

# **Autonomous and Transparent Scientific Research in the Covid-19 Epoch**

**Investigative research on the contents of the SARS-CoV-2 (Covid-19)  
“vaccines”**

**&**

**Pathology, disease, and mortality following inoculation with the  
SARS-CoV-2 (Covid-19) “vaccine”**



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## Prologue

Since the declaration of the Covid-19 Pandemic by the World Health Organisation (WHO) in March 2020, fundamental changes have occurred in society and emergency laws imposed by National governments globally under the pretext of public health protection. The shift to a post-Covid-19 era has entailed restrictions on freedom and travel and assembly as well as limitations on free speech, closure of businesses and schools and confinement of healthy individuals. At present there is a lack of scientific consensus on the justifications given by global organisations such as WHO, the CDC and National Governments, for such drastic societal transformations from the status-quo from the pre-Covid19 era. With Scientists such as Professor Luc Montagnier, (the world-renowned Virologist and Nobel prize Winner for the discovery of HIV), Dr Sucharit Bhakdi (former Head of the Institute of Microbiology at the University of Mainz) and Dr. Micheal Yeadon (ex-Vice President of Pfizer) arguing that emergency health measures put in place, including the imposition of Covid-19 “vaccine” mandates prescribed by the WHO and national governments are a threat to Democracy and Civil Liberties and not based on Scientific facts but on a global political agenda. On the Contrary Dr. Anthony Fauci (the director of the National Institute of Allergy and Infectious Disease and the Chief Medical Adviser to the President of the US), Christian Drosten (the inventor of the RT PCR Covid-19 diagnostic test, approved by the WHO) and Dr. Tedros Adhanom Ghebreyesus (the Director General of WHO) maintain that global emergency laws are needed to contain the Covid-19 “Pandemic” and emerging Covid-19 variants.

Fundamental points of contention remain in the Scientific and Medical Field on this issue, including:

- 1. Does the RT PCR test diagnose an individual as positive for a live Covid-19 viral infection and can PCR “positive” cases be used to justify the declaration of the Covid-19 Pandemic?**
- 2. Is there evidence that the SARS/CoV-2 (Covid-19) coronavirus has a laboratory origin?**
- 3. Do lifesaving therapies exist for disease/illnesses which are classified as Covid-19/SARS Cov2?**
- 4. Are the governmentally authorised health service protocols utilised in hospitals and care homes to treat disease and illnesses labelled SARS/CoV2 (Covid-19) safe and ethical?**
- 5. Are the new types of Covid-19 “vaccines” produced by Pfizer, Moderna, AstraZeneca and Janssen, “safe and effective”, what has been the consequence of the International Covid-19 “vaccine” programme globally on human health and what are their contents?**

The dissemination of autonomous, and accurate Scientific research to the public is of the utmost importance to enable medical practitioners to provide informed consent to their patients. Particularly in the Covid-19 era where medical procedures are being performed on healthy individuals in the absence of long-term studies. From the declaration of the Covid-19 Pandemic, many world-renowned Scientists and Doctors have provided evidence that Hippocratic principles have been violated by non-autonomous vested interests, especially the foundational medical principle “Benefit the patient and do no harm” (*ancient Greek: ὠφελέειν ἢ μὴ βλάπτειν*).

## Can the RT PCR test diagnose a live viral infection with SARS-CoV-2 (Covid-19)?

The late Kary Mullis, a Nobel Prize Winner and inventor of the Polymerase Chain Reaction (PCR) was reported as stating that the PCR test cannot be utilised for medical diagnosis [1]. This has also been reiterated by hundreds of world-renowned scientists in the Corona Investigative committee led by Dr. Reiner Fuellmich, who provide substantial evidence that the PCR test cannot detect a live viral infection [2-3], and I have written a letter to numerous Parliaments worldwide, including the British House of Commons and the US senate/congress notifying them of its invalidity [4-5]. The original WHO 40-50 cycle RT PCR amplification protocol for the detection of Covid-19 [6], which has been implemented globally is known to generate false positives, since you get over a trillion-fold amplification of non-infectious viral fragments and cross-reacting nucleotides from other coronaviruses. In fact, Dr. Fauci the Director of the National Institute of Allergy and Infectious Diseases stated that “If you get a cycle threshold of 35 or more, the chances of it being replication-competent are minuscule” [7]. More saliently, Dr. Michael Yeadon states that the “The likelihood of an apparently positive case being a false positive is between 89 to 94 per cent, or near certainty [8].”

Furthermore, Dr. Beda M. Stadler (a Swiss biologist, emeritus professor, and former director of the Institute of Immunology at the University of Bern) was one of the first to notice the problem of an extremely high proportion of false positives being produced from the RT PCR test and states *“Even if the infectious viruses are long dead, a corona test can come back positive, because the PCR method multiplies even a tiny fraction of the viral genetic material enough [to be detected]”*. [9]. Furthermore, a study by Jafar et al, in the *Journal of Clinical and Infectious disease* concluded that above a cycle threshold of 35 (which is used in the majority of laboratories in Europe and the US) the probability of obtaining a false positive result is 97% [10]. In light of all the aforementioned Scientific studies, the CDC RT PCR protocol which was used to falsely diagnose hundreds of millions of people around the world with Covid-19, is being withdrawn by the CDC as of 31<sup>st</sup> December 2021, due to its lack of specificity [11].



Dr Reiner Fuellmich is the head attorney of the Corona Investigative Committee, who is collating evidence on the crimes against humanity committed by the WHO, the CDC and the Davos group, with an international consortium of hundreds of Doctors, Lawyers and Scientists testifying [3]. Scientific evidence presented includes: 1. The fraudulent use of the Drosten RT PCR test. (that cannot detect a live viral infection to declare a pandemic and lockdowns) 2. The false issuance of death certificates with Covid-19 as cause of death, without providing any evidence of live viral infection (such as viral isolates or viral load). 3. Pathological damage caused by the Covid-19 emergency use “experimental” vaccines, with the presentation of histological data from post-mortem analysis.

The Covid-19 virus has yet to be isolated on a systemic basis, since the advent of the “pandemic” 18 months ago, according to the gold standard protocols formulated by Robert Koch and Friedrich Loeffler in 1884 to verify germ theory [12-13], and later refined by the “father of modern virology” Thomas Milton Rivers in 1937 [14]. In fact, over 153 health, governmental and Science institutes around the world in over 25 countries have no record of SARS-CoV-2/Covid-19 isolation and purification from a human diseased patient[15]. For

instance, following Freedom of information requests for SARS-CoV2/Covid-19 viral isolates from a patient sample, Health Canada stated, “Having completed a thorough search we are unable to locate any records responsive to your request” [16]. This was also the case in Spain where the ministry of health acknowledged in a written response that the “The Ministry of Health does not have a SARS-CoV-2 culture for testing, and it does not have a registry of laboratories with culture and isolation capacity for testing” [17]. Additionally in the United Kingdom, Public Health England failed to provide records of Covid-19 viral isolates from a diseased patient upon a Freedom of Information request [18]. Equivalent requests to the Massachusetts, Department of health (DPH) in the US for information on viral isolates of the Covid-19 delta Variant also resulted in a similar response from the Massachusetts DPH stating that they have no such information available, “The Department has no responsive records to your request” [19]

In fact, the Corona Investigative Committee has noted that the failure to provide direct evidence that an individual has died of covid-19 (without isolation and purification from the host and measurement of viral load), while recording it as a covid19 mortality without autopsy determining the cause of death is indeed “covid-19 related” constitutes fraud [3]. According to the Corona Investigative committee, falsely assigning death certificates with the cause of a death as “covid-19”, especially for individuals with multiple morbidities, such as pneumonia, and respiratory illnesses further demonstrates the scale of the global fraud perpetrated by the WHO, national governments, and health services following their directives [3].

According to Professor John Ioannidis of Stanford University, one of the world’s leading and highly cited epidemiologists, public fear surrounding the perceived Covid-19 Pandemic has been elevated to levels by the mass media completely out of sync with the actual threat. Professor Ioannidis quotes an infection fatality rate (IFR) for covid between 0.00% to 0.31% of similar rates to the seasonal flu, with a median rate of 0.05%. This study is published on the WHO website [20]. Furthermore, it is widely known that the human population has co-existed with cold coronaviruses throughout evolution and there are multiple studies demonstrating that large proportions of the population already possess cross-reacting antibodies capable of recognising SARS-CoV-2 (Covid-19) due to previous encounters with cold coronaviruses and are able to acquire natural immunity to covid-19 [21-22].

### **Promoting the Covid-19 “Pandemic”: Christian Drosten and Neil Ferguson**

It is essential that governmental scientific advisors provide balanced, open, and transparent scientific research, which is open to public scrutiny and scientific debate, to enable rational decisions to be made in the best interests of public health. Both Christian Drosten and Professor Ferguson held extremely influential positions and were key government advisers upon the declaration of the Covid-19 Pandemic, with Christian Drosten being the director of the Berlin Charité Institute and in March 2020 he was appointed part of the European Commission of scientific advisers to coordinate the EU response to Covid-19, participating as an expert in many governmental press conferences [23-24]. Similarly, Professor Neil Ferguson was a Chief Covid-19 Pandemic advisor to the UK government and a member of the Scientific



Group for Emergencies (SAGE). In fact, Professor Neil Ferguson made gross overestimates in predicting mortality at the start of the declared Covid-19 Pandemic in early 2020, based on faulty epidemic modelling [25-27] which, culminated in nationwide lockdowns and an unjustified degradation of health services, with hospitals maintaining empty wards (for expected "Covid-19" patients), accompanied with patients not receiving emergency treatments for both heart attacks and cancer [3, 28-29]. Additionally, Christian Drosten predicted Epidemics and Pandemics in 2003 from the SARS virus and in 2009 from the Swine Flu, none of which materialised [30-33]. For instance, in Germany there was not a single death as a result of the so-called SARS epidemic in 2003 [31] and in 2009 the Swine Flu epidemic did not occur, with the vaccine causing more serious damage than the Swine Flu itself [33].

There is also a plethora of evidence that Christian Drosten had numerous conflicts of interests and entanglements, including co-publishing with Olfert Landt, who is the owner of the of the Berlin biotech company TIB Molbiol Syntheselabor GmbH, which manufactures corona PCR tests. In fact, they jointly designed and developed the corona PCR test kits in January 2020 , even before any genetic material from SARS-CoV-2/Covid-19 was made publicly available from Wuhan, using the genetic sequence of an older SARS virus (SARS-Cov1). Landt in the Newspaper Berlin Zeitung admitted this fact: "The test, the design, the development, came from the Charité. We just immediately converted that into a kit format. And if you don't have this virus, which was initially only available in Wuhan, we can make a synthetic gene to simulate the virus genome. We did that very quickly." At the beginning of the Corona Crisis in early 2020, Landt and TIB Molbiol Syntheselabor GmbH were producing 1,500,000 test kits per week, tripling their sales by February 2020 [34-35]. The question that follows is did Drosten choose this invalid PCR method (page 6) to trigger a "test pandemic"?

A committee of 22 renowned Scientists have requested that the initial paper published by Drosten entitled "Detection of the novel coronavirus 2019 (2019-nCoV) using real-time RT-PCR" [36], (that was used by the WHO as a standard test globally for the detection of coronavirus) be retracted based on multiple errors and conflicts of interests [37-38]. However, since Drosten is co-author of this study and is also on the editorial board of the *Euro surveillance* Journal, where the study was published, it is unlikely to be retracted due to his partiality. The Drosten paper and the corona PCR test has so far been the scientific basis for major infringements on fundamental freedoms. However according to this top-class scientific committee, the coronavirus investigative committee and hundreds of leading scientific researchers, the non-scientific political restrictions of freedom are no longer rational based on an inappropriate PCR test that cannot detect a live viral infection [3,37-38]. Finally Christian Drosten in December 2019 and March 2020, received a total of \$335,000 from the Bill and Melinda Gates Foundation [39-40], an organisation well established for supporting global vaccination programs, with Drosten constantly promoting the national Covid-19 vaccine campaign in Germany [41-42].

Similarly, Professor Neil Ferguson has made gross errors in his predictions of epidemics using faulty modelling procedures [25]. For instance, in 2002 Ferguson predicted that as many as

150 000 people could die as a result of variant Creutzfeldt- Jakob disease (vCJD) [43] however there were fewer than 200 deaths [44], in 2005 he predicted that up to 200 million people could be killed by Bird Flu [45], however only 282 people died from the disease from 2003 until 2009 [46]. Additionally in 2009 based on Ferguson's advice, the British Government said that in a reasonable worst-case scenario the Swine Flu would lead to 65,000 British deaths [47], however the Swine Flu killed 457 people in the UK [48]. Despite all of these gross miscalculations and false predictions of epidemics, the UK government heavily relied on his epidemic modelling to introduce nationwide lockdowns in the UK, where he falsely predicted that in the year 2020 up to 500,000 people in the UK and 2.2 million people in the United States would die due to Covid-19 [26]. Additionally in Sweden, which did not conform to Covid-19 restrictions and did not partake in the global lockdown, Professor Ferguson's Epidemic model predicted over 90 thousand deaths by June 2020. In fact, the deaths classified as Covid-19 were recorded at approximately 5800 in September 2020, which according to the Swedish authorities is close to the mortality rate observed with the mild flu [3,49-50].

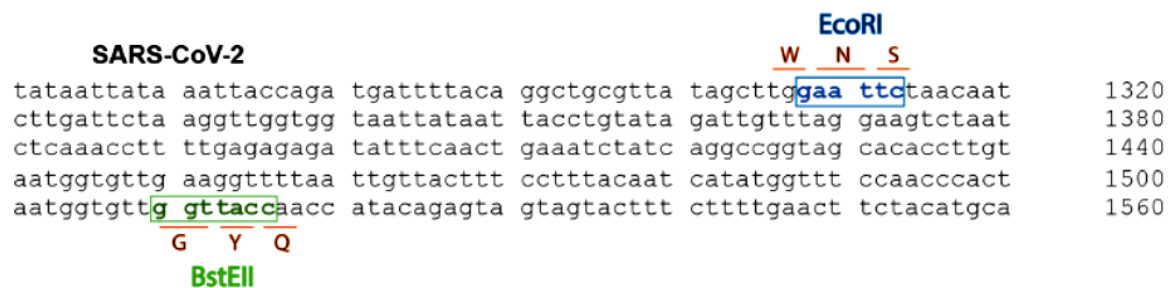
Furthermore, in March 2020 Ferguson admitted that in order to model the Covid-19 "Pandemic" he used a 13-year-old simulation code, which was originally designed for a potential influenza Pandemic [51-52]. Ferguson declined to release the original code he utilised to model the Covid-19 Pandemic upon request and released a heavily modified code, six weeks after the original publication [51]. The funding for Professor Ferguson's erroneous pandemic modelling data, originated in part from the Bill and Melinda Gates foundation, with a total amount of \$184 million being donated to Imperial College up until 2018, with substantial amounts going to vaccine research and \$16 million for epidemic modelling [53-55]. In fact, Neil Ferguson's MRC Centre for Global Infectious Disease at Imperial College "gets tens of millions of dollars in annual funding from the Bill & Melinda Gates Foundation", and works with the UK National Health Service, the US Centres for Disease Prevention and Control (CDC) and is tasked with supplying the World Health Organization with "rapid analysis of urgent infectious disease problems" according to the *business insider* online journal [53]. In summary, Governments, health ministers and the WHO overly relied on the testimony and faulty modelling of selected scientists such as Neil Ferguson [56] and Christian Drosten at the beginning of the declared Covid-19 pandemic [57]. This resulted in lockdowns, social distancing, compulsory mask wearing and "vaccine" mandates, which numerous studies have demonstrated to be detrimental to both physical and psychological health [58].

