

The COVID-19 bioweapon and the planned dismantling of our direct democracy.

Prof. Paul R. Vogt

Summary

COVID-19 (Corona Virus Disease 2019) has been a global health problem. But not only that. COVID-19 was and is "gain-of-function" and "dual-use" research that is officially banned. COVID-19 is a biological weapon created through genetic manipulation ("genetic engineering"). Various countries were involved in this manipulation - including, it seems, Switzerland.

In this thesis paper, the term COVID vaccination is used, knowing that it is not a vaccination according to the original definition (= active or passive immunization by antibodies or antigens), but a form of gene therapy.

The first COVID-19 positive patient in Switzerland was detected on February 25, 2020 - the first COVID vaccination took place on December 23, 2020. There were 9,300 COVID deaths in 2020. Between February 25 and December 23, 2020, there was deliberate, therapeutic nihilism with the clear goal of pushing through emergency approval of mRNA vaccines.

The vaccine manufacturers knew that the search for a vaccine against the coronavirus spike protein had been unsuccessful for decades - and that the mRNA vaccine did not meet the conditions for vaccination. The vaccine manufacturers' purchase agreements with Switzerland were published by the Federal Office of Public Health (FOPH). However, they are blacked out in large parts, as if the contracts had to be kept secret from the citizens of a direct democracy. Meanwhile, unredacted versions are available, some of which reveal appalling terms. In the contracts with Pfizer, which are not blacked out, under "5.5. Purchase Acknowledgment" the following is found: "...Purchaser further acknowledges that the long-term effects and efficacy of the Product are not currently known and that there may be adverse effects of the Product that are not currently known. ...". Pfizer says that the long-term effect and possible long-term adverse effects are unknown. But politics sells us the vaccines as "safe and effective", and the BGA writes very recently: "The vaccines used in Switzerland are safe and effective" and this refers to the current vaccine against the Eris variant, which has been tested in just 20 mice - without a control group and without data for use in humans¹.

Three and a half years after the first positive COVID-19 patient in Switzerland, it is time to discuss the facts; to disclose the redacted passages in the contracts between the vaccine manufacturers and Switzerland; to transparently discuss the benefits as well as the numerous and frequent side effects of the vaccines, their price-performance ratio and, in case of a new COVID-19 mutation, the "what next?". Without a comprehensive presentation of the long-term damage as well as the unclear effects of these vaccines on the physiology of various organs, including the brain² - including the newborn³ - a renewed, routine "vaccination round" is a no-go. The current vaccination recommendation of the BGA - especially the vaccination of pregnant women - as well as the statement that currently 2.2 million of our citizens are endangered by the new COVID-19 variant are a scandal from a scientific point of view.

The COVID-19 pandemic, which was one, was politically, economically, and financially abused. Anyone expecting a political and scientific reappraisal after three and a half years of transparency will be disappointed.

On the contrary, it continues in the same style. Bypassing parliament and without public discussion, the Federal Council is using taxpayers' money to support GAVI - Bill Gates' global vaccination alliance - granting the headquarters of this private organization in Geneva the status of an extraterritorial territory and giving it and all its employees complete immunity.

In May of next year, the signing of the pandemic treaty and the supplemented International Health Regulations (IHR) on global "Pandemic Preparedness" presented by the WHO to all member states is to take place, which, despite claims to the contrary, would mean the end of our state's sovereignty not only in health matters. The content of these agreements (treaty and IHR) has never been publicly disseminated and discussed, not even in Parliament.

The surrender of our own sovereignty in health matters goes hand in hand with the disregard for the Swiss constitution and our laws in other areas as well. This fundamental dismantling of direct democracy and the destruction of our direct-democratic structures must be stopped.

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1. The power of viruses - a geopolitical preamble

Pandemics are probably as old as our life-filled earth and were reported as early as between 165 and 180 AD: The Antonian Plague, which was caused by either smallpox or measles. The deadliest pandemics associated with today's world population would have claimed an estimated 2.68 million (Black Death 1331-1353), 2.25 million (Justinian Black Death 541-542), or 194 million (Spanish Flu 1918-1920) lives if they corresponded to today's population. The Spanish flu, which originated in the USA and was brought to Europe during World War I, clearly demonstrates the power of viruses.

After the peace treaty between Russia and Germany at Brest-Litovsk on February 18, 1918, Germany moved more than 1 million soldiers from the Eastern Front to the Western Front, where they were stricken by Spanish flu. The devastation caused by pathogens was so profound, and German doctors and nurses so overwhelmed by the large numbers of dead and dying, that they were unable to keep track of mortality as the first wave of the pandemic rolled over their armies. While 340,000 soldiers in the U.S. armed forces were infected and 30,000 soldiers died before they reached France and England complained of 313,000 infected soldiers, the Spanish flu affected between 750,000 and 1 million German soldiers already exhausted from the war on the Eastern Front - one of the crucial factors that helped determine the outcome of World War I on the Western Front.

In modern times, pandemics have almost been forgotten in the Western world. The last newspaper report on infectious diseases in Switzerland dates back to 1994. As far as geopolitics is concerned, the period before the COVID-19 pandemic was already marked by many disagreements: Trump's "America first" policy, increasing geopolitical rivalry between the U.S. and China, or rather the U.S. and Russia, increasing European resistance and rejection of China as it becomes an economic power, growing nationalism and populism with increasing differences with what the Western world calls autocratic regimes, differences between the European Union and the United Kingdom (Brexit), and demonstrations in many countries regardless of political system. The situation thus resembled the period before the First World War.

A pandemic never comes at a good time.

Timely management of the emerging COVID-19 pandemic suffered because the U.S. saw the pandemic only in light of its rivalry with China, overlooking the fact that COVID-19 was a global health problem. Western countries demonstrated their usual colonial arrogance mixed with malicious glee over China's problems with COVID-19. Trump was afraid for his re-election and did not want to destroy his economic gains. Other countries had individual solutions in the fight against COVID-19 (e.g., Australia, Japan), and the countries of the European Union proved their inability to fight COVID-19 in a Europe-wide coordinated action.

In summary, February 2020 was a losing month due to geopolitical struggles, and by the end of March 2020, almost all wealthy nations were in lockdown.

During and after the COVID-19 pandemic, geopolitical crises intensified: Transnational crises were confronted with rising nationalism, which led to increasing geopolitical tensions; Individual strategies and solutions created problems in an already interconnected world with supply chain dependencies, particularly with respect to drugs and medical devices. U.S.-China rivalry, tensions, and mutual recriminations intensified. Russia's isolation increased, political rights and freedoms were restricted, and resistance to the management of the COVID-19 pandemic was suppressed, sometimes violently. *Political and financial manipulation of medical facts related to diagnosis and treatment occurred on an unprecedented scale.* Radicalization on the left and right, fanaticism and so-called conspiracy theories were evident in many places. The fatal distribution of wealth, including the destruction of the middle class, was increasing; there was a global struggle over oil prices; and the colonial behavior of rich countries, e.g., in patent rights, vaccine production and distribution, was becoming evident. There were a number of significant multinational crises without leadership, and because of preexisting inequalities, the weak suffered the most. Regardless of the type of governance, demonstrations occurred in the streets: in 39% of so-called democracies, in 60% of partial democracies, and in 41% of autocracies, as Western countries call them, showing that people had lost confidence in their country's handling of COVID-19. And this was especially true for "modern" democracies that had no experience with pandemics while dreaming of their invulnerability.

At the individual level, societies fragmented, basic human relationships suffered, people complained of physical exhaustion and a sense of disinterest in their work. Fear of failure for systemic rather than individual reasons spread, and a loss of trust in decision makers intensified. A sense that political demands do not fit the moral compass intensified. Selfishness, depoliticization of citizens and an overwhelming sense that nothing could be done anyway spread.

There were also some positive effects, e.g., the enormous increase in knowledge and experience in a short time, even if a lot of supposed knowledge had to be revised in the course.

In summary, great power politics is NOT a solution, neither for transnational, nor for individual medical problems, the so called COVID-19 pandemic could and should be a lesson for mankind, the fight between science, politics and economy is counterproductive and science will manage and end pandemics, not politicians and not a liberal-capitalist economic system. Business can only help mitigate the negative consequences of a pandemic if there is good governance with a high level of accountability to its entrepreneurs and citizens. *Fear-mongering, bullying, censorship and the suppression of scientific discourse do not contribute to this.*

There are other lessons that humanity could learn: That nature takes precedence; that nature is capable of using modern technologies to extend its reach; that nature is not a digitized product that can be managed; and that connections don't kill us, only connections without cooperation.

The rest is history. *A large part of the world's decision-makers has so far been unable or unwilling to learn the lessons of the COVID-19 pandemic. On the contrary, national, transnational and international tensions intensified irresponsibly, which could still lead our societies to a global Armageddon in the end.*

For all these reasons, a reappraisal of all issues concerning COVID-19 is urgently needed. Intransparency, secret contracts, glossing over unwelcome, medical facts will only contribute to the loss of confidence that occurred before and during the pandemic.

