (Annex III.1) and systematic nudging - made the violations of the right to health (Art. 12 ICESCR) documented in this report possible in the first place and objectively turned large parts of the population, from citizens to decision-makers, into victims and perpetrators at the same time; many only realized the devastating consequences of these "mass disruptors" after a considerable delay. Germany thus diametrically opposed the ICESCR Committee's call to protect the population from dangerous disinformation (Opinion of 17. 04. 2020, No. 18, E/C.12/2020/1). The shock strategy began with baselessly inflated death and spread forecasts for SARS-CoV-2 and the fear of falling ill or infecting relatives; this was followed by isolation, economic shutdown, forced tests, masks and injections with harmful vaccines*. This sequence violently shifted and narrowed people's perceptions and prolonged the effects of the shocks. Particularly traumatizing was the propaganda that children could kill their parents or grandparents if they did not strictly follow measures (Appendix III.2).

The basis in Germany was the scenario paper "How to get COVID-19 under control"¹⁵ (22. 03. 2020), which was prepared on behalf of the Federal Ministry of the Interior with external scientists and served as a blueprint for using positive PCR tests as triggers for shutdowns and implementing the shock strategy on a broad scale (Annex III.6). The fear setting for children explicitly called for there proved to be highly pre-traumatic and was adopted in numerous countries. There is an urgent need to clarify who introduced this concept, which has destroyed the mental health of countless children, to governments, because shocks are triggered by people - not by a virus.

Nudging deliberately plays on the fear of exclusion (Appendix III.3). It was the shocks previously triggered among the general population and decision-makers that gave this technique its impact. Starting from the University of Erfurt, from 03.03.2020 - i.e. before the WHO pandemic was declared on 11.03.2020¹⁶ – COSMO questionnaires were distributed worldwide via the WHO; they narrowed the focus on generating acceptance for coronavirus measures and suggested to decision-makers that there was a level of consent that did not actually exist. Nudging had an even more serious effect when it was combined with hate speech and thus urged numerous people in Germany to get the harmful SARS-CoV-2 vaccination* (Annex III.5).

The "Jitsuvax" project, in which the University of Erfurt is also involved (Appendix III.7), labels, intimidates and discredits any criticism of vaccination* under the pretext of combating misinformation. In this way, it blocks the criminal prosecution of the massive violations of the right to health (art. 12 ICESCR) by the harmful mRNA/DNA preparations, psychologically pathologizes healthy people and breaks the requirement of informed consent (General Comm. 14 No. 8) in order to ultimately force them to be vaccinated*.

In Germany, shock measures and propaganda have caused serious health problems such as sleep and anxiety disorders, hippocampal shrinkage (autobiographical memory), memory loss, preCL, PTSD, depression and Alzheimer's disease in countless people. The state thus violates its duty to protect the right to health (Art. 12 ICESCR) from the harmful consequences of shocks, nudging and mental torture (General Comm. 14 No. 8) and to prevent mental illness (Art. 12 para. 2 c). Since nudging is aimed at fear of exclusion, it obviously collides with the prohibition of discrimination (Art. 2 para. 2) and at the same time circumvents the protection of informed consent (General Comm. 14 no. 8) and the prohibition of coercive treatment (no. 34). Because masses of people are being made ill here, there is also a drastic regression within the meaning of Art. 2 para. 1. Instead of tracing those responsible for shock propaganda and psychological torture (Section III.4), the Federal Government trivializes the consequences of isolation in the State Report (para. 171), only

vaguely mentions damage to children and adolescents and misleadingly blames it on SARS-CoV-2. The final report of the interministerial working group of 08.02.2023 quoted in footnote 6 acknowledges increasing mental illness and learning problems, but conceals their true extent and causes such as shocks, isolation, masks and spike proteins from the harmful mRNA/DNA vaccinations* (section III.4).

7.2 Harmful vaccines* cause masses of serious health damage and death

The ICESCR Committee calls for a safe, effective, state-of-the-art coronavirus vaccine* (Opinion 15.12.2020, No. 2, E/C.12/2020/2). However, the mRNA/DNA preparations used against SARS-CoV-2 are experimental: they cause body cells to produce an artificial, chimeric spike protein - the most dangerous part of the virus - instead of containing attenuated pathogens or fragments like conventional vaccines*. Damage to health is caused firstly by this artificial spike protein (Section I.2), secondly by the continuous genetic manipulative production of the same and thirdly by the nanolipids of the mRNA preparations; each component is risky in itself. In 125 countries, excess mortality correlates clearly with the vaccination* campaigns (sections IV.1 + IV.2): By Dec. 31, 2022, an extrapolated 16.9 million people had died from it, or one lethal dose for every 787 injections (section IV.1).

Over 1,000 studies show a broad spectrum of severe vaccine* side effects (Section IV.3).

The batches of mRNA/DNA SARS-CoV-2 vaccines* show extreme variability: In VAERS, 5% of the batches caused 90% of all adverse reactions, in Denmark 4.22% of the batches caused 70.78% (Section IV.4). This indicates strongly fluctuating active substance concentrations or unevenly encapsulated nanolipids. The highest peak of short-term deaths occurs in the first few days after injection (Section IV.5). Although, according to sections IV.1 + IV.2, millions of such deaths have already occurred worldwide, most vaccinated* people consider the preparations to be largely harmless. While normal vaccines* strengthen the immune system, the mRNA/DNA SARS-CoV-2 vaccines* weaken the immune system (so-called "V-AIDS", see section IV.9) by reducing the rapid immune response of NK cells and by reducing safeguards against excessive inflammation. They drastically reduce and impair the stem cells in umbilical cords when pregnant women have received the injection (Section IV.10) – a drastic infringement of no. 5 general comment no. 22; therefore, it is urgent to investigate whether or not they also damage the production of stem cells in already born humans, which would affect hematopoiesis (blood formation) as well as the regeneration of the human body as a whole and maximum life expectancy.

The lack of aspiration prior to injection of the mRNA/DNA vaccines* has caused their spread throughout the body (Section IV.7). Neurological damage (Section IV.8), cancer (Section IV.8) and reproductive damage (Sections IV.8+IV.11) increase steeply. The spike protein that the Sars-CoV-2 vaccines* cause the human body to produce damages the index neurons in the hippocampus region of the brain and thus damages autobiographical memory (Section III.4). The mRNA/DNA Sars-CoV-2 vaccines* cause vascular disease (Section IV.14) and eye damage (Section IV.15) and cause, to widely varying degrees, heart damage in all human vaccinees* (Section IV.13). The number of people suffering from ME-CFS (a disease with pain even with the slightest physical exertion) in Germany has increased by hundreds of thousands (Section IV.12), and it needs to be investigated how much of this increase is caused by the mRNA/DNA Sars-CoV-2 vaccines*. Germany still violates its obligation to protect the human right to health (art. 12 ICESCR) against the harmful mRNA/DNA preparations regarding SARS-CoV-2:

Instead of keeping these experimental substances off the market or seriously warning the population (Allg. Comm. 14 No. 51), politicians and the leading media frightened large sections of society through shocks and nudging (Section III.5) and thus pressured them into injections - a breach of informed consent (Allg. Comm. 14 No. 8). Administration causes mass disease instead of preventing it and thus violates Art. 12 para. 2 c; at the same time, it represents a blatant regression in the sense of Art. 2 para. 1 because millions of people are made ill. The German state report conceals the mass vaccination* damage and deaths and even emphasizes

in para. 171 that Germany supports the worldwide distribution of these preparations financially and practically. In view of the ICESCR demand to provide correct information on the safety of the corona vaccines* (Statement 15.12.2020, No. 4, E/C.12/2020/2), the Federal Government should at least have proactively addressed the excess mortality correlations with the vaccination* campaigns that were already known at the time (Sections IV.1 + IV.2).

7.3 Mandatory harmful vaccination* of healthcare personnel and soldiers

On 10.12.2021, the Bundestag passed the SARS-CoV-2 vaccination* requirement for healthcare and nursing staff (BT-Drs. 20/188 of 06.12.2021); the obligation to present a vaccination* certificate to institutions or health authorities (Section 20a IfSG) applied from 15.03. to 31.12.2022.¹⁷

Forcing employees to be vaccinated* or forced out of their jobs seriously violates the right to health (Art. 12 para. 2 lit d ICESCR) because it reduces the level of care.

On 24.11.2021, the harmful coronavirus vaccines* were added to the Bundeswehr's list of vaccinations* that must be tolerated; on 29.11.2021, all soldiers received the corresponding order.^{18 19} At the end of May 2024, the obligation was converted into a mere recommendation (Bundeswehr report 29.05.2024) when it became clear at the World Health Assembly that the far-reaching WHO authorization through amendments to the IHR would not be adopted.²⁰

In doing so, Germany has violated - and continues to violate - the right to health (Art. 12 ICESCR) on prohibited grounds of discrimination: presumed health status and professional status (Art. 2 para. 2; No. 27 + 33 General Comm. 20). At the same time, it disregarded informed consent and the prohibition of non-consensual treatment and experimentation (General Comm. 14 No. 8) - without any dangerous "pandemic" that could justify forced vaccination* (No. 39). Instead of protecting healthcare and military personnel from the harmful mRNA/DNA preparations (No. 51), the state forced their administration.

7.4 Failure to protect against homicide through medically unindicated invasive ventilation

On March 13, 2020 - just two days after the alleged SARS-CoV-2 "pandemic" was declared - the WHO published its guideline "Clinical management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected"²¹ which led in many countries to medically unjustified invasive ventilation. The paper claims, (p. 1), that 14% [of the people with positive test for Sars-CoV-2] needed hospitalization and 5% needed intensive medical care; it even claims, that most of those 5% „will require mechanical ventilation“ (p. 2). It recommends to hospitalize old persons with heart diseases, diabetes, and similar comorbidities even, if they only have mild symptoms (p. 2), and to keep patients, who do not have symptoms any more, in hospital until they have 2 negative tests for Sars-CoV-2 (p. 4). The paper states, that the detection of other viruses and bacteria did not exclude the prevalence of Sars-CoV-2 at the same time (p. 5); that has been important for the counting of de facto influenza patients and of patients with bacterial pneumonia as Sars-CoV-2 patients. The WHO recommends for patients with ARDS ventilation in prone position for 12 to 16 hours (p. 6). It prefers invasive ventilation and wants non invasive ventilation (NIV or HFNO) only for selected patients and explains that with aerosols (p. 7). And also for such selected patients, it wants to switch to invasive ventilation, if non invasive ventilation (NIV oder HFNO) does not improve the health condition of the patients within 1 hour (pp. 7+8). The WHO paper claims, that there was „no current evidence to recommend any specific anti-COVID-19 treatment for patients with confirmed COVID-19“ (p. 13); that false claim ignored, that most symptomatic people with positive test for Sars-CoV-2 have influenza and / or bacterial pneumonia, against which medicaments exist, and it has been decisive for the emergency admission of the harmful mRNA/DNA corona vaccines*.

At the 27.05.2020, the WHO published the interim guidance „Clinical management of Covid-19“²² For patients attributed to severe COVID-19, the WHO recommends „immediate administration of supplemental

oxygen therapy to any patient with emergency signs and to any patient without emergency signs and SpO₂ < 90%“ (p. 20). It defines „emergency signs“ as „obstructed or absent breathing, severe respiratory distress, central cyanosis, shock, coma and/or convulsions“ (p. 20). The WHO recommends the disconnection from the invasive ventilation not before 94% SpO₂ for resuscitation, more than 90% in stable condition, and 92% to 95% in pregnancy (pp. 20+21). . And at p. 25 the guidance demands regarding invasive ventilation (PEEP): „Avoid disconnecting the patient from the ventilator, which results in loss of PEEP, atelectasis and increased risk of infection of health care workers.“ The argument “increased risk of infection of health care workers“ is a *carde blanche* pretext for ventilating patients until death.

The general oxygen saturation in the blood is called „sO₂“. If you measure it pulsometrically, the abbreviation is „SpO₂“. A SpO₂ value of 98% to 100% is normal, 95 % to 97% are too low but tolerable, 90% to 94 % require immediate intervention regarding nutrition and more physical activity, less than 90% require a visit to a medical specialist, less than 80% are a grave hypoxemia and require hospitalization, and less than 70% mean acute danger to life.²³ The WHO recommends „for patients with suspected or confirmed moderate COVID-19, that antibiotics should not be prescribed unless there is clinical suspicion of a bacterial infections“ (pp. 19+33). It even claims, that „few patients with COVID-19 experience a secondary bacterial infection“ (p. 20), and that „the prevalence of acute co-infections or secondary infections coinciding with COVID-19 has been not adequately described but appears to be low“ (p. 33).

In contrast to that recommendation, pneumonia is much more often caused by bacteria than by viruses or fungi. So the recommendation by the WHO concerning people with positive test for SARS-CoV-2 and light pneumonia has led to the aggravation of pneumonias, so that there then have been more cases counted as severe or critical COVID-19.^{24 25} Germany has violated its obligation to protect against the health damages, deaths, and torture (no. 8 general comment no. 14) from invasive ventilation without medical justification both domestically and regarding its omission to use its role within the WHO (no. 39 general comment no. 14) for the retraction of those devastative recommendations. That at the same time violates the demand by the ICESCR committee to particularly protect vulnerable groups (statement 17.04.2020, no.. 2, E/C.12/2020/1).

7.5 Violation of the human right to health (art. 12 ICESCR) by persecution of physicians

In Germany, over 1,000 doctors have already been sentenced for mask attestations, mostly to fines (sometimes up to €15,000), some to prison sentences with or without probation - accusation: “issuing incorrect health certificates” (art. 278 StGB).²⁶

These medical professionals were not only protecting their patients' human right to health (Art. 12 ICESCR). Since a dangerous SARS-CoV-2 “pandemic” was never proven (see above and Annex I), there was no justification for such far-reaching interventions as the mask requirement. Masks hinder relaxed breathing, increase the psychological stress caused by shock propaganda (see above and Appendix III.1), cause oxygen deficiency with brain damage down to the hippocampus and sometimes contain toxic substances (Appendix III.4).

Doctors who wanted to protect their patients from this damage or inform them objectively about the risks of the corona vaccines* (Annex IV) were also persecuted. This is evidenced by the massive increase in depression, anxiety disorders and dementia (Annex III.4) and the estimated 17 million vaccine* deaths worldwide (Annex IV.1) - it was precisely these consequences that the doctors concerned had warned about. With their courageous advocacy, they acted in accordance with UN Resolution 53/144 as human rights defenders and fulfilled the Geneva Medical Pledge. Their criminalization not only harms individuals, but also weakens the entire healthcare system to this day, because evidence-based criticism is suppressed and fewer and fewer doctors are available to provide care.

Doctors continue to be prosecuted in Germany, even though they merely protected vulnerable people from mask damage or the harmful mRNA/DNA vaccines* or provided proper information about them. This

clearly contradicts the requirements of the ICESCR Committee on the protection of vulnerable groups, the proportionality of all measures - including their immediate lifting if the (alleged) necessity no longer applies - as well as vaccine* safety and transparent information (Opinion 17. 04. 2020, No. 2, 3, 11, E/C.12/2020/1; Opinion 15. 12. 2020, No. 2, 4, E/C.12/2020/2).

The example of Dr. K. (Appendix VII) shows how serious these repressive measures are. Despite demonstrable professional excellence (bibliography, work references), her practice was searched four times and a fine of €15,000 was imposed after she posted a notice that excluded the obligation to wear a mask - triggered by two elderly patients who collapsed under the mask and fell against glass partitions. Without further justification, she also lost her authorization for further training. She had to pay a fine of €5,000 for providing 30 minutes of information per patient about the coronavirus vaccinations*; she had to pay further € 5,000 after a post-mortem examination without complete undressing of the corpse, after the relatives had prohibited to her, to diagnose a suspicion for vaccination* damage in the death certificate. Two house searches were carried out due to allegedly unjustified mask certificates, which ultimately turned out to be unfounded. The media coverage cost her the majority of her patients.

7.6 Violation of the human right to health (art. 12) by mRNA vaccination* of pregnant women and of small children

The recommendation to vaccinate* pregnant women and minors against COVID-19 with modRNA vaccines* is incompatible with Art. 12 ICESCR. The main points of criticism are the violation of the right to health and the disregard for the special protection of mothers and children. Firstly, the right to the highest attainable standard of health (Art. 12 ICESCR) was violated by lowering the usual safety standards. This right requires that medical interventions are safe, scientifically sound and of high quality (No. 12 d General Comment No. 14). By recommending a barely tested vaccine* without sufficient evidence of efficacy and safety, the state has violated this quality requirement and thus violated its core obligation under Art. 12 ICESCR - with the consequence of an estimated 16.9 million deaths worldwide by December 31, 2022 alone based on excess mortality correlations (Section IV.1 of the Annex).

Secondly, the vaccination* recommendation disregarded the special protection of mothers and children. The Covenant obliges States Parties to take measures to reduce infant and child mortality and to promote healthy child development (Art. 12 para. 2 (a) ICESCR). In addition, mothers must be granted special protection before and after birth (Art. 10 para. 2 ICESCR). The recommendation to immunize pregnant women with experimental vaccines* - exposing unborn children to incalculable risks (see Sections IV.9+IV.10 of the Annex) - contradicts these duties to protect. It ignores the obligation to protect mothers and unborn children from disproportionate health risks.

Thirdly, there was no sufficiently informed consent. The right to health includes the freedom to make self-determined decisions about one's own body and health, free from coercion, violence and uninformed interference (No. 8 General Comment No. 14 and No. 5 General Comment No. 22). In fact, expectant mothers were not informed about the possibility of intrauterine exposure of the fetus (transfection) and other novel risks. Without transparent risk disclosure, their consent was not "informed". Minors could not consent themselves anyway due to a lack of decision-making capacity, which required the state to exercise even greater due diligence to fully inform their legal representatives.

Finally, there was a lack of transparent risk-benefit communication. The right to health implies access to understandable health information so that individuals can make informed decisions (No. 8 General Comment No. 14). There are warnings of increased miscarriages after vaccination* in the first trimester. A recent Israeli registry cohort of 226,395 pregnancies found around 3.9 additional miscarriages per 100 exposed pregnancies after COVID-19 vaccination* in the 8th-13th week of pregnancy .²⁷ In addition, a nationwide

analysis of 18 to 39-year-old women in the Czech Republic (birth cohorts 2021-2023) showed that women who were vaccinated* before conception had significantly fewer pregnancies than unvaccinated* women.²⁸ For further reproductive harm, see section IV.11 of the Annex. As a result, there is a clear need for action in addition to the ban on mRNA/DNA vaccinations*: (1) immediate lifting of the vaccination* recommendation for pregnant women, (2) independent, prospective safety and fertility studies, (3) mandatory and publicly accessible recording of all pregnancy, birth and developmental histories following vaccination* and (4) transparent, evidence-based risk education for doctors and patients.

In addition, the UN Covenant on Human Rights guarantees the right to share in the benefits of scientific progress (Art. 15 para. 1(b) ICESCR). This means that the state has a duty to only use new medical technologies responsibly and with comprehensive transparency about the benefits and risks (General Comment No. 25 on the ICESCR). The inadequate communication of the risk-benefit ratio of the COVID-19 vaccination* for pregnant women and children violated these rights to information and participation and undermined the trust of those affected. In summary, due to the lowered safety standards, the disregard for the special protection of mothers and children, the lack of informed consent, the acceptance of unknown risks for the unborn and children and the inadequate risk information, the mRNA vaccination* recommendations for pregnant women and children are objectively drastic violations of the human right to health with particularly serious harm in the reproductive area.

8. Violations of art. 15 ICESCR

The human right to the protection of the intellectual and material interests of creative artists, in particular musicians (Art. 15 para. 1 c ICESCR), is completely inadequately protected in Germany, because the Telemedia Act (TMG) undermines the Copyright Act (UrhG) with its exemplary protection for this human right, and musicians are actively put at the mercy of cultural plundering, particularly by digital corporations. Sales in the music industry in Germany have fallen by 90% within 20 years, as consumers have become accustomed to having free access to music on the internet. The platforms pay the artists a share of the advertising revenue generated by their songs online, not the actual value of accessing their works. The TMG removed the digital industry from liability for copyright infringements on its internet platforms. In 2022, the UrhDAG finally legalized that anyone can upload up to 15 seconds of a piece of music without paying the artist anything for it. The erosion of their intellectual property protection in the digital space made most musicians in Germany economically dependent on the live business.

Concerts were banned for 21 months during the shutdowns due to the supposed SARS-CoV-2 “pandemic” in Germany, and state financial aid for artists was only available much later than for many other industries. Many did not even receive basic subsistence aid because they were supposed to sell their musical instruments first, but there was no market for them during the shutdowns. The state-induced insolvencies led to a wave of suicides among creative artists. They were later allowed to perform again with a smaller audience, which had to have tested negative, been vaccinated* or recovered (3G rule). During ongoing tours, some federal states then demanded that only vaccinated* or recovered audiences (2G rule) were allowed to enter. This left many musicians with the choice of either receiving no financial compensation if they had to cancel concerts due to this condition, being hounded, defamed and discriminated against and often becoming insolvent, or involuntarily becoming accomplices in the imposition of DNA/mRNA vaccines* for SARS-CoV-2, which are estimated to have already killed 16.9 million people worldwide by 31.12.2022 based on excess mortality correlations from 125 countries (sec. IV.1). The shock switch to 2G happened after the national epidemic had already been lifted in Germany and it was already known that vaccination* against SARS-CoV-2 does not protect against infection.

In relation to the digital industry, Germany has drastically violated its duty to protect musicians, and with regard to the shutdowns and the 3G and 2G rules, it has just as seriously violated its duty to respect (see No.

28+30+31+45 General Comment No. 17 on ICESCR). The human right to cultural participation (Art. 15 para. 1 lit a ICESCR) is actively violated by the bans on concerts and by only allowing them under unreasonable conditions during the alleged corona pandemic and by drastically reducing the economic livelihood of musicians, which reduces the amount of newly created music that people can participate in, as well as by the state's failure to guarantee it by abolishing its own German music charts on public radio and TV.

In the meantime, clubs were closed, the wave of club bankruptcies was exorbitant and cultural workers were destroyed. After the ban on cultural workers was lifted after 21 months, cultural workers were forced to work for the liability-free US pharmaceutical industry, in which cultural participation was only possible through a status of medical treatment with an experimental vaccine*. This happened after the pandemic of national scope had been lifted and it was already known that the medical product did not protect against infection.

9. Demands

- Ban all mRNA/DNA vaccines* in Germany
- Establishment of a state compensation fund, modeled on Article 79 of the Rome Statute, to provide reparations for victims of vaccination* and respiratory interventions. The fund shall be financed through the confiscation of assets from private individuals primarily responsible for the human rights violations, as well as from the assets of organizations used to facilitate such actions.
- The burden of proof shall be reversed in favor of the victims, with causality presumed as soon as a plausible link between the intervention and the harm can be established,
- Full rollback of all amendments to the Infection Protection Act (IfSG) introduced in the context of the Corona crisis, restoring its pre-2020 version.
- Creation of an independent state Truth Commission to systematically investigate, document, and evaluate state and non-state actions during the Corona period, drawing on established models such as the Rwandan Truth and Reconciliation Commission.
- Transparent data and research initiative: full publication of raw genome sequence data, vaccination* batch numbers, suspected adverse event reports submitted to the Paul-Ehrlich-Institut (PEI), and the DIVI intensive care/ventilation registry. Independent re-analysis by international, interdisciplinary research consortia shall be ensured.
- Germany must initiate independent investigations into the human rights violations documented in this parallel report. This includes, in particular, the coercion of large parts of the population into receiving mRNA/DNA injections associated with severe health damage or death; the imposition of lockdowns resulting in existential deprivation and hunger; the use of torturous methods such as forced isolation, mandatory masking, psychological manipulation (“nudging”) and coercive shocks; as well as medically unwarranted invasive ventilation. These acts must be reviewed under both criminal and civil liability law.
- Return to the ventilation rules before “Corona”
- Full legal and professional rehabilitation for physicians, nurses, and soldiers who acted in accordance with human rights and the Geneva Declaration during the Corona period — including those who issued mask or vaccination* exemptions or truthfully informed patients about the experimental nature of the Corona vaccinations*. All disciplinary, administrative, and criminal measures shall be repealed, fines refunded, and a formal apology issued by the Federal Ministry of Health.
- Legal prohibition of any form of discrimination based on vaccination* or recovery status. Retroactive compensation for income and pension losses resulting from the 2G/3G regulations or the enforcement of Section 20a of the Infection Protection Act (IfSG). .
- Establishment of a national trauma care program: guaranteed, free access across the country to psychotherapy, specialized trauma clinics, and peer support groups for individuals suffering from

psychological harm caused by Corona-related measures and events.

- Establishment of a public oversight mechanism for all social protection measures: the Federal Government shall submit an annual report to the Bundestag, including standardized indicators on poverty development, post-crisis labor force participation, and the adequacy of the Bürgergeld in covering the needs of households affected by state-imposed restrictions.
- Comprehensive assumption of costs for all necessary medical rehabilitation services, assistive technologies, and care needs of individuals harmed by Corona vaccinations*, respiratory treatments, or governmental measures — integrated as a guaranteed entitlement within the Bürgergeld system.
- The German government is obliged to make transparent what it knows about the origins and promoters of the widespread narrative that instilled fear in children — namely, that they could kill their loved ones by infecting them with SARS-CoV-2. It must be disclosed who initiated, orchestrated, or amplified this messaging internationally, and to what extent German authorities were involved.
- Germany, as a WHO member, has the obligation to initiate a thorough legal and scientific review of WHO guidelines that led to the use of invasive ventilation without medical indication — a practice associated with a significant number of preventable deaths, including within its own healthcare system.
- Given that methods amounting to psychological torture were applied globally during the Corona period — including in Germany — the United Nations should remind the Federal Republic of Germany that psychological torture is absolutely prohibited under international law. This prohibition applies without exception, even in the case of a presumed or actual pandemic. The German government has a binding obligation to protect its population from such practices and to ensure accountability for their use.
- Germany must actively promote public awareness and education on all universally recognized human rights and ensure that existing ethical councils and advisory bodies are restructured or replaced by independent human rights-based institutions that are aligned with international legal standards.
- The psychological manipulation of the population through shocks and nudging must be internationally outlawed below the threshold of torture or hate speech in order to protect the human rights to health (Art. 12 UN Covenant on Human Rights) and the right to self-determination of peoples (Art. 1 para. 1 UN Covenant on Human Rights).
- Germany should advocate for a Responsibility to Protect (R2P) resolution in the UN General Assembly to promote international cooperation in the legal examination and prosecution of grave human rights violations committed during the Corona period.
- Modernize copyright law by obligating digital platforms to license content and share revenues fairly in accordance with the “value gap” principle. Judicial enforcement of copyright claims must be significantly simplified and made more accessible for rights holders.
- Establishment of a permanent Culture Resilience Fund to compensate for income losses in the cultural and creative sectors caused by pandemics or other crises. The fund shall be financed through a levy on streaming services and digital platform revenues.

10. Recommendations to the ICESCR Committee

- Inclusion of the above-mentioned recommendations in the Committee’s Concluding Observations, with a specific request to the Federal Republic of Germany to submit an interim report within two years. This report should detail the progress made in particular with regard to: the prohibition of mRNA/DNA-based vaccinations*; the establishment of comprehensive compensation mechanisms; and the full rehabilitation of persecuted physicians, healthcare workers, and soldiers.
- Request that Germany provide detailed additional information prior to the next periodic review, specifically on: (1) statistical data regarding adverse events following COVID-19 vaccinations*; (2) mortality associated

with respiratory interventions, particularly invasive ventilation; and (3) the number, legal basis, and outcomes of disciplinary or criminal proceedings initiated against medical personnel in the context of the pandemic.

-A thematic follow-up dialogue should be institutionalized, either virtually or in Geneva, involving affected NGOs and civil society actors. Its purpose shall be to ensure continuous oversight of the implementation status of compensation schemes and recovery measures for individuals adversely affected by the pandemic response.

-The Committee should recommend the development of a UN framework guideline for the recognition, investigation, and prevention of psychological torture and coercive psychological practices during health emergencies. This guideline should be informed by empirical findings from the European response to the Corona crisis and anchored in existing human rights standards.

Responsible:

Zentrum zur Aufarbeitung, Aufklärung, juristischen Verfolgung und Verhinderung von Verbrechen gegen die Menschheit aufgrund der Corona-Maßnahmen

Niederhofstr. 26 4/5

A-1120 Wien

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Annexes

I The alleged legitimate reason for the human rights interventions is missing

Any interference into human rights needs a legitimate reason and then has to be suitable, necessary, and appropriate to reach that legitimate reason. But such a very dangerous Sars-CoV-2 „pandemic“, which often has been alleged to be that reason, does not exist.

There are 3 theories about the alleged Sars-Cov-2 „pandemic“, namely that it is zoonotic, created by genetical manipulation, or just no „pandemic“ of that pathogen. In this section, the first two alternatives are excluded, so that only the third remains.

The false impression of the existence of an alleged dangerous Sars-CoV-2 „pandemic“ has not only been created by the PCR test with its masses of false positive results and by psychological encroachments, but also by statistical manipulations.

I.1 No zoonosis because of too low mutation rate

According to Dr. Michael Yeadon, former vice-president of Pfizer, Sars corona viruses usually do not mutate more than 0.3% per year.²⁹

Dr. Yeadon's assessment concerning the low mutation rate of SARS coronaviruses is supported by the study „Moderate mutation rate in the SARS coronavirus genome and its implications“ (by Zhongming Zhao, Haipeng Li, Xiaozuang Wu, Yixi Zhong, Keqin Zhang, Ya-Ping Zhang, Eric Boerwinkle, and Yun-Xin Fu) published at the 28.06.2004. That study estimates the mutation rate as between 0.08 % and 0.238 % nucleotide substitution per site per year, the non-synonymous substitution rate as between 0.116 % and 0.330 %, and the synonymous substitution rate as between 0.167 % and 0.467 %..³⁰

In order to jump over from bats one species to humans, a virus would have to mutate in the way, that it changes the spike protein, so that it then attaches to human receptors instead of bat receptors. It is very improbable, that ever enough bat corona viruses all mutate in the same way (instead of in different random ways) to create an amount of mutated virus, which is sufficient to cause an illness in a body with human receptors. Once the respective viruses have spike proteins, which fit to human receptors, they cannot attach to bat receptors any more and so cannot reproduce themselves in the body of the bat any more. They then would have to get in a sufficient number from the bat into the blood of a human being, in order to be able to cause an illness. So Sars-Cov-2 has not come into existence by zoonosis and natural mutation.

I.2 Adaptation of bat coronavirus for infection of humans via genetical manipulation several times successful in the laboratory, but without contagiousness

The furine cleavage of the spike protein of Sars-Cov-2 has been created by genetical manipulation. The article “MSH3 Homology and Potential Recombination Link to SARS-CoV-2 Furin Cleavage Site” in the “frontiers in Virology” magazine of the 21.02.2022 (by Balamurali K. Ambati, Akhil Varshney, Kenneth Lundstrom, Giorgio Palú, Bruce D. Uhal, Vladimir N. Uversky, and Adam M. Brufsky)³¹ informs, that SARS-CoV-2 is similar to the natural bat corona virus RaTG13. At the same time, the part of the genome of SARS-CoV-2, which encompasses “the furin cleavage site is, regarding a sequence of 19 nucleotides, a 100% reverse complement of the human mutS homolog (MSH3)”. The researchers have not found the mentioned 19 nucleotides sequence in any viral genome except for SARS-CoV-2. According to the article, the probability of such a reverse complement match within a 30,000 nucleotide viral genome is only $3,21 \cdot 10^{-11}$

In addition to that, Dr. Peter Daszak (EcoHealth Alliance) has led the WHO team to investigate the origin of SARS-CoV-2, which has visited the WIV in January 2021 and which he has misled not to look into the WIV

database. Dr. Daszak explained in a speech in London at the 10.03.2021 (pp. 344+345, “Inside Corona”, Thomas Röper, S.K. Fischer publishing house, referring to Vanity Fair) (retranslated from German into English):

“..And we have not requested, to look into the data... As you know, a big part of this work with EcoHealth Alliance was... We basically know, what is in those databases. In those databases, there are no hints at viruses, which were closer to SARS-CoV-2 than RaTG13, that's so simple.”

