

Paris Judicial Court
Parvis du Tribunal de Paris
75 859 PARIS Cedex 17

To the attention of :

**Madam or Mister the Doyen
of the Investigating Judges of
the Judicial Court of PARIS**

By RPVA and RLAR on November 4, 2021

CRIMINAL COMPLAINT
(Articles 85 and following of the Criminal Procedure Code)

For:

The Association BonSens. org, an association under Alsace-Moselle local law, recognized as being of general interest, located at 10 rue des Cigognes, 67960 ENTZHEIM (*Association Law 1908 - registration TPRX-ILLKIRCH-GRAFFENSTADEN Volume 46 / Folio 22*), represented by its current president

The Association Internationale pour une Médecine Scientifique Indépendante et Bienveillante (AIMSIB), an association governed by the law of July 1, 1901, recognized as being of general interest, located at 12 rue Frédéric Petit, 80000 AMIENS, represented by its current president

Mr :

Having for lawyer :

Virginie DE ARAUJO-RECCHIA Lawyer at the
Paris Bar
89 rue de Monceau, 75008 Paris

Taking up residence at their lawyer's office for the purposes of the proceedings.

Against:

X

For the charges :

- **FRAUDULENT ABUSE OF IGNORANCE AND WEAKNESS (ARTICLE 223-15-2 OF THE CRIMINAL CODE)**

- **COMPLICITY IN EXTORTION AND ATTEMPTED EXTORTION (ARTICLES 312-1 AND 312-9 OF THE CRIMINAL CODE)**

- **COMPLICITY IN POISONING AND ATTEMPTED POISONING (ARTICLE 221-5 OF THE CRIMINAL CODE)**

TABLE OF CONTENTS

I. PRESENTATION OF THE FACTS	6
A. PRESENTATION OF THE PARTIES	6
1. The complainants	6
- The purpose of the BonSens. org Association is :	6
- The International Association for Independent and Benevolent Scientific Medicine (AIMSIB) has as its object:	6
- Mr .	7
2. The respondents :	7
X.	7
B. THE FACTS IN DISPUTE	8
I. DISCUSSION	10
A. ABUSE OF WEAKNESS AND IGNORANCE LEADING FRENCH CITIZENS UNDER PSYCHOLOGICAL DURESS TO SUBMIT TO A GENE THERAPY CLINICAL TRIAL	10
1. In law :	10
2. In the present case :	14
a) Abuse of weakness of French citizens in a state of psychological subjection resulting from techniques designed to impair their judgment	14
MEASURES TO ISOLATE THE POPULATION COUPLED WITH ANXIETY-PROVOKING MESSAGES FROM THE MAINSTREAM MEDIA	14
A PANDEMIC OF POSITIVE TESTS AND THE MEDIA TO "BOIL IT DOWN	23
CHANGE IN INCIDENCE RATE OR EPIDEMIC PRESSURE TO LEGITIMIZE A HEALTH EMERGENCY	26
ARTIFICIAL NUMBER OF DEATHS CAUSED BY COVID-19 AND LACK OF EXCESS MORTALITY	27
b) Abuse of ignorance of French citizens in a state of psychological subjection resulting from techniques designed to impair their judgment	30
DISRESPECT FOR ETHICS AND MISINFORMATION	30

<i>UNFAIR INFORMATION ABOUT THE NATURE OF THE EPIDEMIC</i>	34
<i>UNFAIR INFORMATION ABOUT AVAILABLE TREATMENTS</i>	40
<i>THE "CONFUSION" BETWEEN EARLY TREATMENT AND TREATMENT OF CRITICALLY ILL PATIENTS</i>	64
<i>LACK OF FAIRNESS IN THE TREATMENT OF INFORMATION</i>	64
<i>THE MEDIA AND DIGITAL GIANTS PLAYED A BULLYING ROLE</i>	66
<i>THE USE OF THE WHO NAME, AMONG OTHER INTERNATIONAL ENTITIES, IN AN ATTEMPT TO SUPPORT A FALLACIOUS DISCOURSE</i>	67
<i>OF PEOPLE WHO DIE FROM LACK OF PRESCRIPTION MEDICATION</i>	68
<i>SYSTEMATICALLY SCHEDULING PHYSICIANS WITH CONFLICTS OF INTEREST IN THE MAINSTREAM MEDIA</i>	68
c) Grouping pursuing activities the purpose or effect of which is to create, maintain or exploit psychological or physical subjection of persons	70
<i>FAILURE TO RESPECT THE PRINCIPLE OF MEDIA PLURALISM AND SELF-CENSORSHIP</i>	70
<i>THE DEPENDENCE OF THE FRENCH MEDIA ON AMERICAN FINANCIAL GIANTS LEADING TO A DISQUALIFICATION OF SENSITIVE INFORMATION</i>	70
<i>MAINSTREAM MEDIA SUPPORT FOR POLITICAL POWER</i>	71
<i>FINANCIAL INTERESTS AND CAPITAL TIES THAT RAISE QUESTIONS</i>	72
B. COMPLICITY IN EXTORTION AND ATTEMPTED EXTORTION	75
1. In law :	75
2. In the present case :	76
C. COMPLICITY IN POISONING AND ATTEMPTED POISONING	79
1. In law :	79
2. In the present case :	81
<i>REGARDING GENE THERAPY INJECTIONS, THE PRECAUTIONARY PRINCIPLE SHOULD BE APPLIED</i>	81
<i>THOUSANDS OF DEATHS AND SERIOUS SIDE EFFECTS ARE REPORTED FOLLOWING THE COVID-19 "VACCINATION" CAMPAIGN</i>	91
<i>CONFLICT-FREE EXPERTS CENSORED BY MAINSTREAM MEDIA AND DIGITAL GIANTS</i>	94

<i>VICTIMS CENSORED BY MAINSTREAM MEDIA, NEWS AGENCIES AND DIGITAL GIANTS</i>	<i>99</i>
<i>INDEPENDENT JOURNALISTS AND WHISTLEBLOWERS CENSORED</i>	<i>100</i>
<i>ENCOURAGING TEENAGERS TO PARTICIPATE IN A CLINICAL TRIAL BY PROVIDING SKYROCK VAXIBUSES IN STRATEGIC LOCATIONS</i>	<i>101</i>
<i>THE PHARMACEUTICAL LABORATORIES CONCERNED WERE THE SUBJECT OF REPORTS CONCERNING THEIR CRIMINAL RECORD</i>	<i>103</i>
<i>SUMMARY OF EXHIBITS IN SUPPORT OF THE COMPLAINT</i>	<i>108</i>

Your Honour,

In the name of and on behalf of the Association BonSens.org, the International Association for Independent and Benevolent Scientific Medicine (AIMSIB) and Mr Laurent PELÉ

I have the honour to state the following facts:

I. PRESENTATION OF THE FACTS

A. PRESENTATION OF THE PARTIES

1. The complainants

- The purpose of the **BonSens. org Association** is to:

The promotion but also the safeguarding of health in the broadest sense (human, societal, economic and planetary health), common sense and French values, the defence of freedoms. It ensures that any activity and any medical, energy or environmental transition project whatever they may be both at local (municipal, departmental, regional) and national level is carried out in compliance with the rights of French citizens, with French, European and international laws and regulations, codified or not, intelligible or not. It ensures that any obligation or rule imposed on French citizens and/or French law resulting in particular from convention and/or directive and/or code and/or regulation international convention respects the national or international rights of French citizens and/or French law and/or its principles, codified or not, intelligible or not.

- The **International Association for Independent and Benevolent Scientific Medicine (AIMSIB)** has as its purpose:

- Provide critical, independent, scientific and conflict-free information on medicines, treatments and medical devices;
- to inform health professionals and citizens about advertising and media noise about therapeutics in general;
- to bring together health professionals and users in accordance with these objectives and concerned with independence and benevolence;
- mobilise all resources, including legal ones, to ensure that national and international drug, health product and food agencies are free from the pressure of lobbies and conflicts of interest.

- Mr

Mr. considers that he has suffered real moral prejudice on a personal basis given the media treatment of this crisis, which personally led to the continuous reception of unfair and biased information on all his devices and channels.

Mr. subjected to unprecedented psychological pressure, exerted by the media and the government, to submit to a clinical trial of gene therapy presenting risks for his health, which has as a corollary the prohibition to participate in a social life since he refuses to do so. We file an application for legal aid.

2. The respondents:

X.

B. THE FACTS IN DISPUTE

For the past twenty months we have been facing a global crisis and French citizens have been subjected to a continuous flux of information.

During this period, is information about medical and scientific facts presented in a fair, transparent manner to French citizens?

Does the information comply with the ethical rules applicable to the media and does the information provided correspond to the expectations of public opinion and the rights of citizens?

In this period of so-called "health" crisis, the government has used unprecedented measures to encourage French citizens to be "vaccinated". Some consider these measures as coercive.

However, rather than playing the role of the Fourth Estate by questioning the measures, the mainstream media have aligned themselves with the information provided by the government.

Among the consequences of this alignment, we note, for example, that 25 million French citizens have been encouraged to have a biological drug injected into a clinical trial (in accordance with its qualification under E.U. law) between 12 July and 30 September 2021.

This strong incentive was based on **fragmented, biased and unfair information**. Moreover, the absence of contradictory information or the role of censor played by certain media and GAFAM now raises the question of collusion and concentration.

Some speakers with conflicts of interest have been chosen by the editors, the programme directors of the mainstream media afin to spread fear and disseminate false information on public health, without any contradictory expert having been invited afin to respect the adversarial principle. Moreover, it is easy to see that the speakers chosen to appear on the platforms or be interviewed have been the same since the beginning of the crisis.

These are only speakers supporting government policy, with world-renowned experts definitively censored.

Only the alternative media, without any links of interest, have been able to provide fair, unbiased information by ensuring the application of the adversarial principle. These alternative media have been labelled by the mainstream media and GAFAM as "conspiracy theorists" and censored for exercising **their duty to inform** by offering a critical and substantiated point of view on the decisions of the government and the mainstream media in matters of information and health, by calling on independent experts.

Currently, the mainstream media is relentlessly relaying the following information, among others:

- The lack of early treatment with a scientific consensus,
- The toxicity of some early treatments,
- The efficacy of the "vaccines" would be 95%,
- Gene therapy injections would be "vaccines" in the Pasteurian sense of the term,
- The 85% of people hospitalized would be unvaccinated,
- The "vaccine" would protect against severe forms,
- The "vaccine would be the only solution" to eradicate the virus.

Yet, based on the scientific data, this information is completely false.

Examples of misinformation - Exhibit 1

In the field of health, French citizens must be able to give free and informed consent before any medical act.

Many French citizens and health professionals have fœd to the information delivered by the mainstream media, resulting in information asymmetry causing consent bias and ignorance of the real situation.

In matters of public health, the national representation should have had access to fair, transparent, contradictory information, supported by facts and scientific analyses, which was not the case. Measures qualified by some as "liberticidal" were taken throughout the crisis, without the debate having been able to take place in Parliament on the basis of real scientific data.

Yet the media should strive to base their publications on scientific analysis and the principle of adversarial debate in accordance with the canons of Science.

Consequently, the mainstream media, whose duty and role is to provide French citizens with fair, transparent and verifiable information, have incurred their responsibility.

GAFAM have incurred liability by censoring information, potentially resulting in a loss of opportunity for citizens to be treated, information that could have saved human lives.

Enfin the collusion links and concentration between the various protagonists seem to have led to the current crisis.

II. DISCUSSION

The Constitutional Council bases the "safeguarding of the dignity of the human person against all forms of enslavement and degradation" on the first paragraph of the preamble to the 1946 Constitution (CC 94-343/344 DC):

"In the aftermath of the victory won by the free peoples over the regimes that attempted to enslave and degrade the human person, the French people once again proclaim that every human being, without distinction of race, religion or creed, possesses inalienable and sacred rights."

Article 16 of the Civil Code states that *"the law ensures the primacy of the person, prohibits any violation of the dignity of the person and guarantees respect for the human being from the beginning of his life."*

A. ABUSE OF WEAKNESS AND IGNORANCE LEADING FRENCH CITIZENS UNDER PSYCHOLOGICAL SUBJECTION TO A CLINICAL TRIAL OF GENE THERAPY

1. In law:

Under article 223-15-2 of the Criminal Code, **fraudulent abuse of a state of ignorance or weakness** is punishable by three years' imprisonment and a fine of 375,000 euros:

- **or a minor,**
- or a person whose particular vulnerability, due to age, illness, infirmity, physical or psychological deficiency or a state of pregnancy, is apparent or known to the perpetrator,
- **a person in a state of psychological or physical subjection resulting from the exercise of serious or repeated pressure or techniques likely to impair his judgment,**
- **to lead that minor or person to do or refrain from doing an act that is seriously prejudicial to him or her.**

Where the offence is committed by the de facto or de jure leader of a group which pursues activities with the aim or effect of creating, maintaining or exploiting psychological or physical subjection of the persons participating in these activities, the penalties are increased to five years' imprisonment and a fine of 750,000 euros.

Article 11 of the Declaration of the Rights of Man and of the Citizen of 26 August 1789, inserted in the preamble to the 1958 Constitution, states:

"the free communication of thoughts and opinions is one of the most precious rights of man: every citizen may therefore speak, write, and print freely, except to be held accountable for the abuse of this freedom in the cases determined by law."

The independence and pluralism of the media are also indirectly recalled in Article 34 of the French Constitution, as follows

*"The law fixes rules regarding:
-civic rights and the fundamental guarantees granted to citizens for the exercise of public freedoms; **the freedom, pluralism and independence of the media;** the constraints imposed by the National Defence on citizens in their persons and property; (...)"*

In accordance with Article 1 of Law No. 86-1067 of 30 September 1986 on freedom of communication

"Communication to the public by electronic means is free.

The exercise of this freedom may be limited only to the extent required, on the one hand, by respect for human dignity, the freedom and property of others, and the pluralist nature of the expression of currents of thought and opinion, and, on the other hand, by the safeguarding of public order, by the needs of national defence, by the requirements of public service, and by the technical constraints inherent in the means of communication.

Moreover, in the context of a decision n°84-181 DC of 11 October 1984 concerning the Law aimed at limiting the concentration and ensuring the financial transparency and pluralism of press enterprises, the Constitutional Council recognized the constitutional value of the freedom of the press and its necessary role in a Democracy (recital 38)¹:

"Considering that the pluralism of the daily newspapers of political and general information to which the provisions of Title II of the law are devoted is in itself an objective of constitutional value; that indeed the free communication of thoughts and opinions, guaranteed by Article 11 of the Declaration of the Rights of Man and of the Citizen of 1789, would not be effective if the public to which these daily newspapers are addressed were not able to have access to a sufficient number of publications of different tendencies and character ; that, in definitive terms, the objective to be achieved is that the readers, who are among the essential recipients of the freedom proclaimed by Article 11 of the Declaration of 1789, should be able to exercise their free choice without private interests or public authorities being able to substitute their own decisions for it, nor should it be made the subject of a market.

¹ <https://www.conseil-constitutionnel.fr/decision/1984/84181DC.htm>

In addition, Article 10 of the Convention for the Protection of Human Rights and Fundamental Freedoms, which was signed in Rome on 4 November 1950 and entered into force on 3 September 1953, also enshrines freedom of expression:

"Freedom of expression

- 1. Everyone has the right to freedom of expression. This right includes freedom to hold opinions and to receive and impart information and ideas without interference by public authority and regardless of frontiers. This article shall not prevent States from imposing licensing requirements on broadcasting, film or television enterprises.*
- 2. The exercise of these freedoms, which carries with it duties and responsibilities, may be subject to certain formalities, conditions, restrictions or penalties prescribed by law, which constitute measures necessary in a democratic society in the interests of national security, territorial integrity or public safety, for the prevention of disorder or crime, for the protection of health or morals, for the protection of the reputation or rights of others, for preventing the disclosure of confidential information or for maintaining the authority and impartiality of the judiciary."*

It is therefore a democratic principle to be able to express oneself freely while respecting the laws and the highest standards.

The European Court of Human Rights (ECHR) has repeatedly ruled in favour of journalists' freedom of expression over the "feelings" of the public or states.

We will quote the Handyside judgment dated December 7, 1976, dealing with a press case in Great Britain, which reaffirms the importance of the right to information in these terms:

"Freedom of expression is one of the essential foundations of a democratic society, one of the primary conditions for its progress and for the development of every individual. Subject to the restrictions mentioned, in particular in Article 10 of the European Convention on Human Rights, it applies not only to information or ideas that are favourably received or regarded as inoffensive or as a matter of indifference, but also to those that offend, shock or disturb the State or any sector of the population.

The ECHR has consistently emphasised the essential "watchdog" role of the press in a democratic society and has linked the function of journalists to disseminate information and ideas on all matters of general interest with the right of the public to receive them (Satakunnan Markkinapörssi Oy and Satamedia Oy c. Finland [GC], § 126; Bédat v. Switzerland [GC], § 51; Axel Springer AG v. Germany [GC], § 79 Sunday Times v. the United Kingdom (no. 2), § 50; Bladet Tromsø and Stensaas v. Norway [GC], §§ 59 and 62; Pedersen and Baadsgaard v. Denmark [GC], § 71; News Verlags GmbH & Co. KG v. Austria, § 56; Dupuis and Others v. France, § 35; Campos Dâmaso v. Portugal, § 31).