2. COVID-19: universal vaccine, gain-of-function research, bioweapons.

The claim that COVID-19 is new to humans in Wuhan in 2020 and that pharmaceutical companies have developed an mRNA vaccine against it at lightning speed (Operation Warp Speed) is a fairy tale.

The story of coronaviruses, the spike protein, and COVID-19 in general, is quite different:

- The first coronavirus was isolated by Beach and Schalm in 1936. The virus caused poultry bronchitis in newborn chickens⁴.
- The first human coronavirus 229E was discovered in 1962 by Dorothy Hamre at the University of Chicago when she examined tissue cultures from students with colds⁵.
- Two further studies, one published by David Tyrell, the other by Ken McIntosh independently isolated two additional human coronaviruses, B814 and C43^{6,7}. The observation that the surface of these viruses had characteristic spikes like a "solar corona" definitely gave these viruses the name "coronaviruses" in 1968.
- In 1966, US researchers brought coronavirus to the UK and infected 26 volunteers to see if this virus could produce an infection and what that looked like⁸.

And here the opinions are divided: While some call this virological research, David E. Martin⁹ criticizes the fact that this virus was brought from the USA to Great Britain and thus healthy volunteers were infected for experimental reasons, which is contrary to the Nuremberg Code¹⁰. The Nuremberg Code¹⁰ is an ethical guideline for the preparation and conduct of medical, psychological and other experiments on humans and allows medical experiments to develop therapies, but not experiments to make healthy people sick. In addition, voluntary consent must have been obtained from the patient beforehand.

Gain-of-function research is research to improve function. In virology, gain-of-function research involves experiments to make viruses more infectious and dangerous. **Dual-use research** is researching whose results can be used for civilian or military purposes, i.e., in ways that are beneficial or destructive to humans. A **universal vaccine** is one that is effective against many different strains of viruses and makes booster vaccinations unnecessary. *The search for a universal vaccine, gain-of-function and dual-use research overlaps and may be difficult to distinguish. This type of research has made great strides with the introduction of "genetic engineering" (1976) and "CRISPR technology" (2002). Thanks to these techniques, the genetic material (DNA) of living beings can be selectively manipulated, altered or assembled in any way, enabling novel and effective medical therapies - but which can also be used in the production of bioweapons.*

Coronaviruses can be effectively and easily manipulated, which predestines them for gain-of-function research. According to David E. Martin, the history of manipulation went as follows:

- In 1990, Pfizer patented a vaccine against the spike protein of a coronavirus that produced gastroenteritis (stomach flu) in certain young animals.
- In 1992, Ralph Baric et al. published how coronaviruses could produce myocarditis (inflammation of the heart muscle) and dilated cardiomyopathy (pathological dilatation of the heart muscle) with a mortality rate of 60% in a rabbit model experiment¹¹, using coronavirus chimera (chimera: a living being constructed from genetically different sources).
- In 2000, Pfizer patented a COVID spike protein vaccine
- In 2002, an mRNA vaccine model was patented as a clone coronavirus (clone = artificial development of an offspring), which can dock onto the cell of an organism, release its contents into the cell, but does not replicate in the cell itself = "infectious, replication-defective clone". Such a coronavirus clone can force the cell to open and take up the contents of the docking virus clone. Such a virus clone acts like a bunker-busting weapon, with which one can bring whatever into the human cell, e.g., a toxin, mRNA or other substances, which can change the genetic make-up.
- In 2003, the Center for Disease Control (CDC) files a patent: "Coronavirus, isolated from Humans" and takes control of corona virus (CoV) gain-of-function research.

It would be going too far to list every single step of coronavirus research, but:

- In 2003, Ralph Baric (whom we will meet further) et al. published a paper entitled "Reverse genetics with a full-length infectious cDNA of severe acute respiratory syndrome coronavirus". Statement of the paper: "Availability of a SARS-CoV full-length cDNA provides a template for manipulation of the viral genome"¹².

- In 2005, Ralph Baric gave a lecture sponsored by DARPA/MITRE. DARPA is the "Defense Advanced Research Projects Agency" and is part of the DoD (Department of Defense); MITRE stands for a government-supported research center that also works in the field of "defense", among other things). *Interestingly, the title of the talk is "Synthetic Coronaviruses. Biohacking: Biological Warfare Enabling Technologie), June 2005. Washington, DC, available in his CV¹³.*
- In 2015, the following paper appears - again by Ralph Baric et al. - in NATURE MEDICINE: "A SARS-like cluster of circulating bat coronaviruses shows potential for human emergence¹⁴".
- In 2016, the paper: "SARS-like WIV1-CoV poised for human emergence¹⁵". What does WIV1-CoV mean? It means Wuhan Institute of Virology1-Coronavirus. One of the crucial sentences in this publication is as follows: "Whereas in vivo data indicate attenuation relative to SARS-CoV, the augmented replication in the presence of human ACE2 in vivo suggests that the virus has significant pathogenic potential not captured by current small animal models." Or, in other words, this virus docks at the ACE receptor in humans. And the pathogenic potential of this virus is so strong that it cannot be estimated even in small animal experiments.

In 2012, DARPA launched a program: "Pandemic Preparedness Program". Topic: How to stop a pandemic in 60 days with mRNA vaccines. *Donald Trump's Operation Warp Speed - the rapid development of an mRNA vaccine in response to the appearance of COVID-19 in Wuhan - is likewise nothing more than a fairy tale.* There was no warp speed (faster than the speed of light) in terms of rapid, acute, and novel production of an mRNA vaccine because the program had already been launched by the Department of Defense in 2012. Moderna had already received a multi-million-dollar contract with the Department of Defense in 2013 to develop mRNA vaccines. *The "idea" of mRNA vaccines did not come from Pfizer or Moderna, but from the military. The American people were led to believe that the FDA (Federal Drug Administration), CDC (Center of Disease Control) and other medical professionals cared about COVID-19.* On the contrary, the entire COVID-19 narrative was controlled, orchestrated, and monitored by the Department of Defense because it was a military project. That's why, by the way, there was stringent talk of countermeasures, a typical military term. A documentary mentioned "COVID-19" research as early as Fall 2019¹⁶ - in which Moderna was involved - although the virus was not officially "christened" Covid-19 by the WHO (World Health Organization) until April 2020.

And then it goes on in quick succession: As early as 2017, the World Health Organization (WHO) investigated whether Switzerland was prepared for a pandemic. Interestingly, an influenza pandemic was assumed, for which a vaccination would be available after 6 months. The WHO then made several recommendations: Among other things, it said, care should be taken not to promulgate false opinions in the context of the pandemic. In February 2019, a pandemic drill was conducted as part of the Munich Security Conference, and in October 2019, Event 201 in New York simulated a global corona pandemic. Then, three months later, a "new" covid virus appeared completely unexpectedly - an incredible coincidence?

For David E. Martin, COVID-19 is a bioweapon and its production a "crime against humanity". This is what he said in a speech to the EU Parliament. You can find many of his presentations in Youtube. Of course, his claims were criticized among others on the website Health Feedback¹⁷. The reference is given here under number 15 and one may take a look at the counter-arguments of Health Feedback. If you want to know more, you should watch the videos with Robert Malone. Video 1+2: "Puppet Masters of the Pandemic; What Did the CIA Do in Wuhan?" and the articles in New American Magazine^{18,19}. Robert Malone is a U.S. virologist, immunologist, and molecular biologist and is considered the discoverer of mRNA technology. He is co-author of pioneering studies on the development of lipofection with mRNA, an essential technique in later RNA vaccines. His theses support the claims of David E. Martin.