In the study „A SARS-like cluster of circulating bat coronaviruses shows potential for human emergence“, published in nature medicine at the 29.11.2015 (by i. a., Prof. Dr. Ralph S. Baric and Shi Zhengli) (see also sec. IV.16.1), genetically manipulated mice with human ACE2 receptors have been injected with SARS-CoV – MA 15 (a human SARS-CoV adjusted to those mice) and with SHC014-MA 15 (a bat SARS-like CoV with genetical manipulation to make its spike protein fit to human ACE2 receptors and adjusted to those mice). Both have replicated well in vitro. In vivo, SARS-CoV – MA 15 caused rapid weight loss and death within 4 days, whereas SHC014-MA 15 caused 10% weight loss, but no mortality.

<https://web.archive.org/web/20200202053022/https://www.nature.com/articles/nm.3985.pdf>

The study „SARS-like WIV-1CoV poised for human emergence“³² in 2015 with participation of, i. a., Prof. Dr. Ralph S. Baric, has adapted WIV1-CoV (a bat SARS-like CoV) to genetically manipulated mice with human ACE2 receptors (WIV1-MA 15) and has genetically manipulated it to make its spike protein fit to human ACE2 receptors. And human SARS-CoV has been adapted to mice (SARS-CoV – MA 15). The mice in the experiments have been genetically manipulated in the way, that they have produced human ACE2 receptors, in order to test, in how far the genetically manipulated coronaviruses from humans and from bats could attach to human ACE2 receptors in genetically manipulated mice and cause a disease in those mice. In that experiment, the reproduction of mice-adapted WIV1-CoV in mice has been 10,000 times smaller than that of mice-adapted human SARS-CoV. The mice-adapted human SARS-CoV has killed young mice (10 weeks old) and old mice (12 months old) each within a few days.

The researchers have concluded from their experiment, that WIV1 was able to infect human cells in mice and create illness. They have found, that they could easily reproduce their mice-adapted WIV1 in Vero E6 cells (cancer-like cells of green vervet monkeys), but could not so well reproduce them in epithel cells of the human respiratory system.

Concerning the WIV1-CoV cells, the abstract of the study states, that their spike proteins „are poised to emerge in human populations due to efficient replication in primary human airway epithel cell cultures. However, additional adaption, potentially independent of the spike protein receptor-binding-domain, is required for pathogenesis and epidemic disease.“

That study shows, that even with many genetical manipulations, the infection of humans with coronaviruses from bats is very difficult to create, and a natural spillover of coronaviruses from bat to human extremely improbable. In addition, the statement „additional adaption ... is required for pathogenesis and epidemic disease“ unequivocally shows, that it is „gain of function“ research to create diseases, which are deployable as bio weapons, in the name of anticipating of and protecting against possibly developing zoonotic illnesses.

For scientific laymen, that experiment is explained also in the article „Götter im Labor (Going Viral)“ of the 03.09.2020 by the Medienschafe blog.³³

The article explains, that a virus can infect a cell only, if its spike protein is compatible with the ACE2 receptor protein in the membrane of the cell which shall be infected. But people and bats have different ACE2 receptors.

Also Prof. Dr. Ralph Baric confirmed at a conference in 2018 at the university of North Carolina in his speech „Imagining the Next Flu Pandemic – and Preventing it!“³⁴ (published at Youtube at the 29.05.2018), that the „spike protein mediates species specificity“ (at about 10:42).

The researcher and book author Dr. Michael Nehls has given an interview³⁵ to Oval media in 2023. He explained, that the spike protein of Sars-CoV-2 must have been created by genetical manipulation and not by natural mutation, because specimens have been taken from over 100,000 animals around Wuhan, and in none of them a virus could be found with a furin cleavage like that of Sars-CoV-2. When a virus cell binds to a human cell in order to infect it and to make it produce new virus cells, the connected virus cells splits two times, which takes some time. Regarding Sars-CoV-2, the first split is already there, before the spike protein attaches to a human cell. The furin cleavage is the result of the first split. Making the first split already before the attachment to a human cell makes infections faster. That method has, according to Dr. Nehls, already been discussed by the DARPA in 2018, but DARPA officially decided not to try that idea. The genetic sequence for the furin cleavage has been patented by Moderna already in 2016 and consists of 19 nucleotids.

The „gain of function“ experiments to make bat corona viruses more damaging to other species and to men and more infectious have had success only regarding dangerousness, but not regarding infectiousness. Concerning infectiousness, they have functioned only in vitro, not in vivo. So to make other species than bats ill, they had to be injected into them.

Because of the lacking contagiousness, there has never been a Sars-COV-2 “pandemic”.

Since there are harmful vaccines* with the spike protein of Sars-COV-2 and even more dangerous mRNA/DNA vaccines*, which make the human body produce that spike protein, we can take for granted, that at least the spike protein of Sars-COV-2 exists not only as a computer model. And in view of the fact, that RaTG13 is the bat corona virus with the greatest similarity to Sars-COV-2, it has most probably been created via genetical manipulation of RaTG13.

I.3 Without an isolate, only spike protein of Sars-CoV-2 proven, whole virus neither proven nor disproven

There is still no isolate of Sars-COV-2, so that it remains unclear so far, if the whole Sars-COV-2 virus has been created in the laboratory or only the Sars-COV-2 spike protein.

In order to be able to develop a reliable test for a pathogen or even vaccinations*, a pathogen must be isolated according the Koch's postulates, as the Expresszeitung has very well explained in its edition no. 32³⁶. Most importantly, it must be highly purified after its optical identification. This means separating the virus from all other materials using various methods such as filtration and ultracentrifugation (p. 47 Expresszeitung No. 32). However, according to the Expresszeitung, SARS-CoV-2 has not been highly purified and thus not actually isolated (p. 49). After isolation, the next step would be to check which parts of its genome are typical for the virus and do not occur in other pathogens and especially in cells of the human body.

Also the Chinese scientists (Fan Wu et al, under the lead of Prof. Dr. Zhang), who have published the alleged sequences of the genome of SARS-CoV-2 at the 10.01.2020, do not have an isolate, which is shown in the publication of their study³⁷ in Nature vol. 578 of the 03.02.2020. The Chinese scientists have collected RNA from the bronchial lavage of a patient with pneumonia at Wuhan, but have not made a high purification before that to get an isolate. Their study does not claim at all to have reached an isolate, so that it has not been proven, how much of the RNA belongs to the human body or to other pathogens. The abstract of the study states, that “metagenomic RNA sequencing of a sample of bronchoalveolar lavage fluid from the patient identified a new RNA virus strain from the family Coronaviridae..” - no mention of any high purification. So it has not been ruled out, that the found RNA has in reality belonged to other viruses (particularly influenza), to bacteria, and / or to the human body. The alleged SARS-CoV-2 genome with 29,903 nucleotides has not been found by the Chinese scientists, but based on found RNA snippets of each

up to 150 nucleotides, a model, how the whole SARS-CoV-2 genome might look like, has been calculated by the computer. The 29,903 nucleotides figure is stated in the abstract. The length of snippets is found in study in the quote “Total RNA was extracted from 200 µl of BALF and a meta-transcriptomic library was constructed for pair-end (150-bp reads) sequencing...”. The alignment, i. e., the estimation of the whole virus genome based on only parts, has been oriented on known corona virus genomes. But the researchers have not revealed, why they have done it on those, so that the choice seems arbitrary. The study says: “The viral genome organization of WHCV was determined by sequence alignment to two representative members of the genus Betacoronavirus: a coronavirus associated with humans (SARS-CoV Tor2, GenBank accession number AY274119) and a coronavirus associated with bats (bat SL-CoVZC45, GenBank accession number MG772933).” So after they aligned the RNA snippets to corona viruses, it is not surprising, that in their resulting model of SARS-CoV-2 “...the virus was most closely related (89.1 % nucleotide similarity) to a group of SARS-like coronaviruses (genus Betacoronavirus, subgenus Sarbecovirus) that has previously been found in bats in China”. The study unfortunately has not investigated, how much similarity an alignment to influenza or to other viruses would have brought about.

In a talk at the WEF in 2023³⁸, Frances de Souza, the then CEO of Illumina, has informed about the use of their alignment machines regarding SARS-CoV-2.

He said (3:15-4:40):

“And I think biology is going to have its own digital transformation. We have more and more tools that digitize aspects of biology. So at Illumina, for example, we make machines that do genetic sequences. So you put in blood or some liver or plant material, and we will tell you the DNA, the RNA in that sample. And there is a whole set of use cases after you digitize, you know, the data. Now I will give you a couple. One was during Covid. So we were called into China in the fall of 2020, late 2020, sorry, late 2019, to help them diagnose what was then a flu of unknown origin. And so we did the first sequencing of the SARS-CoV-2 genome, and it was published in January 10. And around the world, what happened, was a couple of companies, so Moderna in Cambridge and BioNTech in Germany, took that data and started working on their vaccine*. So interesting is that Moderna, for example, has never had the live virus on their site. It was all a software problem for them. I know, I was talking to Stephane. He was saying, look, we are basing our entire vaccine* program on that data, you have published. It would better be good data, because that is all we are using. And you get a sense of ... Moderna is arguably one of the most important companies in the world in terms of biology right now. And yet, it's all a software problem for them. And so they use, if once you digitize biology, so can solve biological problems.”

To the question of the talk master: “So actually you are responsible for the vaccine, that we all have”, he answered: “Moderna did. Alright. And so did BioNTech.”

At 15:11, the moderator asked Mr. de Souza, referring to the “China example”: “Are they sharing data with you”, he answered:

“The way it works, is – our customers keep their data on their sites. So they buy machines from us, and they there store the data themselves. So we don't actually have access to our customers' data. They can store it on their own.”

That even Moderna and BioNTech do not have any specimen of SARS-CoV-2, are further pieces of evidence for the argument, that there is no whole SARS-CoV-2 virus at all, but that the whole “virus” has always only been a model, and there is only the artificially created spike protein of it, and the poisonous mRNA and DNA vaccines*, which make the human body produce that spike protein. Six genome sequencings with alignment of specimens from the Wuhan patients at the template of SARS-CoV-1 have led to largely identical results. In view of the fact, that the specimen contain relative small snippets of the genome in relation to its aligned total length, that similarity obviously results to a large part from what template is used for the alignment (here SARS-CoV-1), and which data are included in the respective template. The furin cleavage for the improved attachment to the ACE2 receptor and the long gp (glycoprotein) 120 insert from the HIV genome, which is associated with inflammation, blood clotting, and prion diseases, belong to the aligned genome of SARS-CoV-2 and so belong to the template for the harmful vaccines* regarding SARS-CoV-2. At the same time, those parts (furin cleavage and gp 120 insert from HIV) do not belong to SARS-CoV-1. So they can have got into the alleged genome of SARS-CoV-2 in three ways. They might really have

been in the genome snippets derived from specimens from the patients in Wuhan, the specimen might have been manipulated, or the SARS-CoV-1 templates in the sequencing machines might have been manipulated.

Australia, Brazil, Canada, Colombia, Czechya, Denmark, EU (ECDC), Great Britain, India, Italy, Lithuania, Netherlands, New Zealand, Norway, Philippines, Serbia, Slovenia, South Africa, Sweden, Ukraine, and Uruguay have no isolate of Sars-CoV-2.³⁹

Argentina has no isolate of Sars-CoV-2; see no. 4 of the letter of the 18.06.2021.⁴⁰

China has no isolate of Sars-CoV-2 as the following excerpt of the short interview with Dr. Wu Zunyou, the chief epidemiologist of the Chinese CCDC shows („NBC Nightly News Broadcast (Full) – January 23, 2021 | NBC Nightly News“, 13:30 – 14:00)⁴¹:

„NBC: And why has the data not been shared?

Dr. Zunyou: Well, the didn't isolate the virus. That's the issue.

NBC: What about live animal samples?

Dr. Zunyou: It doesn't tell you anything, if they only tested positive, I do not suspect it's coming from what we originally thought.“

Ireland has no isolate of the Sars-CoV-2, as the Irish health authority HSE has confirmed to the Irish journalist Gemma Doherty at the 23.12.2020:⁴²

„the record concerned does not exist or cannot be found after all reasonable steps to ascertain its whereabouts have been taken“

In September 2021, the Spanish Health Ministry was obliged by a court to confirm, is an isolate of Sars-CoV-2 is available to it. So it confirmed, that it does not have such an isolate:

„El Ministerio de Sanidad no dispone de cultivo de SARS-CoV-2 para ensayos, u no tiene registro de los laboratorios con capacidad de cultivo aislamiento para ensayos.“^{43 44}

The team of Samuel Eckert has had published its discussion, which it has had via email from 10.09.2020 to 11.11.2020 with Prof. Dr. Marcel Tanner, Prof. Dr. Volker Thiel, and Matthias Schweizer focussing on the question, on which scientific basis Switzerland has based its belief in the existence of SARS-CoV-2, and if there is any isolate of SARS-CoV-2. In the course of the discussion, the Swiss scientists have not been able to name any publication of experiments with an isolation of SARS-CoV-2, but only publications claiming, that there was an isolate. So one can conclude, that Switzerland does not have an isolate of SARS-CoV-2. Prof. Dr. Tanner and Prof. Dr. Thiel belong to the “National COVID-19 Science Task Force”, which counsels the Swiss government on SARS-CoV-2.^{45 46}

The USA have no isolate. In the paper “CDC 2019-Novel Coronavirus (2019-nCoV) Real Time RT-PCR Diagnostic Panel“ of the US disease control agency CDC of the 13.07.2020 in section „Performance Characteristics“ at p. 39 is stated:⁴⁷

„Since no quantified virus isolates of the 2019-nCov are currently available, assays designed for detection of the 2019-n-CovRNA were tested with characterized stocks of in vitro transcribed full length RNA (N gene; GenBank accession: MN 908947.2) of known titer (RNA copies/μL) spiked into a diluent consisting of a suspension of human A549 cells and viral transport medium (VTM) to mimic clinical specimen.“

The study “Unnatural evolutionary processes of SARS-CoV-2 variants and possibility of deliberate natural selection”⁴⁸ by Atsushi Tanaka and Takayuki Miyazawa has been published at the 15.08. 2023. The study is based on published data regarding the alleged genome respectively viral sequences of SARS-CoV-2 and its alleged variants and on scientific literature about it (pp. 6-12), not on own isolates of it. It compared what had been published by others to be the genome of the alleged original SARS-CoV-2 virus from Wuhan and its alleged Omicron variants. The study found, that the alleged Omicron variants cannot have developed by natural mutation, because among the alleged variants of Sars-CoV-2, there were only two synonymous ones

and nearly only non-synonymous ones, “Synonymous” means changes of genes without changes of protein expression; that would have occurred more often, if the alleged “variants” were based on natural mutation (p. 3). In addition to that, it is not logical, that Omicron shall have developed from natural mutations in the way of homologous recombination with variants, which were allegedly not prevalent any more at that time (p. 4). The study concludes, that the alleged variants are based on genetical manipulation or alternatively on unreliable data (pp. 5+6).

I.4 The abuse of the PCR test for Sars-C0V-2 and of modellings

The WHO has already at the 21.01.2020, before even its scientific publication, recommended world-wide the PCR test for Sars-C0V-2 by Prof. Dr. Christian Drosten et al.⁴⁹, which reacts on smallest amounts of corona virus material (not only Sars-C0V-2), which contain specific gene sequences, much below the amounts of virus material, which is needed to cause an illness. An independent peer review⁵⁰ by other scientist has been published at the 29.11.2020 and recommended to withdraw the publication of that PCR test. The peer review has, i. a., critized, that the test leads to many false positive results (for an overview, see section „summary catalogue of errors found in the paper“ of the peer review). The PCR test for Sars-C0V-2 uses „extremely high concentrations of primers“, has six unspecified positions in one of the primers, „cannot discriminate between the whole virus and viral fragments“, does not standardize the annealing temperature for the test, recommends a too high number (45 instead of normal 30) of amplification cycles, has „not been validated at the molecular level“, „contains neither a unique positive control to evaluate its specificity for SARS-CoV-2 nor a negative control to exclude the presence of other corona viruses“, each of these reasons causing more false positive results. You find the peer review attached as „Exhibit B“ to a petition filed by Dr. Wolfgang Wodarg and Dr. Michael Yeadon.

The work at the PCR test for Sars-C0V-2 has started with guessed „candidate“ models on the computer based on Sars-C0V-1 and has then more or less adapted to the published data of gene sequences presumably belonging to Sars-C0V-2 (episode 16 of 18.03.2020 of NDR's intermittent daily interview series "Coronavirus Update with Christian Drosten")⁵¹, which were derived from not isolated specimen from patients in Wuhan. That test and its recommendation by the WHO was the basis for the „test pandemic“, i. e., for counting healthy people and people with other respiratory illnesses (particularly with influenza and/or bacterial pneumonia) as infected with Sars-C0V-2.

The online magazine Multipolar sued the RKI (a German authority like the CDC in the USA) for the publication of the minutes and agendas of the RKI Corona Crisis Unit for the period 06.01.2020 to 30.04.2021 before the Berlin Administrative Court (file number VG 2 K 278/21) and was partially successful. In April 2023, the RKI submitted the minutes in parts heavily redacted. A continuation of the action for redaction is pending and a court hearing is scheduled to take place on 08.07.2024.⁵²

On 20.03.2024, Multipolar decided to publish the minutes received to date. The minutes were made available for download at⁵³

On 30.05.2024, the RKI published the minutes for the period 14.01.2020 to 30.04.2021 in largely unredacted form as a PDF of 2,515 pages on its website:⁵⁴

On 23.07.2024, the Berlin journalist Aya Velásquez (pseudonym) published the RKI minutes for the period 14.01.2020 to 05.07.2023 with additional material after she received the files from a whistleblower who, according to her, had full access to the original files as a former employee of the RKI. The files were published on the website⁵⁵. On 7 August 2024, the RKI confirmed that this publication includes all minutes and agendas of the RKI's COVID-19 crisis team along with accompanying documents relating to the respective meetings of the RKI crisis team, such as email histories.⁵⁶

The “RKI Files” show, how far away from the scientific knowledge of the RKI personnel its leadership and the German and international policy regarding SARS-CoV-2 were. The most important revelation of the “RKI Files” is, that the alleged SARS-CoV-2 “pandemic” was even more a modelling “pandemic” than a test “pandemic”. Here are a few particularly striking examples.

The scaling up of the risk assessment by the RKI from “moderate” to “high” was explained at the 17.03.2020

with “a strong increase of the case figures” (“starken Anstieg der Fallzahlen”) (p. 5 of the RKI protocol of the 17.03.2020, p. 381 of the “RKI Files” pdf). The “RKI Files” reveal at p. 4 of the protocol of the 20.03.2020 (p. 412 of the “RKI Files”), that the scaling up of the risk assessment (and so also the first lockdown in Germany) was done based on mere modelling: “We escalate on the basis of modellings.” (“Wir eskalieren aufgrund von Modellierungen.”). That means, the alleged “strong increase of the case figures” was even not based on a respectively large amount of positive tests with the test by Prof. Dr. Drosten, but completely arbitrarily on tailored modelling, on science-fiction instead of science. The modelling by Prof. Dr. Neil Ferguson with its drastic prognostications of Covid-19 deaths particularly in UK and USA, which was crucial for the shock propaganda in those countries and world-wide, was published at the 16.03.2020. At the 25.03.2020, the RKI stated, that the epicurve is slowly flattening, but this should not yet be communicated in external communications due to compliance with the measures” (p.3 of the protocol, p. 449 of the „RKI Files“), and that „it is better not to formulate the trends at first, as otherwise it may be difficult to justify further measures.”(p. 7 of the protocol, p. 453 of the „RKI Files“. That proves again, that the corona shock measures did NOT aim at the reduction of alleged „infections“, but at other purposes.

The WHO had a model to switch world-wide at the same time from the respective current phase to the respective next phase of the alleged SARS-CoV-2 „pandemic“ (modelling). The then Federal Health Minister of Germany, Jens Spahn, wanted to switch together from phase to phase at the same time within the EU and advocated for his idea to the ECDC. According to the notices of the RKI staff, the phase model by the WHO was discarded, because the change from one stage the next [in the spread of a disease] is not „punctual“ world-wide at one point of time, but „fluidly“ differing between different places (p. 5 of the protocol of the 05.03.2020, p. 296 of the „RKI Files“). That was before the 11.03.2020, before the date, when the alleged SARS-CoV-2 „pandemic“ was announced by the WHO. It proves, that at the very least, Dr. Tedros Adhanom Ghebreyesus (from whose WHO the proposal for world-wide temporal uniformity originated), Jens Spahn (from the proposal for EU wide temporal uniformity originated), Prof. Dr. Wieler (who as the President of the RKI knew the RKI protocols), and persons at the ECDC, whom Jens Spahn contacted regarding his concept, have known already no later than the 05.03.2020, that the alleged spread of SARS-CoV-2 was just a model.

In addition to that, there was an attempt to reach a world-wide coordinated second lockdown at the same time, until a bioweapon vaccine* regarding SARS-CoV-2 would be available; that idea also was not put into reality, and the RKI staff recommended against it, for it would cause hunger and hinder the production and distribution of the vaccines* (p. 6 of the protocol of the 26.10.2020, p. 1,692 of the „RKI Files“).

Without the PCR test for Sars-CoV-2 and the modellings, all violations of the human right to health (art. 12 ICESCR) explained in this parallel report would not have taken place, including the proclamation of a Sars-CoV-2 „pandemic“, shutdowns with its impact on hunger, shock propaganda and nudging with their impacts on particularly mental health, urged and enforced administration of harmful substances misleadingly declared as vaccines* with globally meanwhile over 17 million deaths and a manifold of that figure of grave health damages, and health damages and killing of many people world-wide by invasive ventilation would not have happened. Without that test and without arbitrary modellings, which were deceptively presented, as if they were based on measured results, there would only have been, as such recognizable, baseless modellings of fatalities by Sars-CoV-2, which soon would have been disproven by death statistics.

I.5 Statistical manipulations

The false impression of the existence of an alleged dangerous Sars-CoV-2 „pandemic“ has not only been created by the PCR test with its masses of false positive results and by psychological manipulations, but also by statistical manipulations.

The WHO suspended its influenza statistics from April 2020 to December 2020. By that manipulation and by the missing differential diagnostics between Sars-CoV-2 and influenza, it has been concealed to the world public, that most symptomatic people with positive PCR test for Sars-CoV-2 had in reality influenza.⁵⁷

The WHO has established the counting of people, who die within 28 days after a positive test for Sars-COV-2, as deaths from Sars-COV-2, no matter, what the really death cause is..^{58 59 60}
The EU and many countries in Europe including Germany have followed that manipulative 28 days recommendation.

The deaths of patients, who died resulting from the application of the WHO recommendations of the 13.03.2020 and of the 27.05.2020, were also counted as Sars-COV-2 deaths.

II Why harmful, genetically manipulating preparations are presented as vaccines* regarding Sars-COV-2

There is an international tradition, which developed during the First World War, that producers of vaccines* are exempted from liability under civil law. So there is a huge interest of pharma corporations to prefer vaccines* before other medicaments, no matter which is medically better, in order to reduce liability risks.

No. 2.1 s. 1+2 of EU directive 2009/120/EC⁶¹ contains a legal definition of gene therapy and an important exemption from it:

„(a) it contains an active substance which contains or consists of a recombinant nucleic acid used in or administered to human beings with a view to regulating, repairing, replacing, adding or deleting a genetic sequence;

(b) its therapeutic, prophylactic or diagnostic effect relates directly to the recombinant nucleic acid sequence it contains, or to the product of genetic expression of this sequence

Gene therapy medicinal products shall not include vaccines* against infectious diseases.“

So the EU law has allowed in 2009 to create medicaments, which genetically manipulate human beings. And if those genetically manipulating medicaments are produced as vaccines* against infectious diseases, they are allowed to be presented as “vaccines”* instead of as „gene therapy“.

A classical vaccine* contains a whole pathogen or a part of it, weakened or dead. So the vaccinees* get immune protection and are exposed for that purpose to smaller risks, than the exposure to a living pathogen would mean for them. The immune protection even lasts, when there are of the injected pathogens any more in the body.

In contrast to that, the mRNA/DNA vaccines* make the human body itself life-long produce the most dangerous part of the pathogen (here the spike proteins) in its own body cells.

Many people do not understand the difference, and think, when they hear „vaccine“*, that the risk was not bigger than with a classical vaccine*.

In the USA, the definition of a vaccine* has been weakened, with the result, that now even medicaments, which cannot bring immunity, are allowed to be called vaccines*.

The old first sentence of the definition has been:⁶²

„A product that stimulates a person's immune system to produce immunity to a specific disease, protecting the person from that disease.“

The changed first sentence of the definition is:⁶³

„A preparation that it used to stimulate the body's immune response against diseases.“

The harmful corona vaccines*, which use the mRNA or the DNA method to make the human body produce the spike protein of Sars-CoV-2, are also very officially presented as genetically manipulating, but many superficial and shocked ordinary people have not realized that decisive difference to conventional vaccines*, because those preparations are presented as vaccines*.

For the mRNA method, which is applied, i. a., by Biontech/Pfizer and by Moderna, the manipulated genes are transported via lipid nano particles.

For the DNA method, which is applied, i. a., by AstraZeneca and by Janssen (Johnson & Johnson), the manipulated genes are transported via adenovirus envelopes.

Both methods manipulate human body cells to produce a spike protein, which is claimed to belong to Sars-Cov-2, to be attacked by the human immune system.

The genetical manipulation of the human body by the mRNA method is proven by the EMA statements on Comirnaty (Biontech/Pfizer) and Spikevax (Moderna) each in the section „How does Comirnaty work?“ respectively „How does Spikevax work?“:^{64 65}

„...It contains a molecule called mRNA which has instructions for making the spike protein. This is a protein on the surface of the Sars-Cov-2 virus which the virus needs to enter the body's cells. When a person is given the vaccine, some of their cells will read the mRNA instructions and temporarily produce the spike protein. The person's immune system will then recognise this protein as foreign and produce antibodies and activate T cells (white blood cells) to attack it... The mRNA from the vaccine* does not stay in the body but is broken down shortly after vaccination.“

The last sentence by the EMA is formulated a bit misleadingly. It does NOT claim, that the genetical manipulation would leave the human body, but only that the mRNA, which is transported by the jab does not stay unchanged in the human body. Correct, it enters human cells and is inserted into their DNA.

The genetical manipulation of the human body by the DNA method is proven by the EMA statements on Vaxzevria (AstraZeneca) and Janssen (Johnson & Johnson) each in the section „How does Vaxzevria work?“ respectively „How does Covid-19 Vaccine Janssen work?“:^{66 67}

„...It is made up of another virus (adenovirus) that has been modified to contain the gene for making the Sars-Cov-2 spike protein. This is a protein on the surface of the Sars-Cov-2 virus which the virus needs to enter the body's cells. Once it has been given, the vaccine delivers the Sars-Cov-2 gene into cells in the body. The cells will use the gene to produce the spike protein... The adenovirus in the vaccine cannot reproduce and does not cause the disease.“

The last sentence by the EMA is formulated a bit misleadingly. It does NOT claim, that the DNA transported into the human body would not replicate or that the DNA would not cause a disease. It only correctly claims, that the adenovirus envelope (the means to transport the DNA in the human body) does not replicate and, and that the adenovirus envelope itself does not cause any disease.

Also the VFA, the lobby organization of the pharma corporations with own research in Germany, shows at its website in pictures the differences between the methods mRNA vaccine*“ transported with lipid nano balls , DNA vaccines* transported with adenovirus vectors, and classical dead virus vaccines*.⁶⁸

Biontech itself confirms, that mRNA vaccines* genetically manipulate the human body:⁶⁹

„...Diese Impfstoffe enthalten Informationen aus der mRNA, darunter den 'Bauplan' oder Codes eines bestimmten Virusmerkmals (Virusantigen). Anhand der Informationen kann der Körper dieses Antigen selbst produzieren: Die mRNA überträgt die Informationen für die Produktion des Antigens an unserer Zellmaschinerie, die Proteine herstellt. Zellen in unserem Körper präsentieren dann das Antigen auf ihrer Oberfläche und lösen dadurch die gewünschte spezifische Immunantwort aus...Im Gegensatz zu herkömmlichen Impfstoffen enthält ein mRNA-Impfstoff somit selbst keine viralen Proteine, sondern nur die Informationen, die unsere eigenen Zellen benötigen, um ein Virusmerkmal zu produzieren, das die gewünschte Immunantwort auslöst...“

(„...These vaccines contain information of the mRNA, among them the 'construction plan' or codes of a particular virus feature (virus antigen). On the basis of those pieces of information, the body itself can produce that antigen: The mRNA transfers information for the production of the antigen to our cell machinery, which produces the proteins. Then cells in our body present the antigen on their surface and so cause the intended specific immune answer.... So in contrast to conventional vaccines, a mRNA vaccine itself does not contain viral proteins, but only those pieces of information, which our own cells need to produce a feature of a virus, which causes the intended immune answer...“)

Moderna itself shows, that its mRNA vaccines* genetically manipulate the human body, and that they, for that purpose, at first have to circumvent the human immune system, and to enlist human ribosomes to produce the respective virus protein:⁷⁰

„...We need to get the mRNA into the targeted tissue and cells while evading the immune system. If the immune system is triggered, the resultant response may limit protein production and thus, limit the therapeutic benefit of mRNA medicines. We also need ribosomes to think the mRNA was produced naturally, so they can accurately read the instructions to produce the right protein. And we need to ensure the cells express enough of the protein to have the desired therapeutic effect..“

Under the misleading presentation as vaccination*, the harmful preparations outflank the immune system, so that they can cause damage in the whole body. The presentation as vaccines* was also decisive for the result, that governments, in good faith, themselves have ordered the production of such preparations in order to be able to provide them to their population with affordable costs, without anticipating the devastating health impacts.

The Lipid nanoparticles also have the purpose to overcome the blood-brain-barrier and damage the hippocampus via the spike proteins and the immune reaction to them. See sec. III.4.

III. Psychological manipulations with drastic impacts

III.1 Shock strategy and methods of psychological torture

The perception is the centre of the human psyche. This is depicted, i. a., in the shell model of the human psyche according to the psychoanalyst Carl Gustav Jung. Thoughts (as an expression of the rational reason) and dreams (as an expression of the symbolic reason) as well as feelings come and go like clouds in the sky. The perception remains uninterrupted during the whole human life including the dying process (and depending on experience and world view also extending beyond it). Reason and feelings are powerful and valuable tools, but crucial is, what we do with our perception. What we direct our perception to, decides, which pieces of information we get, and which options to act we recognise. There is a correspondence between our emotional state, where in our body our perception is centered, how we breathe, and how the magnetic field of our body changes. By means of techniques regarding consciously directing our perception and regarding breathe, you can, even in outer stress situations, remain relaxed and heartily and center the perception in your heart. For many people, this regulation to relax via the breath, also functions unconsciously. A big, but decreasing, number of people identify themselves with their reason or with specific contents, instead of staying in a careful critical distance, and so are manipulatable by contents which are presented to them via media. You can attract the attention of unconscious people, who cannot observe their own feelings and thoughts, to any content you want. To be resilient against psychological manipulations via media, we need to be in a perceptive distance to our reason and to our feelings, which enables us to choose freely to what contents and even to which of our thoughts we want to direct our attention to. If we, in contrast to that, identify ourselves with our reason or with specific contents of it, then already the questioning of specific contents because of new pieces of information can cause a feeling of self-dissolution, with the result, that one even more clings to habitual beliefs, that one tries to suppress information that does not fit with them, and that one tries to get control over people who spread pieces of information not fitting to the habitual beliefs. A narrowed view of politicians has greater impacts than a narrowed view of simple citizens.