Furthermore, in the field of the press, the European Court of Human Rights (ECHR) considers that the guarantee provided by Article 10 of the European Convention on Human Rights (ECHR) is not sufficient to guarantee the right to freedom of expression.

of human rights concerning freedom of expression, offered to journalists, with regard to reporting on matters of general interest, is subject to the condition that they act in good faith on the basis of accurate facts and provide "fiable and accurate" information in accordance with journalistic ethics (Axel Springer AG v. Germany [GC], § 93; Bladet Tromsø and Stensaas v. Norway [GC], § 65; Pedersen and Baadsgaard v. Denmark [GC], § 78; Fressoz and Roire v. France [GC], § 54; Stoll v. Switzerland [GC], § 103; Kasabova v. Bulgaria, §§ 61 and 63-68; Sellami v. France*, §§ 52-54;

These conditions are also described as "**respect for the principles of responsible journalism**" (Bédat v. Switzerland [GC], § 50; Pentikäinen v. Finland [GC], § 90).

These considerations play a particularly important role today, given the power that the media wield in modern society, for not only do they inform, but they can at the same time suggest, by the way information is presented, how the recipients should appreciate it. In a world in which the individual is confronted with an immense flux of information, circulating on traditional or electronic media and involving an ever-increasing number of authors, monitoring compliance with journalistic ethics takes on added importance (Stoll v. Switzerland [GC], § 104).

2. In the present case:

(a) Abuse of French citizens in a state of psychological dependence resulting from techniques designed to impair their judgement

Every day since January 2020, we have witnessed the establishment of fear, terror and guilt among the population, notably through the repeated speeches of the members of the executive and the interventions of the Directorate General of Health, relayed by the main French media.

These repeated interventions, the interventions of proclaimed experts, in conflict of interests and the anxiety-provoking commercials, create a trauma, a collective hypnosis, a mass psychosis :

<https://youtu.be/4BWY7gbw-Tk>

MEASURES TO ISOLATE THE POPULATION COUPLED WITH THE ANXIETY-PROVOKING MESSAGES OF THE MAINSTREAM MEDIA

- The Charter of Coercion described by Albert Biderman:

As early as 1962, Dr. Edgard Schein described the methodology bluntly in a speech in Washington, DC, to the guards of the segregation units across the country:

"To produce changes in behavior, it is necessary to weaken, undermine, or remove what supported the old attitudes. I would like you to think of brainwashing no longer in terms of ethics and morality, but rather in terms of deliberate changes in human behavior by a group of men who have almost complete control over the environment in which the captives find themselves. [These changes] can be induced by isolation, sensory deprivation, separation from leaders, spying, deceiving individuals into signing statements that will then be shown to others, placing individuals whose will has been severely diminished with more reform-minded individuals, humiliation, sleep deprivation, rewarding submission and fear."

Albert Biderman's chart on penal coercion (in *Amnesty International report on torture*, 1983)² :

Les 8 Critères de la Torture Psychologique d'après la Charte de Biderman

1 - Isolement	Priver la victime de tout soutien social. Développer chez elle une préoccupation intense d'elle-même. La rendre dépendante de l'autorité.
2 - Monopolisation de la perception	Fixer l'attention sur une situation difficile immédiate. Censurer les informations contraires à l'autorité. Punir l'indépendance et réduire la capacité de déplacement de la victime.
7 - Humiliation et dégradation	Convaincre la victime que résister porterait atteinte à son estime de soi alors qu'en capitulant elle agit pour la bonne cause. La réduire à un niveau de survie animale par la suppression de tous les plaisirs "non-essentiels".
3 - Epuisement	Réduire sa capacité de résistance mentale ou physique en l'épuisant à remplir des tâches inutiles.
4 - Menaces	Cultiver la peur, le stress et le désespoir en inondant la victime d'informations anxiogènes. Le menacer de se retrouver encore plus isolée des autres si elle pense à résister.
5 - Indulgences occasionnelles	Promettre une récompense en échange de soumission et procurer une motivation positive après soumission. Empêcher l'accoutumance aux privations imposées en lâchant un peu la bride en de rares occasions.
6 - Démonstration de puissance	Suggérer l'inutilité et la futilité de la résistance face à une autorité beaucoup plus puissante.
8 - Imposer des demandes stupides	Développer l'habitude à la soumission par des directives stupides, inutiles ou illogiques.

It is easy to see that the phase of monopolization of perception is criterion n°2, which follows criterion n°1 of isolation.

Monopolization of perception corresponds to fixing attention on an immediate difficult situation. Censoring information contrary to authority.

This monopolization of perception adds to the victim's reduced ability to move.

The mainstream media and digital giants have worked to focus citizens' attention on the Covid-19 pandemic for more than 18 months and to systematically censor information contrary to government policy.

This monopolization of perception during confinements has created a disturbing increase in suicides and mental illness among children, youth and adults and an increase in intra-family violence:

Indeed, psychiatrists note that confinement measures are harmful to the population and that these deprivation of liberty measures cause real harm to the dignity and physical, psychic and moral integrity of every citizen, especially if the media interventions of the administrative authorities contribute to generating a climate of fear and

² <https://www.amnesty.org/download/Documents/204000/act400011975eng.pdf>

terror.

Scientific studies also point in the direction of a correlation between confinement measures and the onset of mental illness, particularly in young individuals (prevalence of depression and anxiety).³

In addition, Santé publique France launched a survey of 2000 people in March 2020 to monitor their psychological state (Coviprev): The prevalence rate of depression doubles from the first of April 2020 (19.9), returns almost to the average in May (12.3) and doubles again between September and November (20.6) to remain at a high level until January 2021 (22.7) and then in March 2021 (20), i.e. +10 points compared to the non-epidemic level.⁴

"The results presented are for wave 22 (15-17 March 2021) and are put into perspective with the results of the other survey waves:

The mental health of those surveyed remains deteriorated, with a high prevalence of anxiety, depression, sleep problems and suicidal thoughts, particularly among people in precarious situations (employment, finance, housing), people with a history of psychological disorder and young people (18-24 years).

Anger, fear, concern for one's health, frustration, and feelings of loneliness are associated with poorer mental health, regardless of socio-demographic characteristics and living conditions.

The epidemic situation and the measures taken to control it significantly affect the mental health of the population, especially in terms of anxiety-depressive symptomatology."

- In an article dated 25 February 2021, Mrs Marie-Estelle DUPONT, clinical psychologist and psychotherapist, also gives her analysis:⁵

"Locking up healthy people by force and breaking their life construction adapted to their real and sometimes already very complex needs makes the appearance of various diseases certain and increases private violence. (...)

So it is not so much the ordeal as the collective management of the crisis which, through paradoxical injunctions, the need to control everything from above while disempowering the individual, the "stop-and-go" has had a heavy impact on the psyche of the French, all generations included. (...)

To deprive a human being of his senses, of his links, is to dehumanize him. He avoids the "réa" to come to psychiatry because the normal reaction to the abnormal is to feel bad. No, Mr Solomon, the crisis has not revealed the psychological vulnerability of the French. The management of the crisis has generated infinite collateral damage. There is a difference. (...)

Psychological, psychosomatic and psychosocial damage has thus multiplied among patients, but especially

³ *Association of Home Quarantine and Mental Health Among Teenagers in Wuhan, China, During the COVID-19 Pandemic*
<https://jamanetwork.com/journals/jamapediatrics/fullarticle/2775249?guestAccessKey=04af0d22-d94d-435d-8c8e-afb5ad0de5a7>

⁴ <https://www.santepubliquefrance.fr/etudes-et-enquetes/coviprev-une-enquete-pour-suivre-l-evolution-des-comportements-et-de-la-sante-mentale-pendant-l-epidemie-de-covid-19>

⁵ <https://www.lefigaro.fr/vox/societe/confinements-le-cri-d-alarme-d-une-psy-sur-les-degats-collateraux-infinis-20210225?s=09>

in individuals with no previous history, who had never shown any symptoms. A dull guilt to think differently, or to make other findings as well. (...)

Psychologically, giving in to fear by forbidding ourselves to live is a form of regression into a cocoon, as if we were psychic invertebrates. Patients of all ages ask for the opposite movement. A movement of life that reintegrates vulnerability. Rather than stopping life to avoid death, which makes them sick, they make it clear in their psychosomatic and mood symptoms that no, health is not a statistical extension of life and that this crisis has shown an inversion of values and an incompatibility between political priorities and the global and complex functioning of a human being, whose existence is from the outset, reticular."

- In an article dated February 22, 2021⁶, Doctor Frédéric BADEL, psychiatrist, warns about mass manipulation:

"Today, the manipulation continues using the same methods to encourage vaccination.

Indeed, to vaccinate against a virus that exposes less than 0.5% of infected people to death, the median age of the victims being 84 years, to vaccinate against a virus that, moreover, is governed like this type of virus by the rule of mutation (several have already been detected), is not rational. It is a medical absurdity. The benefit-risk ratio is not favorable and the question of developing such a vaccine should not even arise. Moreover, treatments for this condition exist and are efficient. But there is no place for science. It is the doctors on the TV sets who form the opinion, and this despite their collusion with the laboratories on which they are rarely asked to account. (...)

It evokes cult techniques and mass suicides. To escape the end of the world or the aliens -here to the deadly virus-, the sacrifice is presented as saving. Reality buried under discordant, guilt-inducing daily messages has given way to delirium in which logical links dissolve.

Cults use these means: isolating individuals by cutting them off from their social and family ties, making people dependent by depriving them of their means of subsistence, propagating a univocal discourse hammered out in permanent high masses, crowding out any dissenting thought, presenting opponents as nuisances who understand neither their own interest nor the higher common interest."

- In an article dated March 28, 2021⁷, Dr. Frédéric Badel, a psychiatrist, explains very clearly the techniques of mass manipulation used by the major media:

"How do we manage to make a whole population wear a mask without any proof of the usefulness of wearing it? How do we come to propose the principle of a vaccine passport for a virus that is not very lethal, that mutates, and that kills mainly people over 80 years old? And how is it that these proposals, solutions or injunctions trigger so little reaction from the populations concerned?"

Certain techniques of mass manipulation help to explain the rapid evolution of thought content on a population scale and the adherence of a large part of this population to a new program. Mass manipulation is not new. The tools to carry it out have become more modern and sophisticated.

⁶ <https://www.nexus.co.uk/news/analysis/brainwashing-cults/>

⁷ <https://www.nexus.co.uk/news/analysis/mental-control/>

speed. Manipulation will allow propaganda to be disseminated on a large scale, aimed at modifying habitual landmarks and beliefs, then replacing them with new ones, without any deception being detected.

Nowadays, the rapid spread of state propaganda is achieved via television, which remains the main daily information tool for a majority of French people. (...) Experiments dating from the fnds of the 1960s (Thomas Mulholland, Herbert Krugman) show that after only one minute of viewing, the viewer's brain activity modifies and shifts from beta to alpha frequencies . This shift signals the blunting of logical and critical thinking to a relaxation close to hypnosis, which may explain many a fall asleep in front of the TV. Propaganda will therefore use the hypnotic activity of this omnipresent tool. The TV currently offers continuous programs. Two elements are used:

– The repetition of identical information to populations in a semi hypnotic state allows to better anchor this information in the brain. The population receiving the same information acquires a unique way of thinking which creates a social pressure, peer pressure, a mechanism of self-regulation of the people by themselves. A natural function of man is to unconsciously follow the social model; at the level of the individual, a new model is set up to correspond to the dominant thought. The herd instinct and obedience to the rule transform citizens into guardians of the established order.

– The generalization of programs that do not involve reflexion, the broadcasting of reality TV programs that appeal to distraction, serve to divert attention and dumb down the people by distancing them from real social problems.

The programmes therefore alternate between disturbing information and alienating programmes that allow for relaxation. (...)

*– **The strategy of shocks** aims to initiate and maintain social chaos. The shock created by an announcement, an image, a commentary can provoke a state of flabbergasting (remember the viewing of images of the World Trade Center). The images of submerged hospitals, of patients being evacuated in special convoys, the alarming comments speculating on the number of deaths to come, the sound messages, have encouraged conditioning on a Pavlovian model. The successive shocks were distilled in a random manner and quite close together. The masses, by gradual conditioning, anxiously awaited the next shock provided by executive interventions.*

The successive shocks were accompanied by a strategy to make people believe that the sacrifices were painful but necessary and that everything would be better tomorrow. This strategy helped amplifier social cohesion around the official narrative.

It has also been accompanied by a particularly formidable tool of manipulation, namely infantilisation. For example, allowing oneself to travel within a kilometre of one's home, for a limited period of time, on condition that one wears a mask, is infantilizing, humiliating and highly conditioning; it places the gendarme within each of us and forces transgression in conscience. The stupid demands imposed are part of Biderman's charter of coercion.

*– **The strategy of small steps:** since the first announcements, freedoms have been insensitively reduced. A good announcement for the population today is the absence of new deprivations. One year after the crisis began, we are in a state of emergency, under curfew, with border surveillance, systematic tests and under the threat of compulsory vaccination. Insensitively, our freedoms are being curtailed, with the government skilfully adjusting the slider to minimise the risks of coming out of hypnosis.*

The techniques used, once fear has been instilled to achieve chaos, are to deliberately distort the reflexion by deliberately steering it towards new concepts or language.

At a later time, a savior will be able to propose a new order to solve the crisis.

The government during the health crisis made extensive use of techniques to make the situation appear to be entirely new:

– ***A new language:*** *the notion of cluster appeared at the beginning of the crisis. The population discovering this word attributed to it the dramatic emotional tone of the moment and kept it. In short, cluster equals danger. Clusters multiplied, carrying with them fear. So did patient zero, PCR tests, rising trays, variants etc. The pseudo-scientific, and therefore credible, presentation of these notions has built a frightening world day after day.*

– ***Pseudo concepts:***

"The world after": just a few weeks after the start of the epidemic, the presentation of the "world after" was used to give a dramatic colouring to the virus. The world after refers in the unconscious to the great catastrophes, whether natural, atomic or viral, that disaster films are so fond of. This concept effectively eliminates any possible return to the old order.

"we'll have to live with the virus": the uninformed public thought that we didn't have to live with viruses in a sustainable way until now, that they disappeared after epidemics, and that the only hope left to us was vaccination to get rid of them, (since there is officially no treatment in France).

"Target zero covid". In contradiction with the previous concept, it makes any exit from the crisis impossible. The presence of these two statements side by side shows the nonsense that is so popular in government communication. The objective being unattainable, it prepares the next concept.

"This affirmation short-circuits common sense questions about the need for such a treatment, its conditions of development, etc. Coupled with the threat of perpetuating the travel restrictions that vaccination could put an end to, many people think of vaccinating themselves, unknowingly allowing such a measure to be put in place. Indeed, without mass vaccination, the health passport or an equivalent would be impossible. This is clearly a case of manufacturing consent.

These processes do not allow for a serene debate on the real issues and confisent any constructive discussion. The dumbing down of minds no longer allows everyone to restore the common sense that would have made it possible to ask, for example, "how did we do with previous epidemics?" or "why talk so soon about a world after or a war for a virus?" "why rush into the search for a vaccine without knowing whether a vaccine is a solution for the current episode?" "why do many countries have a treatment?" The substantive questions that would allow the construction of a structured and argued reflexion have thus been carefully sidestepped.

Neo-language and pseudo-concepts, renewed over and over again, make it possible to maintain terror and to suppress the meaning of information. Gradually, a fact or a situation will be named by overused words diverted from their original signification.

From this new language the words "cure" and "sick" have disappeared since the concept of epidemic must be disjoined from the idea of patients to be cured. The epidemic becomes an epidemic of positive cases to isolate and contacts to identifier. The people move from a fear of being sick to a fear of being "positive" or even "contact" and meekly accept the tests and isolations.

– ***The exaltation of certain moral values: solidarity and ethics.***

Wearing a mask, like vaccination, become acts to be feared because they are philanthropic. They are even filmed by the media to be better promoted. (...)

Successive shocks make it possible to annihilate the reflexion capacity of the masses and to stupefy them, to erase all previous reference points. On this background of turbulence, of disorganization, it is possible to graft any program aimed at resolving the chaos and proposing/organizing/imposing a return to calm.

The current program is a terror program whose scenario is based on the spread of one or more viruses.

The hypnotic trance in which a part of the people is immersed no longer allows rectifier the information through observation. The chaotic world proposed on the screen has entered everyone's subconscious and is constantly reinforced by the measures visible in everyday life, such as wearing a mask.

On the cognitive tabula rasa achieved in a short time by media power and mental manipulation techniques, a new world appears in which it is necessary to protect oneself from everything, even if it means dissolving fundamental freedoms. (...)

In short, we have experienced a seasonal epidemic whose political and media treatment has reduced our fundamental rights, disrupted all previous reference points and established new standards that are completely out of step with reality.

The firepower of the political-media dyad has manufactured consent."