The above work offers some surprises. The papers show that Ralph Baric's lab in Chapel Hill, North Carolina, was a center of COVID virus research. Interestingly, in 2014, the National Institute of Health (NIH) had banned research on SARS, MERS and coronaviruses - except in North Carolina. Although Antony Fauci had written to the lab attesting to "gain-of-function" research, the lab was exempt from the ban - ostensibly because the research funds had already been transferred. Three nations are represented on Ralph Baric's publications: USA, China with Shi Zhengli-Li (the Chinese Bat-Woman) - and Switzerland with a laboratory in Bellinzona. Here, at the latest, various questions arise:

1. If this was not gain-of-function research to produce a bioweapon, why was the Department of Defense responsible? And not the Department of Health?
2. DARPA stated on Twitter that Moderna's mRNA vaccine technology, and by extension Moderna's Covid vaccine, was a product of its ADEPT program²⁰ and funded by DARPA. To reiterate: DARPA, the Defense Advanced Research Projects Agency, is an agency of the United States Department of Defense that conducts research projects for the United States Armed Forces, including space projects, and has an annual budget of \$3 billion. Gain-of-function research or search for a universal vaccine?
3. Is it necessary to first engineer viruses that are more aggressive, dangerous, contagious, and disease-causing to humans, and only then find a universal vaccine?
4. If research on mRNA vaccines had been going on for years, why was it propagated that the rapid development of mRNA vaccines was a response to the appearance of COVID-19 in Wuhan?
5. Aren't the conventions for the prohibition of biological weapons⁶⁸ completely and utterly wastepaper, because nobody adheres to them? Because the "big" nations are all doing bioweapons research, according to the motto: We have to do it because the others are doing it too. That means: *research, armament and rearmament as with the nuclear weapons, which ends in the same way in the stalemate of MAD: "mutual assured destruction".*

6. On Ralph Baric's publications of 2015 and 2016 there is a laboratory from Bellinzona as co-author, which is said to be very well funded. What is the contribution of this laboratory in the construction of the Wuhan Institute of Virology¹ virus, which is so dangerous for humans? Why is there no information on this question? And if the co-author of this work is responsible for this laboratory in Bellinzona, why has he never been publicly and transparently questioned about this virus? One would think that this question should be a priority given a national COVID-19 emergency. What did the Federal Council know or know about it, what did the COVID task force know?
7. Why has this laboratory in Bellinzona never appeared in public? Who finances it? Who owns it? Has dangerous research that was banned in the U.S. been moved to another country here? One would think that our tabloid press would be scrambling for a first interview with the person in charge of this lab! Or was the tabloid press "silent" at the behest of the Federal Council, since, as we know, there was an "agreement" between the tabloid press and BR Berset? And what is this laboratory doing today?

I am not arguing that COVID-19 was a bioweapon. I cannot decide that question. But there is circumstantial evidence and glaring irregularities about COVID-19: the vaccines, their effectiveness, the side effects, and the vaccine companies' redacted contracts with national governments. In a direct democracy, citizens have a right to answers, especially when the FOPH recommends a new round of vaccination in September 2023, including pregnant women and thus newborns - not only a scandal from a professional point of view, but close to David E. Martin's "crime against humanity". Publications that initially called COVID-19 a lab leak (laboratory leak as the cause of pneumonia) changed their minds and spoke of zoonosis (infectious disease that spreads from animals to humans). And authors who had called COVID-19 a zoonosis in the best journals withdrew their co-authorship. An Indian research group²¹, which called the COVID-19 virus "engineered" because they identified suspect viral components (furin cleavage site, which facilitates entry of the virus into the cell) that cannot occur in nature in this way, were pressured to withdraw their publication, even though research proposals to modify the coronavirus (just: the incorporation of the furin cleavage site) are available, funded by DARPA, MITRE, the Department of Defense, and NIAID (National Institute of Allergy and Infectious Diseases), which Anthony Fauci heads.

The fact is that the WHO, the United Nations (UN), the World Economic Forum (WEF), the Bill & Melinda Gates Foundation (BMGF), the Wellcome Trust, the Global Alliance for Vaccines and Immunisation (GAVI), the Coalition for Epidemic Preparedness and Innovation (CEPI), the US Department of State, the National Institute of Health (NIH), the Center for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), the Medicines and Healthcare Products Regulatory Agency, UK (MHRA), the Therapeutic Goods Administration, Australia (TGA), the South African Health Products Regulatory Authority (SAHPRA), and the European Medicines Agency (EMA) are all intertwined in terms of inside information, financial flows, patent rights, COVID-19 virus, vaccine manufacturing, and regulatory regimes, and there is ample evidence that they knew what they were doing from the beginning. *How else can it be that Bill Gates buys over a million shares at \$18.10 each in BioNTech, Pfizer's partner for the mRNA vaccines, in September 2019, only to dump them for \$300 in November 2021, and then also publicly state afterwards that the vaccines were not as effective as had been thought?* The explanation of all these interconnections exceeds the size of this paper. If you want to know more about this, the book "Inside Corona" by Thomas Röper is highly recommended.

The question of where COVID-19 first appeared and whether the virus was released by accident or design has not been publicly resolved. The fact is that virologists from different countries worked in different laboratories. The collaboration and funding of the work on COVID-19 in Wuhan and other laboratories by the U.S. and other countries have been amply demonstrated. There is a worldwide network of dangerous biological weapons laboratories and in the USA alone more than 36,000 specialists are said to be researching biological weapons as "stooges of death", although a Biological Weapons Convention⁶⁸ was signed as early as 1972 and came into force in 1975. The first revision of this convention took place in 1980 - since then another seven revisions have been added. The text to this Biological Weapons Convention is available on the Internet. Regarding intelligence issues related to the construction of COVID-19, please refer to the previously mentioned articles by David E. Martin and Robert Malone.

3. COVID-19: An attack on the "hardware of the brain"?

Was Covid-19, the so-called coronavirus pandemic, a fake? An organized "nothing"? A worldwide fraud? At the University Hospital Zurich, during the 1st and 2nd waves - as elsewhere - a majority of ICU beds were occupied by Covid-19 patients, and up to 100 patients were treated on the regular ward. None of my colleagues had ever seen so many patients presenting with the same symptoms, showing the same findings on computed tomography of the lungs, and overwhelming our ICU and regular wards. This infection was real.

The history of mankind is closely associated with pandemics. Pandemics have always made people obedient, and so people voluntarily allowed themselves to be imprisoned during the COVID-19 pandemic. Was the COVID-19 pandemic used to test the global manipulation of citizens? A test to make the WHO the world government, as a subsidiary organization of the United Nations (UN), not only in health matters, which can undermine all nation states and every democracy no matter if against the will of the citizens?

There is evidence that COVID-19 targets the "hardware of the brain"²² and if the virus can do that, it must now be assumed that the spike protein alone can cause the same damage. A few preliminary remarks on this: The hippocampus is a brain region and a central site of the so-called limbic system. The limbic system itself is a functional unit of the brain that serves to process emotions and generate drive behavior. The limbic system is also thought to perform intellectual functions.

The hippocampus is important for memory consolidation, i.e., the transfer of memory content from short-term to long-term memory. Diseases of the hippocampus lead to forgetfulness, emotional dullness, spatial disorientation, and dementia. The hippocampus is a brain region whose volume increases 2% per year, meaning that the hippocampus can form new neurons (called neurogenesis). COVID-19 infection causes neuronal degeneration, prevents neurogenesis and leads to hippocampal shrinkage, which is confirmed by many scientific papers. I will mention only one in the list of sources²³. The question is, what does the vaccine do? What is certain is that the vaccine does not stay at its injection site, but spreads throughout the body and also reaches the brain²⁴. And this begs the question, why construct a vaccine with lipid nanoparticles for a respiratory disease - with lipid nanoparticles that allow the vaccine to cross the blood-brain barrier? *Is this COVID-19 vaccine intended to make us dull, passive, emotionless, forgetful, indifferent, and thus easily led? Do we need to be vaccinated repeatedly for this purpose so that this effect actually occurs? Isn't vaccinating pregnant women an attack on the hippocampus of the still unborn, knowing that these vaccines can cross the blood-brain barrier? And what happens in the brain after repetitive vaccinations, i.e., after repetitive exposure to a non-human protein that causes chronic inflammation in the smallest blood vessels?*

In the context of this "fascinating" topic, Bertrand Russel (1953) and Aldous Huxley's "Brave New World (1932) inevitably come to mind, which describe modern society, which is supposed to be easy to govern, in this way:

- **Scientific societies** are as yet in their infancy. It is to be expected that advances in physiology and psychology will give governments much more control over individual mentality than they now have even in totalitarian countries. Education should aim at destroying free will, so that, after pupils have left school, they shall be incapable, throughout the rest of their lives, of thinking or acting otherwise than as their schoolmasters would have wished. Diet, injections and injunctions will combine, from a very early age, to produce the sort of character and the sort of beliefs that the authorities consider desirable, and any serious criticism of the powers that be will become psychologically impossible."
- **Aldous Huxley's "Brave New World"** presents a future in which genetically engineered babies are produced on assembly lines, the social and economic divide between the haves and the have nots is legally enforced and discontent is quelled by advertising, medication, sex and entertainment. Now, nearly a century from the novel's publication, among its prophecies that have come to pass are the rise of dictatorial governments, in vitro fertilization, genetic cloning, virtual reality, sexualization of all aspects of life, including public life; and a massive and increasing use of psychotropic drugs and antidepressants.

It cannot be said that Bertrand Russel and Aldous Huxley were not far-sighted, because similarities with our present societies can hardly be denied. If you want to know more about the attack of viruses on the "hardware of the brain", please refer to the book "The indoctrinated brain" by Dr. Michael Nehls.

4. COVID-19 mRNA vaccines: general information

Vaccines are drugs that activate the immune system to protect against infectious diseases. Vaccines are designed to stimulate the body's immune response against disease. The person vaccinated against COVID-19 should no longer be able to contract COVID-19, and ideally, he should also no longer be able to pass on the virus. The COVID-19 mRNA vaccines do not meet either condition. Our own clinical experience with vaccinated and unvaccinated people suffering from COVID-19, as well as the scientific literature, show that the COVID-19 mRNA vaccines were able to reduce the probability of becoming severely ill from COVID-19 infection in the 2nd wave. The question is at what cost, in which patients, and with what acute and chronic side effects.