Our perception shifts smoothly when we fall asleep, and also when we wake up. In the dying process, the perception moves out of the dying body, as many openly accessible reports of people with near-death experiences show. When we are shocked, and particularly when the shock is so strong, that a trauma is caused, our perception is shifted abruptly and forcefully, which causes fear of death. When we, after a trauma, try to shift our perception back, this attempt causes fear again.

In the corona crisis, a majority of ordinary people as well as of decision-makers have been intentionally shocked to cause a trauma, here particularly in the form of a pretraumatic stress disorder (preCL, see sec. III.2). One can visually imagine a trauma as a deep impression. The perception focuses around the trauma.

Contents, well-known ones as well as newly perceived ones, are unconsciously ordered from the perspective of the trauma. That way, the perception has psychologically forcefully shifted and narrowed, and decision-makers acted under shock and trauma, with the motivation to protect their populations, as if Sars-CoV-2 was the greatest danger at all, most of them realizing only with a large delay, that the praised mRNA/DNA corona vaccines*, which they were induced to impose on their populations, cause grave health damages or death to many people. In addition to that, the shock propaganda also manipulates the production of index neurons in the brain and so the biographical memory; see insofar t section III.4 of this letter.

The shock propaganda and the shock measures, which have been recommended under the pretext of the fight against Sars-CoV-2, have a severity of psychological torture according to the chart of coercion, which has been first described by Prof. Dr. Albert D. Biderman according to experiences from the Corea War, and which has been used by Amnesty International at least since 1975 to assess, which behaviour is grave enough to be psychological torture, as well as by torturers, e. g., at Guantanamo and in the corona crisis, as a decisive inspiration for the psychological part of their respective torture. The chart of coercion contains isolation, monopolization of perception, induced debility and exhaustion, threats, occasional indulgencies, demonstration of omnipotence, degradation, and enforcing trivial demands. These features have obviously been fulfilled in the corona crisis, e. g., by enforced isolation, enforced ventilation respectively enforced medication with overdosed sedativa, delayal of surgeries, enforced invasive testing, urged and enforced deployment of harmful vaccines* with often degrading health damages, destruction of jobs and enterprizes, separation of families, and threats with Sars-CoV-2, violence, and social exclusion.

Political decision-makers have been instrumentalized, mainly by means of grave psychological violence, which amounts to torture, to enforce the shock measures on their populations. That has been supported by loans from IMF and Wolrd Bank, which are granted only to countries, which establish such shock measures. At the same time, political decision-makers are also victimized by those shock measures and by the harmful corona vaccine* deployment. All recipients of that kind of vaccinations* suffer damage to the immune system, to the heart and to the index neurons (and so to the autobiographical memory), albeit to very much differing degrees. There are important pieces of evidence, which suggest, that high-ranking political decision-makers might have been killed by invasive ventilation, and there are high-ranking political decision-makers with grave health damages from the harmful corona vaccines*.

In the concentration camps of the Nazi/IG Farben dictatorship in Germany, countless human experiments and torture were carried out. While some of the worst Nazi criminals were sentenced after the Second World War, in contrast, scientists from the concentration camps and their documents were brought to the USA as part of Operation Project Paperclip. Inspired by their documents and concentration camp scientists, the mind control and torture research programme "MK Ultra" was created in the USA with over 100 subprojects. More details are described in the books "TranceFormation of America" by Cathy O'Brien, "Die CIA Lüge" by Egmont R. Koch (Aufbau publishing house) and "Dunkle Neue Weltordnung" by Dr. Marcel Polte. These included a project to erase significantparts of the memory by means of electric shocks for the purpose of re-education and the "MKUltra Monarch" project for splitting personalities by means of the most severe sexualised violence. The film "The Shock Doctrine" by Naomi Klein explains how the experiences from the torture methods tested at MKUltra have been used to shock entire peoples in order to achieve political and economic goals that they would otherwise not put up with. The types of torture mentioned in the film have a great deal of overlap with Prof. Biderman's chart of coercion. The shock strategy has, as explained in that documentary, e. g., been applied with the aim to cheaply sell off the assets of countries and in the way of austerity measures imposed by IMF and World Bank, which have deprived many people even of their access to sufficient food and to health care. According to para. 69 of the official report of 07.02.2001(ref. E/CN.4/2001/53)⁷¹ by Prof. Dr. Jean Ziegler, the then UN Special Rapporteur on the Human Right to Food the IMF and the WorldBank are the second largest cause of hunger in the world, after the for hunger in the

world, after the injustice in the world trade system and even before biotechnology in agriculture and before wars.

The study „Torture vs Other Cruel, Inhuman, and Degrading Treatment – Is the Distinction Real or Apparent?“ (Metin Basoglu, PhD; Maria Livanou, PhD; Cvetana Crnobaric, MD)⁷² (March 2007) interviewed 279 torture survivors from Yugoslavia. It found, that physical maltreatment does not generally more amount to torture (and not only other cruel, inhuman, and degrading treatment) than psychological maltreatment. Instead, the psychological suffering both regarding physical and psychological maltreatment depends on the amount of distress and on the loss of control. Both depends on the perception of the victim. The respondents had to assess each of 46 named torture techniques on a scale from 1 to 4, where 4 means the strongest gravity. The 46 techniques were sorted in 7 groups (sexual torture, physical torture, psychological manipulations, humiliating treatment, exposure to forced stress positions, exposure to sensory discomfort, and deprivation of basic needs). Average distress values over 3 existed for techniques among all groups, but particularly among sexual torture, physical torture, psychological manipulations, and humiliating treatment. That already threats cause so much suffering, is explicable by a pretraumatic stress disorder (preCL), which already damages the index neurons and manipulates the human memory (see sec. III.2+III.4).

III.2 Scientific proof of the importance of preCL in the corona crisis

The study „Why the COVID-19 pandemic“ is a traumatic stressor“ of the 22.09.2020 (by Victoria M. E. Bridgland, Ella K. Moeck, Deanne M. Green, Taylor L. Swain, Diane Nayda, Lucy A. Matson, Nadine P. Hutchison, and Melanie K. T. Takarangi)⁷³ has shown, that regarding Sars-CoV-2 people have suffered Pretraumatic Stress Disorder (preCL) more than Posttraumatic Stress Disorder (PTSD). 1,040 people from Australia, Canada, Great Britain, New Zealand, and USA have participated online in the study (pp. 2+6). The answered questionnaires showed 13.2% PTSD, 28.8 % mild to moderate depression, 24 % severe to extreme depression, 15.9 % mild to moderate anxiety, 16.1 % severe to extreme anxiety, 22.6 % mild to moderate stress, 14.4 % severe to extreme stress, and 64% impaired social functioning (pp. 12+13). The PTSD usually is regarded as „traumatic stress reactions to past, and largely direct, exposure to certain life-threatening events“ (p. 3). The study investigated, in how far indirect exposure and only anticipated experience accounts for traumatization regarding Sars-CoV-2. It found, that the participants anticipated ($M = 8.98$, $SD = 5.24$) more traumatizing events than they experienced ($M = 6.34$, $SD = 2.74$) (p. 13). The worst experiences were lockdowns (13.1 %), trouble obtaining supplies (11.2 %), and voluntary self-sustaining (10.8 %), and the worst anticipated experiences were close family / friends passing away (38.1 %), becoming ill or passing away oneself (22.2 %), and close family / friends tested positive (9.2 %) (p. 13). The difference (d) regarding PTSD symptoms was bigger between anticipated and not anticipated (0.44 for „contact“ with the virus, 0.25 for losing work / income, 0.15 for lockdown directives, and 0.18 for changes to children / dependants) than between experienced and not experienced (0.34 for „contact“ with the virus, 0.18 for losing work / income, 0.13 for lockdown directives, and 0.15 for changes to children / dependants) (p. 14). 73.5 % of the participants reported at least 1 symptom related to only anticipated experiences (p. 15). The emotions associated with the participants' worst experienced and anticipated events had a stronger influence on the traumatization than demographic (income, age etc.) or objective exposure (p. 19). Only 2% of the participants had been tested positive for Sars-CoV-2, and only 5% reported close family / friends had tested positive (p. 20), and the study assessed it therefore to be „likely that the psychological fallout from COVID-19 may reach further than the medical fallout.“

Traumatization by only anticipated events means preCL. The study shows the impact of the shock propaganda. People were (before the corona vaccination* campaign) concerned most regarding possible grave health damages and death of their loved ones and of themselves, but were in terms of real experiences hit most by the lockdowns.

III.3 Nudging

Nudging has been developed in the behavioral economy. Nudging as such works without enforcement, but it manipulates people abusing their will to adapt to a (seeming) majority (because of the fear of social exclusion) and their tendency towards convenience. Methods of nudging are, e. g., presenting the desired behaviour as a social norm, or making it a default rule or more convenient than other behaviours. If the effects of nudges are beneficial or destructive, depends on into what behaviour people are nudged. Nudging is criticized for undermining democracy, basic rights, and informed consent.⁷⁴

The impact which already nudging alone can have, has been shown in 1978, when the sect “People's Temple” committed a mass suicide in Jonestown, Guyana. Most sect members complied and killed their children and themselves (p. 55, „Improving decisions about health, wealth and happiness“, by Thaler R and Sunstein C., New Haven, CT: Yale University Press, 2008).

Nudging has a more sophisticated appearance than the shock strategy, and both have their origin in MK Ultra. With nudging, measures in health policy, which makes ill, can be more easily implemented without the use of torture becoming obvious to population and decision-makers or typical terms from torture being used. Regarding corona, nudging is applied in addition to the shock strategy and with enforcement. Governments and populations have been psychologically manipulated and been driven into actions, which they would never do without the influence of shock and nudging.

The study “Vaccination as a social contract“ (by Prof. Dr. Cornelia Betsch et al, published 30.06.2020, filed 08.11.2019) has proclaimed vaccination* as a moral obligation.⁷⁵

The occasion for that allegation was regarding a normal conventional measles vaccination*, but the concept of a seeming moral obligation to to get vaccinated* was and is being used as a pretext to nudge and to even force people into accepting the harmful corona vaccines*. In addition to that, the reference to arbitrarily determinable and legally non-binding morals lures the attention away from binding human rights, among which at least the rights to health (art. 12 CESCR; no. 8 General Comment 14 to the CESCR) and to physical integrity (art. 3 EU Basic Rights Charter) contain the patient's right to informed consent. And it diverts the attention away from the Geneva Medical Pledge, which also contains the informed consent.

Also the study „Social and behavioral consequences of mask policies during the COVID-19 pandemic“ (by Prof. Dr. Cornelia Betsch, Lars Korn, Philip Sprengholz, Lisa Felgendreiff, Sarah Eitze, Philip Schmidt, and Robert Böhm, filed to PNAS at the 07.06.2020, approved at the 22.07.2020, published at the 08.09.2020)⁷⁶ uses nudging. They used nudging in their survey, if people, who reject masks are regarded as less empathic. Manipulative is, that they didn't regard the physical and psychological damages from masks and their effects in psychological torture according to the chart of coercion, but just presupposed, that masks prevented infections with Sars-COV-2 (without proving that claim).

COSMO (COVID-19 Snapshot Monitoring) has started at the 03.03.2020. It conducts weekly surveys to “assess the relations between risk perceptions, knowledge and misinformation to preparedness and protective behaviour regarding COVID-19 in Germany”.⁷⁷

At the 02.04.2020, the article „Monitoring behavioural insights related to COVID-19“ by Prof. Dr. Cornelia Betsch (COSMO, University of Erfurt), Prof. Dr. Lothar Wieler (RKI), and Katerina Habersaat (WHO) has been published in Lancet⁷⁸. It informs, that the COSMO tool for a weekly survey was initiated in Germany at the 03.03.2020 (see above), and that the WHO supports countries in the implementation of that tool. It aims to protect „public trust“ in the corona „interventions, policies, and messages“ (shock measures and shock propaganda) and to reach „behavioural insights“. The article regards the COSMO studies „as a necessary supporting mechanism for other support measures“. The results of the surveys shall also be used to instrumentalize the media: „Journalists need timely knowledge about developing audience behaviour and habits to rapidly tailor information sharing and to develop narrative tools that encourage behaviour changes according to evidence from risk communication research“.

The COSMO surveys do not investigate the impact of the corona shock measures and shock propaganda. They narrow the view on the acceptance in the population. Their first survey (03.-04.03.2020) already included questions regarding the effectiveness of masks against spread and infection (p. 6) and regarding the fight against misinformation (p. 11), when those issues were not focused in the mass media yet. The seventh one (14.-15.04.2020) posed questions for the case, that there was a safe and effective vaccine* against Sars-C0V-2. Survey 15 (23.-24.06.2020) tested the acceptance for a voluntary versus a compulsory vaccination* against Sars-C0V-2. The questionnaires 20 (01.-02.09.2020) and 24 (27.-28.10.2020) tested the willingness to get the vaccine*, if it was available and officially recommended for the population group, which one belongs to. In reality, the mRNA/DNA vaccines* against Sars-C0V-2 are harmful and have caused until the 02.09.2023 estimated 16.97 million deaths (sec. IV.1). The survey 14 (09.-10.06.2020) posed questions regarding a triage, when 50 Sars-C0V-2 patients need ventilations, but only 25 ventilators are available. In reality, many people were killed by medically untenable ventilation (and then presented as alleged deaths from Sars-C0V-2) based on the recommendations by the WHO of the 13.03.2020 and of the 27.05.2020 (sec. I.1). Survey 34 (26.-27.01.2021) tested the willingness to endure the corona shock measures, until there would be no positive test results for Sars-C0V-2 any more, but did not disclose, that this means endless shutdown. Particularly encroaching regarding the application of nudging were the questions regarding punishment, namely punishment of people, who do not comply with the vaccination* recommendations by the health authorities concerning themselves (survey 35, p. 11, 09.-10.02.2021; survey 36, p. 10, 16.-19.02.2021; survey 54, p. 11 19.-20.10.2021; survey 55, p. 12 02.-03.11.2021) respectively concerning their children (survey 43, p. 14, 18.-19.05.2021), or who reject self-tests for Sars-C0V-2 (survey 39, p. 17 23.-24.03.2021).

COSMO tested with its surveys, how much the population was willing to endure, how far one could go, often in advance, so that the respective shock propaganda and shock measures could be adjusted to those insights.

III.4 The damaging of index neurons by shocks and inflammations and its impacts

The researcher and book author Dr. Michael Nehls has given an interview⁷⁹ to Oval Media in 2023, in which he explained, how shocks and spike proteins severely damage the index neurons in our hippocampus and so severely damage the autobiographical memory.

Our autobiographic memory in the hippocampus area of the brain can permanently store everything, which we have heard or thought at least once. That works particularly well with thoughts, which make enthusiastic. The brain stores, what we have thought, when and where we have thought it, and how it has felt. We store thoughts in our memory sorted via the place and the time. Dr. Nehler conducts medical research regarding those index neurons with the information about time and place of our thoughts. When we have heard or thought a lot during the day, we get tired. This natural effect is called „ego depletion“. In that state, we still can execute routine tasks, but thinking is more exhausting. The ability to store new information without deleting old memories depends on the production of new index neurons. The hippocampus can produce thousands of new index neurons during sleep. Without new index neurons, we would be chronically ego depleted, i. e., unwilling to receive new thoughts. In order to make a human being accept everything, one just needs to hinder him from producing enough new index neurons, which chronically exhausts him. A sufficient amount of index neuron production is also necessary for resilience against depression. The insufficient production of index neurons is also the main cause of Alzheimer. We can keep our memory young life-long, and the sufficient production of index neurons is the correlate of our natural curiosity. If we do not use our index neurons, they die, and our memory shrinks. Human beings have the potential to let one's hippocampus grow between 1 % and 3 % per year, but on average today, it shrinks during life-time between 1% and 1.5 % per year. As a result, depression has been severe mental illness no. 1 already in 2019 (a peak officially declared by WHO in 2019), and no. 3 has been Alzheimer. Dr. Nehls explained, that resulting from the corona shock measures in 2020, the occurrence of depression has tripled. The Alzheimer cases in Germany have risen by 30% from 2018 to 2021, and more than 100,000 people below 65 now have Alzheimer. High cortisol levels caused by stress hinder the production of index neurons. Permanent stress is neurotoxic and makes the hippocampus shrink.

The absence of a sense of life leads to less willingness to learn anything and so to a shrinking hippocampus and dramatically furthers Alzheimer.

There is a kind of emergency mechanism for the case, that we need index neurons for new information at a time, when we are tired and unable to produce new ones. In that case, old index neurons are used, which leads to the loss of already existing memories. If we live in a climate of steady fear (e. g. regarding corona, war, and climate) even at times, when we are tired, then ever more old memories are deleted in order to store the contents connected to that fear. That also means the loss of more and more aspects of one's personality. By the expansion of more and more shocking content in one's memory, people get more and more prone to following anyone who wants to concentrate political power and promises for that purpose to protect the people against the real or alleged dangers they have seen on TV. The more memories people lose, the more helpless they are against anyone, who wants to psychologically manipulate them. According to Dr. Nehls, that also furthers efforts to have a surveillance state, in which the surveillance is done by artificial intelligence, because the behaviour of submissive people with lacking memories, little creativity, and little individuality, is easier to prognosticate for an artificial intelligence.

Already since Sars-CoV-1, it has been known that the spike proteins of such viruses are neurotoxic. Acute inflammations, which get chronic, hinder the development of the hippocampus. Both high cortisol levels resulting from stress and inflammations suppress the production of stem cells (see also sec. IV.10). Several messenger substances of the immune system (i. a. some interleukins respectively cytokins) block the production of index neurons. Also the spike protein of Sars-CoV-1 upregulates those cytokins. Spike proteins can very easily overcome the blood-brain barrier, in contrast to whole viruses. Also the lipid nano particles have increased the cerebral permeability. The injection of spike proteins and of lipid nanoparticles, each of which overcome the blood-brain barrier, does not make any sense to fight any respiratory virus, but it does make perfect sense for the damaging of the autobiographical memory. If one had used the nucleocapsid of Sars-CoV-2 [presumed, that a whole Sars-CoV-2 virus and not only the spike protein of it exists, which is up to now neither proven nor disproven], then all those damages, which result particularly from the spike protein, would not have taken place. That the harmful corona vaccines* are injected even into infants and into pregnant women in mass campaign, but not in the official trials, are strong pieces of evidence for the suspicion, that it aims at damaging the index neurons as early as possible to have life-long submissive people, who are further psychologically manipulatable than in MK Ultra. In addition to that, in children, the whole brain is growing, in contrast to adults, in whom the brain growth is focused on the hippocampus. So the spike protein obviously also damages the growth of other brain areas in children.

According to Dr. Nehls, a study says, that spike proteins are found in the brain still 15 months after a Sars-CoV-2 „infection“; the conclusion from that is, that also after a vaccination* regarding Sars-CoV-2, the spike protein stays at least for 15 months in the brain. If one follows the recommendation to get at least one corona vaccination* per year for the whole life, the brain and particularly the index neurons never recover from the spike proteins. That means a life-long chronic inhibition of the human memory (including the autobiographical memory) and thinking ability. People with that way limited mental abilities tend to follow the behaviour of the mass.

According to Dr. Nehls, vitamin D benefits the production of index neurons, while a lack of vitamin D leads to more cytokins and so to more inflammations and less production of index neurons. Dr. Nehls has observed a massive propaganda campaign against vitamin D, for which even the New England Journal of Medicine has been abused, which seems, if one regards it from the perspective of the impacts on the index neurons, to belong together with the propaganda for the corona vaccinations*. In addition, a lack of vitamin D alone increases the risk of Alzheimer; he estimates, that an increase of vitamin D supply, which would suffice to reduce the occurrence of Alzheimer by 70%, would only cost about 6.- € per person and year.

Dr. Nehl's book „Das indoktrinierte Gehirn – wie wir den globalen Angriff auf unsere mentale Freiheit erfolgreich abwehren“ (“The indoctrinated brain – how we fend off successfully the attack against our mental freedom”) (Mental Enterprises publishing house) explains further the damaging of the index neuron production and its effects.

The targeted manipulation of the autobiographical memory requires firstly to suppress the production of new index neurons and secondly to successively overwrite old memories with content one wants to indoctrinate people with. The replacement of old memories with fearsome new ones (here concerning corona) makes human being step by step integrate the content of the fear-connected narrative into their own identity and so

to reject any content in contradiction with the new fear-connected narrative, because the latter replaces gradually contents of their autobiographical memory (p. 166+175).

The hippocampus (the brain area of our autobiographical memory, and where the index neurons are produced) reacts most sensitively to a lack of oxygen (p. 168).⁸⁰

So also the mask mandates serve the reprogramming of the autobiographical memory.

Fear causes the production of glucocorticoid, a stress hormone, which is also called the „death fear“ hormone, which inhibits the production of index neurons (p. 171).

Chronic stress (distress) reduces the synaptical plasticity, i. e., the ability of neurons to connect to each other (p. 179).⁸¹

Chronic stress, in addition to that, is neurotoxic and leads to a reduction of the hippocampal volume, comparable to a post traumatic stress disorder (PTSD) (p. 180).

It also reduces the volume of the frontal area of the neocortex (p. 180).⁸²

The damaging of the hippocampus (the area of the brain, where, i. a., the autobiographical memory is situated) has also an important role in the development of a PTSD, like a study with financial support by the Gates Foundation has shown already in 2018 (pp. 180-182). The authors found, that the hippocampus is of crucial importance for the processing of fear, for episodic and contextual learning and for the processes regarding our memory, which are related to PTSD.⁸³

Already in 2016, it has been known, that between 6% and 8% of the general population develop a PTSD somewhere in their lives (p. 182).⁸⁴

The PTSD rate of survivors of the Vietnam war has been over 30% (p. 182).⁸⁵

There is not only a posttraumatic stress disorder (PTSD), but also a pretraumatic stress disorder (PreCL), which has already been proven by a study in 2015 at soldiers in Afghanistan. They already developed symptoms in expectation of future traumatic experiences, which had nearly no differences to the symptoms they developed after those experiences (pp. 182-183).⁸⁶

PreCL explains, why the corona shock propaganda and the threats within the scope of the chart of coercion have already such a traumatic effect, why many kinds of psychological torture, according to the study from 2007 with survivors of the torture in the Yugoslavia war, are as grave as physical torture.

That the messenger substance interleukin 6 (IL-6) inhibits the adult hippocampus, has already been shown by a study in 2002 (p. 197).⁸⁷

And it has already been known in 2007 regarding Sars-CoV-1, that it causes the release of high amounts of the messenger substances tumour necrosis factor alpha (TNF-alpha) and interleukin 6 (IL-6), which both damage the autobiographical memory (pp. 197+198).^{88 89 90}

A animal study in 2021 found, that IL-6 already inhibits the hippocampal development of the unborn, if it is produced in a pregnant female (p. 198).⁹¹

Lipid nanoparticles have been created to surpass the blood brain barrier to deliver substances like chemotherapeutics or DNA respectively mRNA into the brain (p. 197).^{92 93}

Besides the use of lipid nanoparticles, also the recommendation not to aspirate (see sec. IV.7) serves to support the spread of the harmful vaccines* into the whole body including into the brain. In addition, the use of mRNA instead of a whole virus, makes it much easier to surpass the blood-brain barrier.

Regarding Moderna, the EMA has stated at the 11.03.2021, that between 2% and 4% of the amount of the mRNA reaches the brain (p. 197).⁹⁴

Many studies show the inflammatory neurotoxic effects of the harmful mRNA corona vaccines* (pp. 199+201).^{95 96 97 98}

A mice study has found, that the spike protein of Sars-CoV-2 does not only increase the levels of the proinflammatory messenger substances TNF-alpha and IL-6, but it also causes damages to the cerebral blood vessels (p. 330).⁹⁹

Autoimmune encephalitis and dementia after corona vaccination* have already been proven (p. 221).^{100 101}

That the corona vaccination* for pregnant women is recommended from the second trimenon onwards is certainly caused by the particularly high death rate of the unborn children, if the attack is done already in the first trimenon. A further decisive reason for that recommendation might be, that the fundamental organs develop in the first trimenon, and the human brain development starts in the second one (p. 234).

The mRNA of the mRNA corona vaccines* is also found in the breast milk (p. 235).¹⁰²

So many human beings receive the first attack as fetuses via the vaccination* of the mother, the second via breast feeding, and the further ones regularly from the 6th month of life onwards, if one follows the recommendations by the disease control agencies of some countries. So their brain inclusively particularly their autobiographical memory can never fully develop itself.

The lockdowns caused fear concerning one's economical existence, which added to the fear regarding the alleged „pandemic“, and they deprived many people of their sense of life (pp. 239+240). That damaged the production index neurons and led to the replacement of old autobiographical memories by the new content of the shock propaganda and shock measures.

The number of children with sleeping disorders doubled during the lockdowns, which again means less production of index neurons (p. 240).¹⁰³

The imposed isolation made those regions of the human brain shrink, which are crucial for cognition and for emotional regulation (p. 241).¹⁰⁴

For old people, the risk of getting dementia is by 49 % to 60 % higher than normal, if they are lonely and socially isolated (p. 242).¹⁰⁵

In 60% of the people with dementia (including those with Alzheimer), the symptoms worsened under the imposed isolation of lockdowns and quarantines, both regarding lonely people at home and isolated people in nursery homes (p. 243).¹⁰⁶

Animal experiments showed, that isolation and monotoneous surroundings reduce the production of new neurons in the gyrus dentatus of the hippocampus, and the volume of that hippocampus area shrunk in researchers during a 14 months antarctic expedition by 7.2 % (p. 246).¹⁰⁷

The masks directly intoxicate the brain with the inhalation of proven adhesives, organic solvents, volatile organic hydrocarbons, formaldehyde, siloxanes, metals, and titanium oxide nanoparticles.^{108 109}

Particularly young people were prone to the corona shock propaganda. In a survey, more than 70% had an increased stress level, 59% had clinically significant fears, and 39% had medium-severe depressive symptoms (p. 249).¹¹⁰

Also the reduced physical activity during lockdowns and social distancing furthered depression and anxiety (pp. 249+250).¹¹¹

Already in 2019, depression was, according to the WHO, the psychological illness number one world-wide (p. 270).¹¹²

In 2020, the corona shock propaganda and shock measures drastically increased its occurrence. According to a British study, the risk of getting a depression tripled in 2020 (p. 270).¹¹³

A US study found in 2020 a tripling of the depression figures and particularly an increase of the severity of the depressions. 28% of the population had a depression in 2020 for the first time in their life. Nearly every second person, who had had at least one depression already somewhere before 2020, developed a further depression in 2020 (p. 270).¹¹⁴

In Canada, nearly 1/8 of the former healthy residents aged 50 years and older developed a depression for the first time of their life (p. 271).¹¹⁵

In 2020, more than 21 million US Americans (nearly 8.4 %) had at least one severe depressive episode (p. 272).¹¹⁶

Depression in older people precedes dementia and Alzheimer (p. 273).^{117 118}

In Germany, 436,800 new people got dementia in 2021 in contrast to 333,000 new cases in 2018 and only about 280,000 in 2007 (p. 274).^{119 120}

In the USA, the deaths caused by dementia increased by 17% in 2020, of which the biggest part (13%) was caused by Alzheimer (p. 276).¹²¹

In 2010, a study prognosticated the world-wide occurrence of Alzheimer in 2050 with 115.4 million cases, while a study with 100% financing by the Gates Foundation in 2019 prognosticated 152.8 million cases for 2050 (p. 277).^{122 123} Those estimations are before the impact of the corona shock propaganda and shock measures.

III.5 Hate speech in Germany to urge the mRNA/DNA corona vaccines* upon the population

The book „Gegen das Vergessen“, Werner Reichel, Kopp publishing house, shows examples of how public and private media and politicians in Germany shocked (even up to incitement of violence) and nudged (even up to untruthfully framing health-oriented people as alleged fascists and threatening them with exclusion from medical services) many people into accepting the harmful Sars-COV-2 vaccines*, of which we now know, that they have killed estimated over 16.97 million people (sec. IV.1). Here are some examples from the book of that drastic shock propaganda and nudging.