- In an interview dated September 1, 2021, Dr. Ariane BILHERAN, clinical psychologist and doctor of psychopathology, gives an analysis of which the following extract concerns the media in particular:

"The crisis became clear in 2020 through a pseudo-sanitary political ideology and revealed many things, in particular the role of the mass media in brainwashing, and their passion for sensationalism over rationality. These media have a huge responsibility in the renunciation of critical thinking; the exhibition of opinions takes the lead, instead of real reasoning. For this to happen, our societies should not have given up so easily on the search for truth, and on its conditions. All this is the fruit of a renunciation that is first and foremost moral, and which is rooted, in my opinion, in the "it is forbidden to forbid", the reign of immediate consumption and unrestrained enjoyment. This is the perverse reign, and in psychology we know that perversion is the queen mother of paradoxes that stagger thought and prevent the construction of a social bond. Perversion is what corrupts the bond, by nature. Paranoia can follow in its footsteps to create "new bonds", a "new normal", "a new man", and these bonds are based on delusion."

Exhibit 2

- Self-appointed experts with conflicts of interest regularly appeared on the sets, making remarks devoid of common sense, contrary to usual medical practices and to the data recognized by science, dragging in their wake many health professionals.

Stanley Milgram's experiments to measure the level of obedience to an unethical order can also explain the impact of media propaganda:

"More than half a century ago, a young social psychology researcher at Yale University in the United States, haunted by the atrocities of the Holocaust, came up with the idea for a novel experiment to try to **understand the psychological mechanisms that led thousands of men to torture and kill millions of others. Under the guise of studying the effectiveness of punishment on learning, he asked participants to administer electric (fictive) shocks to a third party. The real purpose is actually to measure the level of obedience to an unethical command.**

The results, published in 1963 in the *Journal of Abnormal and Social Psychology*, shake public opinion: two-thirds of the participants infligate this torture, whenever a figure of authority asks them to. Stanley Milgram's name goes around the world. Subsequently, the young scientific conducts a series of similar experiments, the results of which demonstrate that, **under pressure from an authority, the majority of people carry out orders, even though they are informed that they can withdraw from the experiment at any time and that they know that the electric shocks they infligate to the other person can have serious effects on his health.**"

<https://sante.lefigaro.fr/article/experience-de-milgram-l-etre-humain-prefere-encore-torturer-que-desobeir/>

- Similarly in the UK, the letter to the British Psychological Society of January 6, 2020 openly talks about covert psychological strategies, which operate below the level of people's consciousness:

"Re: Ethical issues raised by the role of psychologists in the development of the government's coronavirus communication campaign

We are writing to you as a group of psychologists to express our ethical concerns about the activities of government-employed psychologists working in the Behavioural Insights Team (BIT) (1) in their mission to secure massive public compliance with coronavirus restrictions. We believe that the use of covert psychological strategies - operating below the level of people's consciousness - to "push" citizens to comply with a controversial and unprecedented public health policy raises profound ethical questions. As the professional body overseeing the work of psychologists in the UK, we would welcome your views on this important issue. (...)

Using the media to increase the sense of personal threat".

As a result, the public had to endure a media onslaught aimed primarily at gonfler levels of perceived threat, including: the daily announcement of coronavirus death statistics, affied without context (such as the fact that 1600 people die every day in the UK in ordinary circumstances); repeated images of

people dying in intensive care units; scary slogans, such as 'IF YOU LEAVE, YOU CAN DO IT. PEOPLE WILL DIE'; and the promotion of facial covering - a powerful symbol of danger - when there is little evidence of its efficacy in reducing the spread of the virus."

Exhibit 3

However, the Council of Europe adopted a resolution in 2010 concerning the involvement of the media in the event of an epidemic ⁸:

"6. In the light of the widespread concerns that have been raised by the handling of the H1N1 pandemic, the Assembly calls on health authorities at international, European and national level - and in particular the WHO - to respond in a transparent manner to the criticisms and concerns raised during the H1N1 pandemic:

(...)

3. by modifying and updating existing guidelines on cooperation with the private sector or, in the absence of guidelines, by developing them, afin order to ensure:
 - 3.1. a wide range of expertise and advice be taken into account, including contrary advice from individual experts and non-governmental organizations;
 - 3.2. the declarations of interest of the experts concerned be made public without exception;
 - 3.3. That participating external organizations be required to disclose their links to opinion leaders or other experts who may be at risk of conflict of interest;
 - 3.4. That anyone exposed to the risk of conflict of interest be excluded from sensitive decision making;

6.4. improving communication strategies in the field of public health, taking into account the current social context, characterised by wide access to new technologies, and **working closely with the media to avoid sensationalism and scaremongering on public health issues.**

⁸ <https://assembly.coe.int/nw/xml/XRef/Xref-XML2HTML-EN.asp?fileid=17889&lang=EN>

A PANDEMIC OF POSITIVE TESTS AND THE MEDIA TO "BOIL IT DOWN"

The implementation of massive testing campaigns by the government and the number of "positive cases" in the RT-PCR tests relayed by the media have made it possible to manipulate the population through fear and make citizens psychologically fragile,

However, these RT-PCR tests are unreliable:

- The PCR test detects specific segments of the genetic material present in SARS-CoV-2. **However, the PCR test does not distinguish between live and dead viruses. Therefore, a positive PCR test provides no information about a person's infectivity. Used in isolation, it does not prove that the person is actively infected, or ill, or that they can infect others** (Jefferson et al, 2020)⁹.

- **Due to the sensitivity of PCR assays, inactive viral fragments can be detected in nasal swabs up to 83 days after the onset of the disease** (Jefferson et al, 2020).

- It is possible for a person to test positive for SARS-CoV-2 when they do not have the virus, due to errors in the PCR test protocol. False-positive results can also result from contamination during sample collection, laboratory handling, testing of asymptomatic individuals, and equipment errors (Craig, 2021).

- The "primers" (short genetic sequences) used in PCR tests may not accurately detect SARS-CoV-2, especially when only one primer is used (Borger et al, 2020). The PCR test could confuse genetic material from the human genome or other coronaviruses with SARS-CoV-2 (Craig, 2021).

- The "cycle threshold" - the number of times genetic material is amplified - is important for the interpretation of PCR test results. If the cycle threshold (Ct) value is low (e.g., less than 25), it indicates that there is a lot of viral genetic material and therefore it is more likely that the virus is active. If the Ct value is high (e.g. above 30), it is more likely that the infection is no longer active (Jefferson et al, 2020).

- The inventor of the PCR method (i.e. created in 1983), Dr. Kary Mullis, winner of the 1983 Nobel Prize in Chemistry, stated in an interview on July 12, 1997 at a meeting in Santa Monica, USA:

⁹ *Viral cultures for COVID-19 infectivity assessment - a systematic review (Update 4)* Jefferson T; Spencer EA; Brassey J; Heneghan C
<https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciaa1764/6018217>

¹⁰ *A Miscarriage of Diagnosis, Dr. Clare Craig*
<https://www.pandata.org/a-miscarriage-of-diagnosis/>

"A positive PCR test cannot tell you that you are sick, because with this test you can find almost anything in anyone. Moreover, diagnosis in medicine is classically the consequence of a logico-rational exercise between clinical signs and symptoms and laboratory tests that help guide the diagnosis. The presence of clinical symptoms has always been necessary to make a diagnosis; an analytical test is not sufficient."

- AIMSIB has published:

- ***A very technical article in April 2021 concerning PCR technology, based on the words of Doctor Philippe POGNONEC, CNRS researcher, concluding in the same way:***

"(...) being a 'positive case' on this test does not signifie that one is sick with COVID-19."

<https://www.aimsib.org/2021/04/25/role-de-la-pcr-dans-le-suivi-de-la-covid-19/>

- ***An article from August 30, 2020, based on the words of Dr. Pascal SACRÉ:***

<https://www.aimsib.org/2020/08/30/covid-le-pcr-nasal-peut-il-mentir/>

"Testing PCR positive does not mean you are sick with COVID-19."

- In a statement issued on September 15, 2021 jointly by the Fondation Université de Paris, European University Alliance and Udice Universités de Recherche Françaises, the French researchers acknowledge this enfin publicly but the information is not relayed by the mainstream media:

"Today, the PCR test does detect viral genetic material but does not definite whether the virus is active (alive) or inactive (dead) at the time of collection."

This information has been relayed many times around the world, so it is inconceivable that the mainstream media such as AFP, Le Monde, LIBÉRATION, LE FIGARO, BFM TV, CNEWS, LCI, the TF1 group, the M6 group, FRANCE TÉLÉVISIONS, RADIO FRANCE have not been informed of this to date. However, the health pass is now in place until further notice, based in particular on this PCR method without anyreliability.

For more information on the PCR method - Exhibit 4

The German virologist Christian DROSTEN, at the origin of the development of the PCR method for the Covid-19 disease, was moreover interviewed in 2014 concerning this same method applied in the case of the Middle East Respiratory Syndrome (Mers) :

DROSTEN: "(...) When a whole series of Mers cases suddenly appeared in Jeddah in late March this year, doctors decided to test all patients and hospital staff for the pathogen. And to do so, they chose a very sensitive method, the polymerase chain reaction (PCR)."

Reporter: "It sounds modern and contemporary."

DROSTEN: "Yes, but the method is so sensitive that it can detect a single genetic molecule of this virus. If, for example, such a pathogen flies over the nasal mucosa of an infirmier for a day without getting sick or noticing it, it is suddenly a Mers case. Where previously terminally ill people were reported, suddenly mild cases and very healthy people are now included in the notification statistics. This could also explain the explosion in the number of cases in Saudi Arabia. In addition, the local media has boiled the case to an incredibly high level."

Reporter: "142 deaths are to be taken seriously."

DROSTEN: "Necessarily. But the 142 deaths occurred over a few years, not all due to the current epidemic. I'm afraid the current increase is more due to the increased attention. It's no different in this country. If "Bild" or the evening news reports an outbreak of a certain virus, the number of lab tests increases dramatically. Simply because doctors are then also sensitized and specifically monitor the pathogens that are reported."

Reporter: "What do you think should be done?"

M. DROSTEN: "It would be very helpful if the Saudi authorities would take back the old definitions of the disease. Because what you are primarily interested in are the actual cases. Whether asymptomatic or mildly infected hospital workers are really carrying virus, I consider questionable. It is even more questionable that they could transmit the virus to others. The new health minister's advisory team should do a better job of distinguishing between medically necessary diagnoses and scientific interest."

Since the Mers outbreak in Saudi Arabia in 2014, Mr DROSTEN has therefore known all the steps that allow to "boil the case" thanks to the use of a very sensitive PCR method and the massive media relay.

Mr. DROSTEN is Head of the Administrative Office of Global Health and Director of the Institute of Virology at the Medical University of Berlin Charité, which has been funded with US\$885,730 from 2018 to 2020 by the Bill & Melinda Gates Foundation and US\$1010,000 by Wellcome Trust¹¹ from 2019 to 2020

Exhibit 5, pp. 7-8

Wellcome Trust is affiliated with the Coalition for Innovations in Infectious Disease Preparedness, (Consortium, Global Research Collaboration for Infectious Disease Preparedness)¹²

¹¹ https://fr.wikipedia.org/wiki/Wellcome_Trust

¹² https://fr.wikipedia.org/wiki/Coalition_for_innovations_in_epidemic_preparedness

along with the World Economic Forum, Davos and the Bill and Melinda Gates Foundation.

Exhibit 5, p. 3

Indeed, the first draft of CEPI was developed in 2015, and the coalition was officially established at the World Economic Forum in Davos in 2017. It was endowed with a US\$460 million fund by the Bill-and-Melinda-Gates Foundation, the Wellcome Trust Foundation and a range of other countries.

This Coalition was formed for the financing of independent research projects to develop vaccines against epidemics caused by emerging infectious agents. The infectious agents it is working on include the coronaviruses MERS-CoV and SARS-CoV-2 (the cause of the Covid-19 pandemic).

However, the RT-PCR tests intended for the detection of Covid-19 were developed by Mr DROSTEN at the Charité University Berlin¹³ thanks to the financing of these foundations involved in the development of vaccines, while the virologist knew since 2014 as well as certainly all the members of the Coalition, that these tests were too sensitive and that a significant number of positive cases would trigger panic in the population thanks to media propaganda.

CHANGE IN INCIDENCE RATE OR EPIDEMIC PRESSURE TO LEGITIMIZE A HEALTH EMERGENCY

The incidence rate or epidemic pressure (corresponds to the number of infected persons per 100,000 inhabitants, over a seven-day period): The epidemic threshold for every respiratory virus epidemic (influenza syndromes) since 1985 and until 2018 (the last year for which the Sentinelles network published an annual review¹⁴) has consistently been fixed between 150 and 200 cases per 100,000 inhabitants.

Never has an epidemic threshold been fixed at 50 cases per 100,000 population, as it has been since May 2020.

¹³ https://www.who.int/docs/default-source/coronaviruse/protocol-v2-1.pdf?sfvrsn=a9ef618c_2

¹⁴ <https://www.sentinelweb.fr/document/4633>

ARTIFICIAL NUMBER OF DEATHS CAUSED BY COVID-19 AND LACK OF EXCESS MORTALITY

According to numerous testimonies (especially from doctors who question the death declaration forms), a large number of people who died from accidents or other diseases were wrongly included in the number of people who died of Covid-19 (i.e. "death from covid" as opposed to "death with covid").

- A French health professional, who wished to remain anonymous, testifies in this sense:

<https://drive.google.com/file/d/17BU1emsCRnCB541MrIwnj7SWWzUo8rZ-/view?usp=sharing>

According to Santé Publique France's detailed account of the covid crisis between March 2020 and March 2021 (p. 43.): of the hundred thousand or so supposed deaths from covid, only 14,471 actually died from covid alone. The other deaths were actually caused by other diseases.

<https://bit.ly/3GETZ5t>

Tableau 10. Description des décès certifiés par voie électronique avec une mention de COVID-19 dans les causes médicales de décès, du 1^{er} mars 2020 au 29 mars 2021, France (données au 30 mars 2021)

Sexe	n	%
Hommes	22 677	55
Femmes	18 824	45

Cas selon la classe d'âge	Sans comorbidité ou non renseigné ¹		Avec comorbidités ¹		Total ²	
	n	%	n	%	n	%
0-14 ans	1	20	4	80	5	0
15-44 ans	78	33	162	68	240	1
45-64 ans	771	28	1 978	72	2 749	7
65-74 ans	1 808	30	4 260	70	6 068	15
75 ans ou plus	11 813	36	20 627	64	32 440	78
Tous âges	14 471	35	27 031	65	41 502	100

Description des comorbidités	n	%
Pathologie cardiaque	9 554	35
Hypertension artérielle	5 990	22
Diabète	4 335	16
Pathologie respiratoire	3 571	13
Pathologie rénale	3 565	13
Pathologies neurologiques *	2 341	9
Obésité	1 561	6
Immunodéficience	609	2

* Ce groupe inclut les pathologies neurovasculaires et neuromusculaires
¹ % présentés en ligne ; ² % présentés en colonne

The official figures from other countries say strictly the same thing.

- The U.S. Centers for Disease Control and Prevention ("CDC") in the U.S., similarly determined that, of all the deaths officially reported covid, only 5% of them were "without comorbidities," i.e., 95% of them probably died of other diseases.

https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm?fbclid=IwAR3-wrg3tTKK5-9tOHPGAHWFVO3Dfslk70KsDEPOpWmPbKtp6EsoV2Qs1Q

- This has also been recognised in Portugal, in a decision dated 19 May 2021 by the Administrative Court of Lisbon (p.7 of the decision):

Exhibit 6

Indeed, by a *decision of 19 May 2021 No. 525/21.4BELSB, the Lisbon Administrative Court* effectively found that the deaths specifically attributed to Sars-Cov-2, for the period from 19 January 2020 to 18 April 2021, listed in the Death Certificate Information System (SICO), were **152 and not 17,000 as publicly claimed by the Portuguese government (i.e., 0.9% of deaths).**

- This has also been recognized in Italy, by the Italian Superior Institute of Health (ISS), whose report has been commented on by the national press (*Il Tempo and Il Gironale d'Italia, 21 October 2021*):

"According to the new report (which had not been updated since July) from the Higher Institute of Health on Covid mortality, the virus that brought the world to its knees would have killed far less than a simple flu. (...) According to the statistical sample of medical records collected by the institute, only 2.9% of the deaths recorded since fin February 2020 would be due to Covid 19. Thus of the 130,468 deaths recorded by official statistics at the time of the preparation of the new report, only 3,783 would be due to the virus itself" or 2.9%.

All the other Italians who died had between one and five diseases which, according to the ISS, left them with little hope. Even 67.7% would have had more than three contemporary diseases together, and 18% at least two together. According to the ISS, 65.8% of Italians who are no longer around after being infected with Covid had high blood pressure, that is, they had high blood pressure. 23.5% also had dementia, 29.3% added diabetes to their ailments, 24.8% also had atrial fibrillation. And this was not sufficient: 17.4% already had diseased lungs, 16.3% had had cancer in the last 5 years; 15.7% had heart insuffisance, more than one in ten were also obese, more than one in ten had had a stroke, and still others, though in smaller proportions, had serious liver problems, dialysis and autoimmune diseases.

Since it is clear, according to the data of the report of the Higher Institute of Health, that the incidence of Covid in the total number of deaths is less than 3%, "therefore, the alarmism that led a certain political line to push so insistently on the vaccine and on the restrictions considered as the prerogative of getting away from the sanitary emergency is not explained. (...)