### **Laboratory Origins of SARS-CoV-2 (Covid-19)**

There is a growing body of evidence that SARS-Cov2/Covid-19 was indeed manufactured in the Wuhan Institute of Virology, China with funding from the United States National Institute of Health (NIH) under the label of "Coronavirus Gain of function research", overseen by Dr. Anthony Fauci (Director of the National Institute of Allergy and Infectious Disease). In fact, the NIH grant R01 AI110964/AI/NIAID NIH HHS/United States [59] was used to fund research from 2013 in the lab of Dr. Zheng Li-Shi, which started with isolating a bat SARS-like coronavirus that utilised the ACE-2 receptor [60]. These studies then developed into

Coronavirus gain of function research in 2017, with experiments on testing recombinant bat coronaviruses and their binding efficacy for the human ACE-2 receptor as well as testing reconstituted bat coronavirus transmissibility to human cells [61].

Interestingly the editor of the aforementioned paper published in *Plos Pathogens* in 2017 [61] was Christian Drosten, the inventor of the SARS-CoV2/Covid-19 RT PCR test, who designed the RT PCR test based on a sequence for an old SARS virus, without obtaining viral isolates of SARS-CoV2/Covid-19 from Wuhan, China [3]. These connections were eloquently exposed in recent US Senate hearings, with Senator Rand Paul cross-examining Dr. Anthony Fauci [62-63]. Anthony Fauci himself predicted a Pandemic in 2017, almost 3 years before its declaration by WHO [64]. Dr Li Meng-Yan MD PhD from the University of Hong Kong has also noticed unusual features of the SARS-CoV2 genome suggesting that it has been developed in the laboratory via sophisticated molecular modification. For instance, it has been demonstrated that SARS-CoV2/Covid-19 contains extremely high sequence similarity (even in highly variable regions of the virus such as the Orf8 protein) with Bat Coronaviruses ZC45 and ZXC21 discovered in military laboratories in the Third Military Medical University (Chongqing, China) and the Research Institute for Medicine of Nanjing Command (Nanjing, China). Additionally, the Receptor Binding domain (RBD) with the spike Protein which determines host cell specificity contains flanking restriction sites (Figure 1), suggesting it has been artificially inserted and is indicative of genetic engineering and *in vitro* manipulation [65]. Professor Luc Montagnier Nobel Prize Winner for his discovery of HIV has also stated publicly on numerous occasions that SARS-CoV2/Covid-19 is a laboratory fabricated Virus [66].

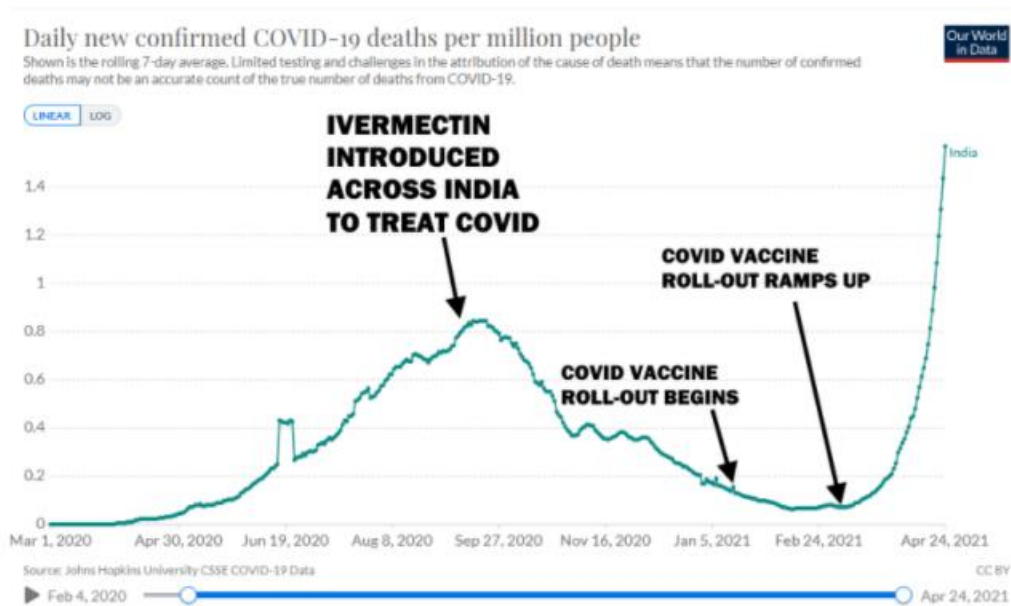


**Figure 1 – Evidence of genetic engineering of the SARS-CoV-2 (Covid-19) coronavirus.** Two unique restriction sites EcoRI and BstEII have been identified flanking the RBM of the SARS-CoV2 genome. These two sites are used in everyday laboratory molecular cloning are not present in the rest of the spike gene. This particular feature facilitates the substitution of RBMs within the spike protein, providing a rapid and simple method to test different RBMs for their efficacy to the human ACE-2 receptor. Other  $\beta$  coronaviruses do not possess these restriction sites indicating they are unnatural and introduced into the spike gene of SARS-Cov2 for genetically manipulating the critical RBM site [65].

## Lifesaving therapies for SARS-CoV-2 (Covid-19)

Multiple studies have also confirmed that treatment regimens including Ivermectin, intravenous administration of vitamin D, vitamin C and zinc have been highly effective and lifesaving for hospitalised patients [67-78]. In fact, the Nobel Prize in Physiology and Medicine was awarded to William Campbell and Satoshi Omura in 2015 for the discovery of Ivermectin in 1975 [67]. Since then, Ivermectin has been used principally as an anti-parasitic treatment,

however it has also been proven to be a highly effective as an anti-viral agent against Covid-19 related illness [73-78]. Ivermectin was introduced in India on a national basis in August 2020 [79] and was recommended by the NIH for the treatment of Covid-19 in July 2020 [80]. Following on from this, daily new confirmed covid-19 related deaths dramatically declined until late February 2021. Unfortunately, after the nationwide rollout of the experimental covid-19 “vaccine” in India the number of covid-19 related deaths increased exponentially (Figure 2). Despite this the continued administration of Ivermectin in the Indian Province of Uttar Pradesh, (which has a population of 241 million people) enabled state officials of the province to declare they are Covid-19 free as of September 2021 (with only 5% of the population having been inoculated with the covid19 “vaccine”) [81-82].



**Figure 2 – Daily Covid-19 confirmed deaths in India from March 2020 until April 2021.** Prior to the introduction of Ivermectin in late August the number of daily Covid-19 deaths peaked at 0.8 deaths per millions, which subsequently declined to a low point of 0.2 deaths per million. After the nationwide vaccine rollout in February 2021 there was a dramatic spike in Covid-19 related deaths, reaching a maximum peak of 1.4 deaths per million in April 2021 (a 7-fold increase) [83].

Furthermore, Professor Didier Raoult, the director of Infectious and Tropical Emergent Disease at the University Hospital of Marseille (since 2008) and Dr. Vladimir Zelenko, a family physician, practising in New York with 20 years of experience (a Presidential Medal of Freedom and Nobel Prize nominee and medical adviser to ex-President Trump), saved thousands of patients (the latter 7000 individuals), with respiratory illnesses pneumonia and viral infections (labelled under the umbrella of “covid-19 related disease) by early treatment combinations with Hydroxychloroquine and Zinc [84-87]. An important question to address here is why have Covid-19 lifesaving therapies such as Hydroxychloroquine (at the correct dosage), have not been given “official” governmental authorisation?

In February 2020, a new company Surgisphere was established, which provided fraudulent data and prevented the use and “official” authorisation of Hydroxychloroquine. By June 2020, Surgisphere, had two papers retracted, due to providing fraudulent data on the use of hydroxychloroquine as an effective treatment for covid-19 [88]. As a result of this fraudulent

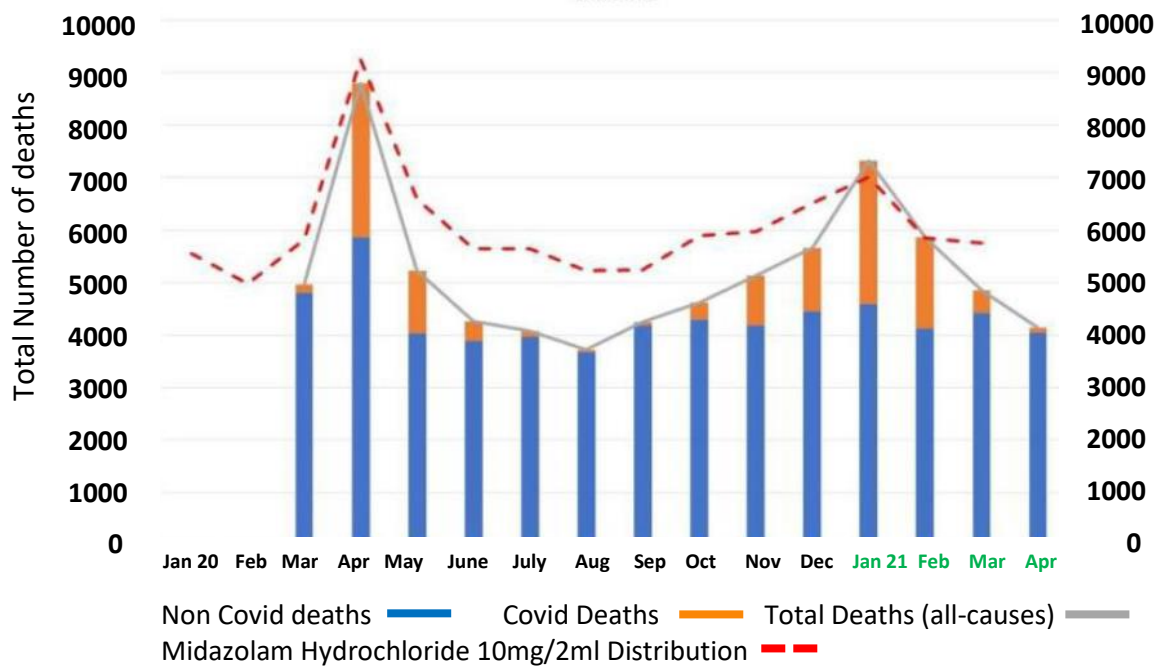
study “Within days, public health bodies including the WHO and the MHRA instructed organizers of clinical trials of hydroxychloroquine as a Covid-19 treatment or prophylaxis to suspend recruitment, while the French government reversed an earlier decree allowing the drug to be prescribed to patients hospitalized with the virus” [88]. The willingness of WHO, the MHRA and French government to make a rushed political decision, based on falsified data prevented the use of the lifesaving hydroxychloroquine for covid-19 patients and facilitated emergency administration of the experimental covid-19 “vaccine” globally.

### **End-of-Life Protocol deaths classified as “Covid-19” deaths?**

In May 2020 Dr. Anthony Fauci and the FDA approved Remdesivir for widespread emergency use in the United States to treat Covid-19 patients. The clinical studies he cited for its justification published in the *New England Journal of Medicine* had an extremely high mortality rate of 53% in the group treated with Remdesivir, [Table 2, 89]. As a result of this finding the drug was withdrawn from the study after six months [89]. A second clinical trial for the treatment of Covid patients found that 23% suffered serious adverse events, the most common being multiple organ failure, septic shock, and acute Kidney injury, with 13% of patients dying after Remdesivir treatment [90]. Additionally, a study in the *Lancet* Journal, showed no significant clinical benefit of administering Remdesivir in adults with severe “Covid-19”. The clinical trial “was stopped early because of severe adverse events in 18 (12%) patients” [91]. Nevertheless, the CMS who are responsible for the healthcare services for senior citizens over 65 in the US gave hospitals a financial incentive of a 20% bonus pay up [92-93] if they selected Remdesivir. The protocols adopted by the CMS including ventilation and the administration of Remdesivir, contributed to tens of thousands of deaths of Americans and accounted for the large proportion of deaths globally, which the US government classified as “Covid-19” [94-95]. Other safer and more effective drugs including Ivermectin were prohibited in the treatment regimens [73-78]. Dr. Bryan Ardis presented the aforementioned data to the Coronavirus Investigative Committee in July 2021 [96], mentioning that Pulmonary Edema (the build-up of excess fluid in the lungs due to kidney failure) caused by the administration of Remdesivir was incorrectly mass-diagnosed as pneumonia.

Additionally in the UK in April 2020 the Minister of Health Matt Hancock and the NHS approved Midazolam as an end-of-life treatment for Covid-19. It was administered at high dosage to end the lives of thousands of “Covid-19” patients, who were latter classified as having died as a result of Covid-19 [97]. Midazolam is known to cause life-threatening breathing problems [98-99] and its increased prescription coincided with peaks of deaths seen in the UK in April 2020 and January 2021 from all causes (including Covid-19 – Figure 3 [97, 100-102]). In fact, in March 2020, 2 years of supply of the end-of-life drug Midazolam, was dispensed to “Covid-19” patients in a period of 9 months. Consequently, a group of British Medics and Lawyers have written an open letter on August 16<sup>TH</sup> 2021 to the British Government and key figures within the NHS entitled Mass murder by “Governmental Policy” [101-102]. In their correspondence they state “It is our contention that the excess deaths in the first wave occurred AS A RESULT of the inappropriate use of respiratory depressing medications such as Midazolam ...This is how the excess deaths occurred. They were NOT

because of a novel virus, isolation of which, according to long held standards, has never occurred” [102].



**Figure 3 – Mortality in the UK from all-causes (including Covid-19) vs National Prescriptions for Midazolam.** National prescriptions issued for Midazolam from January 2020 – April 2021 onwards correlates (red dashed line) with the total deaths (including those classified as Covid-19)[102] for people in care homes.

### Introduction of Experimental Vaccines in Africa and Asia

If we analyse the history of Multinational Pharmaceutical companies, there are numerous instances, where they have participated in medical experimentation on unwilling and uninformed human subjects. The Collaboration of Bayer with the Nazi regime in the Second World War, is such an example where Physicians tested Bayer pharmaceutical products on tens of thousands of human subjects, facilitating atrocities against human rights on a large scale [103-104]. This mass violation of health autonomy led to the formation of the Nuremberg Codes in 1947 and later the Geneva Convention in 1949 (Article 33 – Part D) to protect citizens from experimental medical procedures [105-106]. In spite of these milestone humanitarian laws, more recently the implementation of experimental vaccines programmes in India and Africa, by Glaxo Smith Kline, the Bill and Melinda Gates foundation and collaborating big pharma has led to thousands of injuries, sterilisations, and deaths [107-111].

For instance, the Mosquirix vaccine in Africa was administered to over 700,000 children without informed consent [107-108] under the guise of a pilot study. They ignored data from previous large scale clinical trials in children showing that the rate of meningitis in those receiving the Mosquirix Vaccine was 10x more than those who did not, with an increased risk of cerebral cases of malaria and double the risk of death (from any cause) in girls [109]. Furthermore, the administration of type II Polio vaccine strains in Africa in thousands of Children, led to the paralysis of children and the emergence of hundreds of cases of a virulent form of Vaccine derived Polio type2 in multiple countries including Sudan, Chad, Ethiopia and

Nigeria [110-111]. This big pharma induced pandemic of vaccine-derived Polio type 2 virus and its reintroduction in Africa [110-111] has led to the government in Ethiopia ordering the destruction of 57,000 vials of the type-2 oral polio vaccine [111]. The polio mass vaccination programme in India led to the paralysis of thousands of individuals, from 2000-2017 [112]. During this period 640,000 women developed NPAFP (non-polio acute flaccid paralysis).