(p. 42) Tagesspiegel (journalist Julius Betschka, Germany) 27.08.2020:
„Der Staat zeigt Zähne, aber die Protestler schreien jetzt laut 'Diktatur'. Dabei sind sie es, die die Freiheit und Gesundheit aller bedrohen.“
(„The state shows teeth, but the protesters now cry aloud 'dictatorship'. But they are the ones, how threat freedom and health of all people.“)¹²⁴

(p. 140) ZDF (comedian Sarah Bosetti, Germany) 20.11.2020:
„Liebe #Querdenker, wenn Anne Frank noch leben würde, wäre sie jetzt 91 Jahre alt. Also Risikopatientin. Ihr Leben und ihr Tod wären euch egal. Ihr Leben und Tod sind euch egal. Oder, um es in eurer Sprache zu sagen: Ihr seid ein bisschen wie Hitler.“
(„Dear #Querdenker, if Anne Frank was still alive, she would now be 91 years old. And so be a risk patient. You would not care about her life and death. You do not care about her life and death. Or, to put it in your language: You are bit like Hitler.“)¹²⁵

(p. 43) RTL and n-tv (journalist Nikolaus Blome, head of policy department, Germany) 07.12.2020:
„Ich hingegen möchte an dieser Stelle ausdrücklich um gesellschaftliche Nachteile für alle jene ersuchen, die freiwillig auf eine Impfung verzichten. Möge die gesamte Republik mit dem Finger auf sie zeigen.“
(„I however would like to request here for societal disadvantages for all those, who deliberately reject a vaccination. May the whole republic point their fingers at them.“) ¹²⁶

(p. 45) Frankfurter Rundschau (journalist Stephan Anpalagan, Germany) 09.04.2021:
„Neuerdings besuchen Coronaleugner die Anti-Corona-Demonstrationen immer häufiger in Begleitung ihrer minderjährigen Kinder. Chatprotokolle belegen, dass diese explizit als menschliche Schutzschilde vorgesehen sind.“
(„Recently, Corona deniers visit anti Corona demonstrations more and more frequently in company with their minor children. Chat protocols prove, that these are explicitly intended as human shields.“) ¹²⁷

(p. 47) Volksverpetzer (journalist, Germany) 27.07.2021:
„Ungeimpfte Hospitalisierte sind weitgehend komplett sinnlose Verschwendung von Leben und Kapazität im Gesundheitssystem, da 93% von ihnen durch eine Impfung geschützt worden wären.“
(„Unvaccinated hospitalized people are a largely complete waste of life and of capacity in the health system, since 93% of them would have been protected by a vaccination.“) ¹²⁸

(p. 144) RBB (author and satirist Dieter Wischmeyer, Germany) 15.08.2021:
„Bis der letzte Impfgegner noch nicht ausgerottet ist, wird es wahrscheinlich so weitergehen.“
(„It will probably go on this way, until the last vaccination opponent is eradicated.“) ¹²⁹

(p. 53) ARD (Capital correspondent Sarah Frühauf, Germany) 19.11.2021:
„Sie müssen sich fragen, welche Mitverantwortung sie haben an den wohl Tausenden Opfern dieser Coronawelle. Viel zu lange haben die politisch Verantwortlichen gezögert. Sie hätten viel früher den Druck auf Ungeimpfte erhöhen müssen.“
(„They have to ask themselves, which co-responsibility they have for the probably thousands of victims of this corona wave. For much too long, the political authorities have pondered. They should have increased the pressure on unvaccinated much earlier.“) ¹³⁰

(p. 151) ZDF (comedian Sarah Bosetti, Germany) 03.12.2021:
„Wäre die Spaltung der Gesellschaft wirklich etwas so Schlimmes? Sie würde ja nicht in der Mitte auseinanderbrechen, sondern ziemlich weit rechts unten. Und so ein Blinddarm ist ja nicht im strengeren Sinne essentiell für das Überleben des Gesamtkomplexes.“
(„Would the division of society really be so bad? It would just not break apart in the middle, but quite far bottom right. And such an appendix is just not in a narrower sense essential for the survival of the overall complexiell für das Überleben des Gesamtkomplexes.“) ¹³¹

(p. 154) ZDF (comedian Jan Böhmermann, Germany) 30.01.2022:
„Kinder sind zur Zeit gemeingefährlich. Was Ratten in der Zeit der Pest waren, sind Kinder zurzeit für Covid-19 – Wirtstiere.“
(„Children are currently dangerous. What rats were in the time of the plague, are children currently for Covid-19 – host animals.“) ¹³²

(p. 155) WDR (actor Heidelinde Weis, Germany) 15.10.2022:
„Wie können die Menschen so blöd sein, und sich nicht überlegen, was sie tun. Die gehen auf die Straße und demonstrieren gegen die Impfung. Sie sind wirklich zu prügeln, diese Menschen.“
(„How can people be so stupid not to consider, what they do. They take the street and demonstrate against the vaccination. Those people really have to be beaten up.“) ¹³³

(p. 91) Volker Beck (former Bundestag parliamentarian, Germany) 04.09.2021:

„Es ist Zeit für eine Impfpflicht. Eine verantwortungslose Minderheit darf nicht die Gesellschaft terrorisieren.“ („It is time for a vaccination mandate. An irresponsible minority must not terrorise the society.“) ¹³⁴

(p. 98) Sorya Lippert (vice-mayor of Schweinfurt, Germany) 16.12.2021:

„Wollen Sie wirklich, dass jeder Sie hasst? Wollen Sie wirklich schuld daran sein, dass es keine freien Betten mehr gibt für Menschen mit Schlaganfall oder Herzinfarkt? Brauchen Sie wirklich das Gefühl, keine Luft zu kriegen und nach Luft zu schnappen?“

(„Do you really want, that everyone hates you? Do you really want to be guilty, for that there are no free beds any more for people with stroke or heart infarction? Do you really need the feeling to get no air and to grasp for air?“) ¹³⁵

(p. 99) Boris Palmer (mayor of Tübingen, Germany) 22.12.2021:

„Für Leute wie Sie muss die Impfpflicht her. Gerne bis zur Beugehaft.“

(„For people like you, the vaccination mandate must come. Gladly up to the point of detention.“) ¹³⁶

(p. 101) Detlef Scheele (chairman of the board of the Federal Employment Agency, Germany) 30.01.2022:

„Auch wir als Bundesagentur für Arbeit müssen dann prüfen, ob eine fehlende Impfung zu Sperrzeiten führt.“

(„Also we as the Federal Employment Agency will then have to check, if a missing vaccination leads to blocking periods.“) ¹³⁷

(p. 104) Prof. Dr. Karl Wilhelm Lauterbach 17.03.2022:

„Das ganze Land wird in der Geiselhaft von Menschen sein, die sich einfach gegen die wissenschaftliche Evidenz durchsetzen wollen.“

(„The whole country will be taken hostage by people, who just want to prevail against the scientific evidence.“) ¹³⁸

III.6 The scenario paper “Wie wir COVID-19 unter Kontrolle bekommen” (“How we get Covid-19 under control”) as a blueprint for the shock strategy and the “test pandemic” in Germany

In Germany, the scenario paper „Wie wir COVID-19 unter Kontrolle bekommen“ („How we get COVID-19 under control“) ¹³⁹ of the 22.03.2020 was created from the 18.03.2020 onwards together with external scientists by order of the Federal Ministry of the Interior; it became the blueprint for the instrumentalization of the figure of positive PCR tests for Sars-CoV-2 for shutdowns and for the application of the shock strategy on the population in order to make it obedient to the corona measures. Without any reference to sources, it is claimed in the paper, that without measures, one million people in Germany would die from Sars-CoV-2 still in the year 2020 (p.1), and that Sars-CoV-2 spreaded exponentially (p. 3+11+14). It called COVID-19 the „greatest challenge since the end of World War II“ („die größte Herausforderung seit dem Ende des Zweiten Weltkriegs“) (p.1). Also words like „core meltdown“ („Kernschmelze“) (p. 8+14) and „anarchy“ („Anarchie“) (p. 8), the groundless estimation of a case fatality rate of 1.8% (p. 3), and allusions to 1919 („Spanish Flu“) and 1929 (global economic crisis) are directed to achieving shocks. The paper demands to work with images, that many severely ill people were brought to the hospital, but sent away due to overburdening and died painfully at home. It demanded to cause fear in children, that they might, if they did not wash their hands, infect their parents, and that one parent might die painfully resulting from that. The paper even explicitly demands to achieve a „desired shock effect“ („gewünschte Schockwirkung“) of the public.

Regarding the alleged case fatality rate the paper aims, for the period of the supposed “exponential” spread, at a result of at least 1% of the deaths statistically attributed to Sars-CoV-2 in comparison to the positive test results, and claims, that lower rates would mean, that the deaths were counted too low (p. 14). In addition to that, it demands shutdowns both in case of more than a few dozens of positive test results per day and in case of too low test capacities (pp. 15+16), thus to always a pretext for shutdowns.

III.7 Jitsuvax

Jitsuvax^{140 141} is a nudging project subventioned with 3.1 million € by the EU for the years 2021 to 2025 with 5 participating universities from Canada, Finland, France, Germany, Great Britain, and Portugal including a team at the university of Erfurt (Germany) led by Prof. Dr. Cornelia Betsch. The whole project is led at the university of Bristol.

In the name of helping to fight misinformation, the project de facto tries to label, intimidate, and discredit people and their arguments, who reject vaccinations*, no matter, if they refuse vaccinations* at all or only specific ones like the harmful mRNA/DNA vaccines* regarding SARS-CoV-2. As far as such people are labelled by Jitsuvax with psychological disorders, that has nothing to do with sound psychological research, but only with a psychological assault strategy to coerce those substances on them. Jitsuvax tries to completely evade any sound investigation of the arguments of people, who do not accept all vaccinations*. Jitsuvax aims to label any pieces of evidence and claims regarding sterilizing effects (compare sec. IV.8+IV.11), depopulation effects (compare sec. IV.1+IV.2), profiteering of pharma corporations, regarding shock propaganda (compare sec. III), and regarding fake pandemics (compare sec. I) „conspiracist ideation“, and that [specific] „vaccines are intended to harm disadvantaged groups or poor countries“ (compare sec. IV.1+IV.4) as „narcissism“, „magical thinking“, and „Machiavellianism“. ¹⁴² It tries to label any pieces of evidence and claims, that specific „vaccines“ are experimental, that the liability of the pharma corporations has been reduced, that people in the authorization authorities have conflicts of interest, that vaccines* are overused as „distrust“, „vague“, „full of suspicion and uncertainty“, and as prejudicial generalization of limited personal bad experiences in other areas of the health system. ¹⁴³ Jitsuvax attempts to label any pieces of evidence and claims concerning fetal cells in vaccines* regarding the adulteration of human bodies by vaccines* away from God's creation (compare sec. II) as „fundamentalist“. In addition to that, Jitsuvax tries to suggest, that anything called vaccine* was higher-ranking than religion. ¹⁴⁴ Jitsuvax aims to label any pieces of evidence and claims regarding „scientists belonging to a malign elite group opposed to ordinary people“, that „the science and actions behind vaccinations* is shaped by political and economic agendas“, „vindication of civil liberties against medical authoritarianism and overreaching states“ (compare sec. III), and reasons to oppose vaccination* mandates (compare sec. III.4 + IV) as „politicised“, „nationalism“, „right-wing populism“, „individualistic“, „hierarchical world-views“. ¹⁴⁵ It tries to label any pieces of evidence and claims in favour of „traditional and natural remedies“, in favour of „natural and holistic approaches, mainly based on body's natural immunity“, regarding „side effects“ (compare sec. III.4 + IV) , regarding „misuse of statistics“ (compare sec. I.5) and that „vaccinated people are less healthy“ (compare sec. III.4 + IV, particularly sec. IV.1+IV.2+IV.3) as „unwarranted beliefs“, „intuitive cognitive style“, „ontological confusions“, „pseudo-profound statements“, and „causal illusions“. ¹⁴⁶ Jitsuvax attempts to label any pieces of evidence and claims concerning contamination with „toxins“ and altered DNA (compare sec. II), side effects (compare sec. III.4+IV), „hot lots“ (compare sec. IV.4), compromising or overwhelming of the immune system (compare sec. IV.6+IV.9), infertility and pregnancy (compare sec. IV.8+IV.11), cancer (compare sec. IV.6+IV.8), and autoimmune diseases (compare sec. III.4+IV.3+IV.6+IV.8+IV.9+IV.12) as „extreme fear of injections or hypodermic needles“, „phobia“. ¹⁴⁷ Jitsuvax aims to label any pieces of evidence and claims regarding „non-consensual experimentation, child experimentation“, „to sacrifice individuals for the sake of many“, and „the use of cells of tissues from aborted fetuses to produce vaccines“ as „moral concerns“ or „moral outrage“. ¹⁴⁸ It tries to label any pieces of evidence and claims regarding vaccination* „perceived as an authoritarian or totalitarian violation of liberties“ and regarding „public health campaigns punishing and harassing people into getting vaccines“ as „reactance“ and „to act contrary to social norms and political injunctions“. ¹⁴⁹ Jitsuvax attempts to label any pieces of evidence and claims concerning vaccinations* „as being riskier than the diseases themselves“ (compare sec. I + III.4 + IV) as „distorted risk perception“, „misperception“ ¹⁵⁰. Jitsuvax aims to label any pieces of evidence and claims regarding „preference of taking advantage of herd immunity rather than taking the vaccine“ as „free-riding behaviour“, „individualistic“, and „everyone only looks out for themselves“. ¹⁵¹ It tries to label people, who prefer to follow their own intuition (e. g. maternal instinct), „alternative perspectives on health“, or „personal experiences“, or who regard „knowledge as relative“ as „epistemic relativism“, as „rejection of scientific epistemology“, as contradictory to „science“ and to „scientific research“. Jitsuvax tries to suggest, that there was a scientific consensus in favour of all vaccines*, but that idea is a contradiction in terms. Real science always leaves space to question any allegations in a scientific way – in contrast to Jitsuvax. ¹⁵²

IV. Millions of deaths and overmortality and masses of severe health damages by the harmful corona vaccines*

IV.1 Prof. Dr. Denis Rancourt's research results on overmortality, short term corona vaccine* deaths, and disproval of alleged Sars-Cov-2 „pandemic“

The physicist Prof. Dr. Denis Rancourt has held a speech ^{153 154} at the conference of the National Citizens Inquiry (NCI) in Ottawa at the 17.05.2023 on his scientific findings focused on corona and the development of all-cause mortality. Much of his work is interdisciplinary. He has expertise particularly in nanoparticles, molecular science, statistical analysis, modelling, and measurement. ¹⁵⁵

His conclusions on Sars-CoV-2 based on research on all-cause mortality are:

-If governments had done nothing extraordinary, nothing else than what usually is done in a hard flu season, then there would have been no excess mortality.

-There was no pandemic, no pathogen causing excess mortality.

-The measures imposed by governments have been assaults on people and have caused excess mortality.

-The corona vaccination* campaign caused excess mortality shown in peaks directly associated to different rollouts in different age groups and different countries.

He focuses on all-cause mortality, because these data cannot be „biased“ (manipulated).

Prof. Dr. Rancourt has stated in his speech, that for the whole time after World War II, all the situations which have been declared a „pandemic“, have not really been that, because there has not been a significant excess mortality during those times. He obviously uses the term „pandemic“ with the meaning, which it has had before the weakening of the IHR from the 04.05.2009 onwards.

His graph regarding all-cause mortality by month in USA from 2000 to 2021 shows a steep increase in 2020 and several peaks in 2020 und 2021. For all countries, the normal mortality is seasonal and higher in the winter than in the summer. But during the Covid period, there have been peaks in summer. For his investigations, he started the „Covid period“ with the 11.03.2020, when the WHO has announced the „pandemic“.

In addition, he has found a very strong correlation (even proportionality) between all-cause excess mortality (in 0.001 % of population) and poverty (as a percentage of the population), each regarded per US state. If there had been any US state without poverty, then there would have been no excess mortality during the Covid period (before the harmful RNA/DNA vaccination*). Already the proportionality between poverty and all-cause death mortality shows, that the reason of the excess mortality has not been a virus, whose death rate is claimed to rise exponentially with the age of the infected people. Even when his team sliced the US mortality data for age groups, they found no correlation between excess mortality and age. They also found a strong correlation between excess mortality and disabled people. Poverty and disablement are the reasons for the 5 times more deaths attributed to Sars-CoV-2, which the USA have had in comparison to Canada, each in relation to the figure of the whole population. That again clearly shows, that the reason of excess mortality cannot have been a virus, because from the view of epidemiological theory, a virus would not have refused to cross the border between Canada and USA. There has not only been a proportion between poverty and excess mortality, but the excess mortality has been particularly high in poor states in the South of the USA, where usually the prescription of antibiotics is high because of a high susceptibility to pneumonia caused by bacteria. In the beginning of the Covid period, the Western countries including USA cut the prescription of antibiotics by 50% or more. And the CDC has, according to Prof. Dr. Rancourt, agreed that for many deaths

attributed to Sars-CoV-2 in that period, the immediate death cause was bacterial pneumonia. So one can conclude, that many poor people died in that period, because they have been denied antibiotics against bacterial pneumonia.

He has also investigated excess all-cause mortality (as a percentage of population) in that period (before vaccination*) disaggregated to age groups and to the 10 most populated states of the USA. There has been a big excess mortality for all age groups from 25 years onwards. For the time from the beginning of the vaccination* campaign, the excess mortality (as a percentage) has been highest for 25-44 years old, followed by 45-64, 65-74, 75-84, 0-24, and 85+. Also the distribution between the states is very different to that of the Covid period before vaccination*.

The peak of all-cause mortality in the USA directly after the announcement of the corona „pandemic“ by the WHO has only been in 20 of the 50 states of the USA with the highest peak in New York, and it has been in about exactly the same time in those states, where it has occurred.

For Canada, the excess mortality in relation to population has been much lower than in the USA, the graph shown by Prof. Dr. Rancourt for 2010 to 2022 even depicts nearly no excess mortality before the corona vaccination* campaign. He criticizes a „bogus model“ by Theresa Tam, who claimed, that 1 million deaths in Canada had been prevented by the corona measures and shows in his graph, what an absurdly steep increase in deaths during 2020 that claim would have meant. If there had been a Sars-CoV-2 „pandemic“, and if in addition to that, those measures would reduce excess mortality, then they never could reduce an excess mortality of 1,000,000 people by 100%. The graph does not show any significant decrease of the all-cause mortality in Canada since the corona vaccination* program. Instead, there is a steep increase with a peak in 2022 matching with the rollout of the third injection with the harmful corona vaccines*. A first steep peak in mortality in Canada immediately after the announcement of the „pandemic“ by the WHO, but only in several provinces (i. a. in Quebec), depending on the treatment of the residents on care homes and of other vulnerable groups. The overall mortality in Canada has a much higher peak for the rollout of the 3rd dose, compared to those of the first 2 doses and to the booster.

In Europe, the size of the peak immediately after the announcement of the „pandemic“ varies strongly. It is big, e. g., in Lombardy, in Madrid, and in other „hotspots“. That simultaneous occurrence does not fit with epidemiological theory, because the health of the population in every region is different. Such simultaneous peaks cannot have been caused by any respiratory virus, but can only have had unnatural causes by measures in those „hotspot“ regions. In Lombardy, the population was not told to stay at home, but to directly go to hospital, and they, according to Prof. Dr. Rancourt, even connected 2 people per ventilator, if they were considered sick enough.

In the first half of 2020, the all-cause mortality in Europe varied strongly from month to month and from country to country with high figures in some countries and regions, but often not in neighbouring countries and regions, which is impossible for the spread of a respiratory virus from an epidemiological view. Viruses do not stop at country borders. In January and February 2020, there was no significant overmortality in Europe. In March, there have been many regions with excess mortality in Spain, but not in neighbouring regions of Portugal and France, in Northern Italia, but not in Austria and Switzerland, in North-Eastern France (i. a. Alsace) and in parts of Belgium and Netherlands, but not in Germany. In April, the situation remained similar, just the size of the overmortality shrunk in relation to March, and large parts in Great Britain and one region in Sweden developed significant overmortality. In May and June 2020, there has not been such a big overmortality in any region in Europe as there has been in March and April.

Prof. Dr. Rancourt has found as possible explanations for the particularly high peak in March and April in specific European countries, that those countries have done experiments with unusually highly dosed medicaments, e. g. , with hydroxychloroquin, and that there might have been large differences between countries, how many people have been killed with sedatives and ventilation.

According to Prof. Dr. Rancourt, there are many dozens of autopsy studies (for a list see 40:34 – 40:35 of the video) proving causality between the harmful corona vaccines* and death. Adverse effect monitoring shows temporal correlations between death peaks and vaccination* campaign with a high peak of deaths in the first few days after injection. He mentions a survey study by Prof. Dr. Skidmore in 2023, who estimated 300,000 deaths in USA caused by those vaccines*. According to Prof. Dr. Rancourt, there are meanwhile over 1,250 peer-reviewed studies showing serious health damages resulting from those preparations.

Prof. Dr. Rancourt and his colleagues focus on calculating the vaccine-dose fatality rate (vDFR), which means to divide the deaths caused by the respective vaccine* by the injected number of doses of the respective vaccine*.

Prof. Dr. Rancourt mentions India, which does not have mortality statistics on the federal level, but only in some regions and institutions. 4 studies have, nevertheless, investigated the all-cause mortality and have found a huge increase, but have not seen or not been willing to see, that the increase has taken place together with the martially styled corona vaccination* campaign in the country. Prof. Dr. Rancourt has calculated on the basis of those studies, that 3.7 million Indians have been killed by the corona vaccines*. India focused on elderly people and on 12 serious comorbidities. Prof. Dr. Rancourt calculated a vDFR of 1% for India.

Australia had no excess mortality during the pre-vaccination* period, but a huge increase, when they rolled out the vaccines*. The country has had a sharp peak in mortality during its summer coinciding exactly with the rollout of the third dose of that vaccine*, shown by a graph with that peak between January and April 2022 in all of its provinces.

In the USA has had a corona „vaccine equity program“, which targeted poor people. So there has been a strong increase in mortality in poorer US states like, e. g., a strong increase of mortality in the age group 25-64 in Mississippi. In those poorer US states, the vDFR is also about 1% as in India. Also the US state Michigan has had a big increase in mortality coinciding with those vaccinations*.

The vDFR for Israel and for Australia in relation to age has been found to be similar. They are low for younger people and increase exponentially with each 5 year doubling the risk of death per injection. For people 80 and older, they go up to almost 1%. For young adults in Israel, the vDFR is even higher than according to the exponential curve for the people from 40 onwards. For the first 3 injections in Israel, peaks of mortality fit quite exactly. The mortality peak after the 4th dose is even much higher than one might expect on the basis of people who have received the 4th dose. The vDFR increases by the number of doses a patient has received in total.

Prof. Dr. Rancourt has come to the conclusions, that the vDFR for all countries he and his colleagues have investigated (among them India, Australia, Canada, Chile, Germany, Israel, New Zealand, USA) have had a vDFR between 0.05% and 3%, and that the number of people killed by the corona vaccines* is 13 million world-wide, 3.7 million in India, 330,000 in USA, and about 30,000 in Canada.

Prof. Dr. Rancourt has come to the conclusion, that the corona vaccination* campaigns are murder and crime against humanity.

The study „COVID-19 vaccine-associated mortality in the Southern Hemisphere“ by Prof. Dr. Denis Rancourt, Dr. Marine Baudin, Dr. Joseph Hickey, and Dr. J  r  my Mercier has been published at the 17.09.2023.¹⁵⁶

The study has investigated all cause mortality (ACM) in Argentina, Australia, Bolivia, Brazil, Chile, Colombia, Ecuador, Malaysia, New Zealand, Paraguay, Peru, Philippines, Singapore, South Africa, Suriname, Thailand, and Uruguay, for the time until the 02.09.2023, comprising 9.1 % of the world population and 10.3 % of the world-wide harmful corona vaccinations* from a large variety of producers.

Based on that new study and including now the time until inclusively the 02.09.2023, the estimated world-wide harmful corona vaccination* deaths have been corrected from 13 million people to (rounded up) 17 million people by projection of the 0.213 % killed population (1 deaths per 470 living persons) in those 17 countries on the world population; the vDFR for those 17 countries has been found at about 0.1257 % (about each 796th injection deadly). 0.1257 % mortality per injection multiplied by 13.5 billion injections are 16.97 million deaths world-wide (pp. 3+119).

In contrast to that, conventional vaccinations are believed to cause serious side effects [not even deaths] in one injection per million (p. 130).

Australia, Malaysia, New Zealand, Paraguay, Philippines, Singapore, Suriname, Thailand, and Uruguay had detectable overmortality only after the start of the harmful corona vaccination* campaign, while Argentina, Bolivia, Brazil, Chile, Colombia, Ecuador, Peru, and South Africa had overmortality already between the announcement of the alleged Sars-CoV-2 „pandemic“ at the 11.03.2020 and the start of the harmful corona vaccinations* (p. 24).

The study attributes the overmortality in the latter 8 countries to larger seasonal peaks regarding Argentina and Brazil and to corona shock measures regarding Bolivia, Chile, Colombia, Ecuador, Peru, and South Africa, with the suspicious fact in Ecuador, that the peak fitted perfectly to the 11.03.2020, the day of the proclamation of the alleged Sars-CoV-2 „pandemic“ by the WHO (pp. 127+128).

Even though Bolivia has a long border with Paraguay, a large peak after the 11.03.2020 and before the harmful corona vaccination* campaign has occurred in Bolivia, but not in Paraguay, which cannot be explained by any alleged „pandemic“ (p. 130).

In all 17 countries of the study, the harmful corona vaccination* is associated with ACM, and also in all of them, there is no association between harmful corona vaccinations* and any proportionate reduction of ACM (pp. 25+110).

As shown in the table at pp. 25+26, the overmortality for the 17 countries from 11.03.2020, was found to be 2,392,831, and the ACM to be attributed to the harmful corona vaccinations* 1,744,829 people, consisting of 98,511 in Argentina, 31,148 in Australia, 35,696 in Bolivia, 676,668 in Brazil, 48,659 in Chile, 116,994 in Colombia, 39,052 in Ecuador, 52,651 in Malaysia, 2,805 in New Zealand, 22,837 in Paraguay, 53,810 in Peru, 264,748 in Philippines, 5,158 in Singapore, 170,667 in South Africa, 1,488 in Suriname, 113,736 in Thailand, and 10,201 in Uruguay.

For people aged 90+ in Chile and Peru, the vDFR is approximately 5% (each 20th injection deadly), and the death risk per injection doubles for about each 4 to 5 years of age from 60+ years onwards (pp. 3+124). The normal doubling rate for all death causes (except for harmful corona vaccines*) is each 10 years of life (p. 125).

The study has attributed the overmortality peaks in sufficiently temporal proximity to the harmful corona vaccination* campaigns as deaths caused by those injections.

Other imaginable interpretations are discussed at pp. 120-122. Seasonal peaks would occur in the Southern Hemisphere winter period, not in the summer period, and equatorial countries don't have seasonal peaks.

Summer heat waves cannot explain the peaks, because they would be narrower in time and not synchronously in many countries. Earthquake peaks are narrower in time and much more focused around the epicenter. Famine, war, and other deadly diseases did not occur in the investigated 17 countries during the time investigated. Corona shock measures other than the harmful vaccinations* can explain peaks before the harmful corona vaccinations*, but not the peaks after the begin of them, because there has not been any further tightening of those measures synchronously in many countries with the campaign. The health conditions and the comorbidities of each country may have increased the peaks, but they have not caused them; the study has found no evidence of a so-called „dry tinder effect“, i. e., it has not found, that the people dying in the mortality peaks would have died anyway soon after.

The study „Spatiotemporal variation of excess all-cause mortality in the world (125 countries) during Covid period 2020-2023 regarding socio-economic factors and public-health and medical interventions by Prof. Dr. Denis Rancourt, Dr. Joseph Hickey, and Dr. Christian Linard has been published at the 19.09.2024. After the investigation of the overmortality correlations for 125 countries, for the period until the 30.12.2022, the figure of administered doses has been estimated at 13.3 billion doses, the vFDR at 0.00127 (or 1 in 787), and the total number of “COVID-19-vaccine associated deaths” at 16.9 million (already for that by 8 months shorter period than in the study published at the 17.09.2023).¹⁵⁷

IV.2 The temporal correlation between overmortality and harmful corona vaccination* campaign

Prof. Dr. Christian Kuhbandner has analyzed the temporal connection between the harmful corona vaccinations* and the overmortality focused on Germany.¹⁵⁸

There is an overmortality in Germany in 2021 related to 2020, to the average of the years 2016 – 2019, and to the average of the years 2016 – 2020 (pp. 4 +12). In Germany, there is a temporal correlation of the figures of harmful vaccinations* (first, second, and booster) with the total death number per weekly mean value (p. 10) and with the overmortality in 2021 (p. 12). The temporal course of the vaccination* figures in 2021 varies between the German provinces; accordingly, also the overmortality varies (pp. 16+17). This is a strong indication of a causative connection between the figure of harmful vaccination* and overmortality. A temporal correlation between booster vaccination* and overmortality in 2021 exists also in Austria, Belgium, Czechya, Denmark, Finland, France, Germany, Great Britain, Greece, Hungary, Israel, Norway, Slowenia, Spain, and Switzerland (pp. 20+21).

Prof. Kuhbandner has also shown, that a temporal correlation between overmortality and alleged COVID-19 „infections“ is missing in large parts of the year 2021 (p. 23), which is particularly striking in the months, when there has been the correlation between overmortality and the first respectively the second harmful vaccination*. Prof. Dr. Kuhbandner shows, referring to a British publication, that the death rates have risen also in Great Britain after the first and after the second harmful vaccination*, and that rise has been much bigger after the second one. After the first one, most of the rise has been attributed to the unvaccinated* people, because also in Great Britain, one is statistically considered as unvaccinated* until 14 days after the end of a vaccination* (pp. 25-27).

The Weltwoche article “Ist der Booster gefährlich?” (“Is the Booster dangerous?”) informs, that there has been a temporal correlation in Switzerland between the harmful booster vaccination* and overmortality of residents over the age of 65 at least in December 2021.¹⁵⁹

Also TKP reports on correlations between the harmful corona vaccinations* and mortality in the time from the beginning of the vaccination* campaigns to the 17.02.2021^{160 161}. According to TKP, the mortality (officially attributed to corona) in January 2021 has been in Great Britain 3 times higher than in (normally comparable) countries like Spain, Italy, and France – at a time, when the harmful vaccinations* have been done 4 times faster in Great Britain. And the mortality in British nursery homes at that time has risen by the 3-fold to 4-fold in comparison to the time before the corona vaccination* campaign. When the United Arab Emirates reached the inoculation of 50 doses per 100 inhabitants, the mortality rate attributed to SARS-CoV-2, rose by the 5-fold. Monaco had 3 deaths attributed to SARS-CoV-2 before the corona vaccination* campaign and 21 until the time of the TKP article. The article also contains a graph showing a temporal correlation between the corona vaccination* campaign and the rise of death with positive PCR test for SARS-CoV-2 in the time from the 14.12.2020 to the 16.02.2021 for Great Britain, Israel, Malta, Monaco, and Serbia. KP shows at the example of Gibraltar, that the rise of the cumulative figure of deaths with positive PCR test for SARS-CoV-2 has been in correlation with the rise of cumulative corona vaccinations*, while the figure of daily new positive PCR tests for SARS-CoV-2 has steeply fallen from the beginning of January 2021 to the middle of February 2021. The latter effect is again only explicable with the fact, that vaccinated* people have been imposed less test obligations for SARS-CoV-2. Likewise, TKP depicts a graph from the Coronakrise blog by Thorsten Wiethölter, which shows a world-wide average for the dates 14.12.2020 and 07.02.2021 with 116 % (16% increase) deaths with positive test for SARS-CoV-2 and 73% (27% decrease) positive tests for SARS-CoV-2.

The deaths in Australia from the 01.01.-28.02.2022 (as counted until 30.04.2022 for that period) have been 29,685, which is 5,052 (20.5 %) over the average of 2017-2019. Among those figures, the deaths in February 2022 have been 13,962, which is 1,999 (17.1 %) over the average of 2017-2019. All these figures are before age adjustment. As the four most common death causes in February 2022 are named cancer, dementia,

ischaemic heart diseases, and COVID-19. The TKP article „Hohe Übersterblichkeit in Australien“ („High Overmortality in Australia“)^{162 163} of the 26.05.2022 points out, that Australia is in the Southern hemisphere of the Earth, so that January and February are in summer in Australia. And the same statistics contain no influenza deaths. Taking into account, that the spike in counts is outside the season (for the Southern part of the Earth) for both corona and influenza viruses, and that the PCR test for SARS-CoV-2 show positive results for corona and people with the harmful corona vaccination*, it is highly probable, that a large share of those claimed „COVID-19“ deaths are in reality deaths in connection with the harmful corona vaccination*. In the province New South Wales, within 2 weeks in July 2022, only 2 out of 798 deceased persons with positive PCR test for SARS-CoV-2 had no harmful corona vaccination*. In the same province within the week ending with the 16.07.2022, all of 142 deceased persons with positive PCR test for SARS-CoV-2 were vaccinated* and 68% of them were triple vaccinated*.