Swissmedic's decision at that time to approve the vaccines was based on a rolling submission that included data from Pfizer's Phase 3 study showing 95% vaccine protection ($p < 0.0001$) in subjects without prior SARS-CoV-2 infection (the study's first primary objective). Vaccine protection was also achieved in subjects with or without prior SARS-CoV-2 infection (second primary objective of the study). In both cases, vaccine protection was achieved seven days after the second dose. *Statistically, this is not tenable because it is the relative risk reduction and not the absolute one, which was only 0.78%! These are common statistical tricks used by the pharmaceutical industry to inflate the risk reduction and the alleged effect of their product.* Example: if 9 out of 19'965 vaccinated persons tested positive after two vaccinations, this is 0.045%. In the comparative placebo group, 169 of 20,172 tested positive, i.e., 0.83%. Thus, the Pfizer vaccine reduces the risk of infection (not death or serious illness) by 0.785%. But what Pfizer did: they compared 9 infected people in the vaccinated group with 169 in the placebo group and calculated a 95% efficacy. Relatively seen this is correct, but absolutely calculated on 40'000 test persons it is not.

The mRNA vaccines against the spike protein of COVID-19 were not designed, constructed and brought to market in a very short time. The pharmaceutical companies knew and know that the search for a vaccine against coronaviruses has been unsuccessful for decades. The fundamental question is whether the production of a universal vaccine that no longer requires booster vaccinations is not a notion born of human hubris, to which the answer is probably yes, given the variability of nature.

Was the COVID-19 pandemic deliberately hyped up in order to finally bring the expensive mRNA vaccines and with them the mRNA technology, even if deliberately flawed, onto the market? Billions had been invested in this research for years - now came the opportunity to collect this money worldwide. The COVID-19 pandemic, a welcome "cash cow" for vaccine manufacturers? The massive redistribution of billions of dollars from the middle class to the already billionaire "elite" suggests a clever business model in which politics, the military, and rich corporations or capital pools and foundations are all involved. While medicine and the care for the patients, especially the care for the healthy unvaccinated, played a minor role and, moreover, common sense was eliminated (e.g., never before were there asymptotically ill people, i.e. ill people without symptoms).

Many comparative studies showed that there were fewer deaths and fewer hospitalizations in the vaccinated group than in the non-vaccinated but infected group²⁵. However, the current COVID-19 viruses - new mutations - are significantly less pathogenic, i.e., disease-causing, than the second-wave COVID-19 variants, and this was already the case with Omicron. While the mortality rate in China was as high as 6.5% in the second wave, it dropped to 0.4% in the Omicron wave. The COVID-19 virus seems to have weakened or adapted. Thus, given the many side effects, it has become extremely difficult to decide who should and who should not have booster vaccination at all as a high-risk patient. Even the definition of "high-risk patient" is difficult to answer in view of more harmless COVID-19 variants. The current vaccination recommendation of the FOPH has no scientific basis at all, especially since the currently recommended vaccines have only been "tested" on 20 mice - it is a scandal to recommend a general booster at all and to fabricate that 2.2 million Swiss are currently at risk. The administration of such untested substances has reached an unacceptable level and the pharmaceutical companies and their profiteers seem to have lost all reason and humanitarian interest in view of the hoped-for profit - to say the least.

5. COVID-19 mRNA vaccines: Side effects

On September 13, 2023, the European Parliament specifically addressed WHO and the global management of the so-called COVID-19 pandemic. At this session, cardiologist Peter McCullough gave his assessment of mRNA vaccines from²⁶. It is worth listening to his dramatic appeal. According to Peter McCullough, there are four main groups of side effects:

- Cardiovascular disease: Even two years after vaccination was given, cardiac arrests were observed that could not be attributed elsewhere. Furthermore, myocarditis, an accelerated worsening of arteriosclerotic cardiovascular diseases, an increase in myocardial infarctions, increased ruptures in the aorta (aortic dissections) and atrial fibrillation were found.
- Neurological diseases: Stroke (both ischemic and hemorrhagic), ascending paralysis that begins in the lower extremities and can affect the entire body and lead to death (Guillain-Barré syndrome), as well as diseases of the small nerves that can cause numbness, pain and tingling (small fiber polyneuropathy), numerous different neurological disorders such as fatigue, muscle pain, dizziness, tinnitus and other²⁷.
- Formation of blood clots: unusually large and resistant blood clots that cannot be dissolved with conventional drugs and lead to vascular occlusions of arteries and veins with corresponding infarctions (cerebral infarction, myocardial infarction) as well as fatal pulmonary embolisms.
- Immunological abnormalities, i.e., pathological reactions of the own immune system, which starts to attack the body's own tissues: so-called auto-immune disorders, which are, among others, a characteristic of the so-called "Long-COVID syndrome"²⁸.
- If a pseudovirus is surrounded by spike proteins of the COVID-19 virus, the same damage occurs in the lungs and in the blood vessels - right down to the smallest vessels. In other words, it is not the virus itself that initiates heart attacks and brain infarcts, as well as inflammation in blood vessels, but the spike protein itself - regardless of whether it sits on the outer layer of a COVID-19 or is injected alone. The spike protein does not need a replicating virus - it damages cells by docking to the ACE receptor and damaging and fragmenting the cells' mitochondria (the cells' power plants that produce and provide energy)²⁹.

According to Peter McCullough, mRNA "vaccines" introduce a potentially harmful genetic code into the human body that leads to numerous diseases. COVID-19 vaccines are "not safe for human use" and according to Peter McCullough "it is time to withdraw from the World Health Organization".

Due to the limited scope of this thesis paper, I cannot go into the broad field of the so-called "long COVID syndrome", which should be well known due to the broad discussion in the public. However, it should be mentioned that the post-COVID symptoms are associated with the persistence of circulating COVID-19 spike protein, which has been detected in all organs of the body for months, although it should be degraded within 14 days³⁰.

The consequences of repeated booster vaccinations are not even discussed for this. If even a single introduction of the spike protein into the human body can cause all these side effects, what about repeated administration of vaccines in children, boys, and healthy individuals? Repeated reinfection has been shown to further increase the risk of death, hospitalization, and sequelae in multiple organ systems in the acute and post-acute phases³¹. However, naturally infected individuals were less likely to be reinfected with SARS-CoV-2 than uninfected and vaccinated individuals³².

But what about repeated vaccinations? Repeated vaccinations can lead to specific immune system responses that induce immune tolerance to the spike protein and make reinfection easier. In addition, repeated vaccinations can lead to an increase in certain antibodies in the blood (IgG4 antibodies)³³, which in turn generate a whole list of immune diseases that are difficult to treat³⁴. Of particular concern is the role of spike protein in the development or acceleration of neurodegenerative diseases³⁵, which include dementia and Alzheimer's syndrome, for example. Indeed, many nursing homes report a dramatic increase in dementia and Alzheimer's patients, even of younger age, associated with an unprecedented mortality rate³⁶.

According to Peter McCullough, 30% of those vaccinated remain without symptoms caused by the vaccine; 70% experience symptoms and of those, just under 5% die or become seriously ill. According to the WHO VigiAccess database - a global database of adverse events that receives data from national pharmacovigilance centers - reported vaccine adverse events for COVID vaccination exceed those for polio by a factor of 22, and those for TB by a factor of 99 (proportion-adjusted per 1

million vaccinations). In terms of suspected fatalities, covid vaccines are even higher: 23-fold to polio vaccine, 150-fold to TB vaccine. In individual categories, this is sometimes extreme. For example, 35 times as many nervous system disorders were reported after covid vaccination than after polio and 842 times as many than after TB vaccination³⁷.

The process of coming to terms with the damage caused by vaccination is extremely slow. Daily news comes to light that does not reassure: the CoVacSer cohort study, a research project investigating the relationship between mental health, sleep quality and the immunogenicity of COVID injections in healthcare workers, that in Germany after the second mRNA vaccination 35% of healthcare workers were on sick leave³⁸.

6. Abortions, excess mortality, and health problems 2020 to 2022/23.

Supposedly, vaccination of pregnant women is safe. Between 2020 and 2022, there were no more abortions (unwanted early terminations of pregnancy). So: vaccination is safe. So much for the official claims of the authorities. The statements about miscarriages after vaccination seem to be confirmed by a corresponding publication in the "New England Journal of Medicine"³⁹.

However, the Swiss Prof. Konstantin Beck comes to other conclusions, which can be understood in his presentation⁴⁰. According to Prof. Beck, there was a corona baby boom in 2021 with an increase in births of +3%, in 2022, but a baby gap of -8.5%, which varied in different regions of Switzerland - up to -16%. While in 2021 the rate of miscarriages had decreased, in 2022 it increased significantly. In Germany, the number of stillbirths per 1,000 births increased by +20% at the end of 2021.