As a result of the life changing injuries and fatalities caused by the nationwide Human Papilloma Virus (HPV) vaccination programme, implemented by the Bill and Melinda Gates foundation a Parliamentary Investigative committee was formed in 2013, [113] in India. This enquiry set out to document the harm caused by the administration of the HPV vaccine, which had led to mass sterilizations, paralysis, and deaths of Indian women. The findings of this enquiry led to the Bill and Melinda Gates foundation and associated pharmaceutical companies to be banned from operating in Indian territory. More recently in the Pfizer 6-month clinical trial report for the Pfizer/BioNTech Covid-19 “vaccine”, there was 4 times more heart attacks in the treatment group than there were in the placebo Group. Moreover, Maddie de Garay was paralysed for life as a result of the investigational Pfizer vaccine trial. However, this was not recorded in the results nor publicised, among many other irregularities and oversights in the limited short term clinical trials performed by Pfizer. [114]

## **International law and the investigational Covid-19 “vaccine”**

Deaths and serious life-changing injuries following the inoculation with the experimental pharmaceutical Covid-19 “vaccine” products (from Pfizer, Moderna, AstraZeneca and Janssen) as recorded by the official European (EudraVigilance) and US (Vaers/CDC) databases are currently in the tens of thousands and millions respectively. As of January 15th, 2021, EudraVigilance has reported 37,927 dead and 3,392,632 adverse reactions (of which 47.5% are serious requiring hospitalisation) [115-116] and VAERS/CDC as of January 28, 2021, has reported 23,149 dead and 1,088,560 injured [117-118]. The official numbers also recorded are likely to be a gross underestimate as reported by Dr Zelenko and multiple studies [119]. The Harvard Pilgrim study the most comprehensive and transparent research as of present, estimates that less than 1% of vaccine induced injuries and deaths maybe recorded due to multiple factors including patients’ hesitancy to report, lack of systemic recording and medical institutionalised pressure/dogma [120].

Millions of individuals worldwide following inoculation with the covid-19 experimental pharmaceutical “vaccine” product have suffered severe adverse effects as documented in the VAERS and EudraVigilance databases [115-119], including heart inflammation (Pericarditis and Myocarditis), thrombosis, auto-immune disorders, carcinogenesis, reproductive disorders, and neurological dysfunction. The widespread damage inflicted on the global populace by the mandatory imposition of “emergency authorised” experimental covid-19 “vaccines” by the WHO/CDC and national governments/health services does indeed have international legal ramifications. In fact, the Nuremberg codes states that if an experimental medical procedure results in death, injury, or harm, then the experiment must be ceased [105]. Therefore, thousands of lawyers worldwide, including world renowned lawyers such as Dr. Reiner Fuellmich [3], Dr. Robert F. Kennedy Jr [121], Dr. Francis Boyle [122] and Hannah

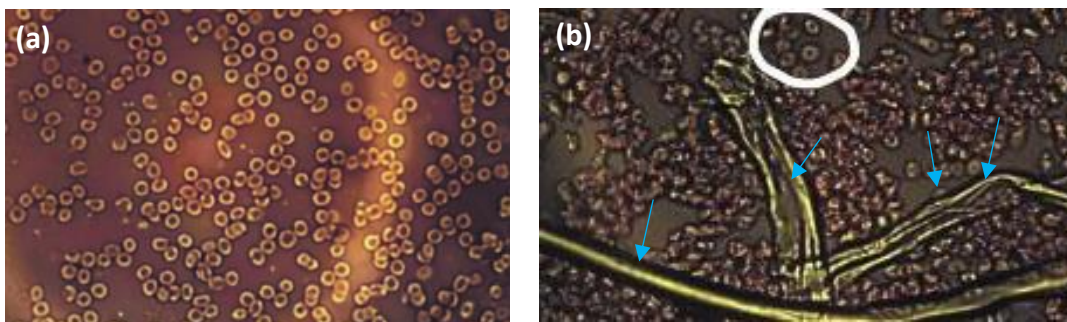
Rose[123], agree that the Covid-19 “vaccine” mandates violate human rights, constitutional law, and International Law.

In fact, in 1976 after a declaration of a pandemic by then US president Gerald Ford due an alleged outbreak of the swine flu, (influenza A virus subtype H1N1) originating from an Army Training base at Fort Dix, a mass vaccination campaign was ordered in the US in October 1976 for “every man, women and child”. After the death of at least 32 people from vaccine reactions and hundreds suffering from vaccine reactions, principally from Guillain-Barre syndrome (which causes paralysis by damaging nerves), with no outbreaks of swine flu recorded and due to widespread public condemnation, the vaccination programme was halted in December 1976 [124]. This event provides a moral and legal basis for halting the experimental global covid-19 vaccination programme, which has caused untold suffering trauma and deaths on a much larger and wide-scale magnitude compared to the 1976 swine flu vaccination programme. This is enshrined in the Nuremberg codes, which states that if an experimental procedure results in death, injury or harm, the experiment must be ended. [105]

## **Pathological damage and disease after injection with the Covid-19 “vaccine”**

### **Blood Cytotoxicity following inoculation with the Covid-19 “vaccine”**

One of the first Doctors to discover abnormal blood formations in the blood of vaccinated individuals was Dr. Phillipe van Welbergen, a Physician with 40 years of clinical experience, who has a private practice in the world-famous Harley Street London. His previously healthy patients after vaccination were experiencing 'chronic fatigue, dizziness, memory issues, even sometimes paralysis and late onset of heavy menstruation (women in their 60s upwards)'. On analysis of the blood of his vaccinated patients, he found extensive necrosis and aggregation of red blood cells and the widespread presence of nanotubular crystalline structures (Figure 4b). This is in contrast to healthy red blood cells from an unvaccinated individual which exhibit a rounded morphology, are well spaced and possess a distinct nucleus [125], (Figure 4a).

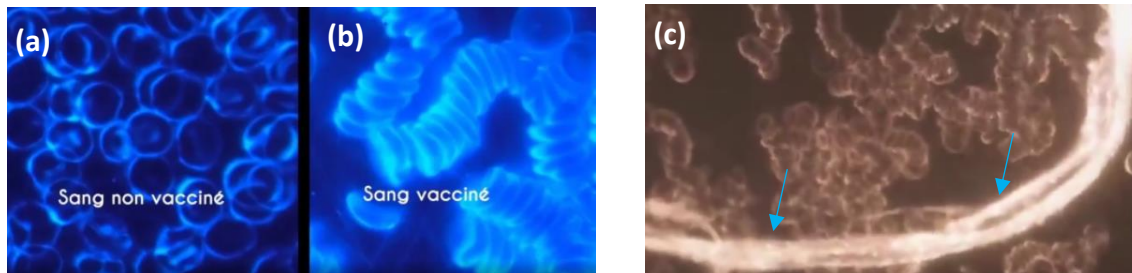


**Figure 4. Red blood cell coagulation following inoculation with the Covid-19 investigational “vaccine”** (a) Healthy red blood cells from an unvaccinated individual, possess good motility and are able to move individually and are therefore not prone to undergo thrombosis. (b) Patients receiving the Pfizer or AstraZeneca vaccine, possess red blood cells that exhibit drastic aggregation, surrounding the crystalline nanotubular foreign object (blue arrows). The circled region shows the rare presence of a few healthy cells [125].

Following on from this study numerous other independent investigations have also confirmed this finding. Dr. Barbara Ghitalla a German Doctor and naturopath, who analysed the blood from her patients suffering the aftereffects from the covid19 “vaccine”, noticed from the blood smears that the red blood cells of vaccinated patients had acquired a reversed polarity.



Instead of exhibiting a negative charge that under normal physiological conditions permits the blood cells to repel each other and remain as individual cells, they possessed an abnormal positive charge, which facilitated “rouleux” or stacked formation of RBCs (Figure 5c) characteristic of blood cancer. She also uncovered coiled nanotubules, with a metallic sheen present in the RBCs of vaccinated individuals and the aberrant aggregation of RBCs was most prominent in these regions where the foreign objects were present [126-127]. Dr. Armin Koroknay toxicologist and research director in Zurich Switzerland [128], also duplicated these observations (Figure 5a-b) as has the pathologist Dr. Peggy in Australia [129]. All agree that these severely aberrant red blood cell disorders are indicative of active thrombosis.



**Figure 5 – Red blood cells post-Covid-19 vaccination exhibiting abnormal aggregation and metallic nanotubules.** Non vaccinated healthy blood (a) as opposed to abnormal vaccinated blood (b) and (c). In (b) and (c), we observe the red blood cells from individuals who have been inoculated with the experimental covid-19 “vaccine” from the studies of Dr. Koronkay [128] and Dr. Ghitalla [126-127] respectively. The aberrant reversal of polarity of the red blood cells after and subsequent rouleux “stacking” formation is apparent in Figure 5b and 5c, with the presence of a large foreign metallic nanotubular structure shown in 5c.

### **Spike Protein Toxicity after administration of the Covid-19 “vaccine”**

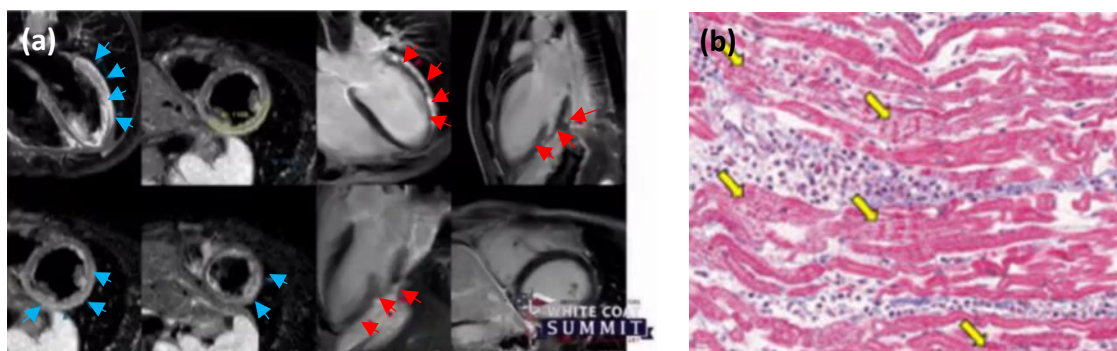
In an additional study Dr. Charles Hoffe, a Canadian Physician (with 31 years of clinical experience), had carried out a preliminary examination of his patients complaining of shortness of breath and adverse reactions after having received the covid-19 “vaccine”. Despite being previously healthy pre-vaccination, he found elevated D-dimer levels in 62% of his patients [130], which are indicative of microscopic clots. These are known to cause widespread blood coagulation, severe clotting and eventually heart failure if left untreated. In this context both Dr. Sheri Tenpenny [131], Professor Sucharit Bhakdi [132] and Dr. Hoffe [130] agree that the toxic circulating spike protein encoded for in an mRNA form encapsulated in liposomes in the Pfizer and Moderna “vaccines” and in a DNA form in an adenoviral vector in the Janssen and AstraZeneca “vaccines”, can cause a wide array of pathological damage in the body. This includes damage to blood vessels, major organs such as the heart, lung, and the brain as well as widespread tissue inflammation (particularly in the blood brain barrier) autoimmune immune disorders and reproductive dysfunction [131].

Furthermore Dr. Robert Malone the inventor of the mRNA vaccines/gene therapy technology [133-134] had warned the FDA but to no avail that the spike protein produced from the mRNA covid19 injections results in cellular toxicity [135]. In fact, after injection with the experimental Pfizer covid-19 mRNA jab, a Japanese biodistribution study of the cytotoxic spike protein has demonstrated that it is present in major organs (in its mRNA lipid capsular form) including in the brain and the heart, with a 64x fold higher concentration in the ovaries,

48 hours post-injection (12.3  $\mu\text{g}$ ) compared to muscles cells (0.192  $\mu\text{g}$ ) [136, page 7]. The widespread presence of ACE-2 receptors (which bind with high affinity to the S1 spike protein) [137] in the vital organs of the human body including in the brain, lungs, kidneys, stomach, pancreas and reproductive organs (ovaries and testes) and their extremely high affinity for binding of the cytotoxic spike protein [137], in fact facilitates severe pathological cellular damage, including cardiovascular complications, [138-139] and damage to the reproductive systems [140-142]. On a molecular level the SARS-CoV-2/Covid-19 Spike protein has been demonstrated to inhibit DNA damage repair by impeding the DNA repair protein BRCA1 and thereby inhibiting V(D)J recombination, which is necessary to form a diverse repertoire of lymphocytes needed for adaptive immunity [143]. A Swedish study published in the journal *Viruses* reveals the “potential molecular mechanism by which the spike protein might impede adaptive immunity and underscores the potential side effects of full-length spike-based vaccines [143].

### **Myocarditis and Pericarditis cases following inoculation with the Covid-19 “vaccine”**

The Medical Director of Cole Diagnostics in Idaho, USA, Dr. Ryan Cole, has seen 350,000 patients in his lifetime as well as thousands of patients who have been inoculated with the covid-19 “vaccines” and noted dramatic increases in in pericarditis and myocarditis (Figure. 6a), with a 200% increase in severe heart inflammation after inoculation with the covid-19 “vaccine” [138]. Sudden death due to Vaccine-induced Myocarditis, 5 days after the administration of the Pfizer-BioNTech “vaccine” has also been reported in Korea, in a previously healthy 22-year-old male, with no history of myocarditis (Figure. 6b) [144]. Furthermore, cardiologist Dr. Peter McCullough noted that “Troponin, (in) the blood tests for heart injury, and with the vaccine – Myocarditis (Troponin) is 10-100-fold higher than the troponin we see with the natural infection... When the kids get Myocarditis after the vaccine 90% have to be hospitalised, they have dramatic EKG changes...chest pain, heart failure...so vaccine induced Myocarditis is a big deal” [145]. In agreement with the above, a recent publication in the journal *Circulation*, showed that out of all cases of myocarditis examined, 136 patients (97.8% of the total), developed myocarditis following the mRNA covid-19 “vaccine” (Pfizer-BioNTech and Moderna), with symptoms starting at a median of two days after vaccination. In this study cases of Myocarditis were reported in adolescents with an average age of 15.8 [139].

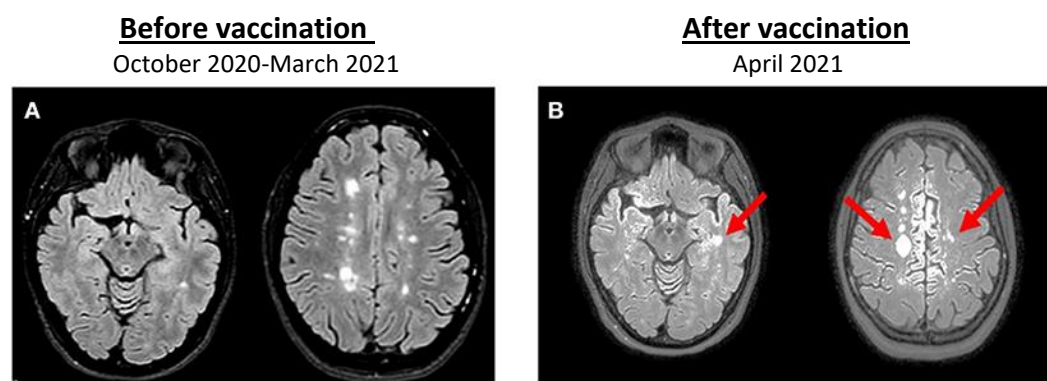


**Figure 6. The emergence of Myocarditis and Pericarditis following Covid-19 “vaccination” (in previously healthy individuals).** (a) Left four panels (blue arrows indicate severe inflammation and

swelling of the myocardium). Right four panels (red arrows) indicate severe inflammation of the pericardium (the sac surrounding the heart). [138] (b) Autopsy findings of a 22-year-old man who developed chest pain 5 days after the first dose of the BNT162b2 (Pfizer) mRNA vaccine and died 7 hours later. Histopathology of the heart post-autopsy [144]: The myocytes exhibit contraction band necrosis (indicated by yellow arrows – shown by Masson’s Trichrome staining) and massive inflammatory infiltrate is shown in the atrium (in Purple following haematoxylin and eosin staining).