A steep rise in fatalities with positive PCR test for SARS-CoV-2 has taken place after the begin of the harmful corona vaccination* campaign. 98% of those deaths in Australia have taken place, when Omicron was claimed to be the predominant corona „variant“. Until about the 27.07.2022, 94% of the Australian seniors had 3 harmful corona vaccinations* and 60% had even 4.¹⁶⁴

Austria has had overmortality in 2021 (also compared to 2020), and the graphs at the TKP website show a temporal correlation between the cumulative excess deaths and the cumulative vaccine* doses per population. Both effects are shown in all depicted age groups for the time span 05.01.2020 to 27.03.2022, with 283 excess deaths for the 25 to 49 years old group, 401 for 50 to 59 years old, 1,575 for 60 to 69 years old, 3,846 for 70 to 79 years old, and 7,849 for 80 and more years old.¹⁶⁵

The article „Overmortality and use rate of anti-Covid products in Europe: The picture speaks for itself“ by Eye Wide Open of the 12.10.2022 shows, on the basis of data from the ECDC and WHO, a correlation between the doses per capita of the harmful corona vaccines* and overmortality. More than one dose per capita is an important factor for overmortality in July 2022 in comparison to the average of 2016-2019:^{166 167}

Overmortality EU, EWR, and Switzerland

Country	Overmortality (in %)	Corona vaccination* doses per 100 residents
Iceland	55.8	227
Spain	36.9	218
Liechtenstein	35.8	183
Cyprus	32.9	205
Greece	31,2	201
Portugal	28.8	244
Malta	26.4	247
Switzerland	25.9	183
Italy	24.9	233
Austria	17.5	216
Slovenia	16.5	143
Ireland	16.3	234
Germany	15.2	225
Norway	14.8	210
Netherlands	14.7	207

Croatia	14.6	132
France	14.1	226
Estonia	12.3	161
Luxemburg	11.5	209
Denmark	10.3	225
Finland	9.4	230
Slovakia	7.7	131
Poland	5.8	144
Hungary	4.5	169
Czechya	4.4	168
Belgium	4.3	224
Sweden	2.7	215
Romania	2.4	83
Bulgaria	1.4	65
Lituania	0.9	160
Latvia	-0.5	149

According to data of the Statistisches Bundesamt (German national statistics authority), there has been an overmortality (each compared to the last 4 years before) of 12% in November 2020 and of 29% (or 24,038 people)¹⁶⁸ in December 2020. In December 2021, there has been an overmortality of 22% (or 17,821 people). The total overmortality in Germany in 2021 has been 69,702 people.¹⁶⁹

The Statistisches Bundesamt, however, has failed to investigate, how much of the detected overmortality is due to the effects of the harmful corona vaccines*.

All the death figures in this sec. possibly still have to be age-adjusted, but they nevertheless show a big increase since December 2020. The harmful corona vaccination* campaign has started in Germany at the 27.12.2020.

There have been more deaths in Great Britain in 8 months in 2021 from SARS-CoV-2 vaccines* than from all other vaccines* together within 20 years before. From 09.12.2020 to 01.09.2021, there have been counted by the MHRA Yellow Card system 1,632 deaths from SARS-CoV-2 vaccines* including 1,064 from AstraZeneca, 524 from Pfizer, 16 from Moderna, and 24 from unspecified. In contrast to that, only 404 deaths have been counted by the MHRA from any other vaccines* from 01.01.2001 to 25.08.2021¹⁷⁰

The death rates (of all causes) in April and May 2022 in Great Britain per 100,000 people have been 2.4 fold for corona vaccinated* people in comparison to those of unvaccinated* people, as Dr. Tim Ellison has found based on ONS data.¹⁷¹

The article „Overmortality and use rate of anti-Covid products in Europe: The picture speaks for itself“ by Eye Wide Open of the 12.10.2022 shows, on the basis of data from the Greek statistics authority ELSTAT for the weeks 1 to 30, that the total death figures of 2021 and of 2022 have been, since about week 7 of 2021, much higher than the average of the years 2016-2021 for those weeks. The biggest difference in that graph has been in week 4 of 2022 with about 900 people overmortality in comparison to the average of 2016-2021 for week 4.

According to the TKP article „Impfdesaster in Israel wird immer schlimmer“¹⁷², in Israel, 6.71 million (72.19 %) of the population have been inoculated with at least one dose, 6.14 million (66.05 %) with at least two doses, and 5.29 million (59.67 %) with at least three doses of Pfizer-BioNTech. But 94 % of the positive test for SARS-CoV-2, 79 % of the hospitalizations of people with positive test for SARS-CoV-2, and 82 % of the deaths with positive test for SARS-CoV-2 in Israel are people with at least one inoculation with Pfizer-BioNTech.

In Israel, the number of deaths with positive PCR test for SARS-CoV-2 in Israel has been 500 from March to end of July 2020, 2,574 from August to middle of December 2020, and 5,822 from middle of December 2020 to end of February 2021.¹⁷³

Also New Zealand has had a steep increase of deaths with positive PCR test for SARS-CoV-2 following the harmful corona vaccination* campaign, even much stronger than in Australia. In February 2022, already 75% of the persons entitled to it already had their third vaccination* in New Zealand.¹⁷⁴

In South Korea, 87% have two harmful corona vaccinations*, and about 64% have got already three until the 28.03.2022. There have been 5,625 deaths with positive PCR test for SARS-CoV-2 from 20.01.2020 to 31.12.2021, but 9,798 from the 01.01.2022 to the 28.03.2022, a strong indication for a causality between the harmful corona vaccines* and the increase of those deaths.¹⁷⁵

Until inclusively the beginning of April 2021, Thailand had only 94 casualties with positive PCR test for SARS-CoV-2. Until the 25.07.2022, there have been 31,189 deaths with positive PCR test for SARS-CoV-2. The Health Minister of Thailand fell ill after his sixth harmful corona vaccination*.¹⁷⁶

IV.3 Over 1,000 studies of severe corona vaccine* damages

The website „Covid Vaccine Injuries“¹⁷⁷ lists and links to over 1,000 studies regarding serious health damages by the harmful corona vaccines*. That alone is far more than enough to show the large scale. It lists 226 studies on myocarditis, 150 on thromboses, 115 on thrombocytopenia, 61 on cerebral venous thrombosis, 43 on vasculitis, 43 on Guillan-Barré syndrom, 35 on Lymphadenopathy, 30 on anaphylaxis, 21 on myopericarditis, 20 on allergic reactions, 18 on Bell's Palsy, 18 on axillary adenopathy, 15 on pericarditis, 15 on acute myelitis, 10 on perimyocarditis, 8 on intracerebral haemorrhage, 8 on immune-mediated hepatitis, 6 on facial nerve palsy, 6 on neurological symptoms, 6 on bleedings, 6 on immune-mediated disease outbreaks, 5 on Takotsubo cardiomyopathy, 10 on cardiac problems, 5 on rhabdomyolysis, 4 on thrombotic thrombocytopenic purpura, 4 on cardiovascular events, 4 on acute hyperactive encephalopathy, 4 on acute kidney injury, 4 on multiple sclerosis, 3 on Henoch-Schonlein Purpura, 3 on bleeding episodes, 3 on cutaneous adverse effects, 9 on skin reactions, 2 on Vogt-Koyanagi-Harada syndrom, 2 on capillary leak syndrom, 2 on systemic lupus erythematosus, 2 on petechiae, 2 on purpura annularis telangiectodes, 8 on pulmonary embolism, 4 on psoriasis, 4 on nephrotic syndrome, 2 on bullous drug eruption, 2 on hemophagocytic lymphohistiocytosis, 1 on blood clots, 1 on thrombophilia, 1 on ITTP episode, 1 on refractory status epilepticus, 1 on central serous retinopathy, 1 on cutaneous reactions, 1 on prion disease, 1 on pregnant women (who lost their babies), 1 on process-related impurities, 1 on CNS inflammation, 1 on CNS demyelination, 1 on orofacial, 1 on brain haemorrhage, 1 on varicella zoster virus, 1 on nerve and muscle adverse events, 1 on oculomotor paralysis, 1 on Parsonage-Turner syndrome, 1 on acute macular neuroretinopathy, 1 on Lipschütz ulcers (vacinal ulcers), 1 on amyotrophic neuralgia, 1 on polyarthralgia, 1 on thyroiditis, 1 on keratolysis (corneal melting), 1 on arthritis 1 on thymic hyperplasia, 1 on Tolosa-Hunt syndrome, 1 on Hailey-Hailey disease, 1 on acute lympholysis, 1 on interstitial lung disease, 1 on vesiculobullous cutaneous reactions, 1 on hematologic reactions, 1 on hemolysis, 1 on headache, 1 on acute coronary syndrome, 1 on ANCA glomerulonephritis, 1 on neurologic phantasmia, 1 on uveitis, 1 on pathophysiological alterations, 1 on inflammatory myositis, 1 on Still's disease, 1 on pityriasis rosea, 1 on

acute eosinophilic pneumonia, 1 on Sweet's syndrome, 1 on sensorineural hearing loss, 1 on serious adverse events among health care professionals, 1 on toxic epidermal necrolysis, 1 on ocular adverse events, 1 on depression, 1 on pancreas allograft rejections, 1 on acute hemichorea hemiballism, 1 on alopecia areata, 1 on grave's disease, 1 on cardiovascular events, 1 on metabolic syndrome, 1 on eosinophilic dermatosis, 1 on hypercoagulability, 1 on neuroimaging findings in post COVID-19 vaccination, 1 on urticaria, 1 on central vein occlusion, 1 on thrombophlebitis, 1 on squamous cell carcinoma, 1 on chest pain, 1 on acute inflammatory neuropathies, 1 on brain death, 1 on Kounis syndrome, 1 on angioimmunoblastic T-cell lymphoma, 1 on gastroparesis, 3 on asthma, 1 on safety monitoring of the Janssen vaccine*, 1 on myocardial injury, 1 on autoimmune inflammatory rheumatic diseases, 1 on neurological autoimmune diseases, 1 on V-REPP, and 1 on herpes simplex virus.

IV.4 Drastic differences of morbidity and mortality between different lots of the mRNA/DNA vaccines*

According to VAERS data, the adverse reactions vary widely; 5% of the batches have caused 90% of the adverse reactions. Regarding Pfizer¹⁷⁸ and Janssen¹⁷⁹, some batches are associated with 30 times the number of deaths and disabilities in comparison to other batches; regarding Moderna¹⁸⁰, it is even 50 times.

Concerning mRNA corona vaccines* by Pfizer, most of the batches in the USA with particularly high adverse events belong subsequent batch numbers within their respective series. In the EN series, 10 of 11 batches with 4 digit adverse drug events (ADR) are concentrated in the batch number EN6199 to EN6208. In the EW series, 31 of 32 batches with 4 digit ADR are concentrated between EW0150 and EW0202. In the ER series, 10 of 11 batches with 4 digit ADR are between ER8727 and ER8737. In the EL series, 16 batches have ADR over 700, and 8 of them are between EL9261 and EL9269, further 4 of them from EL3246 to EL3249. Such temporal clustering of batches with many ADR cannot be random.¹⁸¹

In addition to that, some batches of the mRNA corona vaccines* by Pfizer in the USA are labelled with an expiry date. In the EK series, 4 batches have an expiry date; they include the 3 batches of that series with the highest ADR. In the EL series, the 18 batches with expiry date exactly match with the 18 batches with more than 700 ADR. In the EN series, the 13 batches with expiry date exactly match with the 13 batches with more than 700 ADR. In the ER series, the 11 batches with expiry date exactly match with the 11 batches with more than 1,500 ADR. In the EW series, 32 of the 37 batches with expiry date exactly match with the 32 batches with more than 200 ADR¹⁸².

The temporal clustering of batches with more ADR together the labelling of particularly those batches with expiry dates leaves as a plausible explanation only, that Pfizer applies, without informed consent on that, deliberately different batches at general population. Since in the official global dose finding human trial, the inoculations differ from each other particularly concerning the dose, it looks most plausible, that Pfizer continues the experimentation with the dosage in the harmful vaccine* vials also in the mass vaccination* campaign without informing the public on that, or that the dose, which enters the human cells, varies because of differing stability of the nanolipides. In addition to that, also different compositions might contribute to the large differences regarding ADR and deaths between the different batches. For the EU, Pfizer and BioNTech have at least officially agreed, that the dosage shall not be more than 30 µg. Regarding batches outside the USA, a correlation between the stability of the nanolipides and more side-effects has been detected, without investigation of the dosage.

The Danish study „Batch-dependent safety of the BNT162b2 mRNA COVID-19 vaccine“¹⁸³ (by Max Schmeling, Vibeke Manniche, Peter Riis Hansen) of the 30.03.2023 investigated the adverse events of different batches of the BNT162b2 harmful corona vaccine* by PfizerBioNTech administered in Denmark. The country has a reporting system for adverse events similar to the VAERS system in the USA. They found 3 clusters: 4.22 % of the lots had 70.78 % of all adverse events, 27.49 % of the serious adverse events, and

47.15 % of the deaths. 63.69 % of the batches had 28.84 % of the adverse events, 71.50 % of the serious adverse events, and 51.99 % of the deaths. And 32.09 % of the lots accounted for 0.38 % of the adverse events, 1.01 % of the serious adverse events, and 0.86 % of the deaths.

IV.5 Temporal distribution of deaths and of serious health damages after the respective vaccination* - first and second peak

Craig Pardekooper has investigated 456 deaths from the VAERS database, who have died in the months from inclusively October 2020 to January 2021, regarding the temporal proximity between their harmful corona vaccination* and their death. He has found (p. 2), that 127 people died within 1 day, 49 within 2, 39 within 3, 29 within 4, 24 within 5, 19 within 6, 16 within 7, 13 within 8, and 12 within 9 days after the inoculation. In 194 of those patients, the symptoms, which have led to death, have started within 24 hours after the harmful vaccination* (p. 4). The close temporal proximity between harmful vaccination* and death is a decisive piece of evidence, that the harmful vaccination* is the respective main cause.

Mr. Pardekooper argues, that the production of antibodies only starts after 7 days (p. 5), so that the many deaths within that period must have other reasons than antibody-related causes. He presumes (p. 6), that particularly the spike protein is responsible for so many deaths shortly after the inoculation, because the spike protein alone (independently of the whole virus) has found to be damaging to endothelial cells. Brain damages have found to have been caused most likely by the spike protein. ACE 2 receptors are in the human body wherever there are endothelial cells, including in the heart, the blood vessels, the brain, the kidneys, the liver, and the lungs. Mr. Pardekooper has found, that among the 127 people, who have died within 24 hours after the injection, the vast majority has died of heart attack, which hints at the spike protein as the probable cause.¹⁸⁴

In addition to that, the missing aspiration (sec. IV.7) is a further important factor regarding the number of deaths in temporal proximity to the injection, because this way the harmful preparation is spread faster in the body.

In April 2021, Pfizer published statistics of ADR reported to Pfizer for the time from 01.12. 2020 to 28.02.2021¹⁸⁵. It included 42,086 reported cases, among them, i. a. 8,500 herpes (medium time of onset of symptoms after injection 1day), 3,600 arthritis (medium onset after 1 day), 1,406 heart attacks (medium onset less than 24 hours), 1,050 auto-immune illness (medium onset less than 24 hours), 932 haemorrhage (medium onset after 1 day), 501 convulsions / tremors / seizures (medium onset after 1 day), 449 facial paralysis (medium onset after 2 days), 275 strokes (medium onset after 2 days), and 151 blood clots (medium onset after 4 days). Mr. Pardekooper looked into 2,510 cases of paralysis after the harmful vaccination* from the VAERS database. In 894 of them, paralysis developed within 24 hours, and in 1,312 cases within 48 hours. As the data from the different US states show, the number of paralyses strongly correlates with the number of harmful vaccinations*.¹⁸⁶

The strong clustering of deaths and of serious health damages within a few days after the injection shows, at the same time, the impact of the statistical manipulations in some countries, to count people not earlier than weeks after their injections with the harmful corona vaccination* as vaccinated*, which is an attempt to falsely attribute the deaths and health damages to the unvaccinated*. Most deaths following harmful corona vaccination* in the USA occur within 30 days after inoculation and reach a minimum at about 100 days. For people from the age of 50 years onwards, the death figure rises again until a second peak at day 180 after the harmful vaccination*. In the USA, the second peak has not occurred in all states. Mr. Pardekooper and his team have found the second peak for Kentucky in September 2021, for Texas in August 2021, for Michigan in November 2021, for Tennessee in September 2021, and for Georgia in August 2021, but has not found a second peak for California and for New York. In those states, where a second peak has occurred, most of the fatalities have been more than 100 days after the first dose, showing, that the second peak is due to long-term effects.

That a second peak exists in some

states and not in others, can only be due to differences between the batches used in the respective states. „How bad is my batch“ assumes, that the second peak of fatalities in some states might be caused by self-amplifying RNA¹⁸⁷.. At page 10 of its „R&S Study Report No. R-20-0072“¹⁸⁸ of the 27.11.2020, BioNTech has informed, that it was developing 3 different mRNA nanolipid platforms at that time, „namely non-modified uridine-containing mRNA (uRNA), nucleoside-modified mRNA (modRNA) and self-amplifying RNA (saRNA)“. Self-amplifying mRNA generates 64 times the amount of spike proteins compared to non-amplifying mRNA and produces the spike protein over a longer time.

According to p. 13 of the report by BioNTech of the 12.08.2020 (file number BNT162/PF-07302048), uridine mRNA (uRNA) is in BNT162a, nucleoside-modified mRNA (modRNA) is in BNT162b, and self-amplifying RNA (saRNA) is in BNT162c. BioNTech notes BNT162c for „long duration of protein expression“¹⁸⁹

IV.6 FDA was aware in advance of many health damages by the harmful mRNA/DNA vaccines*

At about 2:33:40 of a lengthy presentation during a session at the 22.10.2020 of the FDA advisory committee for vaccines* and related biological products, a screen with side effects of the harmful preparations presented as vaccines* is accidentally shown for less than a second. Those side effects have been:

Guillain-Barré syndrom (a grave autoimmune disease)	Deaths
Acute disseminated encephalomyelitis (acute inflammation of the central nervous system incl. the brain)	Pregnancy and birth outcomes (miscarriages, stillbirths etc.)
Transverse myelitis (inflammation of the spinal cord)	Other acute demyelinating diseases (acute damages of the nervous system)
Encephalitis (inflammation of the brain)/ myelitis (inflammation of the bone marrow)/ encephalomyelitis (inflammation of brain and bone marrow)/ meningoencephalitis (inflammation of brain and meninges)/ meningitis/encephalopathy (inflammation of meninges)	Non-anaphylactic allergic reactions
	Disseminated intravascular coagulation (progressing decline of thrombocytes in the blood)
Convulsions/seizures	Thrombocytopenia (too few thrombocytes in the blood, can lead to death from inner bleedings)
Stroke	Venous thromboembolism (blood clots in the vein, can be deadly, if its gets into the lungs or into the heart)
Narcolepsy (has already been reported concerning vaccines* against swine flu) and cataplexy	Arthritis and arthralgia (joint inflammation) / joint pain
Anaphylaxis (allergical shock)	Kawasaki disease (inflammation with fever of the small and medium-sized arteries and of several organs)
Acute myocardial infarction/ Myocarditis / Pericarditis	Multisystem inflammatory syndrom in children (inflammation of many parts of the body)
Autoimmune disease	Vaccine* enhanced disease (increase of already preexisting diseases)

Schild publishing house article „Sie wussten es vorher: Ein Meeting der FDA enthüllte versehentlich eine ellenlange Liste schwerer Impf-Nebenwirkungen“ („They knew it in advance: A meeting of the FDA accidentally unveils a long list of grave vaccine side effects“)¹⁹⁰ of the 31.07.2021

On the impact on the hippocampus area of the human brain, see also sec. III.4.

IV.7 Systemic attack on the whole body by missing aspiration

Aspiration in the context of an injection means to suck some blood into the syringe, before you press the content of the syringe into the body. Aspiration is done, if the purpose is, that the injected medicament has to stay mainly in the part of the body (here in the muscle), where the injection is done. That practice was part of the medical education for many years. In 2016 The STIKO of the RKI changed its long-standing recommendation in favour of aspiration and recommended against it with the allegation, that without aspiration, the syringe caused less pain. In March 2022, the STIKO withdrew its recommendation not to aspirate¹⁹¹ (pp. 222+223, „Das indoktrinierte Gehirn – wie wir den globalen Angriff auf unsere mentale Freiheit erfolgreich abwehren“, Dr. Michael Nehls, Mental Enterprises publishing house). The CDC recommended at least still in spring 2023, to do the harmful corona vaccinations* without aspiration (p. 224).¹⁹²

As a result of the those recommendations not to aspirate, the harmful mRNA/DNA corona vaccinations* have spread in many more patients into the whole body instead of staying in the muscle. The attack on the whole body obviously means decisively more grave damages than the attack on only one muscle. Among the most important damages caused by the missing aspiration are the damaging of blood vessels all over the body, an increase of the blood pressure and blood clotting, and inflammation, because the endothelial cells, which our blood lines are built of, contain a very large amount of ACE2 receptors (p. 224).

That a large share of the deaths are within one or a few days after the harmful vaccination*, would scarcely be explicable without the fast spread caused by the missing aspiration.

IV.8 Health cost billings show huge increase in grave illnesses after harmful vaccination* among US soldiers and large increase of hospital treatments in Germany of vaccination* damages

At the 24.01.2022, the hearing „COVID-19: A Second Opinion“ was hosted by US senator Ron Johnson. Among the speakers was attorney Thomas Renz, who presented data, which 3 whistleblowers had collected on the basis of DMED, which is the database for the health insurance billing of the US military. Mr. Renz reported, that they had detected the following increases of diseases among US soldiers in 2021 compared to the average of the years 2016 to 2020:

--cancer from 38,700 to 114,645 (increase to 296%)	--
miscarriages from 1,499 to 4,182 (increase to 279%)	--
neurological disorders from 82,000 to 863,000 (increase to 1,052%)	
--myocardial infarction (increase to 269%)	
--bell's palsy (increase to 291%)	--
congenital malformation in children of vaccinated* military personnel (increase to 156%)	
--female infertility (increase to 471%)	
--pulmonary embolism (increase to 467%)	

Gateway Pundit article of the 26.01.01.2022 „Wistleblowers Reveal DoD Medical Data Showing Military Cancer Diagnosis HAVE TRIPLED Since the Rollout Of The Experimental Vaccines – Along With a 10x Increase Neurological Disorders and a Near 5x increase in Female INFERTILITY“¹⁹³

The US soldiers could choose between Pfizer-BioNTech, Moderna, and Johnson & Johnson.¹⁹⁴ In December 2022, the US Congress has concluded, to end the harmful vaccination* mandate for US soldiers.¹⁹⁵

In Germany, the billing data of hospitals show a drastic increase of hospital treatments regarding vaccination* damages in 2021.¹⁹⁶ When they bill their treatments, hospitals use prescribed codes. They are found in an anonymized way in the InEK statistics. For the treatment of vaccination* damages, the key for the respective illness is added by one of the keys Y59.9, T88.0, or T88.1. Since the 01.04.2021, the key U12.9 has to be used for damages from corona vaccines*. In 2020, nearly 1,400 hospital treatments have been coded as vaccine* damages under the 3 for longer established keys, and nearly 9,500 in 2021. For the time 01.04.-31.12.2021, 15,933 hospital treatments have included the key U12.9. So the 15,933 and a large part of the about 8,100 increase are to be attributed to the corona vaccines*. At the intensive care stations, the vaccine* damages treatments have risen from 209 in 2020 to more than 2,900 in 2021, 1,832 of the latter under the U12.9 key. The number of patients billed by German hospitals, who deceased there with vaccination* damages, has risen from 30 in 2020 to 306 (among them 183 U12.9 cases) in 2021. Heart problems were the at the top of the main diagnoses among the billed vaccination* damages in German hospitals in 2021, among them hundreds of myocarditis and pericarditis, heart infarctions, heart arrhythmia, and massive hypertension. Among the treated heart problems were 650 patients below 30 years, among the latter 150 below the age of 18. Also brain infarctions, pulmonary embolisms, the autoimmune illness Guillain-Barré syndrom, and hundreds of cases with grave headaches have been common. Of the 15,933 cases coded with U12.9, more than 3,500 patients have been younger than 30, of them nearly 600 have been younger than 18. Nearly 60% of the U12.9 cases have been patients below 60. In 2021, there have been inoculated, according to the federal statistics agency, about 160 million corona vaccinations* and about 40 million other vaccinations*. If the corona vaccines* were not more dangerous than other vaccines*, then a total of about 7,000 (1,400 x 5) hospital treatments for vaccination* damages would have occurred in Germany in 2021 and not about 25,433 (9,500 + 15,933). The total figures of serious vaccination* damages caused by the harmful corona vaccines* is higher, mainly because the patients with outpatient treatment are not in the InEK statistics.

IV.9 Vaccine Aids

„V-AIDS“ or „Vaccine AIDS“ is an umbrella term for several serious damages to the immune system after harmful corona vaccines*. A TKP article¹⁹⁷ and a video¹⁹⁸ embedded in that article by the book author Florian Schilling described this further. The producers of the harmful corona vaccines* have either not checked „ADE (infection-enhancing antibodies) in their admission studies or have done it in animal studies at a too small number of animals, even though earlier vaccine approaches against SARS-CoV-1 and against MERS had been abandoned because of ADE.“ In contrast to that, a study published 02.01.2021 in the Journal of Cytokine Biology has in a big animal experiment vaccinated* the animals and then exposed them to SARS-CoV-2; 6.5 % of the animals developed ADE. The video shows an example of ADE with 2,138 antibodies, of which only 88.6 % are neutralizing. The rest are non-neutralizing antibodies, which cause inflammations, when the antigen occurs, without fighting the antigen. The health damage by ADE becomes visible not yet, when those non-neutralizing antibodies are created, but when they enhance a later infection instead of fighting it. Humans have several kinds of T lymphocytes (T cells). Naive T cells are produced in the bone marrow and are able to learn about pathogens. T helper cells command the other T cells. T killer cells (Th1 cells) attack the pathogens (cellular defence). Th2 cells support the development of antibodies (humoral defence). Th17 cells, also called granulocytes, organize chronic inflammations. T memory cells store learned immunity and patrol in the body to detect pathogens. Regulatory T cells monitor the other T cells and limit their activity when needed to stop immune overreactions and to protect against autoimmune diseases, allergies, and hyperinflammation.

Too much T-Reg cells slow down the immune system too much, which makes people more prone to infectious diseases and for cancer. A pathologic investigation of a deceased vaccinated* person has found SARS-CoV-2 spike proteins in all organs and tissues and a high level of antibodies; an increased T-Reg level seems to have inhibited the function of the antibodies. Already in 2012, a study published in „human

vaccines & immunotherapeutics“ has found, that the conventional influenza vaccination* serves for antibodies, but also for an increased T-Reg level. Meanwhile, even the EMA warns against corona vaccines* every 4 months.

The communication within the immune system takes place via cytokines, such as, interleukines (IL), chemokines, interferones (IFN), growth factors (GF), tumor necrosis factors (TNF), etc. Th1 uses the cytokines IL-2, IFN- γ , and TNF- α , Th2 uses IL-4, IL-6, and IL-10, and Th-17 uses IL-17, IL-22, and IL-23. The cytokines in the body can be measured to get a quantitative overview regarding the communication within the immune system. The „cytokine profile“ of a boosted person (with at least 3 harmful corona vaccinations*) shows the cytokines for the communication of Th1, Th2, and T-Reg drastically below the lower limit of the normal range; only the cytokines for Th17 (granulocytes) are within the normal range. Such a down regulation of the cytokines leads to a „functional exhaustion“ of the immune system.

Syncytia mean, that several cells of the body merge to larger cells. Naturally, syncytia can be found in the heart muscle, in some brain areas, and in some glands. The mRNA/DNA genetically manipulated human cells, which expriate a spike protein, do not only attach to epithel cells with ACE2 receptors, but that binding can also cause a fusion with the respective epithel cell, creating a syncytium. Such syncytia can also be created by the merger of more than 2 cells. Syncytia can swallow up lymphocytes and destroy them leading to a deficit of lymphocytes.

Natural killer (NK) cells detect cancer cells and infected cells and are important for the defence against new pathogens. Human beings develop cancer cells every day, which pose no real danger, as long as there are enough NK cells to eliminate the cancer cells. While Th1 cells attack only pathogens, which they have learned of before, the NK cells also attack unspecified pathogens. The video shows the NK status of a „boosted“ person with 2.4 % basic activity, which is drastically below the normal range 15% to 25%. Mr. Schilling hold the opinion, that between 35% and 40% NK basic activity values should be reached for cancer patients . Even with stimulation via cytokines, the activity of NK cells in a boosted person remains too low. That means, boosted persons are much more endangered concerning cancer and concerning new pathogens.

The harmful corona vaccines* suppress interferones and support hyperinflammation. Interferones are not only needed for the communication of the immune system, but they also switch on cancer protection genes of the human body. In addition to that, interferones can cripple virus infected cells and cancer cells, and they can cause the apoptose (programmed cell death). Interferones are needed to make cancer cells visible for the immune system, and they stimulate NK cells to employ them against cancer cells. Interferones need receptors, which are called „interferone regulation factors“. Too survive cancer, there must, i. a., be enough interferone and enough interferone regulation factors. The cells affected by the harmful corona vaccines* send exosomes with micro RNA (miRNA), which switch genes in other cells of the immune system, causing the inhibition of interferone regulation factors and the switching on of inflammations.

The harmful corona vaccination*, in addition switches the „telomere maintenance“ genes off. In contrast to that, inflammation goes up. Genes for DNA repair and for protection againts cancer are switched off. Onkogenes are activated.

The Australian study „BNT162b2 COVID-19 vaccination in children alters cytokine responses to heterologous pathogens and Toll-like receptor agonists“¹⁹⁹ has been published at the 25.08.2023.

It investigated from samples by children between 5 and 11 years (median 6.4 years) the effects of the harmful corona vaccine* by PfizerBioNTech on the immune response. 50 children participated in the study. Blood samples were taken before the vaccination*, 28 days after the second injection from 47 children, and 182 after it from 29 children. After 28 days, the cytokine responses to Sars-CoV-2 were increased, but decreased to other viruses and to bacteria. After 182 days, the cytokine responses to other viruses was still reduced, but not any more to bacteria.

So already the vaccination* with that harmful corona vaccine* including two jabs reduces the immune protection of children in that age group against many pathogens, and regarding viruses for longer than regarding bacteria.

IV.10 Grave damage to stem cells

The study „Skewed Fate and Hematopoiesis of CD34+ HSPCs in Umbilical Cord Blood Amid the COVID-19 Pandemic“ of the 11.11.2022 ²⁰⁰ (by Benjamin K. Estep, Charles J Kuhlmann, Satoru Osuka, Gajendra W. Suryavanshi, Yoshiko Nagaoka-Kamata, Cíearra N. Samuel, Madison T. Blucas, Chloe E. Jepson, Paul A Goepfer, Masakazu Kamata) investigated the umbilical cord blood (UCB) of 111 babies. The 111 mothers were classified (p. 6) into 3 groups, namely 39 as negative (without medical record for corona vaccination* or „infection“ and without IgGs (antibodies) against the spike protein (S) or the nucleocapsid (N)), 40 as non-vaccinated* (but with IgGs at least against the spike protein), and 32 as vaccinated*. Since the number of antibodies against the spike protein shrinks slower than of those against the nucleocapsid, mothers with antibodies both against spike protein and nucleocapsid were regarded to have had an undocumented or asymptomatic „infection“ more recently than those only with antibodies against the spike protein. The aforementioned antibodies were not found in the UCB (pp. 11+12). The vaccinated* mothers had received Pfizer respectively Moderna (p. 22). The study presumes, that the apoptosis was „likely mediated by IFN-gamma-mediated pathways“ (p. 3). In addition, it refers to other studies (p. 12), according to which IFN-gamma negatively affects HSPC stem cells regarding multilineage engraftment as well as self-renewability“, and „BNT162b2 mRNA COVID-19 vaccine significantly increases the levels of IFN-gamma in the vaccinated subjects more than the infected subjects“.