This does not seem surprising, as the Spikevax package insert states the following: *"No adequate and well-controlled studies have been conducted on the use of Spikevax in pregnant women. Available data on the use of Spikevax in pregnant women are insufficient to inform on the risks associated with the vaccine during pregnancy. It is not known whether Spikevax passes into breast milk. No data are available to assess the effect of Spikevax on the breastfed infant or milk production or secretion. Therefore, the use of Spikevax in nursing mothers is not recommended."*

And: The vaccination is "not recommended for breast feeding mothers - but strongly recommended for pregnant women". This seems to be a bad joke. It seems to have been "overlooked" that birth precedes breastfeeding. But Swissmedic accepted this statement! Like so many other things.

The above-mentioned publication of the "New England Journal of Medicine" says that there was no "safety signal" from vaccination in the third trimester of pregnancies. However, there are no data on the first and second trimesters of pregnancy, when the risks to the unborn child are high. Furthermore, the journal says, "the most frequently reported pregnancy-related adverse events were spontaneous abortions." In other words, based on the figures presented, vaccination caused an increase in miscarriages by +73.1%.

Based on data in the literature, it must be assumed that one in 10 miscarriages is caused by COVID-19 vaccination.

Reportedly, there has been no excess mortality among young people in Switzerland. Vaccination for 0–19-year-olds is safe. So much for the official claims of the authorities. This is contradicted by Prof. Beck's data. Between 1997 and 2016, 19–39-year-olds consistently accounted for the smallest share of the increase in health care costs, but from 2021 they accounted for the largest. Hospitalizations of 0–14-year-olds for pulmonary embolism, cardiac arrest as well as cerebral infarctions increased by 125% in 2021 (virus + vaccination) compared to 2020 (virus only). Question: Why do we vaccinate our children?

The official statistics seem to have hidden the excess mortality among young people with statistical tricks by, among other things, summarizing the excess mortality of 0–64-year-olds - and in this the excess mortality of young people is lost. The fact according to Prof. Beck is that the mortality rate of 20–39-year-olds decreased by 1% in 2021, but increased by 14% in 2022, even though there were no further waves in 2022 with a similarly aggressive COVID-19 wave as at the beginning of the pandemic in 2020. For 0-19-year-olds, a 14% increase in mortality in 2022 is calculated. Authorities deny excess mortality "thanks to" statistical tricks, while the trend of continued excess mortality is statistically significant, according to Prof. Beck. At the very least, the authorities concede that the health problems of young people would have worsened in 2021 and 2022 - when there were no more aggressive virus variants - precisely because of the higher number of unusual events: pulmonary embolisms, cardiac arrest, and cerebral infarctions - events that usually occur in older patients.

Nobody seems to pay serious attention to the documented excess mortality in the post-COVID period in many countries, which in England and Wales, for example, is reported to be +20.9%. It would be time to provide transparent figures and to honestly analyze the mechanisms, causes and pathophysiological processes of this excess mortality. Battles between vaccine advocates and critical voices that are blanketly denigrated as conspiracy theorists do not help. "Correlation" is a Canadian non-profit organization that conducts independent research on issues of public interest. The group published an extensive study on September 17, 2023 entitled "COVID-19 vaccine associated mortality in the Southern Hemisphere" and calculated 17 million vaccine related deaths out of 13.5 billion injections based on data from 17 countries, i.e., 1 in 470 vaccinated died from vaccination⁴¹. The same group calculated 3.7 million vaccine-related deaths for every 350 million vaccinations in India; a vaccine-related mortality of 0.6% for those over 80 in Israel and 1% for those over 85 in Australia. For those under 45 years of age, vaccine-related mortality is <0.01%. The conclusion was that it was reckless to prioritize vaccinating those thought to need the greatest protection⁴².

7. Vaccine companies, vaccines, contracts

As mentioned above, the narrative of hastily developed new mRNA vaccines in the face of a new virus is a fairy tale. *Based on years of research, it was also clear to pharmaceutical companies that there was no effective vaccine against coronaviruses and that research in this regard had so far been unsuccessful.* The scientific studies on mRNA vaccination in volunteers were either never published, or they turned out to be manipulated. *Pfizer in particular has had to pay a \$2.3 billion fine in the U.S. for fraud in its own drugs that were brought to market^{43,44} - not a good reputation for bringing mRNA vaccines to market as safe and effective, especially when many billions in sales and profits beckon.*

The British Journal of Medicine criticized the integrity and quality of patient data from Pfizer's mRNA study of 40,000 subjects, saying speed trumps safety and quality⁴⁵. Adverse side effects and deaths from the mRNA were not reported or not reported in a timely manner⁴⁶. According to experts, however, these irregularities were surprisingly not enough to call the quality of the vaccines into question⁴⁷.

Be that as it may, it would go too far in this framework to pursue all reports and refutations. If we concentrate on the practice, we find essential claims that had to be revised in the course of the pandemic: The spike protein remains at the site of injection and is found at most in the responsible lymph node. The fact is that the spike protein spreads rapidly throughout the body; the spike protein cannot enter the brain. However, it has been detected there; the spike protein is broken down by the body within weeks - but the spike protein could be detected in all parts of the body months after the injection. The spike protein cannot be passed on to the infant with the mother's milk - but it can⁴⁸. The question of whether spike protein can pass through the placenta and reach the unborn is controversial. However, the spike protein has been identified in the stool of unborn babies⁴⁹. Whether this is protective for the newborn against COVID-19 infection shortly after birth or whether the spike protein causes harm is unclear, especially when one sees the deleterious effects of spike protein in the human hippocampus.

To be sure, the biology of the vaccines and especially of the spike protein is still unclear and so especially the ratio of benefit and harm is doubtful, given the fact that the current COVID-19 variants are less aggressive. If a loud CAVE(!) is already appropriate for a single vaccination, one should certainly be more cautious about recommending repetitive rounds of vaccination. *In fact, one should refrain from doing so altogether until more and better data are available.*

The vaccine **manufacturer contracts** between the vaccine manufacturers and the individual countries are a particular source of annoyance. Vaccine manufacturers claim that, given the pace at which they have had to develop vaccines, they cannot take responsibility for the negative effects of vaccination. One might try to understand this if the acute and rapid development of a vaccine against a new virus were not a fairy tale. On the website of the FOPH one can see the contracts - they are blacked out in large parts - unworthy of a direct democracy. *What is there to hide? That the vaccine manufacturers refuse any responsibility for their products? That the Swiss taxpayer has to pay a higher price for the vaccines than the EU citizens? That the vaccine manufacturers cannot be held liable in case of damage and that the taxpayer even has to pay all the lawyer and litigation costs? The full price must be paid even if the vaccines are withdrawn for whatever reason? And that these rules also apply to supplies with vaccines that have been adjusted when a viral mutation occurs?*

Latin American countries have accused Pfizer of "high-level bullying" during negotiations over the Covid-19 vaccine, according to a Bureau of Investigative Journalism report released in collaboration with STAT. Government officials from Argentina and another Latin American country, which has signed a confidentiality agreement with Pfizer and therefore cannot be named, have told the Bureau that Pfizer has sought additional compensation for civil lawsuits filed by citizens related to the Covid-19 vaccine. *Pfizer reportedly asked the governments of Argentina and Brazil to deposit government assets, including military bases and government bank reserves, as collateral for possible future litigation costs⁵⁰. Well, that fits the Department of Defense (DoD) better than the Department of Health. It simply begs the question, what Pfizer's involvement with the DoD is if these mRNA vaccines are to be used to develop a universal vaccine. And why is Pfizer interested in foreign military bases as a compensation asset?*

The limited effect of vaccines is fully proven: They cannot prevent repeated illnesses, nor can they prevent the virus from being passed on. This raises the question of whether the vaccines are at all more effective than inexpensive, drug-based combination therapies.

Admittedly: difficult times for our decision-makers. No one was aware of what was coming, and we're always smarter afterwards. But in this case, there is a conspicuous lack of will to admit it.

And yet: Three and a half years after the first positive COVID-19 "case" it is time to discuss the facts, to disclose the redacted parts of the contracts, to discuss the value of the vaccines and their price-performance ratio, and to evaluate the "what next?" in case of a new COVID-19 mutation. *Without evaluation, a "new round of vaccination" is a no-go, especially knowing that the vaccine against the COVID variant "Eris" has only been tested on a few mice! No control groups, no data when used on humans. And yes: the test mice did not die.*

8. Alternatives to mRNA vaccines

The first Covid-19 positive patient in Switzerland was detected on February 25, 2020 - the first vaccination took place on December 23, 2020. There were 9300 deaths in 2020. But what was done between February 25 and December 23, 2020? In these ten months - and also afterwards - every possible form of drug combination therapy was suppressed worldwide.