### **Neurological damage following inoculation with the Covid-19 “vaccine”**

There has been a drastic increase in the number of cases of patients with thrombi formation in the brain following the administration of the SARS-CoV2/Covid-19 “vaccine”, particularly Cerebral Venous Sinus Thrombosis [146] which causes brain haemorrhage, stroke and subsequent neurological deficit as recorded by the EudraVigilance and Vaers Databases [115-118]. In fact, for the four types of Covid-19/SARS-CoV2 “vaccines”, EudraVigilance recorded 606,751 injuries and 4198 deaths, resulting from Nervous System Disorders [115-116] as of January 15, 2021. Neurodegenerative pathology has also been reported as being vaccine induced [147-148]. In fact, Dr. Classen has recently published an article entitled “COVID-19 RNA Based Vaccines and the Risk of Prion Disease”. Upon analysing the sequence of the *Pfizer* RNA Covid-19 “vaccine”, he noticed that specific sequences have the propensity to induce prion-based disease in vaccine recipients [149], such as Amyotrophic Lateral Sclerosis (ALS), Frontotemporal dementia, and Alzheimer’s. In one particular clinical case, a 31-year-old woman suffered an acute relapse of Severe Multiple Sclerosis (MS) within 48 hours of receiving the first shot of the Pfizer/BioNTech vaccine– Figure 7 [147].



**Figure 7 – MRI Brain Scan reveals new large white matter lesions 7 days after receiving the Pfizer/BioNTech Covid-19 “vaccine” [147] (a) From October to March 2021, the patients had no progression of MS (neither clinical or radiological), and existing white matter lesions are observed in the MRI scan. (b) Almost 48 h after receiving the Pfizer/BioNTech vaccine, the patient developed paraesthesia and weakness in her arm and limbs. The neurological examination revealed walking difficulties while the MRI scan showed three new voluminous enhancing lesions (red arrows).**

### **Covid-19 “vaccine”: effects on the reproductive system, fertility, and pregnancy**

Multiple deleterious effects have been reported of the covid-19 experimental vaccine on the female reproductive system from the onset of menstrual bleeding in post-menopausal women [125] to the disruption of the menstrual cycle in women of child-bearing age [150]. In fact, it has been reported by VAERS [117-118, 150] that nursing babies have died from

blood clots and inflamed arteries after their mother received the Pfizer shot [150-151] suggesting that the spike protein can be transmitted postnatally via breast milk. Additionally in clinical trials over 80% of Pregnant Women who were vaccinated with the experimental Pfizer/Moderna mRNA jab in the first and second trimesters suffered a miscarriage, 104 out of a total of 127 female participants, (see Table 4, line 7-11), [152]; (Page 131, Paragraph 2) [153] suggesting in *utero* transmission of the spike protein or a cytotoxic effect of the experimental jab on the developing foetus. Furthermore, preliminary observations from fertility clinics in the US of vaccinated individuals, show that male sperm cells are sterile and failed to fertilise female oocytes [150]. In fact, as of December 24 2021 the VAERS database had recorded 3,010 fetal deaths following the injections of the Covid19 “vaccines” into pregnant women in the past year, in contrast for the last thirty years with FDA approved vaccines, there has been on average 72 deaths per year, amounting to an increase of 4,180% [154].

### **Immune System depletion and carcinogenesis following injection of the Covid-19 “vaccine”**

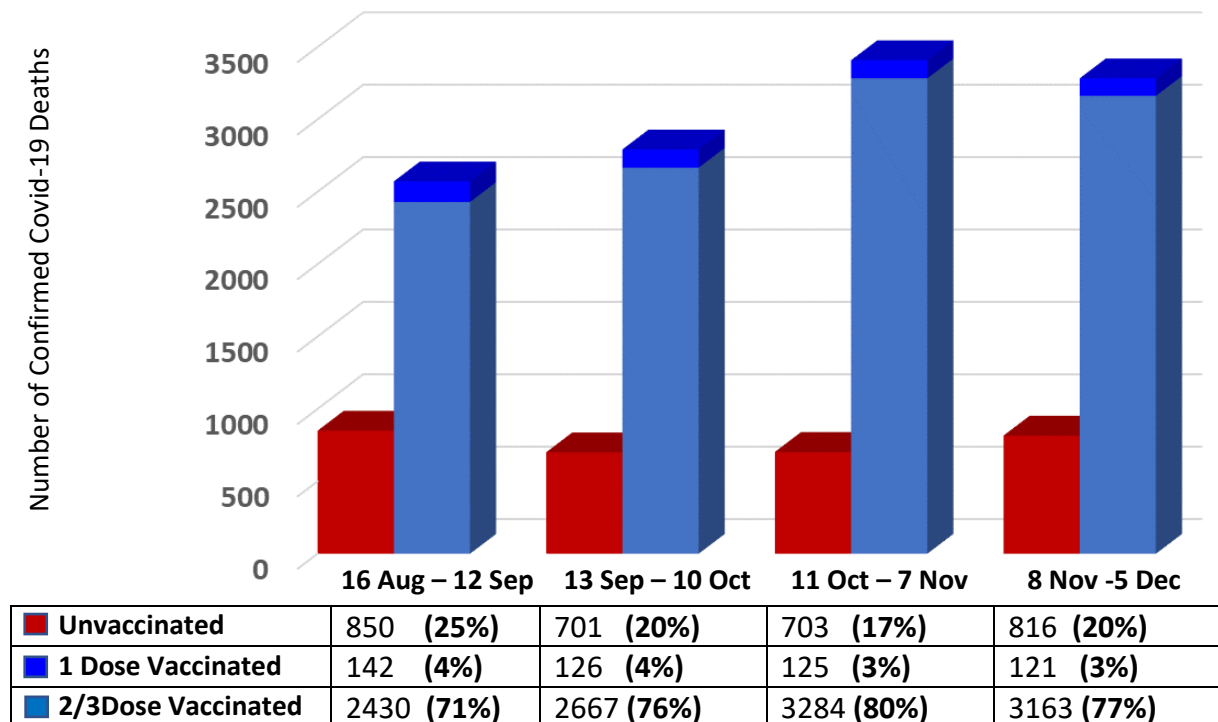
Dr Ryan Cole was one of the first to notice a drastic depletion in the natural immunity of his patients after vaccination, particularly with a sharp decline in the level of vital Natural Killer cells (which provide rapid responses to viral infections and suppress formation of cancerous cells). Consequently, in his laboratory Dr. Cole has observed a huge increase in Shingles, Herpes and Human Papilloma Virus (HPV) in his vaccinated patients as well as 20-fold increase in human endometrial cancer [155]. In fact, recent studies have also confirmed that innate immunity declines post inoculation with the experimental Pfizer/BioNTech shot with a decrease in the TLR4 (Toll-like Receptor 4) and TLR7/8 innate immune response [156] and a decline in the CD4 T cell numbers and a reduction in the Type1 interferon response [157]. The TLR4 innate immune response is critical to keep cancer in check. If the TLR4 response is reduced the downstream immune cell repertoires that recognise and suppress the formation of cancerous cells such as Type1 Interferons, cytokines IL-6 and IL-12 and Natural Killer cells are depleted. In fact, Dr. Nathan Thompson, recorded a 59% decrease in the level of Lymphocytes (CD8, CD4 T-cells and Natural Killer cells) after the second Pfizer experimental shot, from a patient who previously had a functioning and healthy immune system [158].

Furthermore, as a precautionary measure the US and Japanese Red cross prohibited vaccinated individuals from donating blood in the Spring of 2021 [159-160]. The rationale behind this being that the widespread presence of Spike protein antibodies in the convalescent blood plasma of vaccinated individuals wipes out and outcompetes antibodies that provide broad ranging natural immunity to viral infection.

### **Statistics on “Covid-19” deaths and hospitalisations in highly vaccinated countries**

In countries with high inoculation rates particularly in Israel (71%), Iceland (84%), Gibraltar (100%) and Singapore (88%) there has been corresponding increases and peaks in viral infection [83, 161], with Gibraltar the most vaccinated country on Earth going into lockdown last Christmas 2021 [162]. Furthermore, following inoculation with the covid-19 “vaccine”-

hospitalisations and deaths have also increased in highly vaccinated nations. For instance, according to the UK Health Security Agency (UKHSA) 83% of Covid-19 deaths and 67% of hospitalisations in England were among the fully vaccinated between October 11th and November 7th, 2021 [163-164]. In fact, from 16 August until 5 December 2021, the total number of Covid-19 deaths recorded in England was 15,128, with 79.7% of the deaths been reported from vaccinated individuals (76.3% having been vaccinated with 2 to 3 doses and 3.4% with a single dose – see Figure 8) [165, original data 166].

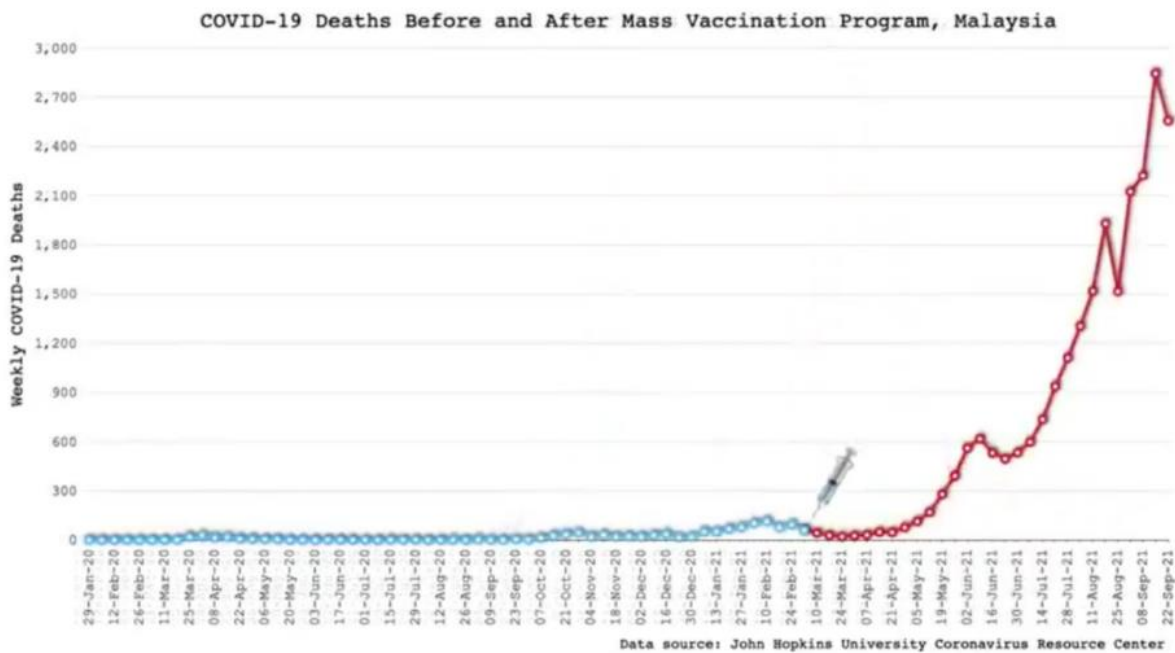


**Figure 8 – Number of Covid-19 deaths by vaccination status in England, 16 August – 5 December 2021.** According to the UKSHA official vaccine surveillance report, presented in the chart above, the vaccinated population of England account for the vast majority of Covid-19 deaths, from the 16 August to 5 December 2021. From the: 16 August to 12 September 2021 **75%** of Covid-19 deaths were in vaccinated individuals; 13 September to 10 October: **80%** of Covid-19 deaths were in vaccinated individuals; 11 October to 7 November: **83%** of Covid-19 deaths were in vaccinated individuals; 8 November – 5 December: **80%** of Covid-19 deaths were in vaccinated individuals [165-166].

Furthermore, after mass covid-19 vaccination programs, there has been dramatic spikes in weekly covid-19 deaths with the worst instances being in Malaysia, Thailand, Côte d'Ivoire, Mongolia, and Israel [83, 167]. For instance, in Israel following injection with the first dose of the Pfizer “vaccine” weekly Covid-19 deaths increased from 50 per week in December 2020 to over 400 per week in January 2021. After inoculation with second dose of the Pfizer “vaccine” in July 2021 weekly deaths increased from less than 10 Covid-19 deaths per week

to almost 200 covid-19 deaths per week in September 2021. Additionally in Malaysia Covid-19 deaths increased from less than 50 per week in March 2021 to over 2700 per week in September 2021 (Figure 9).

Additionally reports from Israel and Australia, confirm that of the proportion of patients hospitalised in covid wards are 85-90% (Dr Kobi Haviv) and 99% (New South Wales Health Authority) inoculated with the SARS-CoV2/Covid-19 vaccine [168].

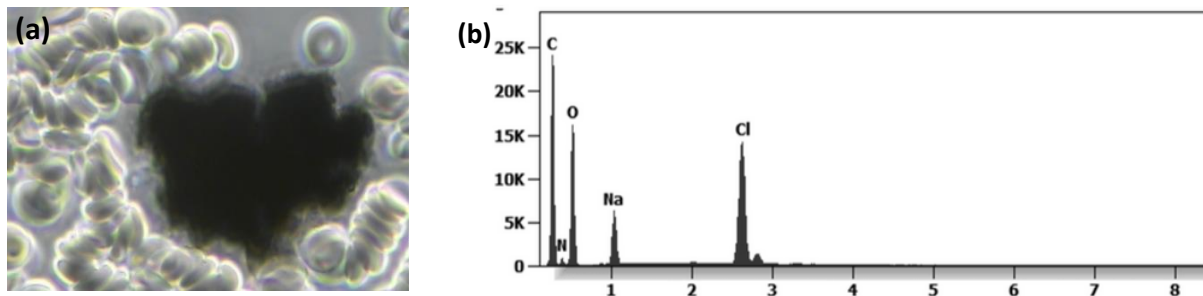


**Figure 9 – Covid-19 deaths following the Covid-19 vaccination program in Malaysia.** Introduction of Covid-19 vaccination in Malaysia nationally in March 2021 resulted in a dramatic spike in Covid-19 deaths, with a stable level of almost no deaths prior to the national vaccination programme, peaking to 2700 weekly Covid deaths in September 2021 (6 months after the mass vaccination programme). As of September 22nd, 2021, Malaysia had a vaccination rate of 70.3% [83, 167].

## Contents of the Covid-19 investigational “vaccine”

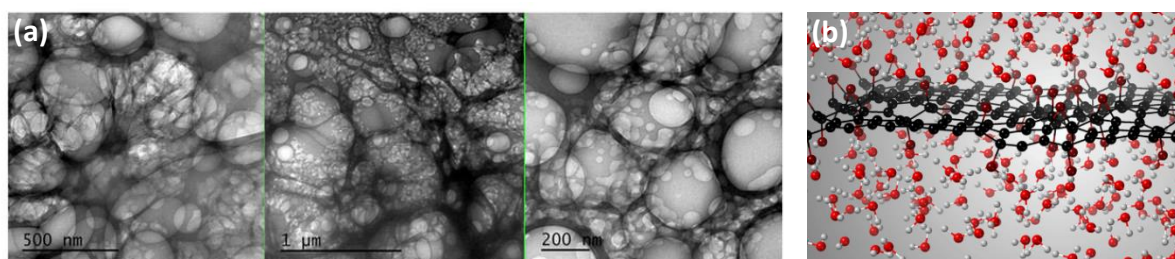
Blood cell cytotoxicity caused by the Covid-19 “vaccine” was confirmed by the research of Dr. Robert Young (Figure 10a) [169] in agreement with the aforementioned studies [125-129]. Following on from this finding he analysed the contents of the four experimental covid-19 vials: Moderna, Pfizer, AstraZeneca and Janssen and uncovered the presence of cytotoxic and genotoxic Nano particulates of Graphene Oxide [169], which are known to induce red blood cell toxicity [170-173]. In fact, he found that Graphene Oxide (Figure 10a-b), an array of heavy metals including lead and cadmium as well as stainless steel and aluminium constituted the vast majority of the liquid (Hydrogel) contents of the inoculate. Furthermore Dr. Young also uncovered Lipid nano-capsules in the Pfizer vial, which encapsulate the mRNA which encodes the toxic spike protein. Previously Karen Kingston (ex-employee of Pfizer) confirmed these Lipid components to be documented in US Patent Number 10703789 [174], Section 219-220. Dr Young also discovered the presence of the Parasite *Trypanosoma Cruzi* in the Pfizer “vaccine” vial [169]. To perform these studies, he used a wide array of microscopy techniques

including optical microscopy, light field/dark field microscopy, electron microscopy as well as energy dispersive X-ray spectroscopy for identifying the contents of the Nanoparticles present in the contents of the vaccine vials.