The study found, that the numbers and frequencies of hematopoietic stem progenitor cells (HSPCs) in the UCB were reduced resulting from apoptosis particularly („4-fold“, i. e., by 80%) (p. 5) for babies, whose mother had received a harmful corona vaccination*, but also reduced for babies, whose mother was regarded as having had a SARS-CoV-2 „infection“. In addition to that, the remaining HSPC of the UCB of babies with vaccinated* mother showed both in vitro and in mouse experiments to have reduced hematopoietic ability with less differentiation into granulocytes and into macrophages than under normal circumstances. At p. 11 of the study, it is stated, that the reduction in numbers and frequencies was correlated to the second vaccination*. So the publication does not unequivocally make clear, if the 32 counted as vaccinated* comprised only mothers with 2 vaccinations* or also those with one vaccination*, and if the former is true, how many of the 40 mothers counted as unvaccinated* then might have had antibodies against the spike protein resulting from 1 vaccination*. The decisive question regarding the health of the children of the mRNA corona vaccinated* mothers is, if and in how far the stem cell production in their respective bone marrow has also been damaged like the stem cells in the UCB. So the researchers demand (p. 13): „Prolonged follow-up studies as well as additional studies, including blood cell analysis in the bone marrow and lymphoid organs, would be required for better understanding of these impacts on them.“

The researchers express their sorrow regarding threatening scarcity of healthy UCB for therapeutical purposes (p. 3). One should add, that if the bone marrow is similarly damaged as the UCB, that this means a serious weakening of the immune system and of the body cell regeneration.

The study „Human Hematopoietic Stem, Progenitor, and Immune Cells Respond Ex Vivo to SARS-CoV-2 Spike Protein“ by James Ropa, Scott Cooper, Maegan L. Capitano, Wouter Van' Hof, and Hai E. Broxmeyer has been published²⁰¹ at the 21.10.2020. It has already found, that already the spike protein of SARS-Cov-2 alone (even without the rest of the virus) can seriously damage stem cells of the UCB. One important reason is, according to that study, that many stem cells in the UCB have ACE2 receptors, which the spike protein can attach to.

IV.11 Reproductive damages

The harmful corona vaccines* can damage the human fertility, because the artificial corona spike protein, which the genetically manipulated people have in many of their body cells, has similarity with the Syncytin-1 protein, and the immune system can misunderchange them and erroneously attack the Syncytin-1 protein.²⁰²

Human sperm cells have the spike protein syncytin-1, and human oocytes have its receptor SLC1A5; the sperm cells provide the oocytes with the Syncytin-1, which the latter need later for the placenta (see study published at the headline „Syncytin-1 and its receptor is present in human gametes“ on the NIH website in

2014 (by B. Bjerregaard, J. G. Lemmen, M.R. Petersen, E. Ostrup, L.H. Iversen, K. Almstrup, L.-I. Larsson, and S. Ziebe).

A spike protein is needed to facilitate the intrusion into cells. Viruses use spike proteins to intrude into human cells in order to make them produce the virus. The fertilized human oocyte contains the syncytin-1 protein, which is crucial and irreplaceable for the development of the placenta. See wikipedia on syncytin-1.²⁰³

In addition to that, the flexikon dictionary states, that Syncytin-1 has possibly a role in the fertilization of human oocytes (no. 4.2 of the entry on Syncytin-1 in the flexikon dictionary).²⁰⁴

Dr. Wolfgang Wodarg and Dr. Michael Yeadon (a former vice-president of Pfizer) have already pointed out those risks in their petition of the 01.12.2020 to the EMA, and that the Pfizer human trial protocol for the official test persons does not include tests at pregnant women.^{205 206}

The animal experiments for the harmful mRNA vaccine* by Pfizer/Biontech in Japan have shown over a period of 48 hours, that the nano lipid balls, which transport the genetically manipulating mRNA in the human body, accumulate inside the body particularly (in µg / g) at the injection site (165), in the liver (24.3), in the spleen (23.4), in the adrenal glands (18.2), in the ovaries (12.3), in the bone marrow (3.7) in the small intestine (1.47), in the lymph nodes (1.37), in the lung (1.09), and in the thyroid (1.0).^{207 208} The places, where the lipid nano balls accumulate, are at least a strong hint, in which organs the genetically manipulating mRNA produces the spike proteins in particular, and which organs are at risk to be damaged by immune overreactions and auto immune diseases.

The LifeSiteNews article „Thousands of reports of menstrual irregularities, reproductive dysfunction following Covid vaccines“²⁰⁹ of the 19.04.2021 informs, that in Great Britain, side effects of vaccines* are reported via the „yellow card“ system. Until the 05.04.2021, there have had, according to the „yellow card“ system, 20.6 million people received their 1st dose, and 1 million people received their 2nd dose of the AstraZeneca vaccine*. There have been 1,465 „reproductive and breast disorders“ reported via the „yellow card“ system (until the 05.04.2021) concerning the corona vaccine* by AstraZeneca, which include 255 cases of abnormal uterine bleeding, 242 reports of unusual breast pain and swelling, 182 cases of absent or delayed menstruation, 175 cases of heavy menstrual bleeding, 165 cases of vaginal hemorrhaging, 55 reports of genital swelling, lesions, rashes, or ulcerations, 19 cases of postmenopausal hemorrhaging, 12 cases of premature or artificial menopause, 19 miscarriages, 5 premature labors, and 2 stillbirths.

There have been 768 „reproductive and breast disorders“ reported via the „yellow card“ system (until the 05.04.2021) concerning the corona vaccine* by Pfizer, which include 265 reports of breast changes, including 22 reports of breast cancer and 177 reports of breast pain, 134 cases of irregular menstrual bleeding, 127 cases of absent or delayed menstruation, 92 cases of heavy menstrual bleeding, 73 cases of vaginal hemorrhaging, 5 cases of postmenopausal hemorrhaging, 5 cases of premature or artificial menopause, 42 miscarriages, 5 premature labors, and 2 stillbirths.

Male reproductive disorders reported via the yellow card system are 75 reports on AstraZeneca, including 63 cases with erectile dysfunctions, 50 cases with testicular pain, 11 cases of scrotal pain and swelling, and 3 cases of haemospermia (blood in sperm) and 22 reports on Pfizer of testicular and scrotal pain and 21 of sexual dysfunction.

The LifeSiteNews article „Thousands of reports of menstrual irregularities, reproductive dysfunction following Covid vaccines“ of the 19.04.2021 holds the opinion, that the similarity of the spike protein to syncytin-1 and/or polysorbate 80, an ingredient of the corona vaccine* by AstraZeneca are possible causes, because studies on HPV vaccines with polysorbate 80 had shown a delayed toxicity to the ovaries of rats and premature menopause, miscarriages, amenorrhea, and irregular menstruation as effects on female humans.

IV.12 ME-CFS

Ricarda Piepenhagen, the chairwoman of the patients rights organization „Nicht genesen“ („not recovered“), has spoken at the 07.09.2023 at an event of the trade union DGB (Deutscher Gewerkschaftsbund) on „Long Covid and post covid“²¹⁰.

Her organization with nearly 10,000 members lobbies for patients with ME-CFS, with „post vac“ (health damages caused by the harmful corona vaccines*), and with „long covid“ (health damages allegedly resulting from infection with Sars-CoV-2) to improve research, medical supply, and official recognition of their illnesses.

One of the focuses of the NGO „Nicht genesen“ is to speed up the research and the admission of medicaments against ME-CFS (myalgic encephalomyelitis – chronic fatigue syndrom). According to the presentation, the main ME-CFS is most often the result of an infectious disease, like Pfeiffer's disease, influenza, and Sars-CoV-2. ME-CFS has been listed at the WHO since 1969 as a grave neuroimmunological disease. Already before the alleged Sars-CoV-2 „pandemic“, there have been about 300,000 people with ME-CFS in Germany, among them 40,000 children and adolescents.

According to her speech, at least 6.2% of the people infected with Sars-CoV-2 [i. e. people with a positive test for it], between 3.3 million and 4 million people in Germany, are ill for longer than 3 months and are so counted as „post covid“. 39% of them (1.3 million to 1.6 million) are ill for longer than 6 months. According to her, 50% (between 600,000 and 800,000) also have ME-CFS. Many people with ME-CFS, post vac, or „Long Covid“, are incorrectly diagnosed with psychosomatic illnesses or anxiety disorder. ME-CFS has symptoms in common with depression, namely, severe exhaustion, memory disorders, and sleep disorders. But ME-CFS has further symptoms, which do not belong to depression, e. g. flu-like disorders with hurting lymph knot swellings or fever. While depression can be alleviated via regular physical and mental activities, ME-CFS aggravates increasingly after too much activity. The typical lead symptom of ME-CFS is the post exertional malaise (PEM). While patients with depression tend to despair, those with ME-CFS usually have a strong will to get healthy again. According to Mrs. Piepenhagen, many physicians do not know „post vac“ or „Long Covid“ and so tend to psychological diagnoses, also in order to easier get their work paid by the health insurances, and to get sickness benefit or pension for the patient. She presumes, that the increase of psychosomatic illnesses in the statistics is mainly the result of that practice. Her NGO regards particularly medicaments against autoantibodies, such as BC007 and immune adsorption, as promising against ME-CFS with positive results in clinical trials. According to Mrs. Piepenhagen, there is an increasing amount of evidence both for post vac and „post covid“ of an autoimmune etiology. Psychosomatic patient questionnaires have the sense to detect psychosomatic illnesses, but usually do not contain the right questions for the differential diagnosis to somatic illnesses like ME-CFS. PEM is not a deconditioning, but it has rather to do with disturbed metabolic processes or with vascular anomalies. Depending on the severity of PEM, already little physical exercises or sensory stimuli like turning over in the bed or perceiving another person in the room, can lead to an aggravation of the illness (e.g. muscle or nervous pain) and enforce bed rest for days. Rehabilitation measures often damage the health of ME-CFS patients further, because they are not adjusted to them. According to Mrs. Piepenhagen, nearly all people affected by ME-CFS, whom her NGO knows, have legal disputes with public authorities or insurances regarding benefits.

IV.13 Harmful corona vaccinations* attack and harm all human hearts

The study „Assessment of Myocardial 18F-FDG Uptake at PET/CT in Asymptomatic Sars-CoV-2-vaccinated and Nonvaccinated Patients“ by Nakahara et al has been published at the 19.09.2023.

It investigated via radiology (PET/CT) 700 patients with harmful corona vaccination* and 303 nonvaccinated* people. It found, that the vaccinated* patients, who received their second vaccination* within 180 before the PET/CT scan, had a higher maximum standardized uptake value (SUVmax) than the nonvaccinated* of 4.8 g/mL compared to 3.3 g/mL of 18F-FDG, whose molecule is similar to glucose.^{211 212}

The study „Myocardial 18F-FDG Uptake Pattern for Cardiovascular Risk Stratification in Patients Undergoing Oncologic PET/CT“ of the 17.07.2020 by Haider et al investigated 18F-FDG uptake in 302 cancer patients, who had received medicaments, which can cause heart damages as side effects. 24 of them showed focal myocardial uptake of 18F-FDG. The study found, that „focal myocardial uptake was predominantly observed in patients with myocardial abnormalities (i. e. abnormal perfusion, impaired LVEF, myocardial ischemia, or scar)“.^{213 214}

An increased 18F-FDG is an important indicator for heart damages, not only regarding side effects of cancer medicaments, but also of harmful corona vaccines*.

Deaths from heart and circular diseases among 15 to 44 years old people have sunk in England and Wales from 2010 to 2019 and then risen by 13%, in 2021 by 30%, and in 2022 by 44%. That increase is a strong indication, that the heart damages from each corona vaccination* do not only persist for 180 days, but stay and accumulate with each injection.

The study „Cardiac side effects of RNA-based SARS-CoV-2 vaccines: Hidden cardiotoxic effects of mRNA-1273 and BNT162b2 on ventricular myocyte function and structure“ by Rolf Schreckenberget al has been published at the 12.10. 2023. It has investigated the harmful corona vaccines* mRNA-1273 (Moderna) and BNT 162 b 2 (PfizerBioNTech) for 72 hours after their injection. It found, that „after 48 h, expression of the encoded spike protein was detected in ventricular cardiomyocytes for both mRNAs. At this point in time, mRNA-1273 induced arrhythmic as well as completely irregular contractions associated with irregular as well as localized calcium transients, which provide indications of significant dysfunction of the cardiac ryanodine receptor (RyR2). In contrast, BNT162b2 increased cardiomyocyte contraction via significantly increased protein kinase A (PKA) activity at the cellular level“. The study concluded, „that in isolated cardiomyocytes, both mRNA-1273 and BNT162b2 induce specific dysfunctions that correlate pathophysiologically to cardiomyopathy. Both RyR2 impairment and sustained PKA activation may significantly increase the risk of acute cardiac events.“^{215 216}

So those harmful mRNA vaccines* cause heart dysfunctions already within 48 hours, which can lead to acute heart events. That refers to the impact of the spike proteins alone. The damage to the heart via the reaction of the immune system to the spike proteins is added to that.

The frequency of heart damages by the harmful corona vaccines* is probably also caused by the fact, that the heart muscle contains particularly many ACE2 receptors²¹⁷ (pp. 223, „Das indoktrinierte Gehirn – wie wir den globalen Angriff auf unsere mentale Freiheit erfolgreich abwehren“, Dr. Michael Nehls, Mental Enterprises publishing house).

IV.14 The corona vaccines* cause vascular illness.

The study „Sars-Cov-2 Spike Protein Impairs Endothelial Function via Downregulation of ACE 2“ (published 31.03.2021, by Yuyang Lei, Jiao Zhang, Cara R. Schiavon, Ming He, Lili Chen, Hui Shen, Yichi Zhang, Qian Yin, Yoshitake Cho, Leonardo Andrade, Gerald S. Shadel, Mark Kepokoski, Tin Lei, Hongliang Wang, Jin Zhang, Jason X.-J. Yuan, Atul Malhotra, Uri Manor, Shengpeng Wang, Zu-Yi Yuan, and John Y-J. Shyy; Department of Medicine at the University of California) has found, that already the spike protein alone (without the rest of the virus) causes Covid-19, and that Covid-19 is a vascular disease. The spike proteins connect to cells with ACE2 receptors and cause inflammations in the endothelium of arteries including of the lung arteries. The damages have occurred in animal experiments and also in vitro.^{218 219 220 221}

The viral immunologist Prof. Dr. Bryam Bridle from the University of Guelph (Ontario, Canada) has warned in an interview in May 2021, that the spike protein, whose DNA/mRNA is injected in so-called vaccines*, itself is a pathogen. Lab animals have developed cardiovascular problems, after the spike protein had entered their blood. And the spike protein has also been demonstrated to cross the blood brain barrier. Prof. Bridle explains, that the spike protein can attach to specific ACE2 receptors, which are on blood platelets and also

on cells lining the blood vessels. Such attachments of the spike protein can lead to clumps and clotting in the blood and also to bleedings.

Prof. Dr. Stephanie Seneff (Massachusetts Institute of Technology) has explained to Lifesitenews, that „ACE2 receptors are common in the heart and brain, and this is how the spike protein causes cardiovascular and cognitive problems“.

Prof. Dr. Bridle warns, that the blood of people, who received a harmful vaccine* with the spike protein, should not be taken any more for blood donations.

And he has reported about one case, where the spike proteins must even have been in the breast milk of a mother, because a baby developed a rare blood clotting disease in the whole body after having been breastfed by the mother who had received her second vaccine* dose in March 2021.²²²

Dr. Charles Hoffe has given mRNA genetically manipulating preparations to his patients, who have wanted those harmful vaccines*. He then has investigated their blood with a D-dimer blood test and has found, that 62% have microscopic blood clots. According to him, each Moderna mRNA jab contains 40 trillion mRNA molecules. He explains, that the particles transporting the mRNA stop in the tiniest capillary blood vessels and release the mRNA there. As a result, many cells with the spike protein, which is produced according to the mRNA become a part of the vascular endothelium of the capillaries. Blood platelets regard the spikes as a damages to the border of the blood line and stick to it in order to repair the seeming bleeding. This way, more and more microscopic blood clots develop. Dr. Hoffe explains, that big blood clots, which can be seen on CT scans, and which can cause strokes, are rather rare, in contrast to the microscopic ones. The latter are particularly dangerous as far as they occur in tissues, which are not able to regenerate, like the brain, the spinal cord, the heart muscle, and the lungs. Blood clots in the lungs lead to the so-called „reduced effort tolerance“, i. e., that more power is needed to pump the blood through the lungs. This, in turn, leads to pulmonary artery hypertension. People with this condition usually die within a few years.²²³

AstraZeneca has warned in April 2021, that its DNA vaccine* Vaxzevria can cause thrombozythopenia. That auto immune illness means, that antibodies attack human thrombozytes, which significantly reduces blood clotting. Report 24 concludes, probably from the word „häufig“ („common“) of AstraZeneca's „red hand“ warning letter, that this auto immune illness occurs in between 1 % and 10 % of the people, who have been inoculated with Vaxzevria.

The biochemist Dr. Christian Steidl criticizes, that only the recipients with symptoms are investigated, if they have also have significantly increased levels of those antibodies like those people, who already suffer from thrombozythopenia after the shot.

According to Dr. Steidl, it might become necessary to treat people affected by thrombozythopenia with immunosuppressive medicaments like, e. g., TNF alpha inhibitors, which would cost more than 15,000 € per patient and year, according to the assessment by Dr. Steidl.^{224 225}

The Elemental + article „This is How Your Immune System Reacts to the Coronavirus“²²⁶ of the 24.03.2020 has already claimed, that Sars-Cov-2 causes immune over reactions.

The article claims, that Sars-Cov-2 aims at human cells with ACE2 receptors. Most of those ACE2 receptors are in the lung, and second-most in the intestines. It also states, that people with a weak immune system or with a big virus load are more prone than others to develop serious symptoms, and that people with weak immune systems often develop, with a delay, an immune over reaction up to even a cytokine storm. It is particularly the immune over reaction, which causes the death of lung cells.

The Elemental + article overlooks, that it is extremely improbable, that bat corona viruses ever jump over to humans, but its claims are true concerning human corona viruses and concerning the synthetical spike protein of the mRNA/DNA vaccines*.

IV.15 Eye illnesses and blindness

The Schild publishing house article „Neue Hiobsbotschaften aus der Impfküche: Viele vollständig Geimpfte erblinden jetzt“²²⁷ of the 09.05.2022 focuses on eye illnesses of harmful corona vaccines*, probably mainly caused by micro thromboses and bleedings, but also by strokes. It reports, referring to a Global Research article of the 28.04.2022, concerning Pfizer-BioNTech of 163 cases of full blindness and 21 cases of

temporary blindness according to the yellow card system of the British MHRA. The Schild publishing house article states, referring to a Daily Exposé article, that until the 06.04.2022, 8,016 eye illnesses have been reported as side effects of Pfizer-BioNTech. The MHRA has received until the 06.04.2022, regarding AstraZeneca, 324 reports on full blindness, 3 on central loss of sight, 5 on sudden loss of sight, and 29 on temporary blindness, and in sum 14,895 eye illnesses in connection with AstraZeneca. According to Daily Exposé, 24,516 cases of eye illnesses and 525 of blindness have been reported without naming the brand of the respective corona vaccine*. Referring to the Epoch Times, the article states, that until the 15.02.2021, already 13 cases of blindness have been counted by the British authorities.

IV.16 Use of nano lipids, which have only preliminary permittance in humans

At least some of the nano lipids in the harmful mRNA corona vaccines* by Pfizer-BioNTech and by Moderna are admitted for human use only as parts of those vaccines*, so that the producers are in bad faith regarding all health damages caused by those nano lipids. This needs to be regarded together with deliberate genetical manipulation of the human body by those vaccines* to produce the artificial spike protein, which makes the vaccinees* chronically vascularly ill.

The Paul Ehrlich Institute (PEI) informs on the kinds of nano lipids used in Comirnaty (Pfizer-BioNTech) and in Spikevaxx (Moderna) to transport the mRNA. Comirnaty contains ALC-0315, ALC-0159, DSPC, and cholesterol. Spikevaxx contains SM-102, DMGPEG2000, DSPC, and cholesterol.²²⁸

According to Biomol, a trader in materials for laboratories, SM-102 is produced by Cayman Chemical and is permitted as follows: „Nur für Forschungszwecke und Laboruntersuchungen: Nicht für die Anwendung im oder am Menschen!“ („Only for research purposes and laboratory investigations: Not for the application in or at human beings!“)²²⁹

Regarding DMG-PEG(2000), the producer Cayman Chemical itself states: ²³⁰

„Application of the substance / the mixture

This product is for research use – Not for human or veterinary diagnostic or therapeutic use. It is the responsibility of the purchaser to determine suitability for other applications.“

Also ALC-0159 is only for research purposes:²³¹

„ALC-0159 is a PEGylated lipid which has been used to form lipid nanoparticles for delivery of RNA. ALC-0159 is one of the components in the BNT162b2 vaccine against SARS-CoV-2 in addition to ALC-0315, and DSPC, and cholesterol. This is a reagent grade product, for research use only.“

At least ALC-0315 and ALC-0159 have got a preliminary admission by the EMA as parts of the respective mRNA corona vaccines*, but Pfizer-BioNTech still has had to deliver many pieces of information to the EMA about the nano lipids, when the preliminary admission has been granted.²³²

Nano lipids can, alone and also together with the harmful mRNA vaccines*, cause inflammations and fever, independently from the way, the vaccines* are administered into the body. According to the TKP article „So verursachen Lipid-Nanopartikel in Gentechnik-Impfstoffen durch Entzündungen schwere Nebenwirkungen“ („This way lipid nano particles in gene technology vaccines cause grave side effects by inflammations“)²³³, particularly the administration of nano lipids through the nose causes a higher death rate, which is probably connected with inflammations of the lung. The TKP article holds the opinion, that the nano lipid particles cause inflammations already after the first injection, and that the immune reactions to the spike proteins occur rather after the second injection.

According to the TKP article „Gefahren ausgehend von Lipidnanopartikel in mRNA Impfstoffen“ („dangers arising from lipid nano particles in mRNA vaccines“)^{234 235} of the 03.01. 2021, which refers to a video by the scientist Dr. Vanessa Schmidt-Krüger, the nano lipids cause grave damages to the liver and also damages to the spleen. Damages to the spleen disturb the production of lymphocytes and so weaken the immune system.

Dr. Schmidt-Krüger explains, that kationic nano lipids are particularly damaging to health. In animal experiments, nano lipids have been transported particularly into liver, lung, and spleen. A vacuolization (holes in the liver because of violations of liver cells) has been observed because of the poisoning of the liver; even BioNTech has stated, that damages of the liver might be caused by nano lipids. In the animal experiments, a temporary strong reduction of lymphocytes has been observed. Dr. Schmidt-Krüger holds the opinion, the lipid nano particles are responsible for that effect; that might happen by lipid nano particles in the bone marrow (where the lymphocytes are produced), in the spleen (where the lymphocytes are stored), or in the blood (where the lipid nano particles hit lymphocytes). Also the destruction of muscle cells, oedema, fibrosis, incrustations (storage of salts in necrotic tissues), and cracks in blood vessels have been observed in the animal experiments. She explains, that kationic lipid nano particles are damaging to many cells. And the nano lipid particles are so toxic because of their small size. According to her, kationic nano lipids can cause the production of oxygen radicals, the change of the concentration of calcium in the cell, the activation of genes, the release of cytokines, oxidative stress, fractures of the DNA (resulting in apoptosis or cancer, if the cell repair mechanism fails), changes of the folding or of the activity of proteins, and lipidperoxidation (loss of the integrity of the cell membrane).

The biologist, toxicologist, and immunologist Prof. Dr. Stefan Hockertz has explained in an interview by Prof. Dr. Dr. Martin Haditsch (physician for microbiology, virology, and infection epidemiology) with him for Servus TV²³⁶. on the toxicological studies, which are necessary for the admission of vaccines*. According to Prof. Dr. Hockertz, studies on acute toxicity have been made concerning several of the harmful corona vaccines*, but studies regarding „repeat dose toxicity“, the interaction with other medicaments, the interaction with pre-existing illnesses, cancerogenity, and effects on particular organs, are usually done, but missing concerning the harmful corona vaccines*. The usual observation time before the admission of new vaccines* depends on how established the method is. For such a new method, where the pathogen is produced within the human body, an observation time of between 8 and 12 years would be realistic according to Prof. Dr. Hockertz. He has explained, that BioNTech, e. g., uses 3 kationic lipids, which have not been used for any other medicament before, and which have not been monographed, described, or toxicologically investigated. Prof. Dr. Hockertz had advised his students not to use kationic lipids, because they are always membrane active, so that they are always dangerous and are toxicologically absolutely relevant.

A study published in iScience at the 17.12.2021 (by Sonia Ndeupen, Zehn Qin, Sonya Jacobsen, Aurélie Bouteau, Henri Estanbouli, and Botoand Z. Igyártó)²³⁷ has found, that „in mice intradermal intramuscular, or intranasal delivery of LNPs used in preclinical studies triggers inflammation characterized by leukocytic infiltration, activation of different inflammatory pathways, and secretion of a diverse pool of inflammatory cytokines and chemokines. Thus, the inflammatory milieu induced by the LNPs could be partially responsible for reported side effects of mRNA-LNP-based SARS-CoV-2 vaccines in humans and are possibly contributory to their reported high potency for eliciting antibody responses.“

With intradermal inoculation, visible signs of inflammation have because by the ionized lipid nanoparticles. The intranasal inoculation showed, that high dosage leads to inflammation of the lungs and to death of the mice. The authors state, that „further studies will be needed to determine the exact nature of the inflammatory response triggered by mRNA-LNP vaccines in humans and how much overlap there might be with the inflammatory signatures documented here in mice.“

The article presumes (p. 9), that the side effects after the first jab result from inflammations caused by the nano lipid particles, and that the side-effects result from the spike proteins rather occur from the second jab onwards.

Pfizer classifies the nanolipid ALC-0315 of its harmful corona vaccine* as OEB 3 (medium toxic potential dangerous) and the whole vaccine* as OEB 5 (high toxic potential). Regarding the former, see the safety data sheet of the 07.12.2021²³⁸ on Comirnaty; concerning the latter, see the screen shot in the TKP article²³⁹

of the 02.12.2023. OEB (occupational exposure band) ²⁴⁰ is a classification for the occupational safety of the personnel working with the respective substances. The screen shot shows the compound no. "PF-07302048". Page 1 of the safety data sheet shows the same compound no., which proves, that also the OEB 5 classification in the screen shot belongs to Comirnaty. The allowed daily exposure limit at the working place for OEB 3 is 10 – 100 µg / m³ and, and for OEB 5 it is < 1 µg / m³. In contrast to that, the official usual dose for the harmful corona vaccine* by PfizerBioNTech is 30 µg, i. e., the 30-fold amount is injected into the bodies of the vaccinees* than what is allowed as exposure in the air for the workers in the pharma industry. The safety data sheet recommends at p. 3 (already for ALC-0315 alone) for skin contact: "Remove contaminated clothing. Flush area with large amounts of water. Use soap. Seek medical attention." And for the case of ingestion: "Never give anything by mouth to an unconscious person. Wash out mouth with water. Do not induce vomiting unless directed by medical personnel. Seek medical attention immediately."

V. Statement by Julia Neigel on the situation of the musicians in Germany resulting from the plundering of their intellectual property and from the corona measures

Julia Neigel – c/o: Funkturm Verlag - Musik- und Künstlermanagement
Luzerner Straße 10-12 - 12205 Berlin

20.06.2025

Ladies and Gentlemen,

My name is Julia Neigel. I am a freelance artist and by profession a singer, composer, lyricist (German lyrics), music producer and book author. I have been working in the cultural and music industry since the 1980s, writing songs for myself and for colleagues. I am a full member of the collecting societies of GEMA (society for performance and ancillary copyrights), a member of GVL and VG Wort, member in the German lyricists' association (Deutscher Textdichterverband), member in the association of German composers (Deutscher Komponistenverband) and in the network „music in freedom“ („Musik in Freiheit“), which is organized by free musicians. I have contracts with recording companies, a manager and with musicians who accompany me as a band at my own concerts. I also work as a performer with colleagues and am also a singer with the German band SILLY. In the course of my career, I have received the highest honors and awards for almost all artistic areas of my work, such as:

Excerpt:

1989: Fred-Jay prize²⁴¹ of the GEMA for best female lyricist
1989: Best of Formel Eins²⁴² for best song
1989: Goldene Note²⁴³ for newcomer
1989: Tigra-Award²⁴⁴ for newcomer
1990: Fachblatt Musikmagazin²⁴⁵ poll: best female singer national
1991: Fachblatt Musikmagazin poll: best female singer national
1992: Fachblatt Musikmagazin poll: best female singer national
1993: Fachblatt Musikmagazin poll: best female singer national
1994: Rolling Stone²⁴⁶ poll: best female singer national
1994: Fachblatt Musikmagazin poll: best female singer national
1995: RSH-Gold²⁴⁷ for best female artist
1995: Rolling Stone Poll: best female singer national
1995: Echo nomination for best album and best video
1995: Fachblatt Musikmagazin poll: best female singer national
1996: Echo nomination for best album and best video
1996: Preis der deutschen Schallplattenkritik²⁴⁸ for the best production pop/rock 1996 (album Sphinx)
1996: Rolling Stone poll: best female singer nationally
1996: Fachblatt Musikmagazin poll: best female singer nationally
1997: Echo nomination for best live act
1997: Fachblatt Musikmagazin poll: best female singer nationally
1998: Echo nomination for best album
2000: Honorary Award of the State of Rhineland-Palatinate²⁴⁹ for special musical merit
2014: Charlie Award of the Campus Symposium²⁵⁰ for social commitment in the fight against racism.

2015: Honorary Award of the Russian-Germans for special social and musical merits
2017: Inclusion in the Signs Of Fame
2024: Golden Planet Award (tolerance, humanity, victim protection and civil courage)

Since my professional career, I have created a dozen music albums, all of which have entered the top 10 or top 20 of the German charts with one exception, and I have also given thousands of concerts and tours completed. As an author and artist, I fall under the protection of Art. 2 para. 1 and para. 2 (prohibition of discrimination against my professional group), Art. 4 (right to proportionality of political measures), Art. 6 para. 1 and para. 2 (right to work) and Art. 15 para. 1 a.), b.), c.) (cultural participation, protection of material and immaterial interests), as well as Art. 15, para. 2, para. 3 ICESCR (promotion, improvement and enforcement and protection of the interests of artists by the state), just as my audience falls under the protection of Art. 15 para. 1 a) ICESCR. I also see myself as a human rights defender within the meaning of UN Resolution 53/144. Unfortunately, the German state has systematically deteriorated, undermined and, in the knowledge that this in its entirety - digital industry and corona policy - is a complete, systematic destruction of the existence of the German music industry and many German freelancers and the cultural plundering of German art, has knowingly broken the human rights of culture and artists that I have mentioned.

Background to the systematic destruction of German culture before the Corona policy:

In 2012, in terms of lobbying, I was elected by my colleagues as a deputy member of the supervisory board of GEMA (society for performance and ancillary copyrights) for the protection of artists and, even after the end of my time on the supervisory board (2014), I continue to lobby for artists within politics - be it at state, federal or EU level. For many years, I have been able to look behind the scenes of legislation and corporate influence in the offices of ministers and parliamentarians and can assess the influence that global corporations have on politics when it comes to culture, namely a very damaging one. In the course of the emergence of the digital single market, I was therefore able to observe how the politicians I addressed and those responsible failed to protect the copyright of artists, journalists and scientists on the Internet and instead passed laws (starting with the Telemedia Act TMG at the end of the 1990s) that systematically thwarted and destroyed the Copyright Act and all our property rights under Art. 15 ICESCR.

The TMG destroyed the practical application of the German Copyright Act (UrhG), on which the protection of artists is based, because it developed into a competitive law for digital corporations with exemption from liability for copyright infringement and theft. Furthermore, it was almost impossible to track down the infringers in question, as the digital companies were not even obliged to disclose the identity of the infringers. Although the UrhG was still applicable in the physical space, it lost its ability to be implemented in the global digital single market.