And I remember well the weekly press conferences of the ISS and the civil protection in which these deaths were always minimized, always emphasizing the numerous pathologies found in those who

had not done so. (...) Then during the vaccination campaign the government's need became diametrically opposed: to dramatize and push anyone towards the safety of the vaccines made available. (...) A great confusion therefore, which also feeds fears and stiffens the resistance of a few million Italians who have chosen to avoid vaccination. Perhaps with a little less propaganda, less rigidity and more correct information this would not be the case...".

Press articles:

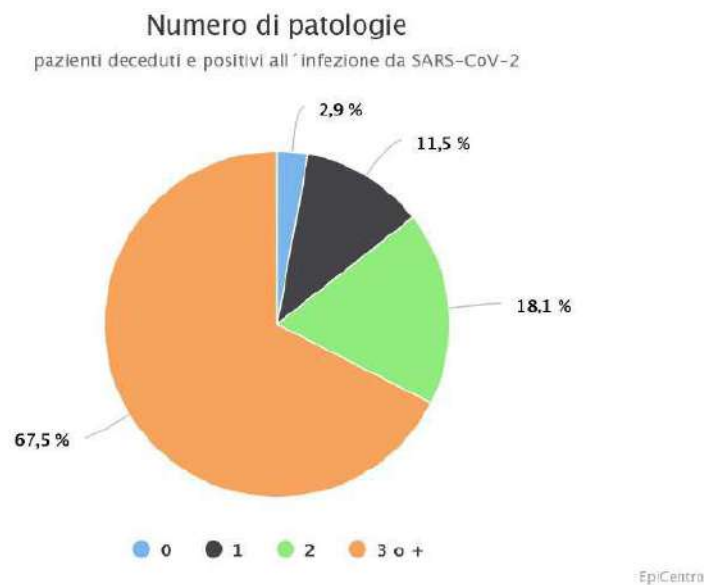
<https://www.iltempo.it/attualita/2021/10/21/news/rapporto-iss-morti-covid-malattie-patologie-come-influenza-pandemia-disastro-mortalita-bechis-29134543/>

<https://www.medias-presse.info/grand-remous-en-italie-pour-linstitut-superieur-de-la-sante-italien-le-covid-a-kill-less-than-gripping/147824/>

Report :

<https://www.epicentro.iss.it/coronavirus/sars-cov-2-decessi-italia>

Graph extracted from the report presenting the percentage of deaths according to the number of pathologies other than SarsCoV-2 (from 0 to 3 and more). The Institute notes that only 2.9% of deaths were attributable to Sars-CoV-2 infection:



(b) Abuse of ignorance of French citizens in a state of psychological subjection resulting from techniques designed to impair their judgement

DISRESPECT FOR ETHICS AND MISINFORMATION

The duty of the mainstream media, whether privately owned or with a public service mission, is to provide fair and transparent information that meets high ethical and quality standards.

French citizens are entitled to expect the mainstream media to provide them with information **fair, impartial, independent, unbiased and published in its interest.**

Journalists in the mainstream media must respect and enforce their code of ethics by carrying out necessary and indispensable investigations before publication or intervention.

We recall the ten duties of journalists as set out in the Munich Charter of Ethics, signed on 24 November 1971:

1. **To respect the truth**, whatever the consequences to himself, because of the public's right to know the truth.
2. **Defend freedom of information, comment and criticism.**
3. Publish only information whose origin is known, or accompany it, if necessary, with appropriate reservations; **do not delete essential information** and do not alter texts and documents.
4. Do not use unfair methods to obtain information, photographs and documents.
5. Be obliged to respect the privacy of individuals.
6. **Rectify any published information that proves to be inaccurate.**
7. Maintain professional secrecy and do not disclose the source of confidentially obtained information.
8. **Refrain** from plagiarism, slander, libel, baseless accusations and **from receiving any benefit from the publication or removal of information.**
9. **Never confuse journalism with advertising or propaganda; do not accept any instructions, direct or indirect**, from advertisers.

10. Refuse to be pressured and accept editorial direction only from those in charge of the editorial office.

These ethical principles are justified by the fact that the media influence opinion, all the more so in matters of public health, of which we can recall the Herter jurisprudence of the ECHR and the law on what is disinformation.

According to Law No. 2018-1202 of December 22, 2018, **misinformation signifies:**

- false news, made in bad faith, which disturbs the public peace (Article 27 of the law of 1881), or**
- inaccurate or misleading allegations or imputations, likely to disturb public order or to alter the sincerity of the ballot, the falsity of which is objectively known, disseminated in a deliberate, artificially or automated and massive manner.**

In 2014, Henri Maller, political scientist, lecturer and creator of ACRIMED (association for media criticism - <https://www.acrimed.org/>) wrote¹⁵:

"Democratic ownership of the media is more necessary than ever. To guide criticism and projects, some principles are also necessary.

The right to information actually covers two inseparable rights: the right to inform and the right to be informed. The preamble to the Munich Charter, adopted in 1971 by representatives of journalists' federations in the European Community, Switzerland and Austria, as well as by various international journalists' organizations, opens with the following proclamation

"The right to information, to free expression and criticism, and to diversity of opinion is a fundamental freedom of every human being."

Such a principle, which is legitimate in the case of a "Charter of Rights and Duties of Journalists", should be clarified so as to be elevated to the rank of a general principle. (...)

*However, this right is the basis for and conditions the right to inform. **The right to information therefore covers two inseparable rights: the right to inform (to produce information) and the right to be informed (to have this information). And these rights presuppose that the means to exercise them are guaranteed.***

It cannot be said that the right to inform is fully exercised when the majority of citizens are excluded and that the right to be informed is guaranteed when it is arbitrarily mutilated.

The right to inform is, like freedom of expression and opinion, a social right that should be universally shared. The right to inform cannot be reserved for public and private groups that claim to reserve it for themselves because they monopolize the means.

Specifically:

- *The right to inform belongs to everyone and is not the monopoly of the established media and professional journalists, whatever irreplaceable role they may play.*

¹⁵ <https://www.cairn.info/revue-savoir-agir-2014-4-page-113.htm?contenu=article>

- *The right to inform is only truly guaranteed to the extent that citizens have the means to produce their own information.*
- *The right to inform, like the right to be informed, is not or should not be a privilege (and a fortiori the monopoly) of journalists (and even less so, of the companies that employ them, especially when their main objective is to make profits). It is a citizens' right which, when held up to high principles, cannot divide the beneficiaries of this right between "passive citizens" for whom the information is intended and "active citizens" who produce it.*

*It is therefore essential to fight as a priority against the **formidable inequalities** that exist in the **field of information** between **the private media** and **the public authorities** on the one hand and the **majority of the population** on the other, and not to ratify them, as the defenders of a status quo from which they hope to benefit (or which they hope to modify only by dismantling the public audiovisual sector and muzzling the associative media, to the benefit of the commercial media alone).*

The right to inform and the right to be informed being inseparable, it is these two rights which together form the basis of freedom of the press as the law regulates it or should regulate it.

Specifically with regard to the role of public service media, such as FRANCE TELEVISIONS AND RADIO FRANCE:

As early as 2007, the Council of Europe recalled its contours¹⁶ :

« I. The public service mission: maintaining the key elements

1. Member States shall have the competence to define a public service remit and to confer it to one or more media, in the public and/or private domain, retaining the key elements underlying the traditional public service remit while adapting it to new contexts. This mission should be accomplished using state-of-the-art technology appropriate to the objectives. These elements are referred to on several occasions in Council of Europe documents, defining public service broadcasting as, inter alia:

- a) a reference point for the public in all its components**, offering universal access;
- b) a factor of social cohesion and integration of all individuals, groups and communities;**
- c) an impartial and independent source of information and commentary**, and varied and innovative content that meets high ethical and quality standards;
- d) a forum for pluralistic public debate** and a means of promoting broader democratic participation by individuals;
- e) a means of actively contributing to audiovisual creation and production and to a better appreciation and dissemination of the diversity of the national and European cultural heritage.**

The Council of Europe has recognised the important role of public service media (PSM) in the dissemination of information¹⁷ :

"adapted to promote pluralism and diversity of opinion"

¹⁶ https://search.coe.int/cm/Pages/result_details.aspx?ObjectId=09000016805afce7

¹⁷ <https://www.coe.int/en/web/freedom-expression/public-service-media>

In 2012, the Committee of Ministers of the Council of Europe warned about the freedom of expression and governance of these media¹⁸ :

"Freedom of expression and the right to seek and receive information are essential for the functioning of a genuine democracy. As the Committee of Ministers affirms in its Declaration on governance of public service media, adopted on the same day, the media are the most important tool for freedom of expression in the public sphere insofar as they provide the possibility for people to exercise the right to seek and receive information.

Public service media play a particular role in respecting this right and in providing diversified and high quality content, thus contributing to the strengthening of democracy and social cohesion, and promoting intercultural dialogue and mutual understanding.

Public service media must operate and evolve within a sustainable governance framework that ensures both the necessary editorial independence and public accountability. In the above-mentioned declaration, the Committee of Ministers warns that pluralism and diversity in the media, and therefore democratic debate and engagement, may be undermined if the current model, which includes public service, commercial and community media, is not preserved.

¹⁸ https://search.coe.int/cm/Pages/result_details.aspx?

UNFAIR INFORMATION ABOUT THE NATURE OF THE EPIDEMIC

At the outset, it is necessary to recall what the definition of health is, according to the WHO:

"Health is a state of complete physical, mental, and social well-being, and does not consist merely of the absence of disease or infirmity."

(excerpt from the Constitution of the World Health Organization adopted in 1946 in New York, which came into force in 1948).

The degree of severity of an epidemic is determined by taking into account the mortality rate, which in the case of Covid-19 is very low: 0.03 to 0.05%.

The case fatality rate was 0.12 to 0.14% without care, with an average of 2.6 comorbidities and a median age of 84 years.

This leads to the conclusion that ***"COVID-19 has a similar actual case fatality rate to seasonal influenza"***, according to the eminent Professor John Ioannidis (April 17, 2020 speech).

This is confirmed by Dr. Roger Hodkinson, who is the former chair of the Royal College of Physicians and Surgeons of Ottawa. He was CEO of a large private medical laboratory in Edmonton, Alberta, and for the past 20 years has served as president of a North Carolina-based medical biotechnology company currently responsible for selling a Covid-19 test. He is a specialist in pathology, including virology, and was trained at Cambridge University in the UK.

At a meeting of Edmonton City Council's Community and Public Services Commission in November 2020, Dr. Hodkinson said:

"The main point is that there is a totally unfounded public hysteria, fuelled by the media and politicians. It's outrageous. It's the biggest hoax ever perpetrated on an unmeffid public. [Covid-19] is nothing more than a bad seasonal flu. It is not Ebola. It's not SARS. This is politics playing medicine, and it's a very dangerous game."

<https://fr.sott.net/article/36312-Selon-l-ancien-president-de-la-commission-Covid-du-College-royal-des-doctors-and-surgeons-it-s-the-biggest-canary-ever-perpetrated-on-a-meek-audience>

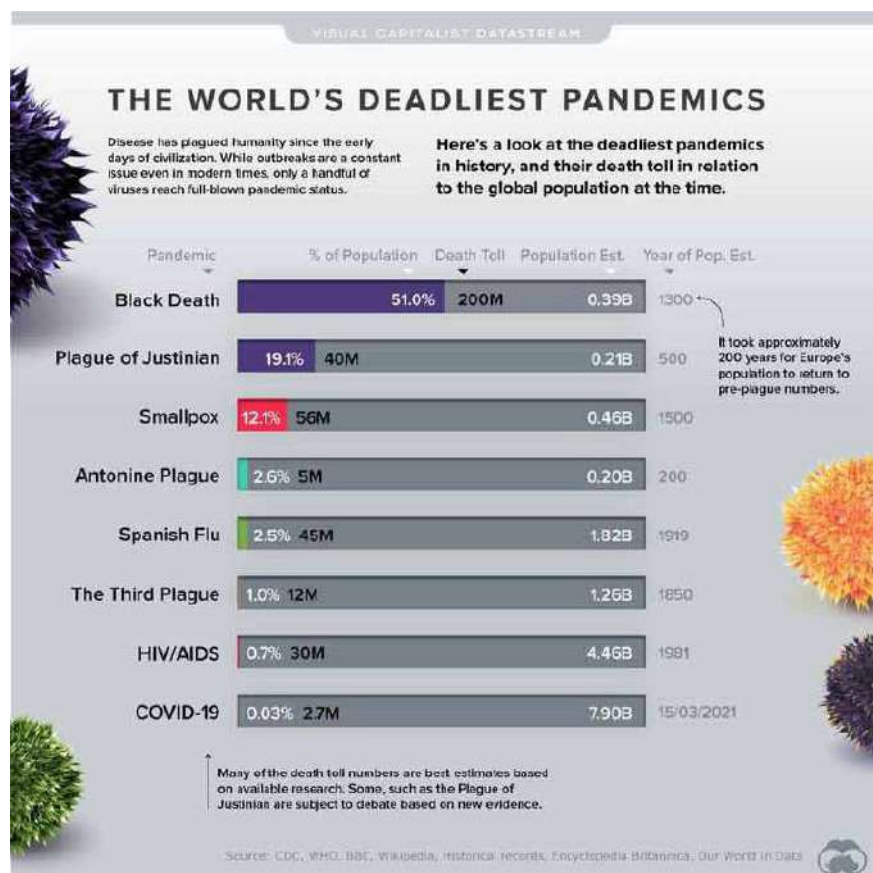
The Norwegian Institute of Public Health (FHI) has just recognized this and reclassified Covid-19 as a respiratory disease equivalent to ordinary flu.¹⁹

¹⁹ <https://freewestmedia.com/2021/09/23/norway-reclassifies-covid-19-no-more-dangerous-than-ordinary-flu/>

DIAGRAM OF THE WORLD'S DEADLIEST PANDEMICS

The diagram below: Although epidemics are constant, even the most recent ones, only a handful reach pandemic status.

Here is an overview of the deadliest pandemics in history and the number of deaths relative to the world population ("Eastern Population") at that time.



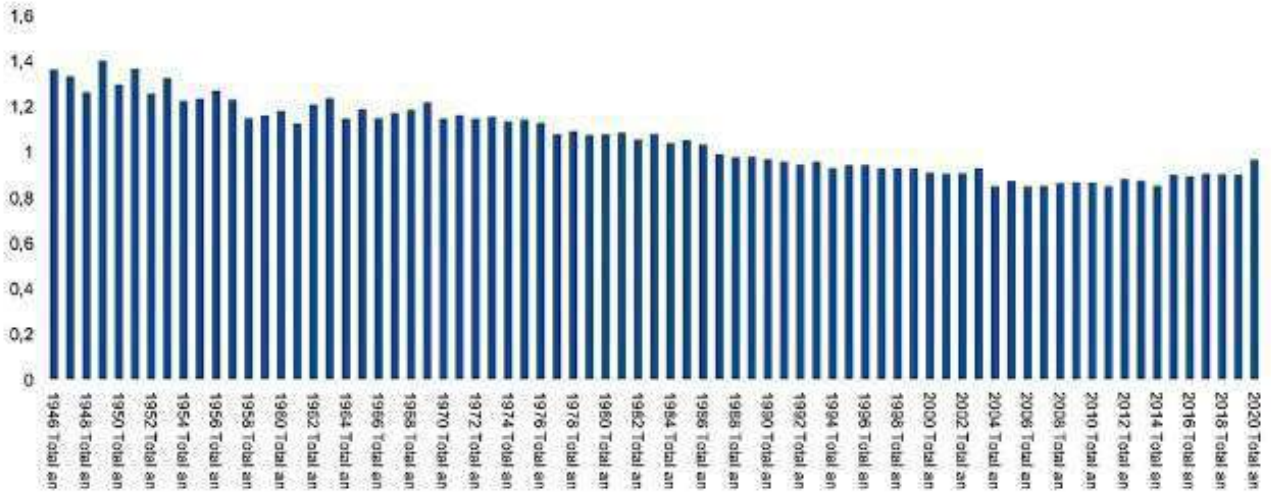
In order (date): The
 Black Death (1300)
 Justinian plague (500)
 Smallpox (1500)
 Antonine plague (200)
 Spanish flu (1919) Third
 plague (1850) HIV/AIDS
 (1981) COVID-19
 (15/03/2021)

Following the analysis of the impact of previous pandemics, we question the very qualification of "pandemic" with respect to Covid-19 disease.

The mainstream media was able to get this information to the public.