**Figure 10 – The identification of Graphene Oxide in the Pfizer Covid-19 investigational “vaccine”** (a) The presence of aggregates of reduced Graphene Oxide (rGO) in live unstained human blood causes abnormal coagulation and stacking of red blood cells. Micrograph taken with phase contrast microscopy at a magnification of 1,500. (b) Analysis of the Pfizer “vaccine” liquid fraction for the Chemical and elemental content utilising spectroscopy, verified the presence of rGO (with the characteristic signature of Carbon and Oxygen) as well as the presence of Sodium and Chlorine, (since the sample analysed were diluted in Saline solution) [169].

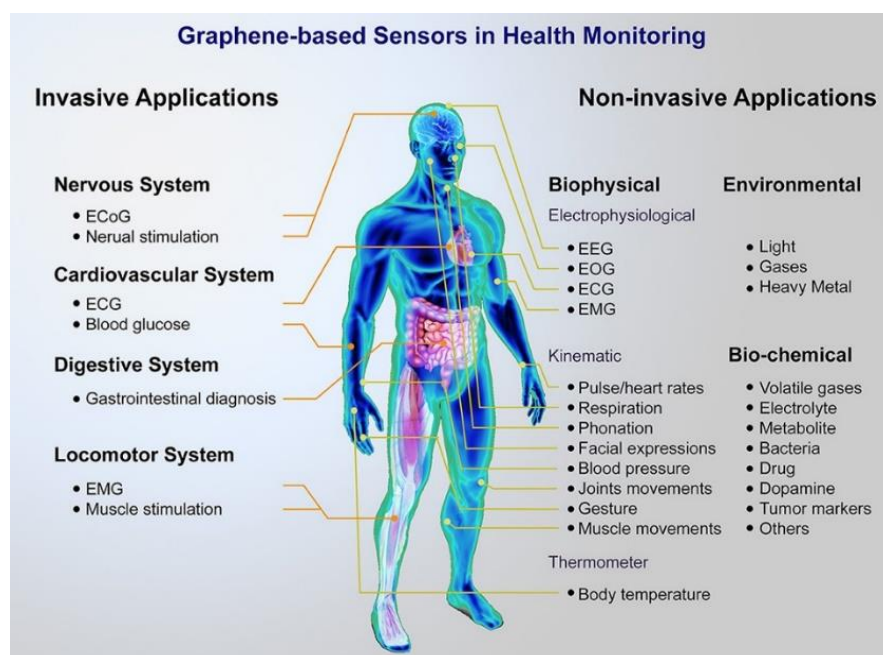
The widespread presence of graphene oxide nanoparticles in the covid-19 experimental vaccines was originally uncovered by Dr. Jose Luis Sevillano and biostatistician Ricardo Delgado of La Quintar Columnar at the University of Almeria using optical and electron microscopy, Figure 11 [175]. These studies were initiated by Prof. Dr. Pablo Campra, who is a professor at the University of Almeria, Spain for almost 19 years [175]. In each dose analysed from the Pfizer vial he quantified  $6\mu\text{g}/\mu\text{l}$  of RNA and  $747\mu\text{g}/\mu\text{l}$  of Graphene Oxide, meaning that the Pfizer vial contains only less than 1% RNA in proportion to 99% Graphene Oxide [175-176]. More recently Dr. Carrie Madej, a Medical Doctor with 20 years of Scientific experience, uncovered motile longitudinal structures, resembling *Hydra Vulgaris* and anomalous nanostructures in the Moderna and Johnson & Johnson vaccine vials in her lab in Georgia, USA [177-178]. Additionally, Dr. Franc Zalewski a renowned Polish Scientist found the Presence of Aluminium self-replicating synthetic structures in 1 of the 5 vaccine vials he analysed. Dr. Zalewski also designated 2 of the 5 Pfizer vaccine vials he tested as Placebos since they contained only Graphene oxide and Saline solution [179].



**Figure 11 – Transmission electron microscopy (TEM) showing particles of reduced Graphene Oxide (rGO in the Pfizer Covid-19 Vaccine Vial).** (a) The meshwork of crystalline carbon-based nanoparticles of rGO is clearly visible [175]. (b) Graphene oxides flexibility in liquid water [180] and its expansion/contraction abilities, combined with its ability to interface with cellular membranes and its superconductor properties makes it an ideal biological material for connecting individuals’ medical information and health status to a wireless global health system (see below for details).

## Graphene Oxide and its use in the wireless global health system of vaccinated individuals (with the Covid-19 “vaccine”)

The presence of Graphene Oxide at such high quantities in the covid-19 experimental jabs and its intrinsic properties, of being a superconductor of an electrical magnetic field and its biological malleability, in terms of interfacing on a molecular level with diverse cell types, suggests it could be used as part of a wireless contact tracing system for vaccinated individuals globally. This is not really surprising, since Graphene Oxide has been used in numerous *in vivo* human studies as a receiver/transmitter of medical information via a wireless system in the last decade for the purpose of developing a “real-time and continuous wireless health care system” [181]. In fact, graphene-oxide based wireless systems have been used in the human body (Figure 12) to detect cortisol dynamics in human sweat [182] Glucose [183], Biotin-Streptavidin [184], viruses [185] and bacteria on tooth enamel [186].



**Figure 12 - Graphene Based systems in wireless health monitoring.** Graphene based sensors/implantable devices, including Graphene Oxide and reduced Graphene Oxide composites have been used to monitor diverse aspects of human health [187] including real-time measurement of body temperature [188-189], heart rate [190], wrist pulse [191-192], respiration rate [193-194], Blood pressure [195] and ECG (Electrocardiogram) –electrical activity of the heart, EMG (Electromyogram) – electrical activity of heart muscles and (EEG) electroencephalograph – electrical activity of the brain [196-197] and blood glucose levels [198].

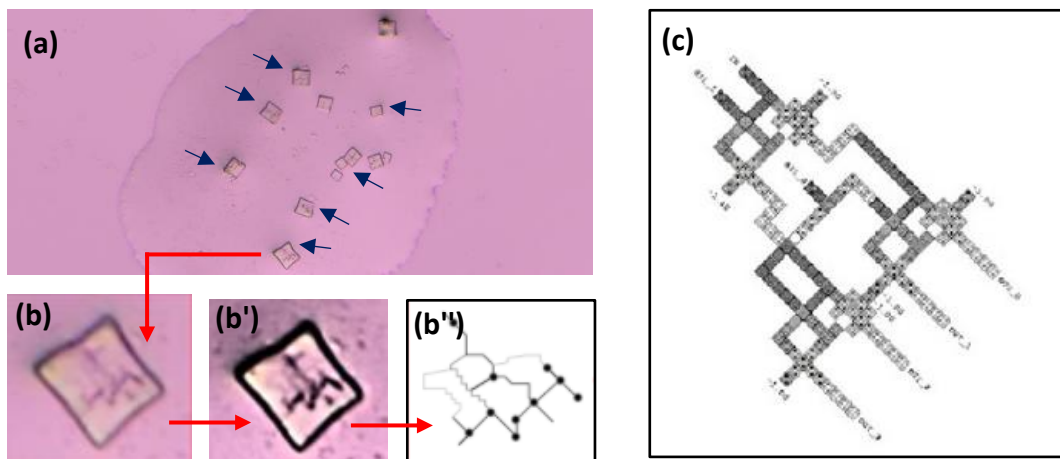
In fact, Dr. Luis Benito a Physician with a PhD in Molecular Biology has recorded MAC addresses detected in vaccinated individuals (which were not present in those not vaccinated) with bluetooth apps. He made the following statements on the results he obtained from 137 patients [199]:

*“Of the 137 patients questioned, 112 said they had been vaccinated, and 25 said they hadn't been vaccinated. None of the patients who said they hadn't been vaccinated registered on my cell phone any device available for Bluetooth connection, having ensured the disconnection of their cell phone, if they had one. In 96 patients of the 112 who said they had been vaccinated, 96 of the 112 having switched off their electronic devices if they were carrying them, a MAC code remained on the screen*



of my cell phone, which I had already noted in my notes next to the patient's medical history. I interpreted that it was a code that the patient himself was carrying and that, in fact, when he left the office, leaving the building, it disappeared from my cell phone. With this simple observation throughout July and August, I've been able to verify that 100% of the patients who say they aren't vaccinated don't raise any contact device with my cell phone via Bluetooth. But 86% of those who said they were vaccinated generated a MAC address on my cell phone" [199].

The follow through question therefore is have components of a wireless network system been identified in the covid-19 "vaccine vials"? Following on from the identification of Graphene Oxide from multiple Scientific research teams in the covid-19 "vaccines", [169, 175, 179] and a recent publication from the University of Almeria available on Research Gate entitled "The detection of Graphene in the Covid-19 vaccines" [175], Prof. Dr. Pablo Campra has uncovered the potential presence of components of a Wireless Nanosensor Network system[200]. These images are publicly available on research gate in a study entitled: "Microstructures in Covid Vaccines: Inorganic crystals or Wireless Nanosensors Network [200]?" (Figure 13).

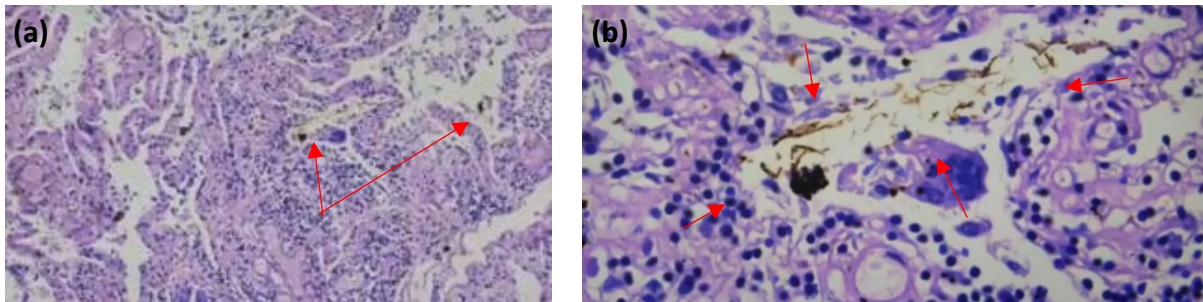


**Figure 13. The presence of crystalline structures resembling "nano-routers" in the Pfizer/BioNTech Covid-19 "vaccine" vial. (a)** A droplet sample from the Pfizer "vaccine" in which quadrangular structures are clearly visible (indicated by the blue arrows). (b) Upon magnification and closer examination, clearly defined circuit-like patterns on these cubic structures can be observed [200]. (b') After isolation of each quadrangular crystal the process of rasterizing, enabled delineation of the edges of the image with further definition of the observed marks. (b'') The lines and patterns were then inscribed onto a glass, creating an outline resembling a circuit. The striking organization formed by the parallel and perpendicular lines, infers that the product may have been manufactured. (c) A quantum dot nanorouter published by Sardinha et al, 2013 [201]. The circuit motif inscribed in the crystal specimen from the Pfizer vaccine [200] and the quantum dot circuit pattern [201] bear a striking similarity.

## Post-Mortem histopathological analysis of tissue containing foreign metallic particulates from vaccinated patients

The high proportion of toxic metallic nanoparticles and parasites in the experimental coronavirus "vaccines" was also recently confirmed by an international consortium of Scientists, which included Austrian, Japanese, American and German research groups (testifying in the Coronavirus Investigative Committee in Reutlingen, Germany, September 20<sup>th</sup> 2021) [202-204]. The press conference was headed by Prof. Dr. Arne Burkhardt, (Director of the Institute of Pathology in Reutlingen, for 18 years), Prof. Dr. Walter (Director of a private

Pathology Institute in Hanover, for 25 years) and Prof. Dr. Werner Bergholz (a former professor of electrical engineering at the Jakobs University in Bremen,). They verified *Prof. Dr. Peter Schirmacher's* report (MD, director of autopsy services) who had previously uncovered a causal link to vaccination in one third of deaths within 14 days of individuals receiving the covid-19 experimental injection. The “Covid-19 vaccine” induced disease led to rapid death including multiple organ system failure as a result of an overactive immune system/cytokine storm attempting to remove foreign metallic objects embedding in tissues and organs throughout the human body (Figure 14) [202-204].



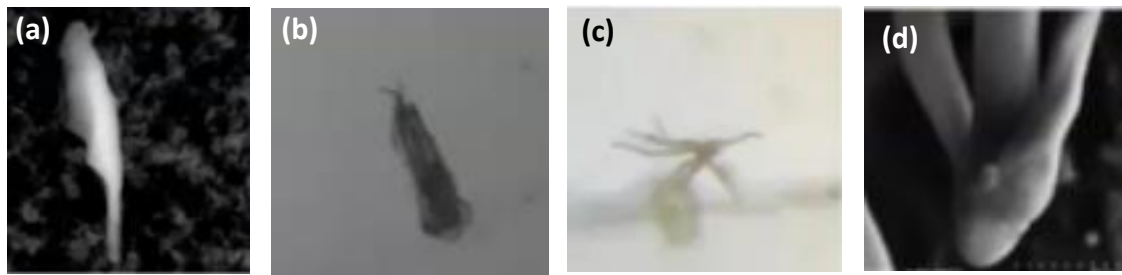
**Figure 14 – Histopathological post-mortem tissue analysis of a woman who died within 14 days of receiving the “Covid-19” vaccine.** (a-b) Histological analysis of cardiac tissue on a woman who died of organ failure within a few days of receiving the experimental covid-19 injection. (a) The red arrows represent the presence of foreign metallic objects, and the blue stained cells show the presence of an enormous number of white blood cell infiltrate surrounding the sharp metallic particles and attempting to engulf and degrade them in a phenomenon termed cytokine storm. (b) Magnified image of (a) a sharp jagged metal object (indicated by the red arrows), surrounded and engulfed by lymphocyte infiltrate (each dot represents huge clusters of hundreds of thousands of white blood cells, [204]).

Interestingly the recently deceased, Dr. Andreas Noack, a German chemist and specialist in carbon technologies uncovered Graphene Hydroxide metallic nanoparticles in the Pfizer “vaccine vial”, which are one atom in width and extremely sharp [205-206], with each individual piece being 50nm long and 0.1 nm wide. According to Dr. Noack these separate pieces of Graphene Hydroxide fragments are extremely sharp and capable of causing immense damage to the cardiovascular system, internal bleeding, and life-threatening injuries.

### **The Presence of parasites in the SARS-CoV-2 (Covid-19) “vaccines”**

Dr. Robert Young was the first to discover Parasites in the Pfizer “vaccine”, where he identified *Trypanosoma Cruzi* in multiple vials of the Pfizer/BioNTech vaccine [169]. *Trypanosoma Cruzi* causes Chagas Disease, heart failure, irregular heartbeat, and sudden cardiac arrest of which multiple cases have been recorded in the VAERS Database [118, 207-208]. Additionally, *Trypanosoma Cruzi antibodies* has been found in the blood of vaccinated individuals, after vaccination with the Pfizer/BioNTech “Vaccine” which has been reported by both MHRA and VAERS databases, after previously not being present prior to vaccination [207-208]. Furthermore Dr. Carrie Madej and Dr. Franc Zalewski have identified organisms in the Moderna and Pfizer “Vaccines” anatomically resembling *Hydra Vulgaris* and the synthetic

organism *Hydro linearis*, which according to Dr. Zalewski responds to the presence of Graphene Oxide by self-replicating [177-179], (Figure 15).