Politicians and public officials who were approached and responsible cited political pressure and the power of digital corporations, which is why German artists could not be protected from being plundered by digital corporations. According to them, the German Copyright Act (UrhG) would be a thorn in the side of the US digital industry because it would put artists in a much more autonomous, economically independent and legally better position and create equality of arms between corporations and individuals than the copyright applied in the USA. Copyright is the US law for the copyright law applied in Europe, with the only difference being that in the USA a copyright is also transferable to third parties, like a thing, although the beneficiary user as the alleged author is not the actual creator of a work, similar to trademark or patent law. This means that in the USA, intangible property from work creations, which according to the Copyright Act cannot be separated from personal rights, can be transferred to buyers as copyright, whereas in Europe this procedure is strictly prohibited for works of art. Because in the history of Europe poor or blackmailed artists could be deprived of their very own creative rights in this way, this method of dealing with creators of works was strictly prohibited after the Second World War. According to Section 29 (2) UrhG, copyrights cannot be transferred to third parties, only their use. This requires contracts.

The US copyright therefore contradicts in principle the legal situation of creative works under the German Copyright Act, Art. 17 para. 2 CFR, Art. 27 para. 2 UDHR, Protocol No. 1 to the ECHR (right to property)

and the 1952 Geneva Universal Copyright Convention.

The legal equality of arms between international digital corporations and freelance artists still does not exist in the German constitutional state with regard to the digital single market. At the same time, this situation also devalued the added value of culture in the traditional physical market. The digital companies are based in Ireland in Europe and cannot be contacted by telephone. Legal prosecution of copyright infringement and economic compensation is therefore virtually impossible for the artists concerned. A legal and international dispute with these companies in the event of copyright infringements is not affordable for many freelancers. The digital corporations have a feudal special position in the Federal Republic of Germany, where they are regarding their liability hardly tangible.

I would like to mention streaming as an example. A few years ago, Pharell Williams told the public that his song "Happy" received 4,953 euros for 98 million streams on the Pandora platform²⁵¹. This economic imbalance between revenue and demand shows the decline in the economic value of culture due to the political exemption from liability of the digital industry. The corporations simply no longer pay. Anyone who refuses to do so will lose their livelihood. On the other hand, selling 98 million physical records would have made Pharell Williams an instant multi-millionaire. But the physical market is being destroyed by the digital industry. In the car manufacturing sector, for example, politicians are encouraging the removal of CD players from cars. Furthermore, it has still not set a quota for German radio that would force broadcasters to play German music. Many music programs have been removed from German public broadcasters in the last two decades for financial reasons. In contrast, this quota and the promotion of national culture can still be found in France, Italy, Norway, Sweden, Spain and other European countries. German policy is now visibly and noticeably hostile to culture for artists when it comes to Germany's own culture. Art. 15 para. 1 a.), b.) c.) and para. 2 and para. 3 ICESCR are less and less respected. On the other hand, the German state promotes the rights under Art. 15 para. 4 ICESCR in a very concentrated manner, thus creating an imbalance in the competition between national artists in its own market. It is acting anti-German in every respect and has been doing so for two decades.

The policy of focusing on the advantages of the digital industry has had consequences: Since the digital platforms devalue music due to the junk prices and people have become accustomed to getting music either as a flat rate or even for free, the music industry hardly produces any physical sound carriers anymore. Artists no longer earn anything from their albums, and German artists are being featured less and less on German radio and television stations. If in 2000 there was still a gold award for 200,000 albums, this has now fallen to 75,000 albums sold.²⁵²

While in 2000 there was still a separation of national (German artists according to Art. 15 para. 3 ICESCR) and international charts (according to Art. 15 para. 4 ICESCR) and German artists therefore did not have to compete with American superstars and their worldwide marketing, there are now only the German charts, in which the US superstars usually occupy all the top positions.²⁵³

This approach (no more separation between national and international charts) suppresses the right of national artists to be recognized in an appropriate form in the music industry. The artists therefore withdrew from the live business a decade ago. Whereas previously there was an interaction between the first pillar, the marketing of music releases, marketing with the help of the media and then the second pillar of concerts, which were mutually dependent, the first pillar is now no longer economically viable for almost all artists. Music albums cost money and don't bring in any revenue, which was an important source of income until 10 years ago. However, in order to be able to tour, German artists also need new music releases, which then become an investment problem. The value chain: music release - advertising with the help of the media - subsequent tour - which is then cross-financed, has noticeably collapsed for all German artists.

Beginning of the destruction of German culture through the Telemedia Act TMG:

The destruction of culture began with the establishment of the German Telemedia Act (TMG), which exempted digital platforms from liability for copyright infringements committed by their users. The protection of personal rights was also not implemented in the TMG. The TMG marked the beginning of the undermining of the Copyright Act and Article 2 of the Basic Law. This was followed by the plundering and exploitation of the income and work of artists in a wide range of sectors (film, image, photography, books)

through the freedom from liability of internet companies, which allowed these companies to play consumers off against artists and which brought about the practical and legal collapse of the German Copyright Act (UrhG). In doing so, German politicians released the working population, who earn their money with copyright, to be plundered by digital corporations. The internet became a legal vacuum and a goldmine for digital companies, which established copyright-protected content as an illegal and politically tolerated business model with the help of ignorant users of the platforms, while German artists had no right or law to take action against the TMG and thus against the plundering. When generations had become accustomed to this cultural plundering, it was difficult for the music industry to reverse the decline in cultural values within society, as politicians have been deliberately counteracting it for decades. Now comes AI and here, too, German politicians have no interest in safeguarding copyright, artists' interests and their economic protection under Art. 15 ICESCR. There is not even a Federal Ministry of Culture, only a State Secretary for Culture. We have been exposed to the arbitrariness of the culturally anti-German federal policy and the legalized space of digital corporations for two decades.

This is still the case today. Any clarification by responsible politicians about their inaction and their obligation to stop this plundering of culture and the destruction of the music industry, and even if they were made to believe in bad faith by being informed about the fatal consequences for culture, only led to excuses and indifference to the consequences for the artists. At the same time, the German music industry has collapsed by 90% in the last two decades. More and more German recording companies closed down, American corporations took over medium-sized German companies and publishers and because the income from physical recordings collapsed and our legitimate income on the Internet flowed illegally in the direction of the digital corporations, which did not pay tax on it in Germany but in the USA, the financing of music productions by German-speaking artists (who, due to the German language, can usually only sell their music in German-speaking countries) was largely suspended - because the investments could not be recouped through digital income. In comparison to 2004, when the plundering of culture on the Internet began in a noticeably economic way, only a few recording companies and distribution channels still exist. The financing of artists' music thus came to a systematic and practical standstill because it was no longer financially viable to invest in a German-language music album due to the minimal income on the internet and the geographical limitation of the market due to the language. The same applies to newspaper publishers, who are losing their subscriptions, having to cut their editorial teams and now have to buy news articles centrally from agencies such as DPA and Reuters. Investigative journalism is almost impossible to finance. Journalism is losing quality. Reporting is becoming more and more similar as it is increasingly controlled centrally by a few agencies. There is hardly any individualized journalistic work anymore, simply because it can hardly be financed due to falling sales figures. Culture editorial offices are being closed, as the culture department is often the first area to be cut. This makes journalists and artists dependent on subsidies and susceptible to political blackmail. All these developments violate Article 15 ICESCR at its core.

Until 2012, the Federal Republic of Germany was the largest music market in Europe and the USA had a particular interest in this market. German artists had good opportunities to practice their profession, were not in competition with US artists as they had their own charts and could make a good living from it. Due to the inactivity of politicians to stand up to the digital corporations and to protect their artistic freelancers by law in the economic war of the digital industry against the German creative industry and protect them from plundering, the middle class of artists gradually collapsed over the years and artists had to switch their priority to the concert market because it is not affected by the plundering. If an artist can no longer go on tour, this leads to further unemployment. The event industry is a melting pot of important professions that intertwine at major concerts, such as technicians, chefs, dressers, stylists, dancers, musicians, stage builders, managers, masseurs, etc.

Even though German artists are trying to perform more concerts in order to counteract the collapse of the recorded music market and to compensate for the destroyed economic mainstay, the sale of physical recordings and the lack of economic regulation in the digital single market, it is not society but German politics that is causing more and more problems for German artists. German politicians are not only standing idly by, they are passing laws that are deliberately driving the destruction and have been letting artists down in every respect in their fight for survival for decades.

When this development caused the first damage in the cultural sector, the letters of protest and petitions from German artists against this policy of omission, which began with the first Chancellor of the Federal Republic of Germany and her term of office and has continued and worsened to this day, increased. At the same time, GEMA attempted in 2014 to take legal action against the YouTube portal and its parent company Google, which did not pay artists for music uploaded to their channels by other users. The total damage that has been caused to German artists in recent decades as a result amounts to several billion euros annually. The company BMG Ariola filed a lawsuit against the digital platform Napster, other companies sued other digital corporations, while the Minister of Justice responsible for GEMA at the time (as GEMA's management informed the supervisory boards) threatened in confidential talks to withdraw GEMA's presumption (exclusive remuneration clause for all users) from the authors of GEMA if GEMA continued to take action against YouTube in the strict manner in the interests of the authors.²⁵⁴

That would have been the end of GEMA and its members. The TMG exempted all digital companies from liability for copyright infringements and turned artists back into slaves of the digital industry. In the meantime, the CEOs of digital companies have climbed to the top ten richest companies in the world. Although the music industry was able to force the US digital corporations to at least accept liability for interference (lawsuit against Nabster, YouTube, etc.) by means of high lawsuits, their obligation is still ignored in practice today. An obligation to remunerate German artists for the use of music by users has not yet been established, except by GEMA with regard to the authors. The performers, another professional sector in the field of ancillary copyrights²⁵⁵, must submit to the options offered by YouTube. There is no basis for negotiation or alternative. The digital platforms specify the opportunities for participation from a number of clicks onwards, at which point advertising from companies is switched on. The artist can agree to this, or it does not take place on the Internet.²⁵⁶

Because third-party users and consumers would otherwise receive the revenue from uploading the songs of third-party artists on their own channels²⁵⁷, there is still a general breach of ownership rights and the exclusive right of the author to decide how they wish to make their works available. There is no longer any awareness on the part of either digital companies or consumers of the need to protect artists' property rights in accordance with their rights under Sections 12 and 29 (1) UrhG, for example to ask their permission in advance as to whether or not their work may be used on the internet²⁵⁸. As soon as an artist publishes a work, it is released for plundering on the Internet. To this day, for example, the company META, in the form of the Facebook or Instagram platforms, does not pay any money to artists for the distribution of music, images and art on their portals by third-party users. It is nothing other than a crime against culture and slavery of the artists, who cannot defend themselves against it because German politicians do not want it.

In the artists' dispute over appropriate remuneration (0.35 cents per video click), such as on YouTube, users were also incited in the dispute between the authors and GEMA against Google against the artists and authors in their efforts to receive proper remuneration from YouTube. There were campaigns in which YouTube removed German music from its channels and used blocking boards to claim that GEMA had forbidden YouTube and blocked the song. The Munich Higher Regional Court found that YouTube's blocking notices were misleading.²⁵⁹

These methods were used by YouTube as propaganda against the authors during the dispute over remuneration and the labor dispute between the authors' representatives, GEMA and the company Google (YouTube is owned by Google), although GEMA did not have any songs removed from YouTube channels. Only the authors themselves are allowed to do this. At the same time, an Enquete Commission was set up in the Bundestag in 2016 to scrutinize GEMA in the interests of consumers. The authors and their collecting societies were thus bombarded by politicians and the digital industry.

In a large number of discussions (with the Minister of Economic Affairs, the Copyright Committee of the German Federal Parliament, etc.), as a member of the GEMA Supervisory Board and representative of German authors in the music industry and German culture, I tried to stop the destructive political endeavors and the economic plundering within the artists' value chain, which was triggered by the failure to protect artists' copyrights in the digital single market, by providing information. I also gave various interviews on this topic:^{260 261 262 263}

Associations were created (for example DOMUS e.v. Dachorganisation der Musikschaaffenden in Deutschland²⁶⁴, the IMUC (Association of Music Managers, as well as the organization of the music trade fair²⁶⁵) with which I organized discussion panels with politicians, such as the then Minister of Economics.

In 2012, I also organized regular meetings of a working group on copyright and crime within digitalization for the election platform of a party that later became the coalition partner for the German government and helped the candidate for chancellor of this party and the representative for culture to install the issue of copyright and protection in the digital single market as a party platform within the party. At these meetings, I brought together the most important representatives of the music industry, with certain politicians (for example, the current federal chairman of this party, then responsible for digitality), with the former Federal Minister of Justice, with the then candidate for chancellor of the party in question and later Federal Minister of Economics and the managing directors of the companies Universal, Sony, Budde Verlag, the personal assistant of a well-known German rock star, copyright lawyers, as well as the deputy chairman of the supervisory board of GEMA and an analyst for economic crime in the digital single market through copyright infringement.

Furthermore, I was sent to Brussels in 2016 by German copyright lawyers, DOMUS e.V. and the music industry as a representative of German artists. Artists across Europe, as non-unionized freelance musicians, joined forces out of sheer desperation and because of the destructive politics. The IAO (International Artist Organization of Music²⁶⁶) consists of an association of influential artists in the music industry from various European countries who have joined forces within the EU for political lobbying. This international artists' organization includes, for example, well-known and famous British colleagues and other famous musicians from Sweden, Spain, Norway, Finland, the Netherlands, Belgium and France. The artists' representatives of the IOA sent me as a German representative to meetings with the EU Parliament. In meetings with EU parliamentarians in Brussels financed by the association, the parliamentarians were made aware of the ongoing grievances and the increasingly visible corruption by the digital corporations in the legislation within the individual governments.

In the discussions among colleagues, it became apparent that the biggest problem was in German politics. The German government had no intention of legally protecting its own culture from digital corporations, whereas, according to colleagues from France, Denmark, Sweden and Spain, their governments were making national efforts to protect their national culture from exploitation. I also noticed that culture, as well as its respect and promotion, is enshrined as a national objective in the constitutions of the respective countries, whereas this task is still missing from the German Basic Law. Although the protection of culture is enshrined in Article 15 ICESCR, it is not enshrined in German federal laws or in the Basic Law, but only in the Copyright Act (UrhG) and Article 2 of the Basic Law in the general right of personality. In contrast to other European countries, the protection and promotion of national culture in the Federal Republic of Germany is only dealt with in a feudal manner and is not centrally controlled politically. There is a political supply gap here, as no nationwide authority is dedicated to the needs of culture in relation to other business sectors. This leads to very different ways of dealing with culture in the individual federal states, depending on the preferences of individual office holders in the individual federal states. In any case, there is a lack of uniform treatment of artists in the 16 federal states and, in the case of the Corona policy, this becomes an obvious problem in which artists in individual German federal states are placed in a worse position than other artists from other federal states and discrimination against this professional group will take place depending on the federal state in relation to the professional group from other regions.

In 2016, as the IOA association, we called for an EU Copyright Directive in the Digital Single Market from the EU Parliament, to which all European states would have to adhere, especially the German Federal Government, whose interest in German culture was obvious due to its rejection of national idiosyncrasies.

Later on, the German government will break this EU copyright directive in 2022, which will be enacted by the EU Parliament and is intended to strengthen artists' rights in the digital single market. As artists, we had finally obtained this directive through all our protests in Brussels, but with the UrhDAG in 2022 and in the middle of the 3rd lockdown of the Corona policy, the German government will be the only European government to ignore it, circumvent our protection again and enact the "trivial right" for users, a kind of unpunished right of

theft for all consumers, in the middle of the election campaign for the next government formation. This “trivial right” will make the use of 15 seconds of music (a chorus of a song in the field of pop and rock music) unpunishable and allow all users on the Internet to make videos with this music at their own discretion. The digital industry will not have to pay the artists any royalties for this, although 15 seconds of a piece of music, especially in the case of a chorus, reveal almost the entire work if it is a hit. The German artists will then finally be thrown to the cultural plundering by digital platforms and their users by the planned UrhDAG, which will be enacted in 2022. I will explain how this will happen later on.

Corona policy and the fatal consequences of an already severely damaged cultural and music industry:

The corona policy will begin at the start of 2020. The first lockdown will be declared in March 2020 and all artists, tours and concerts will be prepared well in advance. The Minister of Health, the head of the Robert Koch Institute (RKI) and a representative of Berlin's Charité hospital will hold a conference on 09.03.2020

²⁶⁷

This marked the beginning of discrimination against our professional group and that of athletes at the level of society as a whole, with the Federal Minister of Health himself announcing that artists and athletes obviously had no way of getting to work and to their loved ones, but only consumers and, conversely, that these two professional groups were merely system-irrelevant jugglers and irrelevant extras for society, who could be dispensed with in an emergency. Our tours were canceled, sometimes well into the summer. No organizer could be sure that the lockdown would only last a month, even though this was announced.

A few days later, the German Federal Minister of Finance and the Federal Minister of Agriculture appeared on camera in March 2020 and explained to German citizens that all sectors that would be sent into lockdown would be covered by support programs (coronavirus emergency aid). This happened in the federal state of Berlin at the end of March. In the support program, artists were treated in the same way as tradespeople. Unfortunately, there were differences from state to state. In Rhineland-Palatinate it was only on 15.04.2020 the funding program and the application form online. It turned out that the federal state of Rhineland-Palatinate did not take into account the fact that artists are usually not tradespeople, have no employees, no commercial operating costs, no external offices or stores and cannot declare such costs as expenses. On the other hand, it turned out that artists who only pay tax on their income and expenses and whose office is located in their home were not taken into account at all in the funding programs of some federal states and therefore fell out of the Corona Emergency Aid Program in 12 of 16 federal states for the time being. ^{268 269 270 271 272}

The federal government had completely forgotten the special economic and financial situation of solo self-employed artists in the funding programs.

Instead, the freelance artists were recommended to go to the job center or the former unemployment office of the respective region, which is tailored to the unemployed employee and is run by the Federal Ministry of Social Affairs and Labor, while the Corona Emergency Aid Program was initiated by the Federal Ministry of Economics. This led to massive conflicts with the authorities for musicians seeking help and failing through the support programs: The freelance and solo musicians and other artists who were prohibited from working by decree by laws and policies during the lockdown and who, on the other hand, had a busy schedule. The reason for this was that they were not allowed to fulfill their dream, but because of this decree, officials denied them the financial aid they had previously been promised. The reasons were profane and varied: either because they had to sell their instruments, had too large an apartment or a partner who would earn enough money, two cars, which would be a sign of wealth, or private health insurance. In the end, artists and cultural workers who are self-employed were treated in this context like beggars without rights and at the same time unemployed workers who did not meet the standard for economic support through the Hartz IV unemployment benefit and which they were not in two respects:

1. because they had valid contracts for their engagements and were not allowed to carry them out due to political decisions 2. because they are not employees but solo self-employed entrepreneurs, also in the sense of the tax office, and therefore did not fit into any of the Jobcenter's regulations. While the Corona emergency aid program from March 2020 provided financial support to the economy and thus to all other groups of entrepreneurs, artists were not granted this right and this professional group was harassed, bullied, discriminated against and even clearly disadvantaged compared to employees at the job center level. The policy of discrimination against culture did not go unanswered: a German singer therefore opened a petition at the end of March 2020, as the first artists were facing existential and economic ruin and suicides in the industry became known. 230,000 artists will sign this petition and present it to the Federal Minister of Finance, who will not respond in March, April, May, June, July, September or even October 2020. The protests and demonstrations of the cultural and event industry will remain unheard. From March 2020 to October 2020, there will be a wave of suicides and bankruptcies in the cultural sector without the majority of those affected being financially compensated, which will not only inflame tempers, but also cause the cultural sector to take to the barricades. The artists were banned from working and the politicians let them starve economically for almost three quarters of a year with their arms outstretched. The cultural and event industry called for help and told politicians and society that it was in the process of being destroyed. Clubs went bankrupt, artists and Freelancers left the industry. The German cultural sector threatened to fall apart because its last mainstay, the live business, was closed in most federal states without economic compensation. The federal government did not react.^{273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288}

While stores and department stores remain open because, according to politicians, they are systemically relevant, culture, which is described by several politicians and the Federal Chancellor as irrelevant to the system, although it is a human right under Article 15 ICESCR because it brings people together, gives them joy and a sense of togetherness, is completely suppressed.

Several prominent artists wrote letters of protest and filed a lawsuit for the right to artistic and professional freedom:^{289 290 291 292 293}

All of the aforementioned lawsuits failed because the courts expected the artists to make a special sacrifice for society and the profession of solo self-employed musician was interpreted to mean that such situations were part of the dangers and risks of the profession. The judges' arguments were so unrealistic and discriminatory that many artists wanted to give up their profession because they realized that culture in the Federal Republic of Germany enjoyed no respect or esteem whatsoever. At the same time, initiatives developed in all sectors of the industry. Depression became widespread in the cultural sector. More and more musicians fell ill with depression. Suicides increased:²⁹⁴

In connection with the lack of coronavirus emergency aid measures in spring 2020, I decided to write an open letter to all representatives of the federal states and to the federal government. In this letter, I called on the responsible officials to respect Article 15 ICESCR and to sit down at a table with representatives of the cultural sector in order to find a solution quickly. My letter remained unanswered, as did the open letters from various colleagues, which dragged on for over two years:

Open letter to the Federal Government dated 17.04.2020:²⁹⁵

Open letter from freely producing artists:²⁹⁶

Open letter from writers, artists and scientists, 2020:²⁹⁷

Open letter from classical musicians, 2020:²⁹⁸

Open letter from the artists, 2021:²⁹⁹

Open letter from the creative industries, 2020: ³⁰⁰

Open letter from the independent scene Berlin, 2020: ³⁰¹

Emergency aid position, open letter from independent artists: ³⁰²

Open letter from the Coalition Freie Szene: ³⁰³

Open letter from DJs and clubs and electronic music culture, 2020: ³⁰⁴

Open letter from the event industry, 2020: ³⁰⁵

There were hundreds of open letters from initiatives and associations of the creative industries and their diverse professional groups, hundreds of video calls and interviews from prominent artists on the situation of the creative industries in 2020, which faded into silence for months on the part of the responsible politicians. In the meantime, every artist in every city knew colleagues who had taken their own lives. I myself can tell you about twelve suicides of creative people from my home region, some of whom I knew myself. One of these victims of anti-cultural German politics was the guitarist in my band at the time in the 1990s.

In a telephone conversation with the Minister of Culture of Rhineland-Palatinate in April 2020, I was informed that “Berlin” had ordered from the highest level that the artists should not receive any funding, but would have to go to the job center. That would be desirable on the part of the government. In May 2020, I was invited as an expert from the independent music industry to the Federal Committee for Culture and Media, which took place on June 17, 2020 in Berlin. While most of the experts at this hearing were representatives of organizations that are subsidized by state funds, such as orchestral musicians, I was an expert from the independent private music industry and was able to report that almost all of my colleagues, with the exception of the Berliners, had not received any aid money since March 2020 because there are no programs for this. I reported on the suicides I knew about and the serious injustice, that would be done to cultural workers. I reported on the statements of politicians who would describe the cultural sector as irrelevant to society and the contempt for the cries for help from culture by the majority of society. When asked, the chairwoman of the committee explained to me that the Federal Chancellor was not interested in culture and that there was therefore little that could be done about the plight of artists, including this committee. The social stigmatization of cultural workers was still not at its peak.

³⁰⁶

2. months later, in September 2020, we artists had already been in lockdown for 5 months and were still not receiving any financial aid or compensation in individual federal states. Some federal states, depending on their interest in culture, developed their own program for corona aid funds from state funds, others did not, such as Rhineland-Palatinate or Bremen again. Culture, which is feudally controlled, showed the biggest problem here: each federal state dealt differently with cultural workers. While Berlin paid out 15,000 euros to artists within three months without any conditions, other federal states refused to provide any financial aid during the same period.

The nationwide plight of cultural workers was growing by the week. Based on the statement by the chairwoman of the Federal Committee for Culture and the Media, I decided to call the Federal Ministry of Social Affairs and Labor and make an appointment there. On 25.09.2020, together with a large concert agency and 2 artist managers, I met the State Secretary of the Federal Ministry of Social Affairs and Labor. We described to her the nationwide catastrophe in our industry due to the lack of financial aid and the additional social discrimination of the plight of creative professionals, the dilemma of the lack of affiliation of cultural representatives to a specific ministry and that it is therefore necessary to discuss the particularly precarious plight of this occupational group with the Federal Ministry of Social Affairs and Labor and the Federal Ministry of Economics and to look for solutions because the government leadership was obviously not interested in cultural workers at all. Only the State Secretary of the Federal Ministry of Social Affairs and Labor changed the situation for almost 1.5 million people in this sector. She organized a total of 4 Zoom meetings with both ministries and the Künstlersozialkasse, where I brought in individual colleagues and music managers and representatives of the event industry and we were able to make demands. These Zoom meetings led to the following results:

Artists, like all other groups of entrepreneurs, were allowed to participate in the nationwide November-December aid program from November 2020. This time, the financial aid program was designed in such a way that freelancers and non-commercial workers could also declare their loss nationwide and without reference to a political decision of an individual federal state and receive financial support to survive the work ban. These aid programs were paid out from January 2021, i.e. 10 months since the start of the lockdown. For many cultural workers in the respective federal states, it was the first federally funded money they had received from the state since the lockdown. In the meantime, the “corona vaccination” was also approved on the basis of a conditional approval by the EU and there were mandatory access structures to public spaces according to the 3G principle (vaccinated, recovered or tested) and restrictions on people in rooms. During the 5 Zoom conferences with the two federal ministries, we discussed that if we had to perform under the 3G rules in 2021 after the lockdown was lifted, we artists would receive economic compensation for the loss of income due to the restrictions on people in halls. This amounted to the amount that we would have received as artists in a fully occupied hall if it had been 80% full, while only 20% of the hall could actually be filled with an audience due to the corona policy restrictions. We demanded economic aid for events with a limited number of visitors. A special fund was set up. From September 2021, German artists were then allowed to perform concerts again in accordance with 3G without suffering economic losses. We also developed the program in the conferences: Support measures for the cultural and event industry: ³⁰⁷

Unlawful switch from 3G to 2G in autumn 2021:

Because we cultural professionals were allowed to give concerts again from 2021 under the 3G rule, a tour with one of my bands was organized in spring 2021 for autumn 2021 in halls with a capacity of 2000 people, which largely covered all federal states. It was applied for and approved as a 3G tour at the Federal Ministry of Finance with the support measures of the special fund and was also advertised to the public as a 3G tour. Vaccinated and unvaccinated people bought concert tickets because they were allowed to attend all cultural events under the 3G scheme. At the start of the tour in November 2021, the 2G regulation was suddenly proclaimed by decree in various federal states, which according to my research, is contrary to international law. In some federal states, we therefore canceled individual concerts in the middle of a tour because all musicians refused to discriminate against parts of the audience and exclude them from cultural participation. This loss was not compensated by the state, as it was then said that the 2G audience restriction no longer applied and that full revenue could now be generated at concerts. This method of blackmail led to major moral problems for artists, who either had to ruin themselves by canceling their concerts without compensation so as not to discriminate against any sections of the audience, or had to make themselves unwanted testimonians of the pharmaceutical industry and puppets and stooges of the state, forcing people into medical treatment out of existential fear. Culture became an instrument of sanction for the vaccination campaign and the artists, without being asked, became the pharmaceutical companies' advertising agents with the help of the state.

The special fund no longer applied to 2G. At the same time, for all artists already on tour, this meant that they either had to cancel concerts and incur immense losses in order not to divide and discriminate against their audience, or they had to advertise a genetically engineered and novel, not yet fully tested vaccine at cultural events as a basis for access to cultural participation, which 1. was only conditionally approved by the EU and 2. according to the EMA risk management plan, at least for the Pfizer company, would still be in clinical trials until the end of 2023. The vaccination campaign was therefore a medical experiment, but this was not openly communicated to society by politicians. Article 7 sentence 2 of the ICCPR was breached here, as most people assumed that cell and gene therapy against coronavirus was a medical device, which had long since undergone all medical safety studies and not a medical experiment for which the clinical studies have not yet been completed. They were not informed of this fact. The Federal Minister of Health repeatedly emphasized the safety of the vaccine and its “proper EU approval”, which gave the impression that the medical product had completed all safety studies. The 2G regulation, in which only vaccinated and recovered persons were given access to the culture, violated Art. 7 sentence 1 ICCPR, because an access instrument, namely the vaccination status with a conditionally approved medical device undergoing studies, was a medical experiment.

Most citizens did not know that the corona vaccination is, medically speaking, a cell and gene therapy, which was politically declared as a vaccination and whose effect was not only glossed over but also misrepresented because it could not offer any protection for others. 2G, as a regulation, gave people the impression that the

vaccination protected third parties and that they were therefore exempt from the restrictions on basic rights and, above all, could no longer infect anyone. This resembled a nationwide deception of citizens with the help of cultural workers. Making vaccination status the basis for cultural participation under these circumstances is not only a violation of Art. 15 ICESCR, but also discrimination under the prohibitions in Art. 2 para. 2 ICESCR. In the federal state of Saxony, we were affected by this 2G Corona Ordinance (dated 05.11.2021) one week before the first concert in Saxony in the middle of the tour and could no longer really react to it. In order to prevent 2G at my concerts, I filed an urgent procedure with the Higher Administrative Court in Bautzen on 16.11.2021 because of a concert on 18.11.2021 in Saxony. (Ref. 3 B 411/21, OVG Bautzen).

My urgent appeal was rejected on 19.11.2021. The decision contains remarkable reasons for the Saxon administrative court's view of cultural participation under Art. 15 para. 1 ICESCR:

"The challenged provisions of the SächsCoronaSchVO also do not establish an indirect obligation to vaccinate. This is because the applicant is still free to decide against vaccination on her own responsibility. As a consequence of her decision, however, she must then live with the restrictions that affect her and refrain from visiting certain facilities and events."

Para. 59, page 28

"On this basis, the introduction of the 2G model as a protective measure against the further spread of infections, especially in indoor areas where there is an increased risk of infection when several people come together, was covered by the authorization to issue the ordinance and the violation of the regulations alleged by the applicant against the principle of responsibility under police law does not exist."

Para. 62, page 28

"Insofar as the applicant considers her general freedom of action under Article 2(1) of the Basic Law to be infringed by the challenged regulations, the interference, which is not a blanket but a partial exclusion of unvaccinated persons from non-essential leisure activities, is justified in view of the above considerations."

Para. 64, page 29

or:

"or persons present at the same event who, through no fault of their own, may not be vaccinated due to pre-existing conditions,"

margin no. 64, page 29

or:

"The applicant has not substantiated that the introduction of the 2G model affects human dignity (Art. 1 para. 1 GG) and is also not comprehensible."

Para. 65, page 29

"Accordingly, the Senate is unable to establish that the differentiation between fully vaccinated and recovered persons on the one hand and persons who have not yet been fully vaccinated on the other is arbitrary or could be associated with a disproportionate burden for the group of unvaccinated and non-recovered persons. "

margin no. 68 page 30

"The Senate also does not see a violation of Art. 11 para. 2 SächsVerf, according to which participation in culture in its diversity and in sport must be made possible for the entire population."