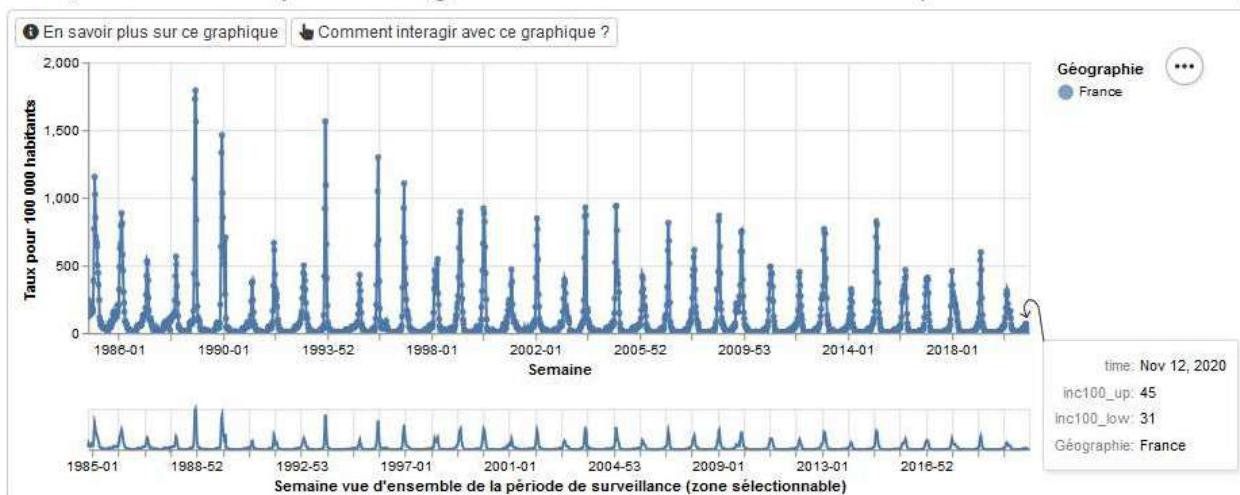
OBSERVATION OF ANNUAL MORTALITY DATA IN FRANCE SINCE 1946 (SOURCE: INSEE)

Données mortalité annuelle en France depuis 1946 (Source INSEE)



NUMBER OF CASES OF ACUTE RESPIRATORY INFECTIONS (INCLUDING COVID-19) REPORTED IN MEDICAL CONSULTATIONS, MAKING IT POSSIBLE TO OBSERVE THE LOWEST INCIDENCE OF THIS TYPE OF INFECTION SINCE 1984 ACCORDING TO THE SENTINEL NETWORK²⁰

**Incidence des syndromes grippaux depuis 1984
(Infections Respiratoire Aiguës liées au Covid-19 incluses à partir du 16 mars 2020)**



Infection respiratoire aiguë (IRA)

Définition des cas : Tout patient consultant (ou téléconsultant) pour une infection respiratoire aiguë (IRA), définie par l'apparition brutale de fièvre (ou sensation de fièvre) et de signes respiratoires

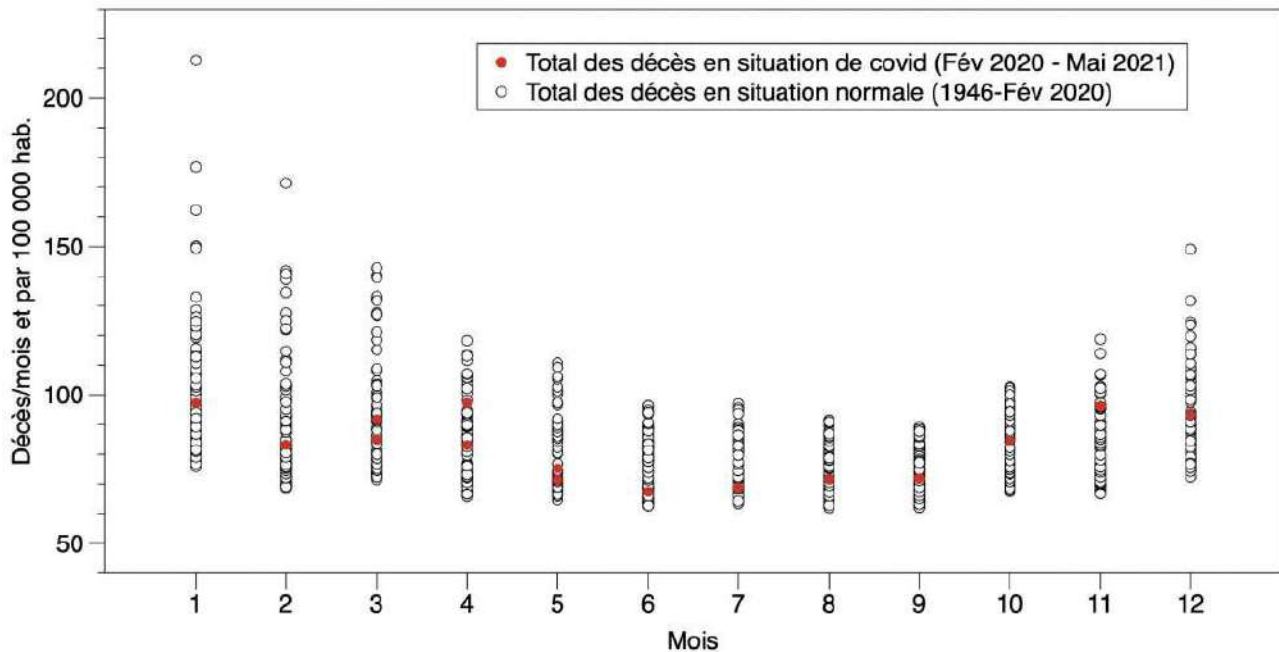
Sources : <http://www.sentiweb.fr/france/fr/?page=table>
<https://archive.vn/l1aaX>
<http://www.sentiweb.fr/france/fr/?page=maladies&mal=25>
<https://archive.vn/kclzn>



Plus d'infos sur <https://cv19.fr>

²⁰ *Research and monitoring network in primary care (general medicine and pediatrics) in metropolitan France. Created in 1984, it is developed under the joint supervision of the National Institute for Health and Medical Research (Inserm) and Sorbonne University. It provides the monitoring of the incidence of influenza syndromes since 1984. <https://cv19.fr/2020/12/29/lannee-2020-connait-la-plus-faible-incidence-dinfections-respiratoires-aigues-depuis-1984-covid-19-incl/>*

**OBSERVATION OF MONTHLY MORTALITY DATA IN FRANCE SINCE 1946 (IN WHITE)
 COMPARED TO DEATHS IN A COVID CRISIS SITUATION (IN RED)²¹**



On reading these plans, we can conclude that in 2020 and 2021, France did not experience *any* health disaster that would endanger the health of the population by its nature and severity.

- A report entitled "The Covid-19 epidemic had a relatively low impact on mortality in France" was drawn up by Laurent Toubiana, Laurent Mucchielli, Pierre Chaillot and Jacques Bouaud on the issue of excess mortality and published on 29 March 2022.²²

Here is the conclusion:

"It is important for the quality of the public debate, particularly in view of certain inappropriate comparisons with past health fléaux (such as the Spanish flu so often invoked during this crisis), to assess the real impact of the Covid-19 epidemic and to evaluate both its nature and its importance in terms of contemporary epidemic history.

²¹ <https://www.counterpoints.org/2021/09/06/404086-mortality-and-confinements-these-numbers-we-don't-want-to-see>

²² <http://recherche.irsan.fr/fr/documentation/index/voir/154-L%E2%80%99%C3%A9pid%C3%A9mie-de-Covid-19-has-relatively-low-impact-on-mortality%C3%A9in-France>

Measures restricting individual and collective freedoms, such as confinements, were put in place almost everywhere in the world in the name of the occurrence of a pandemic presented as a major and unprecedented threat in the contemporary history of humanity. The main argument resided in the use of models predicting from the beginning of March the occurrence of 500,000 deaths in France, then 7 months later, 400,000 deaths (speech by the President of the French Republic to justify a second confinement).

At the finding of the year, the toll was nothing like these dire predictions. The vast majority of the 64,632 deaths attributed to Covid-19 would have inescapably occurred even in the absence of this epidemic. The rate of 10% (9.88) of all deaths in 2020 although maximized, is, for example, lower than the mortality caused every year by smoking, which was estimated at about 75,000 deaths in France in 2015, or 13% of all deaths in metropolitan France.

Moreover, mortality has been increasing steadily since the mid-2000s due to a structural effect caused by the ageing of the population and the arrival in the first years of the baby-boom generations. When this structural trend and expected mortality are taken into account, excess mortality is 24,206 deaths in 2020 if the reference period is the last 3 years but this excess mortality falls to 14,850 deaths if the period is 5 years (including the year 2015 which is more representative of mortality in France), i.e. an excess of 2.32% at the passage of the Covid-19 epidemic.

The coronavirus epidemic did not cause any excess mortality (or even an under-mortality of 0.86%) among people under 65 years of age, who represent about 80% of the population. The slight excess mortality observed was only in the over-65 age group, which experienced 4.51% excess mortality in 2020 (and 3.02% with a 5-year baseline) compared to what was expected.

Far from threatening the whole of humanity, as the director of the WHO declared too hastily at the beginning of March 2020, the coronavirus epidemic has only represented a mortal danger for people whose health was already the most fragile, whether this fragility is linked to natural ageing and the resulting immunosenescence, to the previous existence of serious illnesses or even to the consequences of this new disease of modern Western societies, which is obesity linked to lifestyle and diet.

For all these reasons, the epidemic of coronavirus seems to be added to the list of the many viruses, including the seasonal flu, causing severe respiratory pathologies. It does not differ fundamentally from the most severe seasonal influenza episodes. Hence, comparisons with the medieval plague, cholera, or Spanish flu, which we have seen fleurir in public debate, are wholly inappropriate."

UNFAIR INFORMATION ABOUT AVAILABLE TREATMENTS

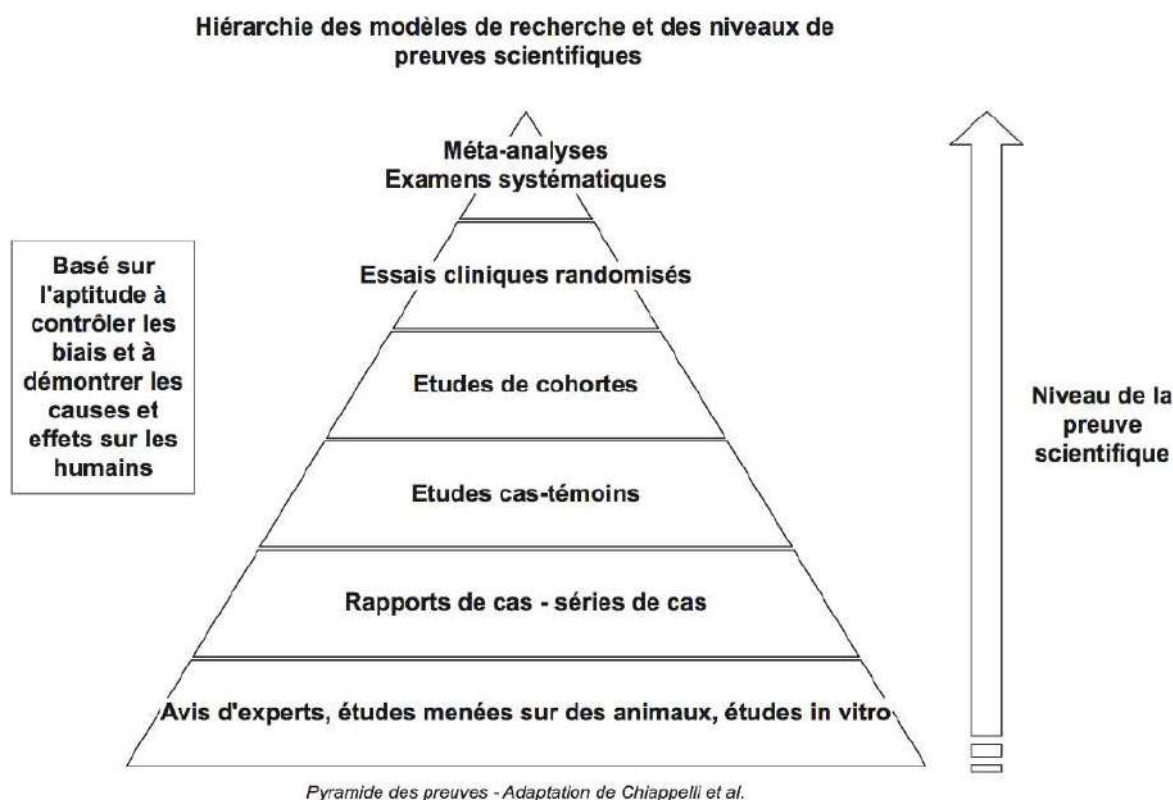
Since the beginning of the Covid 19 epidemic, many health professionals have repeated that the condition is curable with world-renowned treatments:

More than 300 studies and over 5000 scientificists report on these treatments and their results²³.

Arguing, as the mainstream media and digital giants do, with such insistence that there is no efficacy or evidence that these drugs work may be equated with purely dogmatic information, and thus, inherently anti-scientific, as science exists through constant questioning.

Indeed, there are several levels of scientific evidence regarding the various drugs proposed afin to treat Covid-19 disease (GAUTRET et. al. 2020).

In principle, the scientific evidence is hierarchical in the following way



²³ HCQ scientific studies and results: <https://hcqmeta.com> Ivermectin scientific studies and results: <https://c19ivermectin.com/>

In detail, the main levels are as follows:

Level 1 - Systematic reviews and meta-analyses

Systematic reviews and meta-analyses are the highest level of scientific evidence. These are studies that analyze several other studies.

It consists of planned reviews that use explicit and systematic methods to collect and critically analyze data from the studies included in the review (RHOTER, 2007).

Meta-analyses are statistical analyses used to integrate several studies on the same topic.

Level 2 - Randomized Clinical Trials

According to Souza, 2009:

"...The randomized clinical trial (RCT) is one of the most powerful tools for obtaining evidence for health care. Despite some possible variations, they are based on the comparison of two or more interventions, controlled by researchers and randomly applied to a group of participants. The objective of this article was to describe the external and internal validity aspects of RCTs, as well as to present the databases for obtaining them and the quality assessment tools.... "

Level 3 - Cohort Studies

According to Kuschnir, 2012:

"Cohort studies belong to the group of observational epidemiological studies that aim to observe, in a previously defined population, the incidence of a certain disease or health or disease-related phenomenon... "

Level 4 - Case-control studies

According to Oliveira et al. 2015:

"A case-control study is an observational study to determine whether an exposure is associated with an outcome. In simple terms, it identifies a group known to have the outcome (cases) and a group known not to have the outcome (controls), working backwards in time to find out which individuals in each group were exposed and comparing the frequency of exposure in the case group with the control group... "

Level 5 - Case Reports - Case Series

According to Oliveira et al, 2015:

"Case reports and case series are an important part of the literature

and continue to have a place in scientific journals. They are often the first evidence of new therapies. Case reports and case series have a low level of evidence and there are several arguments against their use for the application of new therapies. Creative and critical use of these studies can increase their historical value in enriching the experience of medicine. Their methodology and topics should be developed in light of the growing pragmatic approach to evidence and argumentation of issues in medicine and other health sciences... ”

Level 6 - Expert opinion, animal studies, *in vitro* studies

These are studies based on opinions, suggestions, or results of studies on animals or cells in the laboratory. This is the lowest level of scientific evidence. **This is the group in which the recommendations of the WHO and medical associations fall.**

We propose to review each of the drugs that have been rejected by the media, despite the fact that they have been used for decades, in the fight and control of various diseases, including, now, against SarsCoV-2.

- **IVERMECTIN:** Properly administered, it has the **highest level of evidence**, systematic review with meta-analysis, reviewed and published, being safe in the treatment of COVID-19:

Regarding the efficacy of ivermectin, several studies have shown its benefits and there are a few meta-analyses on this drug. Meta-analyses are a collection of several studies with the application of statistical methods to arrive at a more authoritative conclusion.

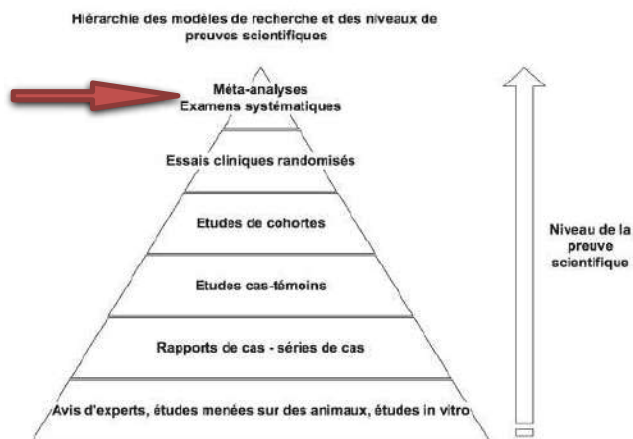
There is no reasonable doubt about the efficacy of Ivermectin (with or without azithromycin and zinc) when used in the early or later stages of the disease.

	Études	Prophylaxie	Traitement précoce	Traitement tardif	Patients	Auteurs
Toutes les études	64	86% [75-92%]	67% [53-76%]	36% [21-48%]	48,661	627
Évalués par les pairs	44	86% [74-93%]	71% [54-82%]	38% [16-55%]	17,126	466
Avec exclusions GMK/BBC	47	84% [69-91%]	73% [63-80%]	45% [22-61%]	37,558	518
Essais contrôlés randomisés	30	84% [25-96%]	63% [44-75%]	20% [-6-39%]	6,368	357

Pourcentage d'amélioration avec le traitement à l'ivermectine

- Il existe des preuves d'un biais de publication négatif, et la probabilité qu'un traitement inefficace génère des résultats aussi positifs que les 64 études est estimée à 1 sur 222 milliards.