**Figure 15 – Micrographs of Parasites found in the Pfizer and Moderna Covid-19 “vaccine” vials identified through optical microscopy and spectroscopy.** (a) Trypanosoma Cruzi was found to be present in multiple Pfizer “Vaccine” vials analysed by Dr. Robert young, (b) He also found an unidentified Parasite in the experimental Pfizer “vaccine” vials [169]. (c) Dr. Carrie Madej found organisms in Moderna “vaccine” vials resembling *Hydra Vulgaris* [177-178] and (d) Dr. Franc Zalewski uncovered the synthetic organism resembling *Hydro linearis* in the Pfizer “vaccine” vials, which spectral analysis confirmed was composed of both Carbon and Aluminium [179]

### **Use of fetal cell lines in the production of SARS-CoV-2 (Covid-19) “vaccines”**

The use of fetal cell lines to produce the Johnson & Johnson (Janssen) Covid-19 “vaccine has indeed been verified by two experts from the John Hopkins University Dr. Amesh Adalija (School of public health) and Dr. Bill Moss (Executive director of the International Vaccine Access Centre) [209]. The fetal cell lines used to propagate Janssen's adenoviral Covid-19 “vaccine” vector originated from aborted fetuses in 1973 and 1985 and were developed in the lab of Molecular Biologist Alex van der Eb at Leiden University, Netherlands [210] and later published by Dr. Frank Graham [211]. Indeed, Dr Bill Moss confirms... “Although their origin was in an aborted foetus...they are really just an independent cell line that has been grown in laboratory for decades” [209]. In fact, on the FDA website (Vaccines and Related Biological Products Advisory Committee, February 26 2021, Page 12, Section 4.1) it states that Janssen's adenoviral “AD26 vector expressing the SARS-CoV-2 protein is grown in PER.CR® TetR Cell line(s)” [212]. The PER.C6® TetR Cell line is derived from retinal tissue of an aborted fetus in 1985. [210, 213]. The AstraZeneca ChAdOx1 nCoV-19 recombinant adenovirus vaccine was propagated in HEK293T cell lines (Human embryonic kidney cells) as confirmed by the European Medicines Agency (assessment report 29 January 2021, Page14 [214]) HEK293T cells are an immortalised cell line of human embryonic kidney cells, originally derived from a female aborted fetus in 1973 [210, 211].

The Pfizer/BioNTech Covid-19 “vaccine” products do indeed utilise cells derived from human fetal tissue as confirmed by Vanessa Gelman (Senior Director of Worldwide research, Development & Medical Communications at Pfizer) on the 9<sup>th</sup> February 2021 “One or more cell lines with an origins that can be traced back to human fetal tissue has been used in laboratory tests associated with the vaccine programme...From the perspective of cooperative affairs, we want to avoid having the information on fetal cells floating out there” [215]. Additionally, Melissa Strickler an ex-quality auditor at the Pfizer McPherson Kansas plant also mentioned that on the 4<sup>th</sup> February 2021 Philip Dormitzer (Vice president and Chief Scientific Officer) stated that “HEK293T cells used for the IVE assay (during the development of the Covid mRNA vaccine BNT162b2), are ultimately derived from an aborted fetus” [215].

Also, during the production and testing process of the Moderna mRNA-1273 Covid19 vaccine, HEK293T cells were utilised as is confirmed in the Moderna mRNA-1273 Covid19 Vaccine Patent US10,703,789,B2 [216] and in a study co-authored by Moderna [217].

### **Informed consent and safety analysis on the SARS-CoV-2 (Covid-19) “vaccines”**

The Pharmaceutical companies are not legally obliged to disclose the list of all ingredients present in their vaccines or their quantities [218]. The inserts which should have accompanied the Covid-19 “vaccines” were blank and Pharmacists worldwide have reported this fact, [219-220] including in Greece by Eirini Moumouri of the University of Patra [221]. Subsequently proper informed consent could not be given to individuals receiving the Covid-19 “vaccines” (due to no information on Safety, Biodistribution or Contents). In fact, the Japanese Ministry of health, liberation and welfare had withdrawn 1.6 million doses of the Moderna experimental Covid19/SARS-Cov2 vaccine in August 2021 due to the presence of magnetic metallic particles stating that the contaminated shots contained a “substance that reacts to magnets” [222-223]. These particulates in the Moderna “vaccine” were later confirmed to be composed of stainless steel by the Japanese Health authorities [224]. Due to the reluctance of the pharmaceutical companies to fully disclose the contents of the Covid-19/SARS-CoV2 “vaccines”, independent researchers have undertaken in-depth analysis including utilising electron microscopy and x-ray diffraction spectroscopy to reveal the ingredients of the Covid-19/SARS-CoV2 investigational “vaccines” produced by Pfizer, Moderna, AstraZeneca and Janssen (Figure 16).

<b>Identified Ingredients</b>	<b>Pfizer</b>	<b>AstraZeneca</b>	<b>Janssen</b>	<b>Moderna</b>
<b>Aluminium (Al)*</b>	✓			✓
<b>Bismuth (Bi)*</b>	✓			
<b>Cadmium (Cd)*</b>				✓
<b>Calcium (Ca)</b>				✓
<b>Carbon (C)</b>	✓			✓
<b>Chloride (Cl-)</b>	✓			
<b>Chlorine (Cl in Saline Solution)</b>	✓	✓	✓	✓
<b>Chromium (Cr)*</b>	✓	✓	✓	
<b>Copper (Cu)*</b>	✓	✓		✓
<b>Graphene Oxide*</b>	✓	✓	✓	✓
<b>Graphene Hydroxide *</b>	✓			
<b>Iron (Fe)*</b>	✓	✓	✓	✓
<b>Lead (Pb)*</b>				✓
<b>Magnesium (Mg)*</b>				✓
<b>Manganese (Mn)*</b>			✓	
<b>Nickel (Ni)*</b>		✓	✓	
<b>Nitrogen (N)</b>	✓			✓
<b>Oxygen (O)</b>	✓			✓
<b>Phosphorous (P)</b>	✓			✓
<b>Potassium (K)</b>				✓

Selenium (Se)*				✓
Silicon (Si)*	✓	✓	✓	✓
<b>Sodium (Na in Saline Solution)</b>	<b>✓</b>	<b>✓</b>	<b>✓</b>	<b>✓</b>
Sulphur (S)*	✓	✓		
Tin (Sn)*		✓		
Titanium (Ti)*	✓			✓
Trypanosoma Cruzi (Parasite)*	✓			
Vanadium (Va)*	✓			

**Figure 16 - List of the ingredients of the experimental Covid-19 “vaccines”- verified by independent studies** from both Dr. Pablo Campra (University of Almeria, Spain) and Dr. Juan F. Gastón Añaños (Hospital de Barbastro, Spain) and later expanded upon by Dr. Robert Young, who with a team of 131 scientist, published his findings on August 30<sup>th</sup> 2021 [169,175]. The recently deceased, Dr. Andreas Noack also uncovered *Graphene Hydroxide in the Pfizer “vaccine” vial* [205-206] \*Indicates components that have not been disclosed by Pfizer, Moderna, AstraZeneca and Janssen. The pharmaceutical companies have disclosed to the public the ingredients highlighted in Yellow.

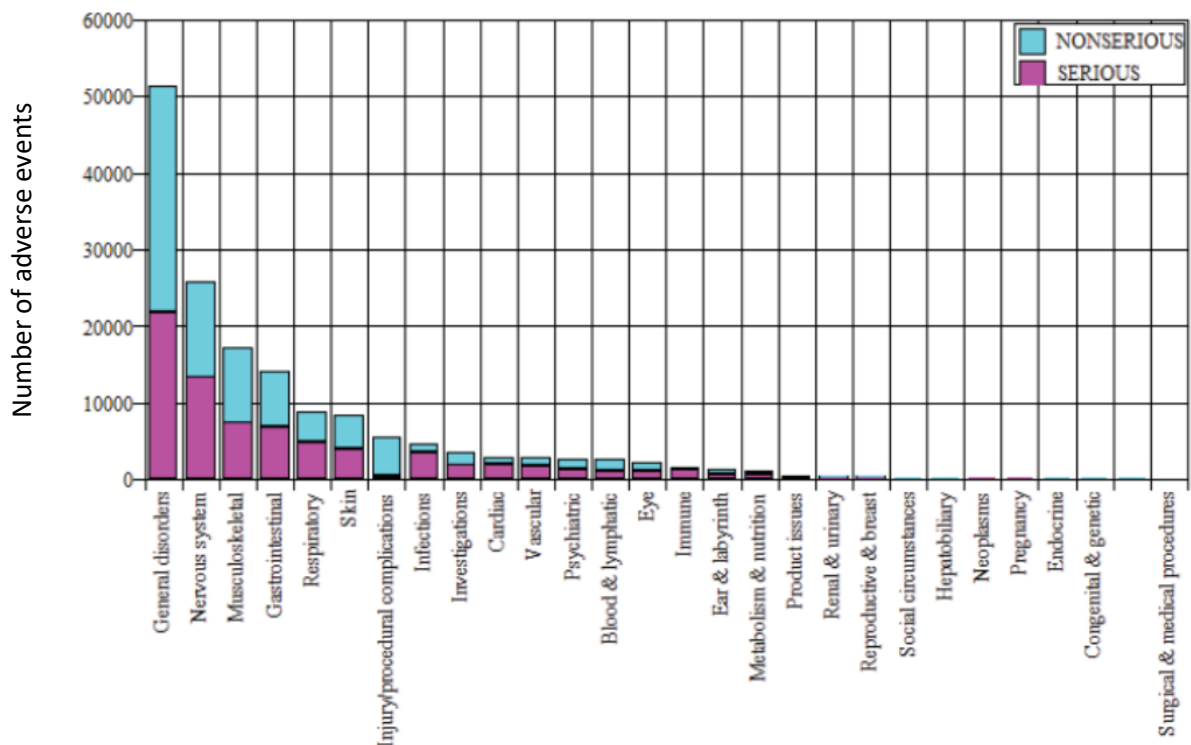
### **Public Disclosure of the Pfizer Dossier used by the FDA to grant emergency authorisation of the Pfizer/BioNTech Covid-19 “vaccine”**

Following a request under the Freedom of Information Act (FOIA) by the PMHPT (Public Health and Medical Professionals for Transparency), submitted by attorney Aaron Siri [225] on August 27, 2021 (on behalf of the PMHPT), on November 18<sup>th</sup> , 2021 a US district court ordered the FDA to publicly disclose all of the data on the clinical trials of the Pfizer/BioNTech Covid19-Vaccine provided to them (which was relied upon to grant emergency use authorisation by the FDA) [226]. The FDA had requested that a Federal Judge postpones the disclosure of all data and information it acquired from Pfizer to license the investigational Pfizer/BioNTech Covid19 “vaccine” into the public domain until 2076, releasing only 500 pages per month [227]. The first few hundred pages of the Pfizer Clinical trials data released by the FDA thus far are now publicly available [228]. In fact, a 38-page Pfizer report entitled “Cumulative Analysis of Post-Authorization Adverse Event Reports of PF-07302048 (BNT162B2) received through 28 February 2021” [229] records 1228 deaths and 158,893 adverse reactions. Of the total vaccine injuries recorded in the study, 26% were classified as severe from the period from 2/12/2020 until 28/2/2021 (a 3-month timespan).

Despite this fact on April 12, 2021, Dr. Mace Rothenberg, the former Chief Medical Officer of Pfizer in an interview with the Washington Journal stated that “When we are talking about the Pfizer vaccine, no deaths have been reported to have occurred, directly as a result of the vaccine” [230]. In fact, severe adverse reactions which are categorized either as hospitalizations, life-threatening situations, permanent disability, or death can be observed in Figure 17, accounting for high proportions of Nervous System, Cardiac, Respiratory and Musculoskeletal injuries. Additionally, out of the 1403 cases of Cardiovascular adverse reactions 50% of cardiovascular adverse effects (including deaths) occurred 24hrs after vaccination (Table 7 – Pages 16-17 [229]). Additionally, out of the 1050 autoimmune and

immune dysfunction adverse reactions reported, 50% were within 24 hours following injection with the Pfizer/BioNTech “vaccine”.

The above evidence indicates that the Pfizer/BioNTech Covid-19 vaccine [229] is directly causing the deaths of previously healthy individuals participating in the Pfizer clinical trials. Additionally, out of the 270 females who were vaccinated during pregnancy, a total of 23 miscarriages were recorded [229]. Furthermore, in Children 12 years old and below, 34 side effects were reported, with 24 of those being serious (Table 6, Page 13 of Pfizer Report, 229). Pfizer's claim that the Pfizer/BioNTech Covid-19 vaccine exhibited no safety concerns [231], therefore contradicts the Pfizer's own Internal dossier [229] documenting adverse reactions in its clinical trials. In fact, during Pfizer’s clinical trials, data integrity and patient safety issues were reported, from multiple staff, including a regional director [232].



**Figure 17. Total Number of Adverse Events reported in Pfizer’s 3 Month clinical trial (December 2020 – February 2021) for the Covid-19 Pfizer/BioNTech mRNA Vaccine.** Adverse events reported in different System Organ classes recorded Nervous System Disorders (25,957), Musculoskeletal and connective tissue disorders (17,283), Gastrointestinal disorders (14,096), Skin and subcutaneous tissue disorders (8,476), Respiratory, thoracic, and mediastinal disorders (8,848) and infections (4,610) [229].

Furthermore, Pfizer has a long history of settling multimillion dollar lawsuits. These include violating the clean water act in 1991 for which it was fined \$3.1 million dollars at its former plant in Eaton Pennsylvania [233] and providing faulty heart valves, which fractured resulting in 300 deaths. For the latter incident, Pfizer agreed to pay between \$165 million and \$215

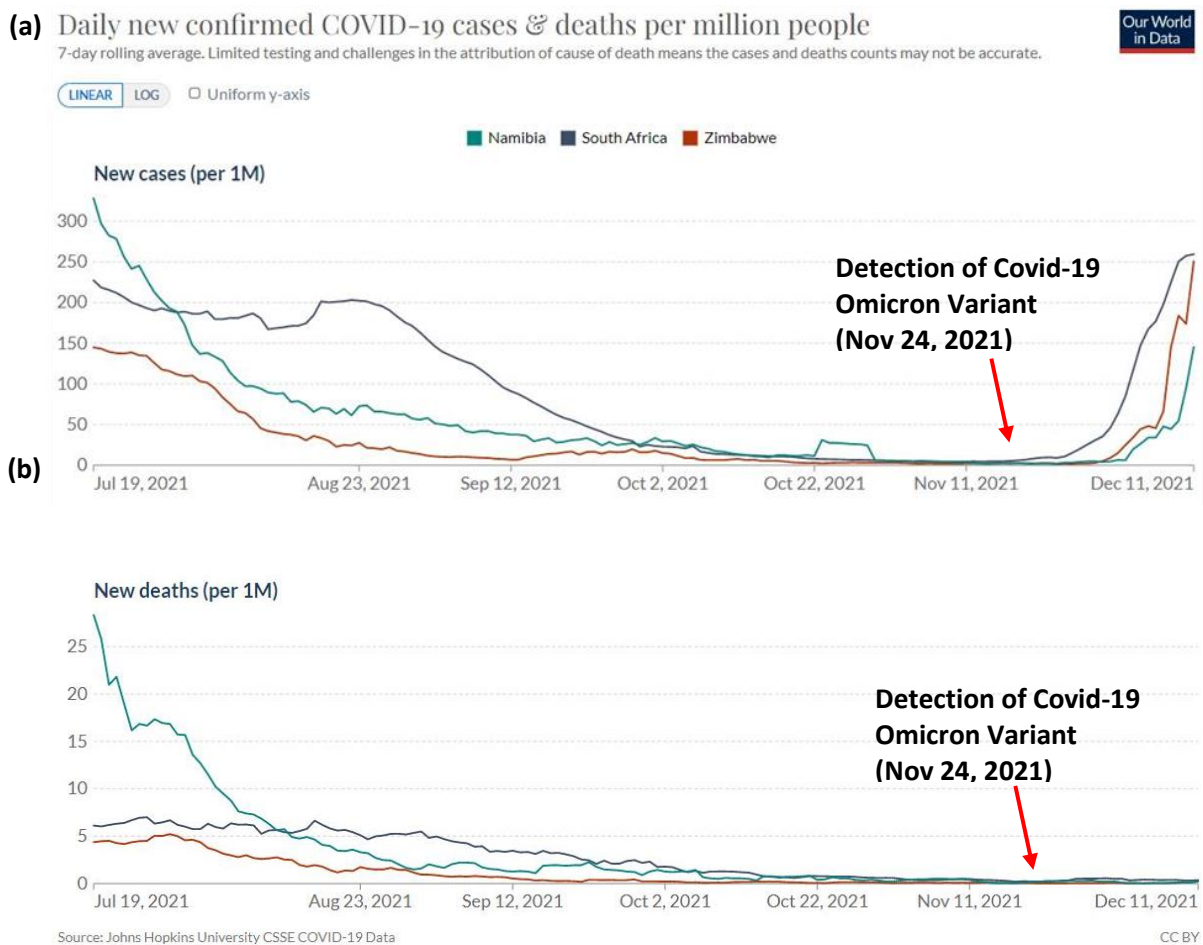
million in 1992 [234]. Additionally In 2009 Pfizer was forced to pay \$2.3 billion, for misbranding the painkiller Bextra with the intent to defraud or mislead, the largest healthcare fine ever imposed at the time in the United States [235]. In the same year, Pfizer also paid \$750 million dollars to settle 35000 claims, due to the harmful effects of its drug Rezulin, which caused 63 deaths and multiple liver failures [236]. Also, in 2012 Pfizer was forced to pay \$1.1 billion dollars to settle claims made by almost 10000 women that its hormone replacement therapy drug Prempro, caused breast cancer [237]. Additionally following a Federal Investigation into the illegal promotion of pharmaceutical drugs, Pfizer admitted “that it paid about \$20 million to 4,500 doctors and other medical professionals for consulting and speaking on their behalf in the last six months of 2009. Pfizer also paid \$15.3 million to 250 academic medical centers and other research groups for clinical trials in the same period” [238-239]. This finding was published in the New York Times in 2010 in an article entitled “Pfizer Gives Details of Payments to Doctors”.