The authorities showed almost conspicuously no interest in even evaluating such a therapy, although there were concrete proposals from several top US universities^{51,52}. It is useless to discuss whether this or that drug combination could have achieved the same effect as vaccination. *Unethical, immoral and irresponsible is the fact that any kind of research and any study was suppressed that might have shown a positive result - at a time when no vaccination was available at all! This suppression consisted of threats, slander, prescription bans and sales stops - which the author of this manuscript experienced himself - and the unwillingness to provide funding.*

Defamatory campaigns were run worldwide against proven agents that could have been candidates for possible drug treatment. Drug trials with individual drugs have been conducted, but common sense knows that only a combination of drug measures along the pathophysiology of the virus can work, if at all.

The defamation of other vaccines that have been developed conventionally, e.g., with attenuated adenoviruses, fits into the scheme. Although these vaccines were in part just as effective, they were banned in Europe by the EMA (European Medicines Agency) without comprehensible arguments. The mentality of cold warriors has simply lost nothing in medicine.

What was the reason for demonizing any form of drug combination therapy? The reason for this disinterest lies in the de facto "21 U.S. Code § 360bbb-3": "Authorization for medical products for use in emergencies", which is also groundbreaking for other countries. This states that an emergency authorization for a new drug - or a new vaccine - is only permitted if "there is no adequate, recognized and existing alternative to this product". ***In other words, if there had been an effective combination drug therapy to treat COVID-19, the mRNA vaccines could not have been marketed via emergency approval.***

Furthermore, in the case of an effective generic drug that would have been approved for the therapy of COVID-19, the "new" therapeutics would have had to be based on the price of the generic drug - that billions of dollars are at stake need not even be mentioned.

The COVID-19 pandemic has led to a redistribution from the bottom to the top - for the pharmaceutical companies, the pandemic was a real cash cow, a fantastic business model that took precedence over all other interests. Through the Pandemic Treaty and the International Health Regulations, which are to be introduced in a non-transparent manner through the contracts with the WHO, there is a continuing attempt to permanently divert large sums of taxpayers' money primarily from the middle class into the pockets of oligarchs, corrupt employees, supranational institutions, private organizations, corporate companies, Big Pharma and wealthy individuals - exactly where billions have already flowed during the COVID-19 pandemic.

The pharmaceutical industry made about 60 billion US dollars during the COVID-19 pandemic and probably several times that amount by treating vaccine damage in originally healthy people - at least that's what Robert F. Kennedy says on Youtube. The video was deleted shortly after it appeared. ***And it fits perfectly - together with the media court reporting - into a quote by Peter Daszak of EcoHealth: "To sustain the funding base beyond the crisis we need to increase public understanding of the need for MCMS (medical countermeasures) such as a pan-influenza or pan-coronavirus vaccine. A key driver is the media, and the economics follow the hype. We need to use that hype to our advantage to get to the real issue. Investors will respond if they see profit at the end of process".***

The statement was made to the National Academy of Science in March 2015. Peter Daszak and EcoHealth were financially and experimentally involved in Wuhan and funded by, among others, the National Institute of Allergy and Infectious Diseases, which is chaired by Anthony Fauci. Daszak, incidentally, was a participant in the investigative commission that the WHO sent to Wuhan to investigate whether SARS-COV-2 was a laboratory-generated virus. The fact that the investigative commission could not confirm this is not surprising when one knows the context.

9. GAVI - The Vaccine Alliance

Anyone expecting transparency as well as political and scientific reappraisal three and a half years after the first positive COVID-19 patient in Switzerland will be disappointed. There are important unanswered questions:

- For which purpose and for which services did the Bill & Melinda Gates Foundation donate 600,000 US dollars to Swiss Medic, the Swiss regulatory authority for medicinal products and medical devices?
- Why did the Federal Council in 2009 give a plot of land in Geneva and 30 million Swiss francs of taxpayers' money to GAVI, a global vaccine alliance that aims to take care of vaccine programs in developing countries and is also supported by the Bill & Melinda Gates Foundation? Why do representatives of vaccine suppliers and the Bill & Melinda Gates Foundation sit on the board of GAVI?
- Why does the Federal Council grant GAVI quasi-extraterritoriality in the agreement? Why do Swiss authorities and the judiciary have no access rights to the GAVI premises and building? Furthermore, why does the Federal Council acknowledge that no one may access GAVI's data? Why does the organization including the foundation board members and GAVI employees receive immunity from jurisdiction from the Federal Council, i.e., they can freely dispose of all assets without any control?

So, our Federal Council has given extraterritorial status to a private organization without democratic legitimacy, without discussion and vote in parliament - a private organization that has been financed by various governments since 2011 with a total of 23 billion dollars of taxpayers' money and is still making more money with this money by hedging, just like the WHO.

Isn't it interesting to see that charitable foundations that donate hundreds of millions of dollars, or even billions at one point, still end up richer than before?

GAVI vaccinates not only against COVID and other diseases, but also against poverty, climate change, for affordable green energy, for gender justice and for peace. GAVI even claims that 14 of the 17 so-called Sustainable Development Goals (SDGs) of Agenda 2030 are achievable through vaccination. The Vaccine Alliance was officially launched in 2000 at the Davos Economic Forum and began its work at that time with funding from the Bill & Melinda Gates Foundation. Also involved are the World Bank, WHO, UNICEF and various vaccine manufacturers. The UN's Agenda 2030 is often compared to the "Great Reset" promoted by Klaus Schwab and his World Economic Forum. Fittingly, the UN and WEF agreed to a "Strategic Partnership" in 2019 - just before the pandemic broke out. The 14 globalist goals GAVI miraculously wants to achieve with vaccination can easily be read⁵³. The whole thing looks more like an endless propagation of vaccination - the cash cow for various players to keep up at all costs.

10. The contracts with the WHO - Partnership for Pandemic Preparedness

The next step should be the signing in May 2024 of the pandemic treaty presented by WHO to all member states⁵⁴ and the supplemented International Health Regulations (IHR)⁵⁵ on global "Pandemic Preparedness".

For Switzerland, this would mean the end of sovereignty in health matters, despite assurances to the contrary.

The WHO undoubtedly has great merits, especially in eradicating or fighting infectious diseases through vaccination campaigns, such as against smallpox, measles, polio, tetanus or cholera. In this sense, I am certainly not an opponent of vaccination, but that does not mean that all vaccination should now switch to the mRNA platform.

However, WHO seems to have lost its way in recent years. It has turned into a sprawling monster of unelected, unaccountable, foreign bureaucrats. WHO has proposed amending the health regulations that guide member states in the event of a disease outbreak, as in COVID-19, and making them legally binding on member states, including Switzerland. This would represent a fundamental redefinition of WHO's powers and would allow WHO to issue binding health orders that override state and federal control. One might well speak here of an envisioned health dictatorship. ***These powers are found in the currently proposed WHO pandemic treaty and are an attempt to transform WHO into a supreme world government center with world health police. The recommendations of the WHO, which would be issued within the framework of the "Pandemic Preparedness", should no longer be voluntary but obligatory, which also requires corresponding sanction rules in case of non-compliance.***

Among other things, the two agreements address the following powers and orders:

- The abolition of human dignity and human rights, which the WHO itself had deleted from the regulations.
- The introduction of censorship measures
- The sole authority of the Director General to declare a pandemic, or even a threat of a pandemic, without having to provide evidence, thus empowering himself to impose measures without objection from originally sovereign states - without checks and balances. There is no provision for an independent corrective authority.
- Once a pandemic is declared by the Secretary General, an mRNA vaccine should be ready in 100 days.
- The establishment of a system for the detection of vaccinations and for the proof of vaccination status.
- Forced vaccinations and forced detentions
- Lockdowns and barriers
- The arrangement of lockdowns and lockouts
- The establishment of quarantine procedures
- Control over travel and mobility of citizens
- Ordering which medications and vaccines to take and which not to take in the event of an emergency situation declared by WHO
- Determination of the prices of medicines and vaccines
- The introduction of a universal health passport or vaccination card that can be used to restrict the ability of citizens to travel permanently between countries at any time.
- An additional \$20 billion annually to build and maintain the overflowing bureaucracy and control apparatus.

It is advisable to read at least the newly proposed Article 13A of the ISA.

If their personal, digital, universal vaccination passport (your QR code on the mobile phone) proves that they have not been vaccinated despite WHO orders - because they did not want to be vaccinated - it is easy to block access to, for example, the Swiss Federal Railways, airports, other public facilities or entry to restaurants or shopping centers at any time. The WHO also reserves the right to send experts to Switzerland who can oblige our government to isolate recalcitrant citizens at the behest of the WHO.

In addition, Switzerland, as a rich member state, would have to contribute to the costs of pandemic prevention and response for underdeveloped member states.