Position of ivermectin on the pyramid of scientific evidence:



Here are examples of meta-analyses:

The BIRD Recommendation on the Use of Ivermectin for Covid-19, published a meta-analysis on February 20, 2021 and concluded that ivermectin can reduce the risk of death in people with Covid-19 by 68% and that serious adverse events are uncommon. Prophylaxis in highly exposed individuals can reduce the risk of infection by 86%

(BRYANT et al., 2021).

https://ratical.org/PandemicParallaxView/BIRD-proceedings-02-03-2021_v1.5.1.pdf

Confirming previous findings, a recent meta-analysis published in the scientific journal *Pharmacological Reports* on March 29, 2021, by Chia Siang Kow and colleagues concluded that "the estimated effect of ivermectin indicates mortality benefits," i.e., the drug reduces mortality rates (KOW et al., 2021).

<https://doi.org/10.1007/s43440-021-00245-z>; <https://pubmed.ncbi.nlm.nih.gov/33779964/>

In another recent study with meta-analysis, published in May 2021 in the *American Journal of Therapeutics*, Professor KORY and colleagues found "large and statistically significant reductions in mortality, clinical recovery time, and viral clearance time."

Kory et al, FLCCC Alliance (Preprint) (meta analysis)

Review of the Emerging Evidence Demonstrating the Efficacy of Ivermectin in the Prophylaxis and Treatment of COVID-19 (American Journal of Therapeutics May 2021, 28, e299-e318); doi: 10.1097/MJT.0000000000001377;

https://journals.lww.com/americantherapeutics/Fulltext/2021/0600/Review_of_the_Emerging_Evidence_Demonstrating_the.4.aspx

Lawrie et al, Preprint (Preprint) (meta analysis)

Ivermectin reduces the risk of death from COVID-19 - a rapid review and meta-analysis in support of the recommendation of the Front Line COVID-19 Critical Care Alliance;

<http://dx.doi.org/10.13140/RG.2.2.27751.88486>

A meta-analysis was carried out by Professor Pierre-Jean GUILLAUSSEAU, Department of Internal Medicine. Lariboisière Hospital 75010 Paris and Paris-Sorbonne University, IVERMECTIN AND COVID-19, March 18, 2021:

"At the end of this review of the available data (with the reservation seen above of pre-print articles) concerning the efficacy of ivermectin in the prophylaxis and curative treatment of COVID-19 and its safety of use, it can be concluded to

- excellent efficacy of ivermectin in preventing SARS-Cov2 infection in subjects exposed to patients with COVID-19, with a 92% reduction in the risk of transmission

- results in favor of the efficacy of ivermectin in curative treatment of patients with COVID-19 of varying severity:

- positive results in 7 out of 12 (58%) randomized controlled trials with a single dose of ivermectin*
- positive results in 7 out of 10 (70%) randomized controlled trials with repeated doses of ivermectin over several days*

The effects of ivermectin can be summarized by the following results:

- clinically: more frequent early clinical improvement, reduced risk of worsening, reduced time to clinical recovery and hospitalization, reduced number of deaths

- in virological terms: reduction in the time to PCR negativation and viral carriage time.

Finally, and most importantly, the meta-analysis of randomized controlled trials in which the risk of death was one of the pre-defined endpoints, demonstrates that ivermectin treatment reduces COVID-19 mortality by 75-84%."

A meta-analysis was also published in THE JAPANESE JOURNAL OF ANTIBIOTICS, Global trends in clinical studies of ivermectin, Morimasa Yagisawa, Ph.D.1,2, Patrick J. Foster, M.D. 2, Hideaki Hanaki, Ph.D.1 and Satoshi Ōmura, Ph.D.1, 10 March 2021.

Ivermectin, a broad-spectrum antiparasitic, was discovered in 1970 in Japan by the microbiologist, Satoshi Ōmura (one of the authors of this meta-analysis). This discovery was enshrined in a Nobel Prize in 2015 in view of its services to humanity.

http://jja-contents.wdc-jp.com/pdf/fjA74/74-1-open/74-1_44-95.pdf

Also:

Hill A, for the International Ivermectin Project Team. Preliminary meta-analysis of randomized trials of ivermectin to treat SARS-CoV-2 infection. Research square 2021 *doi.org/10.21203/rs.3.rs-148845/v1*.

Nardelli P, Zangrillo A, Sanchini G, et al. Crying wolf in time of Corona: the strange case of ivermectin and hydroxychloroquine. Is the fear of failure withholding potential life-saving treatment from clinical use? *Signa Vitae* 2021 *doi:10.22514/sv.2021.043*.

Other levels of evidence for ivermectin:

- Randomized clinical trials :

De Melo GD, Lazarini F, Larrous F, et al. Anti-COVID-19 efficacy of ivermectin in the golden hamster. <https://www.biorxiv.org/content/10.1101/2020.11.21.392639>

Elgazzar A, Hany B, Youssef SA, et al. Efficacy and safety of ivermectin for treatment and prophylaxis of COVID-19 pandemic. Research square 2020 *doi:10.21203/rs.3.rs-100956/v2*

Shouman W. Use of ivermectin as a Prophylactic Option in Asymptomatic Family Close Contact for Patient with COVID-19. 2020. ClinicalTrials.gov /ct2/show/NCT04422561

Chala RE. Prophylaxis Covid-19 in healthcare agents by intensive treatment with ivermectin and iota-carrageenan (Ivercar-Tuc). 2020. ClinicalTrials.gov NCT04701710

Mahmud R. A randomized, double-blind placebo controlled clinical trial of ivermectin plus doxycycline for the treatment of confirmed COVID-19 infection. ClinicalTrials.gov

ClinicalTrials.gov NCT04523831

Mohan A, Tiwari P, Suri TM et al. Ivermectin in mild and moderate COVID-19 (RIVET- COV): a randomized, placebo-controlled trial. Research square 2021 doi: 10.21203/rs.3.rs-191648/v1

Niaee MS, Gheibi N, Namdar P, et al. Ivermectin as an adjunct treatment for hospitalized adult COVID-19 patients: A randomized multi-center clinical trial. Research square 2020 doi.org/10.21203/rs.3.rs-109670/v1

Chowdhury ATMM, Shahbaz M, Karim MR, et al. A randomized trial of ivermectin-doxycycline and hydroxychloroquine-azithromycin therapy on COVID19 patients. Research square 2020 doi.org/10.21203/rs.3.rs-38896/v1

Rezai M. Effectiveness of ivermectin in the treatment of coronavirus infection in patients admitted to educational hospitals of Mazandaran in 2020 2020 <https://en.irct.ir/trial/49174>

Raad H. In vivo use of ivermectin (IVR) for treatment for coronavirus infected patients (COVID-19): a randomized controlled trial. 2020 <http://www.chictr.org.cn/showproj.aspx?proj=54707>

Asghar A, Parveen N, Bukhari KH, et al. Efficacy of Ivermectin in COVID-19. 2020. <https://www.clinicaltrials.gov/ct2/show/NCT04392713>

Podder S, Chowdhury N, Sina M, et al. Outcome of ivermectin treated mild to moderate COVID-19 cases: a single-centre, open-label, randomized controlled study. *IMC J Med Sci* 2020; 14: 002

Chaccour C, Casellas A, Blanco-Di Matteo A, et al. The effect of early treatment with ivermectin on viral load, symptoms and humoral response in patients with mild COVID-19: a pilot, double-blind, placebo-controlled, randomized clinical trial. *EClinicalMedicine*. 2021; 32: 100720

Ahmed S, Karim MM, Ross AG, et al. A five day course of ivermectin for the treatment of COVID-19 may reduce the duration of illness. *Int J Infect Dis* 2021; 103: 214-6

Bukhari KHS, Asghar A, Perveen N, et al. Efficacy of ivermectin in COVID-19 patients with mild to moderate disease. medRxiv preprint doi: <https://doi.org/10.1101/2021.02.02.21250840>

Hashim HA, Maulood MF, Rasheed AM, et al. Controlled randomized clinical trial on using ivermectin with doxycycline for treating COVID-19 patients in Baghdad, Iraq. medRxiv 2020 doi.org/10.1101/2020.10.26.20219345

Kirti R, Roy R, Pattadar C, et al. Ivermectin as a potential treatment for mild to moderate COVID-19 - A double blind randomized placebo-controlled trial. medRxiv, 2021. <https://doi.org/10.1101/2021.01.05.21249310>

Okumus N. Ivermectin for Severe COVID-19 management. <https://clinicaltrials.gov/ct2/show/NCT04646109>

Babalola OE, Bode CO, Ajayi AA, et al. Ivermectin shows clinical benefits in mild to moderate COVID19: A randomised controlled double blind dose response study in Lagos. *QJM*. 2021 Feb

Feb 18:hcab035 (Epub ahead of print)

Chachar AZK, Khan KA, Asif M, et al. Effectiveness of ivermectin in SARSCoV-2 / COVID-19 patients. International Journal of Sciences 2020; 9: 31-35

Krolewiecki A, Lifschitz A, Moragas M, et al. Antiviral effect of high-dose ivermectin in adults with COVID-19: A pilot randomised, controlled, open label, multicentre trial. [Preprint] Available at SSRN: <https://ssrn.com/abstract=3714649>

López-Medina E, López P, Hurtado IC, et al. Effect of ivermectin on time to resolution of symptoms among adults with mild COVID-19: A randomized clinical trial. JAMA 2021 Mar 4. doi: 10.1001/jama.2021.3071. Epub ahead of print

- Case reports/case series, case-control studies, cohort studies :

Alam MI, Murshed R, Gomes PF, et al. Ivermectin as pre-exposure prophylaxis for COVID 19 among healthcare providers in a selected tertiary hospital in Dhaka An observational study. European Journal of Medical and Health Sciences 2020; 2: 1-5

Behera P, Patro BK, Singh AK, et al. Role of ivermectin in the prevention of SARS- CoV-2 infection among healthcare workers in India: A matched case-control study. PLoS One 2021; 16: e0247163

Bernigaud C, Guillemot D, Ahmed-Belkacem A, et al. Beneficence of ivermectin: from scabies to COVID-19, an example of serendipity. Ann Dermatol Venereol 2020; 147: A194

Carvallo H, Hirsch R, Psaltis A, et al. Study of the efficacy and safety of topical ivermectin + iota-carrageenan in the prophylaxis against COVID-19 in health personnel. J Biomed Res Clin Invest 2020; 2 Issue 1.1007 doi.org/10.31546/2633- 8653.1007

- Expert opinion:

In an article published on the AIMSIB website, Dr. Eric MENAT and Vincent RELIQUET write

"...Ivermectin is effective regardless of the variant. There is no need to fear a new epidemic linked to a new variant since all these viruses are prevented from cell proliferation by the molecule. And even better: ivermectin does not favour the emergence of new variants. We can therefore hope for a better control of the epidemic in the medium term and therefore its disappearance

"This will certainly not be the case if we continue to vaccinate without reservation as we are doing now.

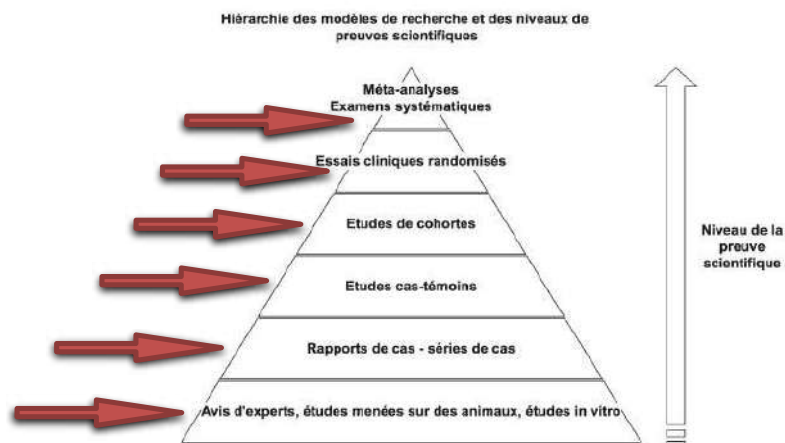
No more "go home, take a Doliprane and call 15 when you can't breathe..."

As far as risks are concerned, hepatitis caused by the drug is extremely rare. The drug is up to 20 times safer than the usual dosage, according to LiverTox, the U.S. reference site for drug-induced hepatitis (BATHESDA,

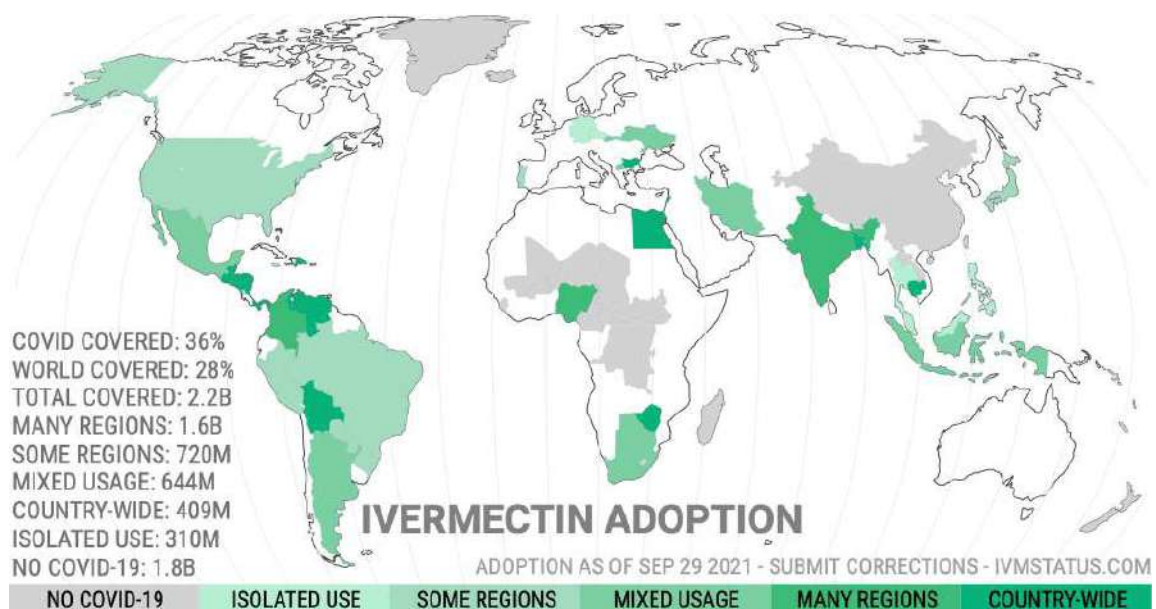
2021). In total, approximately 3.7 billion doses of ivermectin have been distributed in mass drug administration campaigns worldwide over the past 30 years (RAJTER et al., 2020).

In contrast, the safety level of paracetamol (Tynd) in liver dysfunction is only 2 times the usual dose (KURTOVIC; RIORDAN, 2003).

Therefore, the risk of this drug is low for a very high potential benefit.



- Countries that treat²⁴ their citizens with ivermectin treatment are shown in green:



²⁴ Germans use ivermectin as a treatment for COVID-19
<https://rumble.com/vg0lib-2021043-the-Germans-use-livermectin-as-cov-treatment.html> Video source: <https://www.br.de/mediathek/video/covid-19-therapie-hoffnungsschimmer-aus-muenchen-av:607c0f0afec1740008c2b5b1>

• HYDROXYCHLOROQUINE :

One begins to speak in France about Covid 19 at the end of December 2019, and curiously, hydroxychloroquine is suddenly classified in the prohibited substances, by a ministerial decree signed in January 2020 by Mrs BUZYN, then Minister of Health, and whose husband was appointed in October 2019, "State Councillor in extraordinary service" (whereas he was a doctor and not a jurist), and left his functions in the spring 2020. ("La Dépêche.fr" 22 May 2020).

During the confinement, almost all the appeals filed with the Council of State by those who criticized the liberticidal texts, or simply demanded that the existing therapies be made known, were rejected.

The personality of Prof. RAOULT, with his many titles and diplomas, has thwarted all attempts to denigrate him, and even attempts to prosecute him by the National Council of the Order, trying to prevent him from using this drug which has been known and used for 70 years. The IHU (University Hospital Institute) of Marseille, under the direction of Pr RAOULT, has reduced the mortality of 8315 patients by 83% with an early treatment based on azithromycin and hydroxychloroquine, with no deaths under 60 years old. A retrospective study has been published on this subject:

<https://rcm.imrpess.com/EN/10.31083/j.rcm2203116>

An August 22, 2005 study, *Chloroquine is a potent inhibitor of SARS coronavirus infection and spread*, indicated that chloroquine was effective in preventing the spread of Sars-CoV in cell culture.

<https://virology.biomedcentral.com/articles/10.1186/1743-422X-2-69>

This treatment (specifically used in the early days of symptoms, **not** in the advanced stages) **has the highest level of evidence**, systematic review with meta-analysis, reviewed and published, being safe in the early treatment of COVID-19:

Chloroquine was synthesized in 1934, which means that it has been used for about 80 years. It is generally well tolerated when used in appropriate doses.

The main mild adverse reactions are headache, malaise, dizziness, blurred vision, difficulty concentrating, mild gastrointestinal disturbances and itching. Serious adverse events are rare but may occur with long-term use of the drug, such as neuromyopathy, retinopathy, or idiosyncratic reactions such as erythema multiforme and bone marrow toxicity (TAYLOR, WHITE, 2004). Treatment is unlikely to cause liver damage in normal individuals (NIDDK; 2021).

Hydroxychloroquine: A total of 294 studies have been conducted worldwide of which 213 showed a positive effect on Covid19. Studies involving 3331 authors and 290 476 patients.