At present, there is no legal mechanism in place to sue or hold the pharmaceutical companies accountable for damages caused by the investigational Covid-19 “vaccines”, due to the passage of the 1986 National Vaccine injury compensation law, where pharmaceutical companies were bestowed immunity for liability for Vaccine injuries and deaths [240]. Aaron Siri and the PMHPT's strategy to hold the FDA accountable for vaccine injuries and deaths establishes a precedent for suing governmental regulatory health bodies world-wide, who have approved the experimental Covid-19 “vaccines” for emergency use to their citizens without full disclosure of the safety risks associated with these experimental pharmaceutical products or their composition.

### **Upcoming Pandemics following Covid-19 vaccination – The Omicron Variant?**

The world-renowned Vaccine development expert Dr. Geert Vanden Bosche, who was a Senior Programme Officer at the Bill and Melinda Gates Foundation and the head of the Vaccine Development Office at the German Centre for Infection research in Cologne had warned of the consequences of Covid-19 mass vaccination, his principal concern being inducing viral immune escape, with the emergence of infectious mutated vaccine resistant variants [241]. He stated in a recent interview that “From the beginning as soon as I understood that the purpose was to do mass vaccination campaigns ...across... all age groups...with a vaccine...which cannot prevent transmission of the virus, it became pretty clear to me based on some basic principles in immunology and evolutionary biology that what we would in fact do is to drive immune escape” ...we have been breeding variants which have a high level of resistance to the vaccinal antibodies” [242]. In fact, a recent comprehensive study in the *Journal of Physical Chemistry* states that “the occurrence and frequency of vaccine resistant mutations correlate strongly with the vaccination rates in Europe and America” [243]. The above scenario has manifested itself with the onset of the vaccine resistant Omicron strain, which in fact exhibits lower virulence, with extremely mild cold like symptoms including a scratchy throat, tiredness, and a headache as confirmed by Dr. Angelique Coetzee, the Chairperson of the South African Medical Association [244].

The Omicron variant (B.1.1.529) was originally recorded in four individuals in Botswana on November 22, 2021, who had all been fully vaccinated for Covid-19 as documented by Dr. K. Masupu the coordinator of the Presidential COVID-19 Task Force of Botswana [245]. Additionally, the Network of Genomic Surveillance for South Africa on November 24, reported this new variant of SARS-CoV-2/Covid-19 from specimens collected 10 days previously [246]. This fifth variant of concern (VOC) was designated as Omicron by the WHO on 26 November 2021 [247]. What exactly was the severity of the Omicron Covid-19 VOC? According to a clinical study entitled “Early assessment of the clinical severity of the SARS-CoV-2 Omicron variant in South Africa”, Omicron has an 80% lower risk of hospitalization in South Africa [248-249]. This concurs with the findings of Dr. Angelique Coetzee, who states, “What we are seeing clinically in South Africa ...and remember I’m at the epicenter of this where I’m practicing...is extremely mild, for us [these are] mild cases. We haven’t admitted anyone, I’ve spoken to other colleagues of mine and they give the same picture.” [250]. Furthermore, data sourced from the University of Oxford and John Hopkins University [83] shows that despite their being an increase in the Number of New Covid-19 “positive” cases in South Africa (Figure 18a) from 11 per million on November 24, 2021, to 390 per million on December 17, 2021 (a 35-fold increase), however there is no corresponding increase in deaths [83] (Figure 18b). A Similar trend was also observed in the neighbouring Southern African countries of Namibia and Zimbabwe (Figure 18).

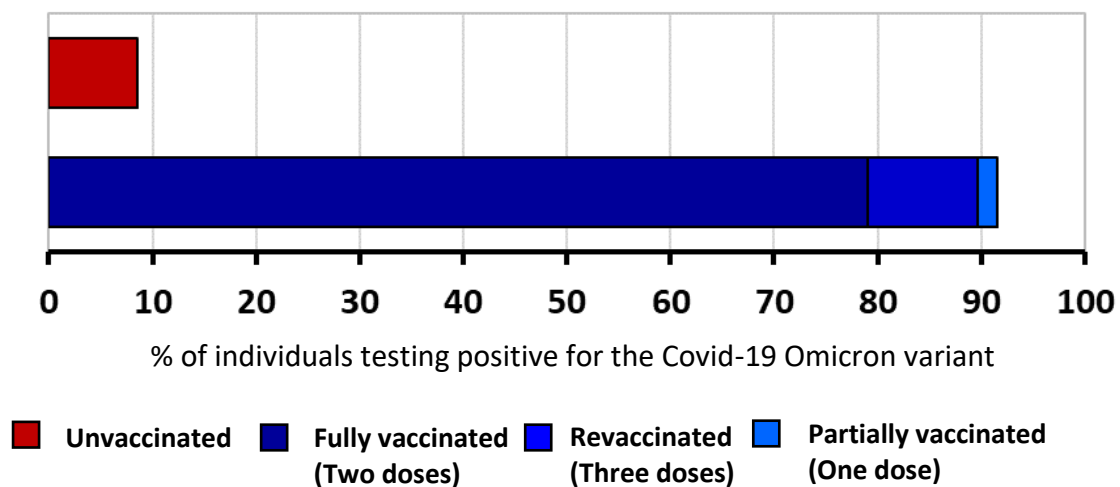


**Figure 18. Daily newly confirmed Covid-19 cases and deaths per million in South Africa, Namibia, and Zimbabwe from July 19, 2021, until Dec 17, 2021. (a) A drastic increase in daily**



Covid-19 “positive cases” can be observed following the detection of the Covid-19 Omicron Variant (November 24, 2021) in South Africa Namibia, and Zimbabwe. (b) However, the number of confirmed new deaths from Covid-19 in the above countries, following the identification of the Covid19 Omicron Variant remains stable and does not correspond with the increase in confirmed Covid-19 deaths [83].

The next question that naturally follows is the Covid-19 Omicron variant prevalent in vaccinated or unvaccinated individuals? In fact, as of December 10, 2021, the CDC has reported that of the 43 cases of Covid-19 attributed to the Omicron variant in the United States, 34 (79%) were in fully vaccinated individuals [251]. Additionally in a comprehensive Danish study from the Statens Serum Institut (SSI) entitled “Status of the SARS-CoV-2 variant Omicron in Denmark”, published on 21 December, 2021 [252] it was found that out of a total of 17,767 cases of Omicron variant Covid-19 cases recorded in Denmark, only 8.5% were unvaccinated, with the other 91.5% of individuals being vaccinated (79.1% being fully vaccinated with two doses, 10.6% with three doses and 1.8% with one dose). Therefore, if you are fully vaccinated you are nine times more likely to be infected with the Omicron variant in the above study, than if you are unvaccinated (Figure 19). Furthermore, in a recent synopsis published in the *Lancet* Journal [253] increased vaccination rates correspond to an increase in Covid-19 cases in both Germany from the Robert Koch-Institut [254] and the United Kingdom, from the UK health security agency [255]. In the latter UK study between week 39 and 42 of 2021 (October), a total of 100,160 COVID-19 cases were reported among citizens 60 years or above, 89,821 occurred among the fully vaccinated (89.7%) and 3,395 among the unvaccinated (3.45%).



**Figure 19 – Vaccination status of individuals who have been classified as testing positive for the Omicron Covid-19 variant in Denmark.** Graph shows % of individuals (above 12 years of age) categorised by vaccination status, who have tested positive for the Covid-19 Omicron variant. The data has been acquired from the Statens Serum Institut (SSI) in Denmark from a study entitled “Status of the SARS-CoV-2 variant Omicron in Denmark” [252] which tested for Omicron Covid-19 cases from November 22 until December 15, where a total of 17,767 cases of the Omicron Covid-19 variant were reported.

Despite the low virulence and relatively mild cold-like symptoms inflicted on individuals infected with the Covid-19 Omicron variant [83, 244, 248-250] and the fact that there is now multiple scientific evidence in prestigious journals showing increased Covid-19 vaccination

rates correspond to both an increase in Covid-19 cases and Covid-19 deaths (83, 161-168), national governments have introduced discriminatory and segregation measures for unvaccinated individuals. These include restrictions to society and employment including a nationwide lockdown for unvaccinated people in Austria [256], the suspension of health workers from multiple European countries and across the globe who refused the Covid-19 jab [257-260], financial fines in Greece for pensioners refusing the Covid-19 “Vaccine” [261] the implementation of a global vaccine passport [262], with travel restrictions for those who are unvaccinated [263].

### **Possible upcoming Pandemics following the Covid-19 global vaccination programme: the Marburg Virus?**

The Global Vaccine alliance organisation (GAVI), with the primary benefactor being the Bill Gates and Melinda Gates foundation, stated that the next global pandemic maybe due to the Marburg Virus [264]. In fact, Professor Dolores Cahill, a tenured Professor in Immunology and Molecular Biology at the University of Dublin and chemical engineer and health care professional Kieran Morrissey have also warned of the next planned Marburg Virus Pandemic [265-266]. According to them the Marburg Virus, will be used as a cover to conceal an upcoming pandemic of covid-19 vaccine induced injuries which resemble the symptoms of haemorrhagic fever such as profuse bleeding and widespread blood clots.

As has already been mentioned one of the principal pathologies which results following vaccination with the Covid-19/SARS-Cov2 “vaccine” is abnormal blood clotting/thrombosis. For instance, the most recent data (21.1.2021) entered into VAERS for COVID-19 jabs in the past 13 months lists 18,354 cases of thrombosis (blood clots), resulting in 862 deaths, 1288 permanent disabilities, and 3,569 life threatening events [117-118, 267-268]. In contrast all vaccines for the past 30 years, record 509 cases of thrombosis (blood clots), resulting in 18 deaths, 68 permanent disabilities, and 115 life threatening events [117-118, 267-268]. Thus, in the past 13 months following the experimental Covid-19/SARS-Cov2 “vaccine”, there have been 36X more cases of blood clots, and 48X more deaths from blood clots, than cases and deaths due to blood clots following all other vaccines for the past 30 years.

### **Descent to Medical Tyranny and a totalitarian society according to Dr. Michael Yeadon**

According to Dr. Michael Yeadon the declaration of the Covid19 Pandemic by the WHO has resulted in mass economic, political, medical, and social control of the world population by global institutes such as the WHO and the World Economic Forum, with the accompanying centralisation of power and control of subservient national governments.

Dr. Michael Yeadon states that we are currently in Phase 4 of a descent to globally tyranny and dystopia (June 2021- October 2021) which include the following measures [269]:

- Imposition of a vaccination pass to reward the vaccinated and punish the resistant.

- Creation of an apartheid system of the privileged vaccinated against the non-vaccinated, (who have their freedoms curtailed).
- Taking away the right to work or study from the non-vaccinated
- Withdrawal of basic services to the non-vaccinated
- Impose PCR/antigenic test payments on non-vaccinated.

The intended result of the above restrictions is the demoralisation and impoverishment of a resistant population who are disobeying the governmental and global illegal vaccine mandates and to further implement draconian/martial laws (phase 5) and the “great reset” (phase 6) as espoused by Claus Schwab, the World Economic Forum and the Davos Group [270-271] with subsequent full spectrum control of a subservient and conditioned population as predicted by Dr. Michael Yeadon (November 2021 – September 2022). One possible scenario espoused by the Rockefeller Foundation in 2010 named Operation Lock Step, envisions a global pandemic to be used as a pretext for “A world of tighter top-down government and more authoritarian leadership” [272].

### **Complaint to the International Criminal Court for Violations of the Nuremberg code and Rome Statute**

A complaint has recently been filed to the International Criminal Court (ICC) on 6 December 2021 to the office of the prosecutor [273] in the Hague, Netherlands by a group of lawyers, human rights activists and Scientists in the UK including:

- Hannah Rose – Lawyer and Human Rights activist
- Dr Michael Yeadon (PhD in respiratory Pharmacology and former vice-president of allergy and respiratory at Pfizer).
- Piers Corbyn (Astrophysicist and activist).
- Mark Sexton (Retired Police Officer)
- John O’Loony – Funeral Director and activist
- Johnny McStay – Activist
- Louise Shotbolt – Nurse and human rights activist

The criminal complaint filed charges “those responsible for numerous violations of the Nuremberg Code, crimes against humanity, war crimes and crimes of aggression in the United Kingdom, but not limited to individuals in these countries:

The individuals held accountable for violation of international law (The Nuremberg Code and the Treaty of Rome Statute, Article 15.1 and 53), include:

- Prime Minister of the United Kingdom: Boris Johnson
- Secretary of State for Health and Social Care: Matthew Hancock
- Director General of the WHO: TEDROS ADANHOM GHEBREYESUS
- Co-Chair of the Bill and Melinda Gates Foundation: Bill Gates

- Co-Chair of the Bill and Melinda Gates Foundation: Melinda Gates
- Chairman and Chief Executive of Pfizer: Albert Bourla
- Chief Executive Officer of AstraZeneca: Stephane Bancel
- Chief Executive Officer of Moderna: Pascal Soriot
- Chief Executive of Johnson & Johnson: Alex Gorsky
- President of the Rockefeller Foundation: Dr Rajiv Shah
- Director of the Institute of Allergy and Infectious Disease (NIAID): Dr Anthony Fauci
- Founder and Chairman of the World Economic Forum: Klaus Schwab
- President of EcoHealth Alliance Dr Peter Daszack

The file submitted to the Office of the Prosecutor at the ICC, the Hague, Netherlands, contains the following evidence and documentation.