WHO's authority would no longer include only recommendations for actual public health emergencies, but would cover possible, potential, or undetermined health risks. Combining this with "One Health"⁵⁶ would then provide opportunities to expand WHO's scope to include climate emergencies, food disasters, and other emergencies. Expanding WHO's power

to include climate or nutrition issues is envisioned through collaboration with "One Health"⁵⁶ and the Quadripartite's One Health Joint Plan of Action (2022-2026).⁵⁷

The final declaration of the G20 meeting in New Delhi on September 9-10, 2023 (G20 New Delhi Leaders' Declaration)⁵⁸ is a neo-colonialist machination not worth its paper: "One earth - one family - one future". One would like to add: "One global agenda". When was that the motto of the G20? Starting on page 8, the unassailable mandate of the WHO is cemented under "Strengthening Global Health and Implementing One Health Approach".

The fact that 90% of all children with congenital heart defects worldwide remain without diagnosis and therapy, and that 8000 children starve to death every day, has been of no concern to anyone from this self-appointed elite for years. Because no money can be earned with it. *It is amazing that in the pandemic, vaccine could be delivered to the remotest corner of the earth, but to bring every child a bowl of rice a day has not been possible for decades. And why vaccinations are more important for a child's survival than daily food remains unanswered.*

If you don't believe all this, you can read it and find out for yourself^{54,55}. This attempt to wrest power from sovereign governments must be vehemently opposed and is an important step in preventing unelected global bureaucracies and self-appointed rulers from overstepping their purpose. WHO is too big, too bureaucratic, and too far removed from the people it is supposed to help. It is corrupt, incompetent, dishonest, and above all, too close to the big pharmaceutical industry and its puppet masters, 80% of whom fund the WHO.

The important step to protect Switzerland's health sovereignty is to ensure that the pandemic treaty is not ratified. Apart from that, it is intransparent and unclear in our direct democracy who decides that the "pandemic preparedness" treaties with the WHO are signed. Wouldn't the agreements have to go through parliament first? Especially since many articles in these two drafts point to a total revision of the Swiss constitution, which would force a mandatory referendum. Or is there actually a provision in the WHO treaty that says that the treaty becomes binding for Switzerland the moment the WHO representative of Switzerland signs it, without the need for parliamentary control?

The content of these agreements (treaty and IIA) has never been publicly disseminated, not even in parliament. The mainstream media have been studiously silent on this matter. The dismantling of direct democracy and the destruction of the constitutional foundations of our free society must therefore be urgently stopped. The intended, non-transparent signing of the WHO agreement, which is also harshly criticized by other countries, must be postponed until the citizens of Switzerland are sufficiently informed to vote on this project. Until today, the Federal Council is talking itself out of it with the fact that the final version of the two works would be available only in May next year and one can comment only then on it. So, one only cares about it publicly when it is too late!

Another reason not to implement or ratify these agreements is the planned, almost Orwellian censorship measure by the WHO, harmlessly called Infodemic: "the contracting parties shall support each other in combating false or unreliable information on measures against epidemics. They should translate this obligation into national legislation." Or original: "...in countering the dissemination of false and unreliable information about public health events, preventive and anti-epidemic measures and activities in the media, social networks and other ways of disseminating such information."

The censorship of the media and the claim of the WHO alone to have the "right" information means nothing else than that we have arrived at the Ministry of Truth of George Orwell.

11. Critical assessment

11.1 General

COVID-19 is a fatal, not to say lethal, conflation of medicine, politics, economics, and military. The actual goals of this pandemic - whether accidental or deliberately launched - are not transparent. Critical comments and contrary opinions need to be discussed. **The mRNA vaccines have resulted in far more and more severe side effects than predicted.** The question is whether this could have been known, and if so, why these vaccines were nevertheless so widely promoted, marketed, and almost forcibly injected. mRNA research is not new and there are numerous research projects in the context of cancer therapies, some of which have been successful⁵⁹. The possibility of using non-replicating mRNA to produce vaccines was, notably, first described in 1993 by Martinon et al⁶⁰.

The question arises whether the previous research on the therapeutic use of mRNA, e.g., in cancer patients, was also as intensively accompanied by the political-military complex as in the context of COVID-19, where the Department of Defense (DoD), the CIA, DARPA, various NATO generals and so on were involved. And where in Germany, the storage, transportation, and distribution of vaccines were in the hands of the military, and the Biosecurity Department in the German Ministry of Health has been in the hands of a Surgeon General since the Corona pandemic. In Switzerland, the contracts with the vaccine manufacturers were signed by the top military officer. But first, let us turn to the critical medical issues.

11.2 Medical aspects

The first question is whether mRNA vaccines are necessary at all. The answer is clear: No, they are not. Thanks to "genetic engineering" and biotechnology, individual proteins can be specifically constructed today. A conventional vaccine consists of injecting a toxin, a virus in an attenuated, inactive form, but containing all the proteins of that virus. In the late 1980s, however, it became possible to produce proteins in isolation as vaccines (e.g., against hepatitis B). Novavax has

chosen this principle for its COVID-19 vaccine, which does not require mRNA. No mRNA would have been needed at all, but the spike protein itself or a protein of the viral envelope could have been used as vaccine.

An mRNA vaccine is capable of infecting any cell in the body and forcing it to produce non-human proteins. Any cell that produces protein foreign to the body sends a signal to the immune system: "I have been hijacked". The cell is recognized as foreign and attacked by its own immune system in the sense of an autoimmune reaction. This is one of the reasons that there are various toxic side effects in different organ systems. Another reason is the fact that the mRNA that is taken up into the cell, i.e., into the intracellular space, has been chemically modified in such a way that it cannot be degraded quickly - no one knows how long the mRNA remains in the body. There are no studies and no clinical data on this.

The mRNA also infects the cells lining the blood vessels: The endothelial cells, down to the smallest vessels. The mRNA transforms these endothelial cells into a spike protein factory, where the spike proteins do not belong. These cause inflammation, which activates various defense systems of the body and can lead to occlusion of the small vessels. The consequences are heart attacks or cerebral infarctions, as they have occurred even in patients aged 0-14 years. No one knows how long the mRNA stays in these endothelial cells and how long inflammation, acute or low flame chronic, lasts. The issue is twofold: what this inflammation does acutely and what the long-term damage of chronic inflammation does to a degree that is difficult to define clinically. As mentioned above, the spike protein damages even without sitting on the outer layer of a replicating virus: the spike protein is a substance that per se, independent of the virus causes these side effects and diseases because it can attach to the ACE receptor of all cells and destroy the mitochondria of the cells²⁹.

The essential reason of multiple organ damage is the fact that mRNA does not stay at the injection site, not in the muscle and not in the draining lymph node. After injection, the mRNA immediately spreads throughout the body and can enter all cells of every organ system - including the brain. **The EMA, the European Medicines Agency knew that in animal studies the mRNA affected all organs in a very short time - including the ovaries, where the eggs ultimately define the genetic material. But the EMA kept quiet about the data from these animal studies, while the Australian authorities published the primary data on this animal study.**

The fact is that the mRNA is formed in the body for a longer period of time - how long nobody knows. **The statement of the politicians and also of the Paul Ehrlich Institute that the mRNA is not distributed in the body in all organs, seems to be a lie⁶¹. They knew the results of the animal experiments.**

Another troubling issue is that the vaccines are "contaminated" with high doses of DNA - doses that exceed the accepted thresholds of 10ng. The DNA contaminants can cause the injected DNA to be rewritten into the body's own DNA, which creates a shift in the reading frame of the DNA and can create longer-term tumors. There are no limits on either the dose of co-injected DNA or the lipid nanoparticles that facilitate entry into the cell. All of these substances, including the mRNA, interfere with the body in ways that are not known, and it is not known how long which effects will last. In addition, it is not clear whether the mRNA itself can be integrated into the body's own DNA⁶² or not⁶³.

These questions, concerns and doubts, which were never conclusively discussed either before or during the use of the mRNA vaccines, should actually have prohibited the use of these new therapeutics. In Germany, for example, the use of questionable drugs is prohibited according to paragraph 5 of the German Drug Law, and questionable means if there is a risk of serious side effects according to the state of science.

In the Swiss constitution, the new approval of drugs is prohibited if therapeutic alternatives exist. Therapeutic alternatives were suppressed and corresponding double-blind randomized trials were prevented - because one did not even want to know whether therapeutic alternatives would have existed. They did not want to know whether the molecular mechanisms of certain antivirals might have been superior to the forced production of the dangerous spike protein.