<https://hcqmeta.com/>

Le total	294 études	4 723 auteurs	412,766 patients
Les effets positifs	213 études	3 331 auteurs	290,476 patients
Traitement précoce	64% d'amélioration		RR 0.36 [0.29-0.46]
Traitement tardif	19% d'amélioration		RR 0.81 [0.76-0.86]

Especially in early treatment There were 32 studies with hydroxychloroquine of which 97% were positive

There is no reasonable doubt about the efficacy of hydroxychloroquine (combined or not with azithromycin and Zinc) when used in the early phase i.e. at the beginning of the disease.

Hydroxychloroquine against COVID-19 **has the highest level of scientific evidence:** the systematic review.



A peer-reviewed study published in the scientific journal *New Microbes and New Infections* examined whether hydroxychloroquine is effective against COVID-19, especially when given earlier, whether or not it is associated with worsening of the disease, and whether it is safe. The

included studies were evaluated for efficacy, timing of administration and safety. The authors concluded:

"...Hydroxychloroquine is consistently effective against COVID-19 when administered early in the outpatient setting. It has been shown to be generally effective in inpatient studies. No unbiased studies have shown poorer outcomes with the use of hydroxychloroquine. No mortality or serious adverse events were found... (PRODOMOS, RUMSCHLAG, 2020)."

Prodromos et al, New Microbes and New Infections, [doi:10.1016/j.nmni.2020.100776](https://doi.org/10.1016/j.nmni.2020.100776) (Peer Reviewed) (meta analysis)

A meta-analysis published in the journal *Pathogens and Global Health* in June 2021 concluded that hydroxychloroquine use was associated with a 20% reduction in mortality.

A recent meta-analysis published in the *Journal of Infection and Public Health* found a 75% reduction in COVID-19 infections (STRICKER, FESLER, 2021).

Here are links to other meta-analyses that similarly conclude that hydroxychloroquine is effective against covid-19 disease:

Stricker et al, Journal of Infection and Public Health, [doi:10.1016/j.jiph.2021.08.001](https://doi.org/10.1016/j.jiph.2021.08.001) (Peer Reviewed) (meta analysis)

Hydroxychloroquine Pre-Exposure Prophylaxis for COVID-19 in Healthcare Workers from India: A Meta-Analysis <https://www.sciencedirect.com/science/article/pii/S1876034121002197?via%3Dihub>

Hydroxychloroquine is effective, and consistently so used early, for Covid-19: A systematic review <https://www.sciencedirect.com/science/article/pii/S2052297520301281>

Professor Harvey Risch, MD, PhD, is a researcher at the Yale School of Public Health with a specialty in cancer etiology, prevention and early diagnosis, and epidemiological methods:

Risch, American Journal of Epidemiology, kwaa093, 27 May 2020, [doi:10.1093/aje/kwaa093](https://doi.org/10.1093/aje/kwaa093) (Peer Reviewed) (meta analysis)

Early Outpatient Treatment of Symptomatic, High-Risk Covid-19 Patients that Should be Ramped-Up Immediately as Key to the Pandemic Crisis <https://academic.oup.com/aje/article/189/11/1218/5847586>

Other levels of evidence for hydroxychloroquine:

For hydroxychloroquine in particular, there are peer-reviewed studies published in scientific journals at all levels of the scientific evidence pyramid. Some examples will be cited:

- Randomized clinical trial:

A study of 491 symptomatic non-hospitalized adults with COVID-19 found a relative beneficial effect for the treatment group of 37.8%, although it did not obtain statistical significance due to its small sample size (SKIPPER et al., 2020).

NOTE: The randomized clinical trial of hydroxychloroquine had to be positive because in the history of science, the results of randomized clinical trials are consistent with the results of observational studies, with no significant differences. (ANGLEMYER, HORAIH BERO, 2014).

- Case reports/case series, case-control studies, cohort studies :

In Brazil, an analytical, observational, retrospective study based on secondary data obtained from Brazilian public databases correlated sales of chloroquine and hydroxychloroquine with significant predictors of reduced transmissibility, hospitalization rate, and mortality caused by the new coronavirus. The hypothesis that early outpatient treatment can help control the pandemic is consistent with the results obtained in this study (NEVES, 2021).

In a retrospective, observational, multicenter cohort study, 1,274 mildly symptomatic patients were evaluated and treated as outpatients prior to any COVID-19-related hospitalization to assess the number of hospitalizations. In this study, the use of hydroxychloroquine was associated with a lower rate of hospitalization (PI et al., 2021).

A large retrospective study conducted in Iran (Mokhtari et al) on a cohort of 28,759 patients showed a 70% reduction in deaths in the group treated with hydroxychloroquine, as did the French study by Million et al. on 8,315 patients, which showed that hydroxychloroquine combined with azithromycin (an antibiotic recommended for respiratory infections) reduced the risk of death by 83%.

A study of 141 patients using hydroxychloroquine, azithromycin and zinc compared the results with independent public data from 377 patients in the same community on COVID-19 and the results showed an 81.6% reduction in hospitalization rate and 79.4% reduction in mortality rate (DERWAND, SCHOLZ, ZELENKO, 2020)

- In vitro studies :

An in vitro study observed that chloroquine is more effective in inhibiting virus replication in the cell than the other six drugs (WANG et al., 2020).

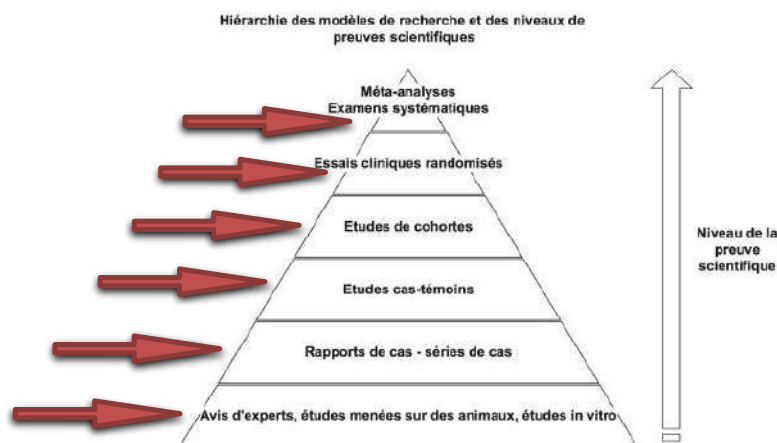
Another study concluded that the drugs chloroquine and hydroxychloroquine have good activity against coronavirus in vitro (YAO et al., 2020).

- Expert opinion:

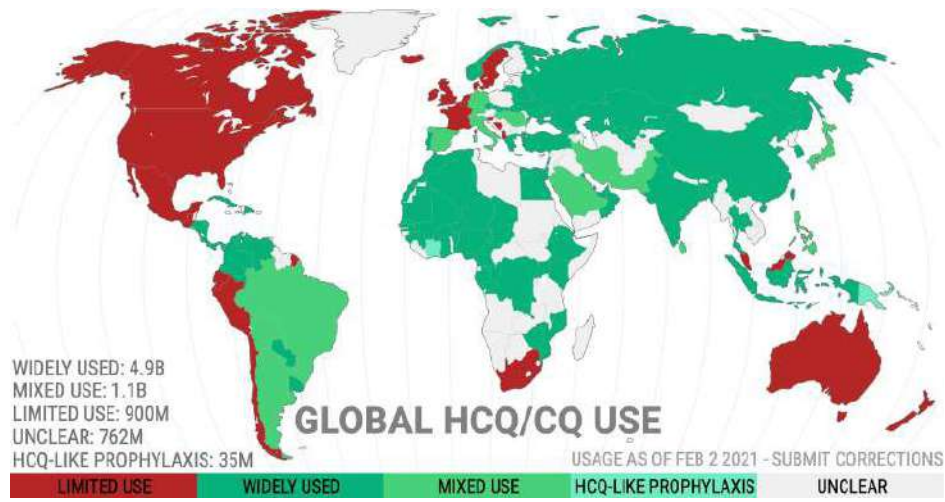
Several French professionals have published a study in a scientific journal on possible therapeutic approaches to treat the disease caused by COVID-19 (GAUTRET et al., 2020).

In the United States, Harvey A. Risch, an internationally renowned epidemiologist from the Department of Chronic Disease Epidemiology, Public Health, Yale School, describes hydroxychloroquine plus azithromycin as a key early-stage treatment. Together with Dr Peter McCullough, a specialist in internal medicine and cardiovascular disease, and Dr George Fareed (professor and researcher at Harvard Medical School), they testified before the US Senate Committee on Outpatient Treatments, and reminded the committee that the effectiveness of early hydroxychloroquine-based treatments is not just expert opinion, but scientific evidence

In other words, we have all the levels of scientific evidence for hydroxychloroquine. Its efficacy is more than consolidated, provided that it is treated early, i.e. from the first days of symptoms, as explained in all the studies cited above.



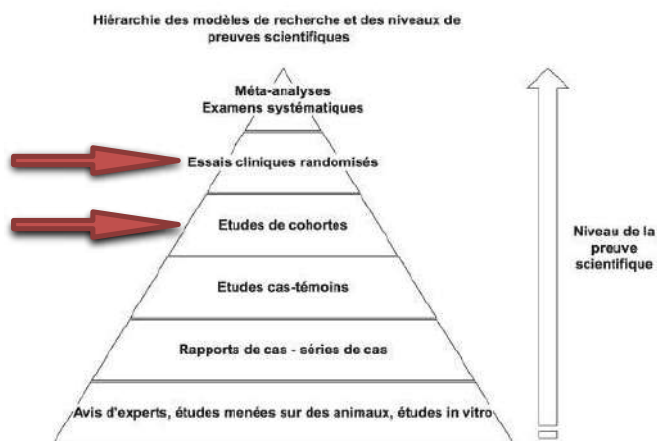
In order to complete our remarks:
- Here are the countries that treat their citizens with hydroxychloroquine:



*In red: limited use In dark
green: high use
In light green: mixed use*²⁵.

²⁵ <https://c19hcq.com>

- **FLUVOXAMINE:** This treatment has been the subject of a randomized clinical trial, reviewed and published, the second highest level of scientific evidence, demonstrating its effectiveness as a treatment for COVID-19. It has also been the subject of several highly successful cohort studies.

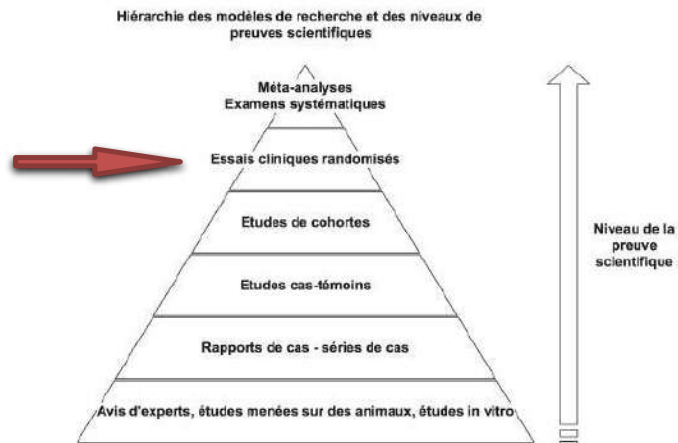


In a randomized, double-blind, placebo-controlled study published in The American Journal of American Medical Association, fluvoxamine reduced the risk of hospitalization in outpatients by 82% (LENZE et al., 2020).

In another prospective, peer-reviewed cohort study published in the Open Forum Infectious Diseases, uvoxamine reduced the risk of death/intensive care admission by 83.9% and the risk of hospitalization by 94% (SEFTEL, BOULWARE, 2021).

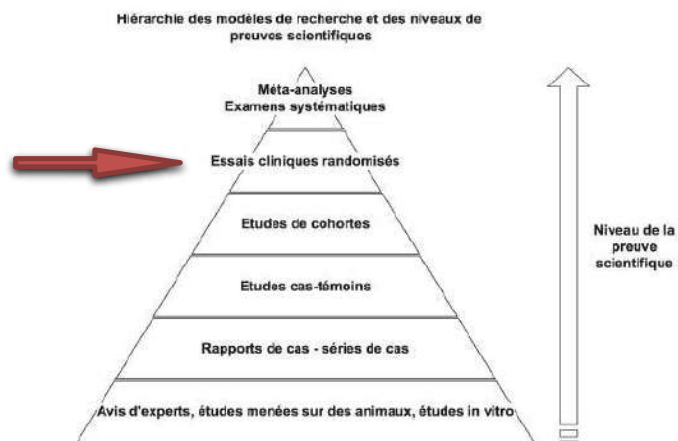
A very recent study on a cohort of 1500 patients has just been published in The Lancet (Gilmar Reis et al., October 27, 2021- DOI: [https://doi.org/10.1016/S2214-109X\(21\)00448-4](https://doi.org/10.1016/S2214-109X(21)00448-4)) and shows a 91% reduction in deaths and 66% reduction in hospitalizations. The authors highlight the "very low risk of bias" of this study and position themselves in favour of an official recommendation of Fluvoxamine.

- **BROMEXIN:** This treatment has several randomized clinical trials, (peer-reviewed and published), **the second highest level of scientific evidence**, demonstrating its efficacy in the treatment of COVID-19. (Ansarin et al., 2020; Li et al., 2020; Mareev et al., 2020; Tolouian et al., 2021).



In a randomized, placebo-controlled, peer-reviewed study published in the scientific journal BioImpacts, bromhexine reduced transfer to the intensive care unit by 81.8%. The risk of mechanical ventilation was 88.9% and the mortality rate was 90.9% (ANSARIN, 2020).

- **DUASTERIDE has been the subject of** a published randomized, peer-reviewed clinical trial, which is the **second highest level of scientific evidence** of its efficacy in the treatment of COVID-19 :



A randomized, double-blind, placebo-controlled study published in the scientific journal *Cureus* showed that participants taking the drug had a higher rate of virologic remission (64.3% vs. 11.8%; $p = 0.0094$) and a higher rate of clinical cure (84.7% vs. 57.5%; $p = 0.03$) (CADEGIANI et al., 2021a).

- **PROXALUTAMIDE:** This treatment has a randomized, peer-reviewed and published clinical trial **with the second highest level of** scientific evidence and efficacy:



A randomized, double-blind, placebo-controlled study published in the journal *Cureus* demonstrated that proxalutamide significantly accelerated viral clearance at day 7 in patients with mild-to-moderate COVID-19 compared with placebo (CADEGIANI et al., 2021b).

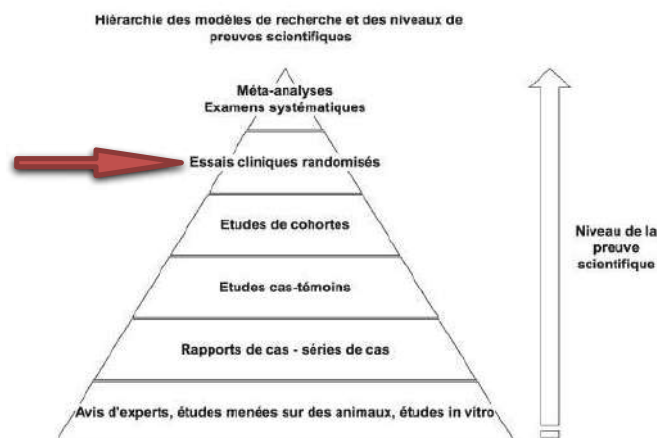
Another randomized, double-blind, placebo-controlled study published in the scientific journal *Frontiers* found a 91% reduction in the rate of hospitalization in men treated with proxalutamide compared with standard therapy (MCCOY et al., 2021).

- **COLCHICIN:** has been the subject of a randomized clinical trial, reviewed and published on **second highest level** of scientific evidence and efficacy:



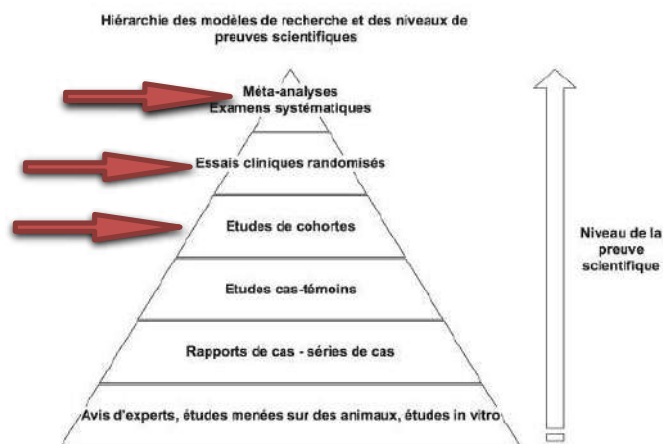
A randomized, double-blind, placebo-controlled study published in the scientific journal RMD Open concluded that colchicine reduced the duration of supplemental oxygen therapy and hospitalizations (LOPES et al., 2021).

- **NITAZOXANIDE:** has been studied and published in a randomized clinical trial, which is the **second highest level of** scientific evidence of its effectiveness:



A randomized, placebo-controlled study published in The European respiratory journal showed that nitazoxanide significantly reduced viral load compared to the placebo group (ROCCO et al., 2021).