- The Corana Virus “vaccines” are currently experimental in Phase III of clinical trials, which are due to conclude in early 2023. At present there is no long-term safety data available.
- The Covid-19 “vaccines” as defined by their producers are not indeed vaccines and can be classified as Covid-19 experimental injections (altering your physiology due to the production of the toxic spike protein). In fact, the definition of a vaccine was specifically changed in February 2020 as a result of the introduction of the Covid-19 injection globally in February 2020, which was modified in the Merriam-Webster dictionary to include components of the COVID-19 mRNA injection.
- The misuse of the RT PCR test (which cannot detect a live viral infection) to diagnose asymptomatic individuals with Covid-19.
  - The laboratory development of SARS-CoV2/Covid-19 in the Wuhan Institute of Virology, China utilising Gain of function research funded by the National Institute of Health (NIH) and Dr. Anthony Fauci.
- A request for a full investigation into the inclusion of Graphene Hydroxide in the Covid-19 Vaccines as well as an investigation into the death of Dr. Andreas Noack, who was found dead hours after releasing his findings on the presence of Graphene Hydroxide nano structures in the Covid-19 experimental “vaccines”, which according to Dr. Noack act as “Razor blades” inside the veins of “vaccine” recipients, severing blood vessels and causing internal bleeding.
- The misclassification of deaths from Influenza, Pneumonia, respiratory illnesses, and co-morbidities as Covid-19 deaths on death certificates, as a result of testing positive for Covid-19, within 28 days prior to death. In fact, it has been established via a Freedom of Information request, that between March and June 2020, the total number of Covid-19 related deaths in England and Wales with no existing health conditions was 4476 out of a total of 49607 Covid-19 deaths, accounting for only 9% of total deaths that were classified as Covid-19.
- The ineffectiveness of face masks and their hazardous effect on human health including the induction of Hypoxia and hypercapnia as well as the rebreathing of contaminated air with high CO<sub>2</sub> and low O<sub>2</sub>, compromising the natural homeostasis of the body, leading to self-toxicity and immunosuppression.

- The suppression of COVID-19 life-saving treatments such as Hydroxychloroquine, Ivermectin and inhaled Budesonide all of which have been demonstrated to be safe and effective early treatments against COVID-19 in multiple studies. Indeed, the petitioners have requested that “the suppression of safe and effective alternative treatments for Covid-19 amounts to murder and warrants a full investigation by the court.”
- From the onset of the COVID-19 “Pandemic” big tech and social media such as Twitter, Facebook and YouTube have censored any coronavirus information that contradicts recommendations proposed by the WHO. For instance, the citing of health statistics and critical reporting of official Covid-19 UK government policy have led the UK government to restrict Freedom of speech, block websites and de-platform dissenting voices, including that of Dr. Robert Malone, the inventor of the technology used in the experimental mRNA vaccines, who is critical of the Covid-19 “vaccines”.

The petitioners provide further evidence and documentation that the Government of the United Kingdom along with ministers and health officials violated multiple tenets of the universally recognised Nuremberg codes. In fact, based on legal obligation (*Opinio juris sive necessitatis*), physicians, pharmaceutical manufacturers, research scientists and medical personnel if found in violation of any of the 10 Nuremberg codes, face criminal prosecution.

### **1. Informed consent to the recipient of the medical experiment**

It is the petitioner’s assertion that informed consent was not provided to the recipient of the Covid-19 investigational “vaccines” that they were partaking in an experimental medical procedure which can be categorised as “a genetic medical experiment”, the first time in history that such an mRNA COVID-19 injection has been tested on the global populace. They also contend that recipients of the Covid19 “vaccine” were not made aware of the existence of more safe and efficacious therapies for treating Covid-19 such as Ivermectin and Hydroxychloroquine.

### **2. The experiment will be conducted to prevent suffering or Physical injury.**

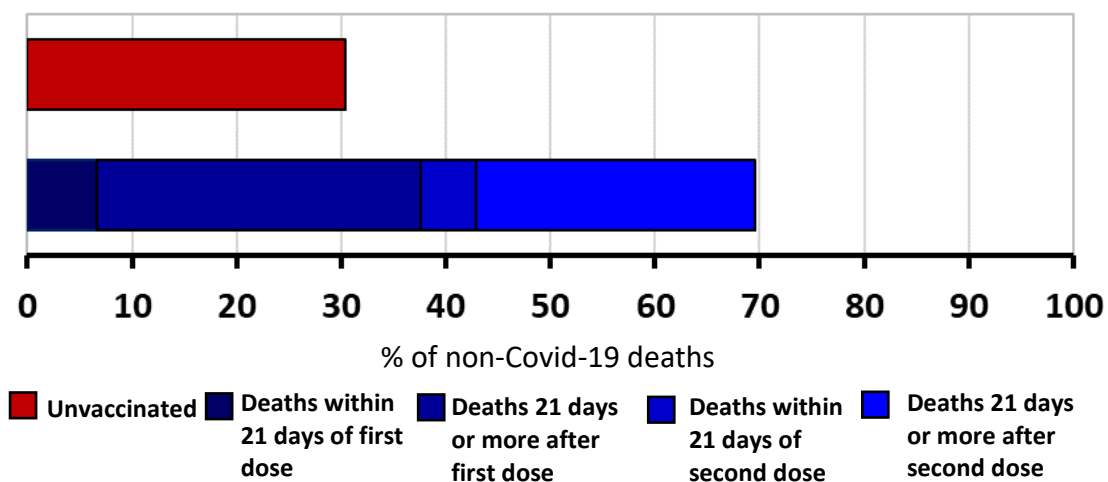
The Applicants make the case from already established evidence that the Covid-19 investigational “vaccines” have caused death as well as long-term injury and permanent damage after the “vaccine” was administered. This proposition can be verified from official databases recording vaccine injuries such as the UK yellow card report, EudraVigilance (in the European Union) and VAERS (in the United States). In fact, in the UK as of 24<sup>th</sup> November 2021 a total of 395,049 adverse reactions have been reported on the Yellow Card System, UK 136,582 (34.6%) adverse reactions being reported for the Pfizer ‘vaccine’, 238,086 have been recorded for the AstraZeneca (60.3%), 19,101 for the Moderna (4.8%) and 1,280 (0.3%) have been reported where the brand was not specified.

### **3. The Experiment must not be conducted where there is reason to assume that death or injury will occur.**

Furthermore, evidence from the Office for National Statistics (ONS) have recorded the following between January 2nd 2021 and July 2nd 2021 [274]: 18,653 deaths within 21 days

of the first dose of a Covid Vaccine – 4,388, (23.5%) of those involving the Covid-19 virus; 73,822 deaths 21 days or more after the first dose – 7,289 (9.9%) of those involved the Covid-19 Virus; 11,652 deaths within 21 days of a second dose – 182 (1.6%) involved the Covid-19 virus and 57,721 deaths 21 days or more after second dose – 458 deaths were related to the Covid-19 virus (0.8%).

In fact, out of a total of **214,701 deaths** classified as non-Covid 19 deaths from 2 January 2021 until 2 July 2021 a total of **149, 531 deaths (69.6%)** were of “vaccinated” individuals. This means that if you were vaccinated with the investigational Covid-19 injection you have a **2.29x** higher probability of dying following vaccination within a **six-month** period (Figure 20).



**Figure 20 – Vaccination status of non-Covid-19 deaths in England from 2 January 2021 to 2 July 2021.** [274] Data from the ONS collated from England in the first six months of 2021, showing the percentage of non-Covid-19 deaths by vaccination status. The vaccinated category, which accounts for 69.6% of total deaths, has been subdivided into four sub-classes: Deaths within 21 days of first dose (6.6% of total), Deaths 21 days or more after first dose (31% of total), Deaths within 21 days of second dose (5.3%), Deaths 21 days of more after second dose (26.7%).

According to the applicants given the aforementioned statistics there is more than ample evidence that death or injury following the administration of the investigational Covid-19 vaccine is occurring on a mass scale, therefore there is no medical or scientific basis for the continuation of this medical procedure. Therefore, in accord with the Nuremberg codes ***“The individual in charge of the experiment must be prepared to terminate the experiment at any stage, if he has probable cause to believe it will cause injury, disability or death of the experiment participant.”***

The applicants also provide substantial evidence and documentation that the UK government, ministers, and senior officials have violated many aspects of the Rome Statute of the ICC including **Article 7 (crimes against humanity), Article 8 (war crimes), and Article 8 bis3 – Crimes of aggression.** Full details and documentation on violations of the Rome Statute can be found on pages 20-33 on the aforementioned document filed to the ICC on December 6 2021. Based on all the evidence collated the applicants requested the opening of an investigational enquiry and state that “ It is of the utmost urgency that ICC take immediate action, taking all of this into account, to stop the rollout of covid vaccinations, introduction of

unlawful vaccination passports and all other types of illegal warfare mentioned herein currently being waged against the people of the United Kingdom by way of an IMMEDIATE court injunction” (Page 37, Complaint to ICC, December 6, 2021). In fact, due to the English Domestic courts and English police force not registering the above criminal case, in line with international law the applicants were forced to submit their criminal case to the ICC, since the ICC is responsible to “prosecute cases only when a State is unwilling or unable genuinely to carry out the investigation or prosecution (Article 17(1)(a)). The ICC indeed acknowledged the receipt of the case and assigned a unique reference number to it on December 6, 2021 [275].

### **International response to “vaccine” mandates and restrictions of civil liberties in the Covid-19 epoch**

Numerous measures have been initiated to counteract the restrictions of civil liberties and the introduction of “vaccine” mandates in the Covid-19 era. The JCVI (joint committee of vaccination and immunisation) advisers to the UK government did not recommend vaccination of healthy children between the ages of 12 and 15 [276]. Previously in June 2021, the MHRA (the regulatory agency for medicine and health care products) in the UK had received a yellow card preliminary report demanding an immediate cessation to the mass covid-19 vaccination programme from Dr Tess Lawrie, MBBCh, PhD [277]. Furthermore, in Germany the Coronavirus Investigative Committee is currently collating evidence and testimony from hundreds of independent Scientists, Doctors and Lawyers against the WHO, CDC and national governments for large scale fraud and illegal imposition of experimental vaccine mandates [3]. The Romanian government had been forced to shut down a large number of vaccine centres in the country, due to the non-compliance of 70% of its citizens who refused to get jabbed [278]. Moreover, in Serbia the Police union had issued a directive to its citizens to mobilise against mandatory covid-19 vaccination calling for protection of human rights and constitutional law [279].

The restrictions on civil liberties, health autonomy and basic freedoms in the Covid-19 epoch has led Doctors, Scientists, Lawyers and Nurses to form independent organisations on both a national and international level such as Doctors for Covid Ethics [280], The German Coronavirus Investigative Committee [281], the British Nursing Alliance [282], the World Doctors Alliance [283] and the World Freedom Alliance [284]. The World Freedom Alliance provides a global platform linking various organisations including Doctors, Scientists, Lawyers, and freedom campaigners interested in maintaining fundamental liberties and human rights [284]. Additionally, the Children’s Health Defense Organisation led by Robert F. Kennedy Junior [285] is operating to protect Children from experimental medical procedures. Recently on December 14, 2021 Dr. Sucharit Bhkadi and Professor Arne Burkhardt in a joint letter called for a cessation to the International Covid-19 vaccine programme after presenting causal evidence of “vaccine-induced” pathology following post-mortem analysis of 15 individuals [286]. Furthermore, as mentioned a complaint has been submitted to the International Criminal Court (ICC) for violations of the Nuremberg code and the Rome Statute, with Attorney Hannah Rose, Dr Michael Yeadon and colleagues presenting comprehensive

evidence and documentation of mass violations of civil liberties, health autonomy and fundamental freedoms [273].

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## Further Information

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ANDREW RALLIS SPEECH AGAINST VACCINE MANDATES AND SUSPENSION OF HEALTH CARE WORKERS, FREEDOM PARK, ATHENS, GREECE, 6<sup>TH</sup> NOVEMBER, 2021 (English with Greek Translation)

Η ΟΜΙΛΙΑ ΤΟΥ ANDREW RALLIS ΚΑΤΑ ΤΗΣ ΥΠΟΧΡΕΩΤΙΚΟΤΗΤΑΣ ΚΑΙ ΤΩΝ ΑΝΑΣΤΟΛΩΝ ΣΤΟΥΣ ΥΓΕΙΟΝΟΜΙΚΟΥΣ, ΠΑΡΚΟ ΕΛΕΥΘΕΡΙΑΣ, ΑΘΗΝΑ, ΕΛΛΑΔΑ, 6 ΝΟΕΜΒΡΙΟΥ 2021

<https://www.youtube.com/watch?v=wSZnM0YtmIY>

### Greek

A. Ράλλης: Βλάβες στο αίμα από τα εμβόλια - Α. Λαμπρόπουλος "Στην Αιχμή του Δόρατος" 08/09/2021 <https://www.youtube.com/watch?v=XUfYWoHivz8&t=49s>

Ανδρέας Ράλλης: Υπάρχουν κρυφά #σουστατικά στα #εμβόλια; - Στην Αιχμή του Δόρατος - 25/8/2021 <https://www.youtube.com/watch?v=7Cl4Y4Js9wo&t=107s>



LIVEGRTV - [ΕΡΕΥΝΑ ΣΟΚ] ΥΠΑΡΧΟΥΝ ΚΡΥΦΑ ΣΥΣΤΑΤΙΚΑ ΣΤΑ ΕΜΒΟΛΙΑ; - YouTube

<https://www.youtube.com/watch?v=5x2dMMEgsRU&t=10812s>

ΚΑΛΕΣΜΕΝΟΙ 28 ΟΚΤΩΒΡΙΟΥ 2021:

Κωνσταντίνος Αρβανίτης (Διδάκτωρ Καρδιολογίας Πανεπιστημίου Αθηνών)

Ανδρέας Ράλλης (Μοριακός Βιολόγος - King's College London και του πανεπιστημίου Stanford)

LIVEGRTV - Βιοχημική και Ανοσολογική Προσέγγιση Ιού Πέμπτη 11 Νοεμβρίου

<https://www.youtube.com/watch?v=xhw8SS4B0pw&t=16483s>

Καλεσμένοι : (Πέμπτη 11 Νοεμβρίου 2021)

Ανδρέας Ράλλης (Μοριακός Βιολόγος - King's College London και του πανεπιστημίου Stanford)

Αντώνης Πουλτουρτζίδης (Διαιτολόγος)

LIVEGRTV - ΠΕΜΠΤΗ - Α. ΡΑΛΛΗΣ - Κ. ΑΡΒΑΝΙΤΗΣ - Α. ΠΟΥΛΤΟΥΡΤΖΙΔΗΣ - Σ. ΙΩΑΝΝΟΥ

[https://www.youtube.com/watch?v=YGt3t\\_ktdIU&t=1698s](https://www.youtube.com/watch?v=YGt3t_ktdIU&t=1698s)

Καλεσμένοι : (Πέμπτη 13 Ιανουαρίου 2022)

Ανδρέας Ράλλης (Μοριακός Βιολόγος)

Στάθης Ιωάννου (Ερ. Σταυρός)

Κωνσταντίνος Αρβανίτης (Διδάκτωρ Καρδιολογίας Παν. Αθηνών)

Αντώνης Πουλτουρτζίδης (Διατροφολόγος)

[ΤΕΛΟΣ ΣΤΗΝ ΠΛΑΝΗΜΙΑ] ΒΑΖΕΙ ΤΟ ΔΩΡΕΑΝ ΒΙΒΛΙΟ ΤΟΥ Δρ. Α. ΡΑΛΛΗ

<https://www.youtube.com/watch?v=-SCm9FOFpdw&t=20018s>

Καλεσμένοι : (Δευτέρα 17 Ιανουαρίου 2022)

Ανδρέας Ράλλης (Μοριακός Βιολόγος)

Στάθης Ιωάννου (Ερ. Σταυρός)

Κωνσταντίνος Αρβανίτης (Διδάκτωρ Καρδιολογίας Παν. Αθηνών)

Αντώνης Πουλτουρτζίδης (Διατροφολόγος)

Αντώνης Ιερωνυμάκης (Πρόεδρος Παγκρήτιου Συλλόγου)

Όθωνας Ιακωβίδης

Βίκυ Χαραλάμπους

ΠΑΡΟΥΣΙΑΣΗ ΕΚΠΟΜΠΗΣ:

ΤΖΕΗΜΣ ΣΩΝΤΕΡΣ

ΑΛΙΝΑ ΚΑΜΠΑ

ΜΕΛΙΣΣΑ-ΜΑΡΙΑ ΡΟΥΤΗ