With the mRNA vaccines, the intracellular space of the human cell has been used for the first time to produce pharmaceuticals, demonstrably inducing damage that appears irreversible in quite a few people. The mRNA vaccines also allow the addition of coding molecules suitable for coding cells. Here, the archives of life have been and are being interfered with. **The Swiss regulatory authorities and the legal entity have not adequately addressed these risks and the emergency approval for the mRNA vaccines was and is not legitimate. On the contrary, they still advocate repetitive vaccination without knowing the consequences of repetitive exposure of the organism and all organs to the spike protein.**

11.3 Political aspects

The introduction of these mRNA vaccines raises great doubts. Not only was the Pfizer approval study careless, it also failed to show the true data: an analysis by Michels et al. found that many deaths in Pfizer-BioNTech's COVID-19 vaccine trial program were not reported until after the data cutoff date used to prepare the fact sheet, which was reviewed by the FDA CBER Vaccines and Related Biological Products Advisory Committee (VRBPAC) on December 10, 2020. As a result, mortality data were effectively not considered in the approval decision under the EEA mechanism⁴⁶. **A long list - 3700 pages - of adverse effects of mRNA vaccines, including deaths and serious adverse events, was not published by Pfizer.**

Due to the well-documented involvement of DARPA, a military project cannot be dismissed out of hand per se. One could also say that here was a molecular raid on the citizen's cell worldwide. Moderna has been working with DARPA and Gain-of-Function research on coronaviruses since 2013 and patented parts of the virus²⁰. *There are numerous patents on variants of this virus, respectively on parts of this virus, held by people who knew that gain-of-function research on coronaviruses was done in North Carolina under Ralph Baric - and also funded it, for example Anthony Fauci.*

On September 1, 2022, Lothar Wieler, the former president of the German Robert Koch Institute testified before the Corona Investigation Committee of the Brandenburg State Parliament⁶⁴. The topic was: *is there date on vaccine effectiveness in Germany. In itself nothing unusual. However, for this he needed a statement permission, which was extremely "narrowed" and could not be published. As a companion, Lothar Wieler had Heiko Rottmann-Grosser, head of the Health Security Sub-Department in the Federal Ministry of Health, who had participated in a private, international pandemic exercise a year before Corona, in February 2019, where he had met all the major players already mentioned here. Apparently, he sat there as a controller of Lothar Wieler. Interestingly, his superior is Bundeswehr General Hans-Ulrich Holtherm, who worked for NATO and who in March 2020 became head of the newly formed Department of Health Security in the Ministry of Health. This department was conceived in late 2019 to be operational at the start of the Corona pandemic. Notabene: The RKI could not present its own data on vaccine effectiveness.*

It is also striking that researchers who initially pursued the Lab Leak theory changed their minds after receiving financial support and switched to "natural"⁶⁵. The statement published in the Lancet, also emotionally much too quickly, that CoV-19 had a natural origin, was signed by 27 renowned experts⁶⁶. **Several co-authors withdrew from this work in the course. The damage to the credibility of scientific papers and widely publicized experts is considerable. This is matched by a recent New York Times report that the CIA paid analysts to "bury" in public the theory of a laboratory leak⁶⁷.**

Former CDC Director Robert Redfield, a physician and virologist, told the U.S. Congress in March 2023 that, to his knowledge, gain-of-function research to date has not produced a single useful drug, vaccine, or therapeutic.

Indeed, it appears that the Biological Weapons Convention is not even worth the paper it is written on (Convention on the Prohibition of the Development, Production and Stockpiling of Bacteriological (Biological) and Toxin Weapons and on their Destruction. Opened for Signature at London, Moscow and Washington. 10 April 1972)⁶⁸.

Even more, the use of plagues seems to play a larger role in modern wars: "If biological weapons are used under the cover of a spatially limited or naturally occurring plague, their use can be credibly denied." (Lit. Lt. COL. Robert P. Kadlec: Twenty First Century Germ Warfare. In Barry R. Schneider: Battlefield of the Future, 21st Century Warfare Issues, Revised Edition Sept 1998, pp. 228, 248).

Health officials may have simply been ignorant - that could possibly explain the first few months of the COVID vaccine rollout. But once it was clear that the vaccines did not prevent people from contracting COVID-19 and could pass on the virus even after repetitive vaccinations, it begs the question, why did they continue to spend hundreds of millions on vaccines and vaccinate citizens who were at greater risk from vaccine side effects than from COVID? And why, in some cases, did they double the runs as time passed and newer variants became less virulent? In this light, the BGA's current recommendations appear not only scientifically unsupported, but contraindicated.

The National America Renaissance Movement (ARM) notably just submitted an 83-page Grand Jury Petition with evidence of C19 "vaccine" crimes to the Governor of Tennessee and the Attorney General⁶⁹. National ARM's grand jury petition states that C19 vaccinations "should be banned immediately and criminal investigations should be initiated." In addition to the Tennessee governor and attorney general, this evidence has already been presented to the governors and attorneys general, as well as state attorneys general and sheriffs in Texas, Idaho, Florida, and New Jersey. The document was prepared by David Meiswinkle, president of the National American Renaissance Movement, a criminal defense attorney and a trial lawyer in New Jersey. The 83-page document lists 149 pieces of evidence and alleges state and federal crimes. The document calls for an immediate ban on C19 "vaccines" and calls for criminal investigations. The document also lists persons of interest. Crimes include murder, extortion, violations of biological weapons laws, treason, and genocide. National ARM intends to submit evidence of vaccine crimes to local prosecutors and law enforcement agencies in all 50 states.

Interested parties can download both, the "Tennessee Full Grand Jury Petition⁷⁰" and the "Tennessee Executive Summary⁷¹". Perhaps it is worthwhile to have a look at the documents and that only after the motto of "audiatur et altera pars".

12. Demands on politics

The world has gone off the rails in several ways. It is obvious that COVID-19 has infected not only people but also our direct democracy, and one cannot help but feel that the WHO Pandemic Treaty and the supplemented International Health Regulations are not intended to deal it a final death blow. The many aspects of the "COVID-19 pandemic" are complex, opaque, and interwoven. They are unlikely to be clarified - declassified - in my remaining lifetime because the truth must not come to light. **But that is no reason to dismantle our direct democracy and destroy our constitutional foundation. On the contrary.**

Intransparency, contradictory statements, lonely and incomprehensible decisions bypassing our rules of law, censorship, uniform reporting by apparently uniform media, and the delegation of important decisions to the "top," i.e., to international institutions or - even worse - to private organizations and individuals - none of them democratically legitimized - are not a recipe for strengthening citizens' trust in our state. The blatant redistribution of billions of dollars from the middle class to the self-appointed elite further increases distrust of the state.

The consequences are evident: at the individual level, societies fragment, basic human relationships suffer, people complain of physical exhaustion, and a sense of disinterest in their work can be observed. Fear of failure for systemic

rather than individual reasons is spreading, and a loss of trust in decision makers is intensifying. A sense that political demands do not fit the moral compass intensifies. Selfishness, depoliticization of citizens and an overwhelming feeling that nothing can be done anyway are spreading.

Great power politics is NOT a solution, neither for transnational, nor for individual medical problems and neither is the abandonment of neutrality - on the contrary. **The battle between science, politics and economy is deeply counterproductive and unworthy of a free society. Pandemics are a medical problem. The political-economic influence on medical decisions, which became visible to an unprecedented extent during the COVID-19 pandemic, must be rejected.** In the context of a pandemic, it is the medical profession that must develop solutions - preferably independent medical professionals and not pharmaceutical industry lobbyists who cavort in task forces. Politics and business can only help to mitigate the negative consequences of a pandemic if there is good governance with a high level of responsibility and transparency towards its entrepreneurs and citizens, and if there are no prohibitions on thinking.

Policymakers must unequivocally address the following issues and clarify questions:

1. The past three and a half years of the pandemic must be reviewed transparently. One expects a detailed, scientifically based discussion. What worked? What went wrong? And why?
2. The knowledge gained on COVID-19 for three and a half years must be analyzed openly and transparently with a view to the future. The critical questions about the effectiveness of the vaccines, the side effects and possible long-term damage must be communicated transparently, especially before further "vaccination rounds" are ordered.
3. **The current recommendations of the FOPH should be withdrawn.**
4. **Was Switzerland involved in any way in this illegal gain-of-function research? What is the role of the laboratory in Bellinzona? Who is the owner and who finances it?**
5. *Why were GAVI granted its privileges in 2009, without prior discussion and vote in Parliament? And why is the Rockefeller Foundation in Bellagio? In general, how is it possible that individual decision-makers can grant extraterritorial status and complete immunity to private, billion-dollar organizations and individuals, bypassing our rule-of-law structures?*
6. The upcoming treaties with the WHO and the treaties on the International Health Regulations must be transparently disclosed and discussed. Afterwards, they must be presented to the informed citizens for a vote.
7. The dismantling of direct democracy, which can also be observed elsewhere, the arbitrary disregard for established laws, and the lack of respect for our constitution are to be rejected.

Switzerland's assertion as a sovereign nation is at stake. We owe this to the current and the next generations. Furthermore, the population - the peoples of the earth - have a right to know what deadly experiments are being conducted by scientists - scientists and medically illiterate individuals who seem to be removed from reality and who simply do not care about the possible dramatic consequences of their actions for millions and billions of earth's citizens because they may privately profit from their behavior.

The question inevitably arises why the representatives elected by us (national, state, cantonal councils, etc.) not only play along with this game, but even actively promote it, as one could hear from BR Alain Berset in New York at the General Assembly of the United Nations. And also, these questions are to be asked and discussed in a model democracy, for which we Swiss consider our own.

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