Para. 71, page 30

"Insofar as one sees the restriction of access to the applicant's concerts to vaccinated and recovered persons and the associated exclusion of unvaccinated persons, even if they have tested negative, as an interference at all with the sphere of activity also protected by Art. 5 para. 3 sentence 1 GG ..."

para. 74, page 30

"After all, despite the dramatic infection situation in the Free State of Saxony, the applicant is permitted to hold concerts and generate income from them. Against the background of the intended prevention of the further spread of the virus, there is nothing to suggest that it would be unreasonable for her to do without some of her fans, namely the unvaccinated. "

para. 74, page 30

"2.10 For the reasons stated above, the Senate also sees no violations of the challenged provisions against Art. 5 para. 1 lit. e) (right to liberty and security), Art. 8 (right to respect for private and family life) and Art. 14 (prohibition of discrimination) ECHR or the right to participate in cultural life regulated in Art. 15 para. 1 of the International Covenant on Economic, Social and Cultural Rights (UN Social Covenant)."

Para. 79, page 32

"that all unvaccinated persons are an identifiable group within the meaning of this provision and that, accordingly, there is no basis for a deprivation or a significant restriction of human rights if a negative test is available."

para. 80, page 33

These statements by the judges clearly show the derogatory way in which the "unvaccinated" were viewed on the basis of their status under Art. 2 para. 2 ICESCR and their cultural participation under Art. 15 para. 1 ICESCR, namely as inferior and a threat to society due to their natural health status. Even testing would not have been a permissible means of cultural participation for the court. The fact that a "vaccination does not protect against infection and that 2G without testing was therefore politically irresponsible and fueled the incidence of infection at concerts without testing did not even occur to the judges, although we had explained it.

Source: Judgment of 19.11.2021, OVG Bautzen, summary proceedings regarding 2G at concerts:³⁰⁸

After the decision of Friday, 19.11.2021, was issued, a new ordinance was also prepared by the Saxon government on 19.11.2021 in the background of these summary proceedings, which was to come into force before Monday of the following week. It was uploaded online as a draft and was to replace the previous 2G regulation, which I challenged in the summary proceedings, on 22.11.2021. It is at least conceivable that, following the rejection of the summary proceedings, the government wanted to prevent me from bringing a subsequent action for judicial review in the same matter by having the contested regulation repealed prematurely before my lawyer could file an action for judicial review with the same court on Monday and after the weekend. Since 24.11.2021, an action for judicial review has been pending on two ordinances. The ordinance dated 05.11.2021 concerns the 2G obligation in the area of cultural participation. Another ordinance, which was written on 19.11.2021 and, according to the Saxon government, should have replaced the ordinance of 05.11.2021 on 22.11.2021, listed the entire cultural and leisure activities in the federal state of Saxony resulted in a renewed lockdown and curfews for people with natural health status for a further 5 months, while the pandemic situation of national scope had been lifted nationwide. In the ongoing judicial review proceedings, it has now emerged that the Saxon Ministry of Justice did not carry out any review of the ordinance of 19.11.2021, the ordinance was only available online as a draft and the alleged health emergency in Saxon clinics is not based on any validated statistics. In addition, no statistics were kept on how many unvaccinated or vaccinated people with coronavirus were in hospital. The Saxon government has simply punished people with natural health status with unproven claims of exclusion from cultural participation because they refused medical treatment during ongoing studies and were not willing to pay for a state-run to give up their bodies as guinea pigs for a subsidized pharmaceutical campaign.

The appeal is still ongoing. In the course of the taking of evidence to date, it is becoming increasingly clear that the Saxon government has based freedom-restricting and human rights-violating measures on unvalidated claims and with fear strategies, sanctions and false promises of healing. Here, culture was instrumentalized for the purpose of "mass medical treatment" with an experimental medical product and those who refused to act as testimonians of the pharmaceutical industry in their cultural work without payment were punished economically.

Source:
Trial at the OVG Bautzen:³⁰⁹

The UrhDAG in the middle of the lockdown:

During the lockdown in spring 2022, the German government came up with the idea of implementing the EU Copyright Directive with the UrhDAG. This time, the government intervened directly in the Copyright Act and took on one of the most important protection laws. When reading the draft law, I realized that it was about the destruction of § 24 para. 1 UrhG, the so-called strict melody protection in copyright law. This stated:³¹⁰

(1) An independent work created in free use of the work of another may be published and exploited without the consent of the author of the work used.

(2) Paragraph 1 shall not apply to the use of a musical work by which a melody is recognizably taken from the work and used as the basis for a new work.

Art. 24 (2) UrhG is the protection against the unlawful plagiarism of a composition. It protects the individual and unique level of creation of a composition against theft by third parties in accordance with Article 2 of the German Constitution.

I realized that with the deletion of this law, the UrhG would become completely obsolete and no protection of one's own compositions would be possible. Everything would be copyrightable, right down to the melody of a musical work. For this reason and to prevent this law, I organized several meetings (online and on site at the Federal Ministry of Justice) with the then Federal Minister of Justice in spring 2022. I was joined by two lawyers and renowned colleagues. We warned the Federal Minister of Justice against the UrhDAG (breaking the implementation of the EU Copyright Directive) and the destruction of Section 24 (2) UrhG in the planned manner, as this would otherwise lead to a complaint to the Federal Constitutional Court and the ECJ, if necessary also to a complaint to the UN, due to a serious violation of Art. 15 ICESCR in all areas. We pointed out the violation of the Copyright Act and the deprivation and destruction of the profession in the form of inadmissible sanctions for an identifiable group of persons (authors) in accordance with the prohibition in Section 7 (1) No. 10 VStGB. The reasoning behind the UrhDAG was clearly and knowingly misrepresented in the draft submitted to the German parliament. It referred to an individual judgment of the ECJ, in which an artist had taken a second of a dependent copyright, a percussion sound and unidentifiable and assignable sounds, from an old sound recording by another artist as a sound image and incorporated this into a new work. The speaker of the draft law interpreted it incorrectly, which is why § 24 para. 2 UrhG (the composer's most important property right) had to be removed completely. In the meeting with the Federal Minister of Justice, the reference admitted to us witnesses that he had taken the ECJ ruling, which was the basis for removing Section 24 (2) UrhG (strict melody protection) from the law, probably misunderstood. He was previously a judge, a member of the party that formed the coalition government and did not change the draft law or its justification afterwards. When I spoke to him on the phone a few days earlier, he told me that judges should not be allowed to claim copyright either. The gist of his statement was: "Why should artists be in a better position than judges? Furthermore, the UrhDAG allowed the free use of 15 seconds of recorded music with the use of 15 seconds of melody, for example the chorus. It didn't matter at all, whether the artist would agree to this use, nor would he have to be asked, nor would he receive any money for it. This law was a monstrosity. It was also monstrous because the artists had been in lockdown for 12 months and the last rights of the musicians were secretly being sold off to the digital industry while the creative artists were struggling to survive. Nobody had expected so much contempt for artists.

A letter of protest from over 1,000 renowned German musicians, everyone who is anyone, organized by the entire music industry, was of no interest to the Federal Minister of Justice, nor was our threat to ultimately turn to the UN in an emergency because of the violation of Art. 15 ICESCR and the violation of art. 7 No. 10 VStGB.

Open letter of protest from over 1000 renowned musicians on the planned UrhDAG in April 2022:³¹¹

After the Federal Government introduced the UrhDAG with the “Bagatellrecht” in the summer of 2022 after all, and did not change its justification for the law, we filed a complaint with the Federal Constitutional Court together with over 40 renowned German artists with the help of the Good Governance Trade Union. In addition, the umbrella organization of the German music industry, the BVMI, has also filed a complaint on the same issue (UrhDAG and the trivial rights law). The Federal Constitutional Court has not yet made a decision on a hearing. We have now been waiting two years for the UrhDAG complaint to be processed. The Federal Constitutional Court has slowed down the artists, because the law is being applied. And without a decision by the Federal Constitutional Court, we cannot go to an international court and complain to it that our human rights are being violated by the plundering of our property by the UrhDAG.

Appendix: Constitutional complaint

Conclusion:

In the course of digital industrialization, the TMG has exposed German culture to the privileges of a liability-free global US digital industry, which, with the help of the German government, has plundered culture contrary to the rights under the UrhG. Previously, the protection of national culture in international competition on its own market was hollowed out and dissolved at its core by omitting the national charts, music programs on radio and television and by flooding the US music industry into the German market. The German Copyright Act was counteracted by the TMG. The German music market collapsed and was taken over by US companies. This left the artists with only the live business, as the recorded music market was no longer profitable for German artists and no basis for negotiation with the US digital industry was possible. The corporations exclusively determined the rules of the game. The artist once again became a slave to capital-dominating corporations, as was the case before the creation of the ICESCR. In 2020, German culture was also banned from the live business due to a work ban. At the same time, in the feudal system in large parts of the Federal Republic, no compensation was paid to those affected, thus destroying livelihoods. The cultural sector was in danger of falling apart completely. After 9 months of lockdown with no income whatsoever, participation in economic development programs was only granted due to massive interventions. In the meantime, clubs were closed, the wave of club bankruptcies was exorbitant and there was a wave of suicides among cultural workers. After the work ban on cultural workers was lifted after 21 months, cultural workers were forced to work for the liability-free US pharmaceutical industry, in which cultural participation was only possible through a status of medical treatment with an experimental vaccine. This happened after the pandemic of national scope had been lifted and it was already known that the medical product did not protect against infection. If an artist did not want to be made a free tester for the US pharmaceutical industry at their own concerts and refused 2G, they received no financial compensation if they had to cancel concerts due to this condition, and were ostracized, defamed and discriminated against.

Due to the lack of compensation for the ban on work at state level and at federal level from March to November 2020, I have filed a lawsuit against two federal states in which I was banned from performing. This is being conducted under case no. 3 O 133/24 at the Schwerin Regional Court.

The US music industry took over the middle class of the German recording industry, fueled by the TMG, which released German culture to the US digital industry for plundering. What remained of the major recording companies were the US companies: Sony Music GmbH, Warner Brothers and Universal Musik GmbH. The German recording companies withdrew from the music business and were either sold and swallowed up or wound up. The policies of these three large companies serve to promote the US music industry in the German music market. They also control the casting of artists on private TV. The state has enacted laws (TMG; UrhDAG) which have systematically and ultimately completely violated the interests and rights of German artists under Art. 15 (1), (2), (3) and Art. 2 (2) ICESCR the digital business.

The artists were in lockdown for a total of 21 months during the coronavirus policy and were therefore banned from working. This meant that their last existential mainstay, the live business, was completely lost. In contrast to other sectors, freelancers in large parts of the Federal Republic of Germany did not receive any funding from the respective state or the federal government between March 2020 and November/December 2020. At the same time, basic security through Hartz IV was also not possible in many federal states, which

led to a high wave of suicides in this professional group. For example, some artists had taken out loans to be able to record their own albums (as recording companies were no longer taking on the financing due to poor physical sales). They had planned to use the income from planned tours as a repayment model, but these no longer materialized due to the lockdown. As a result, various artists were insolvent. From November/December 2020, due to the intervention of some colleagues and lawyers with me, a nationwide financing program was set up. This then extended the emergency aid in 2021 in the form of cultural start-up programs (bridging aid) I/II/III into 2022.

Currently, the federal states are now demanding these subsidies back from the artists because they would have earned enough money after all (for example through GEMA income, which must not be mixed with live income).

This is why various lawsuits are now being filed, because reclaiming this money is the crowning injustice towards artists. ^{312 313 314 315}

Compensation for artists outside the conditions of the support programs (Corona aid) was completely rejected by the state, although there was a clear ban on work.

VI Testimony by Dr. K.

Dr. med. K. Specialist in general medicine Diabetologist DDG

Zentrum zur Aufarbeitung, Aufklärung, juristischen Verfolgung und Verhinderung von Verbrechen gegen die Menschheit (ZAAVV) aufgrund der Corona-Maßnahmen i.G. Niederhofstr. 26 4/5 A-1120 Vienna Austria

Testimony

Herewith I allow the ZAAVV to file my testimony to the UN as an attachment to the parallel report regarding to the Social Pact.

My name is Dr. K., born in Berlin. Since 1992 medical practitioner in Madison, Wisconsin, Kuala Lumpur/Malaysia, Düsseldorf and Bern/Switzerland. Researcher at the University of Bielefeld, Department of Public Health, author of several books. Temporary lecturer in medical economics at B.I.B. Paderborn. Since 2000 practicing specialist for general medicine and diabetologist DDG. Also worked as an emergency doctor for the Paderborn police for six years. Board member of the Paderborn doctors' network and managing director of GESUND ERFOLGREICH. Professor of Health Sciences at SRH Karlsruhe from 2015-2016. Above all, however, not a single court case or any criminal charges or any medical malpractice until 2020.

With a single 2020 video on YouTube, everything suddenly changed:

Dr. K. informs about Corona // A neutral contribution to the pandemic ³¹⁶

My main intention at the time was actually just to reassure frightened patients, help them and prevent panic. We didn't have any serious coronavirus cases in the practice, just four positive patients, all of whom survived without any major medical intervention and without any consequences. The attempt to present the data situation as neutrally and objectively as possible had put me on the radar of the health authorities and the public order office.

Our patients were not really afraid of coronavirus infection. However, many had problems with wearing masks for hours on end. After two elderly CHD patients collapsed in the practice and fell into the glass partitions, I asked lawyers I knew who would ultimately be liable for patient damage if this entire narrative turned out to be scientifically false. My personal fear of making myself liable to prosecution as a doctor for coercion and endangering patients' lives led me to hang a note on the wall in which I just wanted to make it clear that I personally do not medically support compulsory masks or consider them medically unproblematic and therefore do not want to force anyone to wear one myself - just as the scientists from the RKI have ultimately confirmed and as it is not even provided for in the disaster control plan. It was clear to me at all times that I could not prevent or override political regulations.

It was May 2020, it was very warm, nobody was coughing, the flu season was officially over and even in the epidemiological bulletin of the Robert Koch Institute there was not a single official corona case in the sentinel practices.

I merely wanted to take the legally correct path, as it was also known among doctors that since the Third Reich we should never allow politicians to dictate standards that endanger human life. It was explained to me

that the Geneva Conventions and the Hippocratic Oath ultimately mean that I myself should only act to the best of my knowledge and belief and never endanger human life. As a doctor, I read up on medicine, science and law as best I could and came to this conclusion.

As a result, another doctor from the village reported me and the public order office and health department came to raid me on Thursday lunchtime, but only the secretary was present. I was only a few minutes away at the table, but the public order office didn't want to call me in. They only made a verbal complaint about the note on the wall and the fact that not all the chairs were 1.5 meters apart. They wanted to come back later to check everything. Mr. A. removed the note. We had no room or storage space in the small practice to put chairs further apart. We had already obediently converted our diabetes training room into an additional waiting room to give the patients as much space as possible while waiting. The group of four came back the next day, even though they had been informed that I was never in the practice on Fridays. The following Monday, four of them came again, where I was able to speak to them for the first time. Their appearance was terrifying for the patients and for me too. The third raid on our practice also caused a lot of unpleasant talk in our large village. However, the public health department didn't want to talk to Ms. C. or the public order officers: "That's not their job! They were just doing their job!". My spontaneous statement that there had been times in the past when staff had "just done their job" and that they were nevertheless held accountable for this in later times was interpreted as "right-wing" and was later repeatedly mentioned by the XXX D of the State Medical Association and made the main topic, so to speak. Even my repeated assurances that I was definitely one of those who would never again want to experience a time like the Third Reich did nothing to change this.

In summary, the consequences of this little interlude (AZ CA 202-5) resulted in years of 7 lawsuits, with a total of almost €30,000 in fines and legal fees, with an ongoing vendetta by the State Medical Association XXX D. and the XXX E.

The interesting thing about the "crime" of sticking a note on the wall and the chair spacing is that I was in a joint practice with Dr. F. at the time. Legally, this means that we are both equally liable for everything that happens in this practice. But my practice partner was never addressed, even though he was actually primarily responsible for the "practice management", while I had voluntarily taken over the "personnel management". The first "court" that ruled on this was a small group in the Bad Dürkheim city administration (AZ CA202-5) consisting of a lawyer who played judge and 5 "lay judges" who were simple employees of the city administration and Ms. C. (XXX from the health department), who certainly could not judge neutrally, since she herself had indexed 4 raids with 4 people each and could not find anything illegal except for the note on the wall at the beginning. Incidentally, the unbelievable waste of staff time should also be emphasized here, that four people had to check 4 times to see if there was a note on the wall - while the rest of the time they didn't have a minute to answer questions from doctors and unsettled patients.

After Bad Dürkheim had taken up the matter at great expense, the Neustadt Administrative Court then also heard and punished the case (AZ 4K 677/21.NW). And thirdly:

The same facts were then to be investigated in a hearing at the Medical Association (AZ 20/05 BO). How you can be punished three times for the same facts in Germany is still a mystery to me - actually it's four times, as I was sentenced again (without a court hearing) after my successful constitutional complaint). However, the hearing at the LÄK was effectively an interrogation. It was designed from the outset by Mr. D. in such a way that he wanted to put me down well prepared instead of really dealing with the scientific aspects and my personal case. He didn't even want to listen to my properly summarized version. Mr. D.'s tone and manner were so denunciatory that I had the rest of the conversation recorded on tape - with the consent of everyone present. I had come to a constructive conversation without a lawyer with positive intentions and had to realize that he had obviously only planned a witch hunt to make a name for himself - just as he himself later admitted in an interview on SWR: he wanted to make an example of critical doctors. It is also remarkable that during the entire corona and lockdown period, Mr. D. appeared at almost all public events and also during the television interview without a mask, while at the same time he had vehemently advocated how vital they were. Mr. D. ended the interrogation with the threatening words: "Ms. K., you will regret having met me." - and he was right.

A supervisory complaint against Mr. D. was rejected on flimsy grounds.

In cooperation with the XXX of the professional court in Mainz, Ms. G., I was then sentenced to a fine of € 15,000 - without a court hearing (AZ 20/05 BO). In the eyes of most of the lawyers I knew, it was unacceptable to impose a fine of this amount. Ultimately, the highest constitutional court also saw it that way. The judgment was returned and was null and void (1BvR 2263/21). Regardless of this, Mr. D. and the XXX

of the professional court sentenced me to the same fine a second time for the same offence just a few weeks later. With great effort, I wrote a second constitutional complaint, which, however, only “lay around” at the Constitutional Court for 8 months and was then rejected.

A short time later, he had my authorization for further training withdrawn with immediate effect for no further reason, whereupon I had to dismiss H. immediately. (Letter dated 11.3.21 LÄK RLP). She in turn even had to leave the federal state and take her child out of school because she couldn't get another job so quickly. It took a long time, but at least the court in Neustadt overturned this decision. However, I didn't officially get my revoked further training authorization back from the state medical association - I would have had to apply for it again with all the effort involved, even though I had been proven right in court. Then the LÄK tried to contact the KV via Mr. E. to secretly find out something about the financial background of my billing. Fortunately, this was prevented by the clerk from the KV, who also emphasized once again that such a thing is of course subject to data protection and that the XXX Medical Association should of course know something like that.

Then I was threatened with a fine of €50,000 for “too much information”. They said that 30 minutes of consultation before the vaccination was too much. I also had a passage in my declaration of release that the vaccination could well be fatal. This was not okay because it could give patients the impression that the vaccination could have side effects. Beforehand, however, I had asked Ms. I. from the district medical association how I could best provide information if I really thought that the information sheet that the medical association had designed did not list all the possible side effects. Ms. I. then told me that it was up to the doctor to decide how long and how to fill out the information sheet.

The penalty was then reduced to €5,000 on 22.12.24, i.e. just before Christmas - so that Christmas was also burdened by all these threats. Since my objection to this procedure, however, I have heard nothing more from the Medical Association, although I had asked for clarification (in the hope that the sword of Damocles would soon be removed from my head and I would be able to lead a carefree life again).

In the meantime, I received another accusation from the XXX D. of the State Medical Association that I had not carried out a post-mortem examination properly.

The accusation was that the body had not been completely undressed. It was a patient who had lived a good and healthy life up to the age of 82 without a doctor or medication. In 2019, his daughter brought him to my practice for a check-up, where the examination and laboratory results confirmed the patient's good state of health. At the daughter's insistence, the patient had to be vaccinated against Covid in 2021 and suffered a very severe stroke 6 weeks after the second vaccination, after which he was in intensive care for 2 months. The clinic did not even consider vaccine damage and did not even list the diagnosis “Z.n. Covid vaccination” in the discharge letter. However, the diagnosis “Corona” was listed because the patient had a positive test for a few days during his stay. Mr. D. did not want to have it investigated whether the whole thing was practiced in this way by this and other clinics for billing reasons (billing fraud).

The patient was discharged palliatively and died a short time later. I was called to the post-mortem examination and didn't meet a grieving family, but a group of 4 people who were all up in arms right from the start: the daughter, wife, a niece and some friend. As the corpse was not completely undressed, which I always ask for in advance during the phone call, because it is always difficult to undress a corpse with rigor mortis, I only lifted the corpse at an angle during the post-mortem and looked under the pyjamas to diagnose the death marks. I was thus able to rule out a knife in the back and gunshot wounds.

An article in the medical journal of the Medical Association confirms that only a maximum of 25% of doctors completely undress the corpse during the post-mortem examination. As far as we have been able to find out, no proceedings have been initiated by any medical association in all these years. Funeral directors have also confirmed this to me and said that they almost never collect a fully undressed corpse. When filling out the death certificate, I filled in “stroke” as the first cause of death. When I was kind enough to offer the family, in a very calm tone, to enter “V.a. vaccine sequelae” as the second diagnosis, the daughter became very aggressive and said “she wouldn't allow me to do that” and that she “knew what I was thinking”. I then explained to her again in a very calm tone that it was actually only well-intentioned and that she would at least have the opportunity to have a post-mortem carried out and possibly (if spike proteins were found) be entitled to compensation at some point. So it was only well-intentioned on my part. The people present then “forbade” me in writing to document the suspected vaccine damage, even though it was medically obvious. I then called Ms. I. from the district medical association on my own initiative and explained what had happened. She confirmed that only I was allowed to decide which diagnoses to list and which not. It is possible that she or the family then passed the matter on to the regional medical association - even though it

is not responsible for this (as the other regional medical associations have confirmed in writing). It is not clear from my file exactly what happened, although I have asked several times to find out how the case ended up on Mr. D's desk. What was also remarkable about this case was that the Ludwigshafen criminal investigation department generally did not seek an autopsy if "V.a. vaccination damage" was discussed or recorded in writing and "unexplained cause of death" was ticked. This happened to me in at least four cases at the Storchentpark retirement home in Speyer. Even if I as a doctor had ticked "unexplained cause of death" and the relatives also wanted a post-mortem to clarify the matter, the police called in a second doctor who didn't know the patient at all - but who then always confirmed a "natural cause of death" and filled out a second death certificate.

On the other hand, of course, I also wonder why such "trifles" are always handled by the XXX of a state medical association - except when he wants to carry out a personally pre-announced vendetta. As always, he did not respond to the very important counter-arguments in this case either, but instead enforced a further fine of €5,000 as part of his tried and tested cooperation with the XXX of the professional court, Ms. G. - a considerable sum when you consider that no one was harmed and that the value/income of such a post-mortem examination is just €99 - and even in the opinion of the LÄK, 90% of the post-mortem examination is properly fulfilled). It is also worth noting that most of the state medical associations in the other federal states have emphasized that they are generally not responsible, but rather the lower health authorities. Above all, it should also be emphasized that, from a legal point of view, the performance of a post-mortem examination is a guideline - which can be followed in principle, as in other cases, but is not mandatory. A guideline is never mandatory.

For me and many other doctors, this all fuels the suspicion that this state medical association XXX D. wants to set an example and is not fulfilling its actual task:

- to ensure that the concerns of doctors are heard
- to ensure good patient care
- to review false information or nonsensical guidelines from politicians within the framework of a large medical committee and, if necessary, to take action against them
- possibly even saving lives in the case of corona by critically reviewing vaccinations beforehand
- averting dependence on the pharmaceutical industry
- setting good standards for evidence-based medicine - and protecting them
- to prosecute and reprimand doctors who do not report possible vaccination damage, as provided for by law and laid down in the RKI.
- establish a communication platform so that the country's medical expertise can be used and the majority are not seduced into following and establishing a narrative with financially rewarding figures. A rough estimate by an artificial intelligence Grok 3 has shown that doctors with about 1500 patients per quarter, 3 Covid tests per quarter per patient and 80% vaccinated patients in 2021 have come to about 337600,00€ additional income.

Rather, one has the impression that D. has been able to enforce a publicly visible and effective hounding of scientifically arguing doctors who have not followed the path of money, but for whom health and human life were more important. He has greatly increased his media reach through interviews with SWR, which still report true to the system today. In any case, I feel politically persecuted by his actions. He told me this in a threatening voice during the interrogation and since then has never missed an opportunity to make life difficult for me and other doctors. I felt extremely stressed, especially because of all the fines and legal fees. The feeling that I no longer lived in a state governed by the rule of law cost me many sleepless nights over the years, sapped my energy and also reduced the number of patients. The Rheinpfalz newspaper also contributed to this in the media with a half-page article, as did SWR with a radio report. It was about a raid on a practice initiated by the senior public prosecutor in Frankenthal due to the alleged issue of an incorrect health certificate. The public prosecutor's office received an anonymous letter (without a sender or signature) claiming that a Mr. B. had received a mask certificate from me without a valid reason. However, this Mr. B. had previously had an open skull injury and a 5 cm hole in his forehead covered with skin, which led to dizziness in some situations (e.g. changes in air pressure). During the anamnesis and examination, the patient told me very credibly that he was very afraid of falling due to an attack of vertigo and suffering another open skull injury. The dizziness was exacerbated by wearing a mask for hours on end. The strange

thing about the whole legal process is that I hadn't received any notification beforehand, but only found out about this case from the newspaper. After this action, I lost almost half of my patients due to damage to my reputation. However, the patient in question was not even questioned by the public prosecutor's office! He then independently wrote to the public prosecutor's office and denied the accusations made by the anonymous author. Nothing at all was investigated for a whole year and then the whole case was dropped without any verification.

I received another raid from the Neustadt police because a patient had not worn her mask properly on the bus in Berlin even though she actually had a mask certificate. The remarkable thing about this case was that the Berlin police had already dropped the case six months earlier and I was raided again six months later for no reason.

The four raids by the four officers from the public order office and health department and the five subsequent inspections, during which no irregularities were ever found, nevertheless led to patients feeling that they were seeing a "criminal doctor", which is why many turned their backs on me in dismay. In the end, they were all false and unfounded accusations - but I never received an apology.

Due to these years of political persecution, I would like to make my testimony available to the UN and also to the European Court of Justice, as I did not have the impression that Ms. G., the XXX of the Occupational Court, was interested in proper and fair legal proceedings. The concerns about her possible bias were denied internally. As an ordinary citizen, you no longer have the feeling that you are being treated with sufficient neutrality and, above all, not with sufficient legal diligence by judges and the XXX Medical Association who are factually and scientifically informed.

Dr. K.

VII. Statement of the Working Group for Medical Ethics (agfme) against the mRNA vaccination recommendation for pregnant women and children

Dannenberg, 16.5.2025

Dear Professor Berner,

(cc to all members of the STIKO)

We are addressing you in your capacity as Chairman of the STIKO. Your recommendations are authoritative for vaccinating physicians in Germany and are considered the medical standard in case law. Therefore, you and the STIKO bear an outstanding responsibility for vaccination strategies in this country.

We are observing a decline in the number of live births. This decline is presumably multifactorial, but the temporal correlation with the vaccination of pregnant women against COVID-19 is striking..^{317 318 319 320 321}

Given this context, we must ask:

DCan we recommend an injection with Comirnaty to pregnant women – and do so without referring to the latest scientific findings?

There is considerable evidence that the administered modRNA vaccines – embedded in nanolipids – can cross the placental barrier^{322 323} and thus reach the fetus.

Is it possible that the first intrauterine vaccination has been introduced here without being noticed?

After four years of COVID-19 vaccinations in pregnant women, the following scientific findings are available:

1. According to data from the Paul-Ehrlich-Institut (PEI), modRNA vaccines (Comirnaty) show a high rate of reported adverse effects. In our assessment, this is by far the most side-effect-prone substance ever administered prophylactically^{324 325}
2. In the first trimester of pregnancy, the substance may interfere with embryo implantation (the exact mechanism is still unclear).
3. modRNA does not remain localized but is distributed systemically throughout the body.^{326 327}
4. TAnimal studies show accumulation in the ovaries, gonads,³²⁸ and the fetus.³²⁹
5. Nanolipids are capable of crossing biological barriers such as the cell membrane, the blood-brain barrier³³⁰ and the placenta,^{331 332} – potentially resulting in intrauterine exposure.
6. modRNA has been detected in breast milk.³³³
7. PResidual production-related DNA in the vaccines could theoretically integrate into cell nuclei.³³⁴
8. The Pfizer documents released through litigation include a warning about potential shedding through close bodily contact.^{335 336}

According to estimates by midwives, approximately 600,000 pregnant women in Germany alone were vaccinated with Comirnaty in accordance with the STIKO recommendation. The children of these mothers are now between two and four years old.

Studies suggest that modRNA may impair the development of the fetal immune system in utero..³³⁷ How are these children doing today? Are there any health benefits from this intrauterine exposure? What is the current health status of the mothers?

The answer to these questions remains unknown.

Newly developed laboratory tests – including those from the laboratories MMD and Inmodia – now make it possible to detect intrauterine exposure of children to modRNA (transfection).

Further lines of investigation include:

- the analysis of tissue samples from unusual pediatric tumors for DNA contamination,
- the direct detection of modRNA in umbilical cord blood,
- and the open question of how long transfected children continue to actively produce spike proteins.

We see a clear responsibility for the STIKO:

The Commission should feel committed solely to scientific evidence, independently of political and industrial influences, and should actively encourage new studies and research.

In our view, under the duty to inform (§ 630e of the German Civil Code – BGB), patients must be informed prior to any modRNA injection about the possibility of transfection during pregnancy.

Otherwise, there is a risk that the informed consent does not meet legal requirements – and physicians may be liable to prosecution.

In our view, no pregnant woman should be vaccinated with modRNA vaccines unless transparent and critically reviewed primary scientific data are available.

The manufacturers of the COVID vaccines themselves state in their product information that there is insufficient safety data for use in pregnancy.

From our perspective, the recommendation to vaccinate pregnant women was not based purely on scientific evidence, but was made under political pressure.

We believe that the STIKO has an obligation to inform treating physicians about the possibility of intrauterine exposure (transfection).

We call on you to withdraw your recommendation for the prophylactic vaccination of pregnant women with modRNA vaccines until the uncertainties raised have been clarified.

Transparency and public responsibility

We consider it our medical and societal duty to inform the public, our patients, and our colleagues about relevant health risks – especially when they concern pregnant women and unborn life.

For this reason, we will – regardless of your response – document this open letter as well as any reply or the absence of a professional response, and:

- disseminate it within medical professional circles,
- present it for discussion at continuing medical education events,
- make it publicly accessible,
- and submit it to scientific committees and journalistic platforms as a basis for further discourse.

Should you fail to provide a substantiated scientific response within 14 days, we will document this as a lack of professional refutation and will continue to represent our scientific assessment accordingly.

Our goal is the independent examination of a medical issue of the highest ethical relevance.

The health of children growing in the womb today must not become a field for political tactics or scientific dogma.

Yours sincerely,

Dr. med. A. J.

¹RND article „Ethikrat-Vorsitzende Buyx: 'Was gebraucht wird, sind sichere Schulen.' " („Ethics Council chairwoman: 'What is needed, are safe schools.' “) of the 16.01.2022

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²² <https://apps.who.int/iris/bitstream/handle/10665/332196/WHO-2019-nCoV-clinical-2020.5-eng.pdf>

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<https://www.nhsinform.scot/illnesses-and-conditions/lungs-and-airways/pneumonia/>

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