- **VITAMIN D (AND DERIVATIVES): has been the subject of** peer-reviewed meta-analyses, the **highest level** of scientific evidence and efficacy, but also other categories of studies:



- Peer-reviewed meta-analyses:

Pal et al, *Journal of Endocrinological Investigation*, doi:10.1007/s40618-021-01614-4 (Peer Reviewed) (meta analysis)
 Vitamin D supplementation and clinical outcomes in COVID-19: a systematic review and meta-analysis
<https://link.springer.com/article/10.1007/s40618-021-01614-4>

Published, peer-reviewed meta-analyses clearly show that **Vitamin D deficiency is associated with a higher risk of death**

Ben - Eltriki et al. , *Journal of the American College of Nutrition* , doi: 10.1080/07315724.2021.1951891 (Peer Reviewed) (meta analysis)
 Association between Vitamin D Status and Risk of Developing Severe COVID-19 Infection: A Meta-Analysis of Observational Studies
<https://www.tandfonline.com/doi/full/10.1080/07315724.2021.1951891>

Ghasemian et al, *The International Journal of Clinical Practice*, doi:10.1111/ijcp.14675 (Peer Reviewed) (meta analysis)
 The Role of Vitamin D in the Age of COVID-19: A Systematic Review and Meta-Analysis <https://onlinelibrary.wiley.com/doi/10.1111/ijcp.14675>

Petrelli et al, *The Journal of Steroid Biochemistry and Molecular Biology*, doi:10.1016/j.jsbmb.2021.105883 (Peer Reviewed) (meta analysis)
 Therapeutic and prognostic role of vitamin D for COVID-19 infection: A systematic review and meta-analysis of 43 observational studies
<https://www.sciencedirect.com/science/article/abs/pii/S0960076021000765>

- Randomized clinical trials :

In a randomized, peer-reviewed pilot study published in The Journal of Steroid Biochemistry and Molecular Biology, early vitamin D treatment of hospitalized patients with COVID-19 significantly reduced ICU admissions (CASTILLO et al., 2020).

- Case reports/case series, case-control studies, cohort studies :

There are 47 studies of Vitamin D treatments, 87% of which are positive, with an improvement in

- 81% in the early phase,
- 56% in the late phase
- 20% for prophylaxis

There are 38 studies with cholecalciferol (a metabolic derivative of Vitamin D) of which 5 randomized studies, show an improvement in :

- 86% in early treatment,
- 44% in late treatment
- 19% for prophylaxis

In France, **Dr. Jean-Marc Sabatier, director of research at the CNRS**, has published an important article on the usefulness of Vitamin D in Covid19 (peer-reviewed article)

Cédric Annweiler, Bérange Hanotte, Claire Grandin de l'Eprevier, **Jean-Marc Sabatier**, Ludovic Lafaie, Thomas Célarier,

Vitamin D and survival in COVID-19 patients: A quasi-experimental study,
The Journal of Steroid Biochemistry and Molecular Biology, Volume 204, 2020, 105771, ISSN 0960-0760, <https://doi.org/10.1016/j.jsbmb.2020.105771>.

<https://www.sciencedirect.com/science/article/abs/pii/S096007602030296X>

"In conclusion, bolus vitamin D3 supplementation during or just before COVID-19 was associated in frail elderly with less severe COVID-19 and better survival."

- **BUDESONIDE:** has a published, peer-reviewed, randomized clinical trial, which is the **second highest level of** scientific evidence and effectiveness:



In a randomized, placebo-controlled, peer-reviewed phase 2 study published in The Lancet, early administration of inhaled budesonide reduced the likelihood of needing urgent medical care and reduced recovery time from early COVID-19. (RAMAKRISHNAN et al., 2021).

- **OTHER TREATMENTS WOULD HAVE MERITED MEDIA ATTENTION:**

- Vitamin C in infusion and in high dose:

(100% efficiency and without serious side effects in the services of Pr. MARIK and VARON in the U.S.A.),

In a letter dated March 11, 2020, Dr. LABREZE, a doctor in the Bouches du Rhône, informed the Minister of Health, and added, concerning the USA:

"...Prof. MARIK treated two groups of 47 patients with a serious (even critical) infectious pathology, taken in charge in his intensive care unit. There were 19 deaths in the group treated with the methods now used in all hospitals, including French university hospitals. In the group treated with injections of vitamin C, hydrocortisone and thiamine (Vit B1), no patient died from the consequences of his infection!"

We are talking about 19 deaths versus zero deaths!

Given that the professional and scientific rigour of the authors of this publication cannot reasonably be questioned, not to act immediately, on the basis of this information, when more than four thousand patients are currently in intensive care, would, in my opinion, represent serious negligence and, very clearly, a danger to the lives of these patients, or those whose condition is not yet known.

The present state of health could deteriorate very rapidly, for want of the treatments I have brought to your attention..."

"...In the current circumstances, which make us fear the development of an epidemic linked to the coronavirus and the death of a significant number of our fellow citizens, whatever their previous state of health and the existence or not of co-morbidities, it seems to me important and urgent to bring to your attention the existence of validated therapeutic resources which are still insufficiently known by the medical community, particularly in our country.

I think that a wide dissemination of this information appears today as a priority action of public health, since it will give to the hospital medical teams particularly deprived in front of the severe forms of COVID-19, a particularly effective therapeutic resource which will allow them indisputably to save lives.

At the end of March, Prof. MARIK, of the Eastern Virginia Medical School, writes:

"...We have treated 4 patients with acute respiratory distress syndrome related to COVID and all improved within 6-12 hours of initiation of treatment.

Intubation was avoided for one of them and the other 3 are now weaned.

Dr. VARON, Chairman of the Board of Directors of the United General Hospital and Chief Medical Officer and Head of the Intensive Care Department, has treated 14 COVID patients with our protocol to date. He has also reported rapid improvement within 12 hours of treatment.

Six of these patients were extubated within 4 days, and all others are now weaned.... Vitamin C has been

incorporated into the University of Wisconsin's COVID treatment algorithm.

We believe that using our protocol will save lives. And importantly, it will avoid intubation for many patients, shorten the need for assisted ventilation when implemented, freeing up this essential equipment to be used for other patients. Vitamin C is cheap, readily available and completely free of side effects..."

Prof. VARON states on April 13, 2020:

*"Our success with the combination therapy is incredible. Today we have treated more than 25 patients at United Memorial Medical Center in Houston, and not a single one has required intubation. All of them had severe Covid 19 pneumonitis, and were quickly cured with ascorbic acid, Thiamine, steroids, and Heparin. We also added **hydroxychloroquine and azythromycin** to these patients..."*

N. B. Pr. J. VARON is one of the nationally known scientists in the U S. A. He teaches in Texas, and in Mexico.

He has over 400 scientific publications and has published a dozen books.

Faced with the lack of reaction from the Minister of Health, a group of doctors twice referred the matter to the Council of State, in vain.

- Artemisia Annua :

This plant has also been used successfully in Africa and Madagascar.

In March 2021, Madagascar, which has a population of about 27,000,000, reported **fewer than 400 deaths from Covid** since the beginning of the epidemic.

Therefore, if there is evidence at various levels, including systematic reviews - the highest level of scientific evidence - how can it be **stated with impunity**, publicly, categorically and repeatedly, that these drugs "have no scientific evidence"?

With the **available evidence**, it is up to the responsible physician, based on the practice of **evidence-based medicine** and ethical precepts, to decide or not which therapy is most appropriate for his or her patient, based on studies, observations, previous experience, transparency and consensus between the two parties.

It is **unacceptable and inadmissible** that agencies and mainstream media such as AFP, Le Monde, LIBÉRATION, LE FIGARO, BFM TV, CNEWS, LCI, TF1 group, M6 group, FRANCE TÉLÉVISIONS, RADIO FRANCE and digital giants such as GOOGLE/YOUTUBE FRANCE, FACEBOOK FRANCE, TWITTER FRANCE, are positioning themselves as they have done, provoking persecutions against doctors, researchers, virologists and others, both in the health and non-health fields.

It should be remembered that physician and patient autonomy is an inviolable principle, which cannot be violated in the case of a disease with no recognized pharmacological treatment, as is the case with covid-19 disease.

As such, a major criminal complaint was filed by the Indian Bar Association on July 1, 2021 (the complaint is available in full at the end of the article) :

<https://www.francesoir.fr/societe-sante/plainte-oms-india-peine-de-mort>

THE "CONFUSION" BETWEEN EARLY TREATMENT AND TREATMENT OF CRITICALLY ILL PATIENTS

The mainstream media has excluded scientists from the academic debate, to the detriment of the public.

It is useful to remember that Covid-19 disease has **four phases**.

For each phase, there are different treatments (GAUTRET et al., 2020). In some studies, the start of treatment occurs as early as the first days of the symptoms of the disease, when the patient is seen as an outpatient.

With regard to hydroxychloroquine, there **are more than 30 studies** focusing on the **initial** phase of the disease. In all of these cases, without exception, the clinical results are positive for treated patients, mainly in terms of tangible outcomes, such as reduced mortality or hospitalizations.

The great "mistake" (if it can be called a mistake), of most of the media - and those who rely on them - is to **mix the results of** inpatient studies with those of outpatient studies, presenting only the results of severe inpatients, as if these found values could be extrapolated to patients treated in the initial phase of the disease.

This is the case with the news about the meta-analysis published in the scientific journal *Nature* (AXFORS, 2021). In this study, about 80% of the patients were hospitalized, most of whom were already on oxygen or intubated.

This study was used to demonstrate that the drug has "proven ineffectiveness", while **outpatient use (within the first few days of symptoms) was not evaluated in the study**.

THE LACK OF FAIRNESS IN THE TREATMENT OF INFORMATION

In a 2011 scientific article published in the scientific journal *The Journal of American Medical Association*, a scientific study by Dong Heun Lee showed that only 14% of the *Infectious Diseases Society of America's* treatment guidelines were based on the "maximum level" of evidence (LEE, VIELEMEYER, 2011), a prerequisite that the aforementioned journals "require" anti-Covid drugs¹⁹.

In this respect, **hydroxychloroquine and ivermectin** in particular already have a **higher** level of **evidence than about 86% of other** infectious disease **treatments**.

Several treatments do **not have the highest level of evidence**, such as tetanus vaccine, insulin, hydrocortisone, tetracycline, clindamycin, warfarin, heparin

predisone, methylphenidate, chlorpromazine, glucagon, amitriptyline, furosemide, cephalixin, miconazole, zidovudine, cyclophosphamide, piperaciline/tazobactam, high-dose penicillin for neurosyphilis, vancomycin, penicillin G potassium, and amoxicillin (HCQwhitepaper, 2020)

In other words, just as newspapers and TV news never disqualify doctors who prescribe, for example, **insulin** or the tetanus vaccine (which do not have the highest level of scientific evidence), **they cannot disqualify** those who prescribe hydroxychloroquine and ivermectin for SARS-Cov2.

Indeed, science has not always been supported by maximum levels of evidence in all its procedures. On the contrary, only a minority of drugs have the level of evidence that is currently required in the midst of a pandemic for safe drugs that respect the no-disease principle.

For cardiology drugs, 89% of the recommendations **do not have maximum scientific evidence** (FANAROFF et al., 2019).

Therefore, **it is false to say that there is no scientific evidence**, as claimed by agencies and mainstream media such as AFP, Le Monde, LIBÉRATION, LE FIGARO, BFM TV, CNEWS, LCI, the TF1 group, the M6 group, FRANCE TELEVISIONS, RADIO FRANCE and digital giants such as GOOGLE/YOUTUBE FRANCE, FACEBOOK FRANCE, TWITTER FRANCE, being
As the quotes in this text represent only a small portion of the extensive evidence available on the use of drugs to treat VaDOC-19, it is important to note that this evidence is not static. **Science is not static, it is constantly evolving.**

This incessant, erroneous media posturing with respect to various drugs that have proven to be life-saving has certainly contributed to the loss of life, the loss of opportunity to be treated.

Correct knowledge of this information could have helped front-line doctors and helped people not to take the wrong doses at the wrong time, thus avoiding aggravation of the disease, saving people from hospitalization and even death.

This is a **serious and illegal attitude**, with national repercussions, which should be curbed by the public authorities.

Curiously, at the time of the zika virus and chikungunya, the press positively echoed the "off-label" use of chloroquine, which was not yet the subject of any prior clinical study, but now, in the context of the covid-19 pandemic, it is attacking drugs that have the same principle of use. Where is the consistency and impartiality of the media?

THE MEDIA AND DIGITAL GIANTS PLAYED A BULLYING ROLE

Scientifically, these drugs have been used in an *off-label* manner, i.e., for a purpose not intended by the package insert, since physicians are free to treat patients with a certain condition that, by analogy with a similar condition or on a pathological basis, they feel could benefit from a particular drug.

Where is the logic of the media, news agency to act so discordantly in the media coverage of the two epidemics? Why did they not oppose the off-label use of chloroquine in the ZIKA VIRUS and CHIKUNGUNYA epidemics, since, as they allege today, there were no prior "gold standard" scientific studies proving their respective efficacy in treating these two viruses?

The result of this position is the intimidation of doctors, researchers, virologists and health professionals opposed to "therapeutic nihilism" and in favour of treating diseases.

Many doctors have avoided prescribing drugs that have been sufficiently proven to be effective because of the pressure exerted by the media on public opinion. They have even been forced not to address the subject, being summarily censored by social networks and their Orders, leaving patients without specific medication, repeating that **there are no alternative** treatments for those already infected.

THE USE OF THE WHO NAME, AMONG OTHER INTERNATIONAL ENTITIES, IN AN ATTEMPT TO SUPPORT A FALLACIOUS DISCOURSE

Recommendations by entities or associations are not synonymous with scientific evidence.

Respondents have often presented hydroxychloroquine, a cheap, generic, off-patent drug, as having "no scientific evidence", noting that it is "not recommended by the WHO".

On the other hand, the European Medicines Agency has approved the drug Remdesivir, manufactured by the giant Gilead, for the treatment of COVID-19 - the WHO also **advises against** this drug. Only in this case, the media did not oppose the approval and did not call the expensive, patented Remdesivir "scientifically unproven". Such statements are not to be found in any media.

This leaves us with a question: for the media, the WHO opinion is the reference for disqualifying hydroxychloroquine,

Arguments from authorities, from entities that recommend or do not recommend, carry no weight in a scientific discussion - at most, they are equivalent to an **"expert opinion"** in the pyramid of scientific evidence.



In science, what counts is scientific study, and often, in moments of urgency, even peer review and final publication are foregone

- as happened with the Coronavac vaccine, which began to be implemented even before the preprint was available, but only with a Powerpoint presentation of the data at a press conference.

OF PEOPLE WHO DIE FROM LACK OF PRESCRIPTION MEDICATION

Agencies and media such as AFP, Le Monde, LIBÉRATION, LE FIGARO, BFM TV, CNEWS, LCI, the TF1 group, the M6 group, FRANCE TELEVISIONS, RADIO FRANCE and digital giants such as GOOGLE/YOUTUBE FRANCE, FACEBOOK FRANCE, TWITTER FRANCE, have made the hunting for early treatment and medication, as if we were in the time of the Inquisition and the "witch hunt", turning a situation that could have been controlled from the start into a situation worse than that of those times, because it involves a much greater number of human lives and people persecuted, and this time in the name of "science".

The Rome Declaration of Health Professionals, written in September 2021 and signed to date by 12,000 doctors and scientists denounces this situation and announces that it is probably a crime against humanity:

<https://doctorsandscientistsdeclaration.org/>

THE SYSTEMATIC PROGRAMMING OF PHYSICIANS WITH CONFLICTS OF INTEREST IN THE MAINSTREAM MEDIA

However, specific rules apply to informing the public when a health professional intervenes:

Article R4113-110 of the Public Health Code:

The public is informed of the existence of direct or indirect links between health professionals and the companies or establishments mentioned in Article L. 4113-13 (companies and establishments producing or exploiting health products or with consultancy bodies working on these products) is provided, when the professional is presented, either in writing in the case of an article intended for the written press or distributed on the internet, or in writing or orally at the beginning of his speech, in the case of a public event or a communication made for the audiovisual press.

Article L4113-13 of the Public Health Code:

"Members of the medical professions who have links with companies and establishments producing or exploiting health products or with consultancy bodies working on these products are obliged to make these links known to the public when they speak about the said products at a public event, university teaching or continuing education or therapeutic education action, in the written or audiovisual press or by any written or online publication. The conditions of application of this article are fixed by decree in the Council of State.

Breaches of the rules mentioned in the above paragraph are punishable by sanctions imposed by the competent professional association.

The directors of the major media have a duty to mention the links that the health professionals invited on to the set have with pharmaceutical laboratories and public health organisations, which they never did during the Covid-19 crisis.

Such a faulty omission leads to the immediate adhesion of a part of the uninformed public, without any possible reservation as to the objectivity of the speaker.

Given the financing of the mainstream media by the financial and digital giants, it is no coincidence that it is always the same health professionals who step in again to shore up the propaganda.

Here are two very enlightening columns concerning the conflicts of interest observed among health professionals who very regularly intervened on the platforms without contradicting:

<https://www.francesoir.fr/opinions-tribunes/chronique-covid-ndeg24-les-conflits-dinterets-during-the-crisis-covid-they-don't>

<https://blogs.mediapart.fr/laurent-mucchielli/blog/290320/der-riere-la-polemique-raoult-mediocrite-media-and-pharmaceutical-interests>

Exhibit 7

(c) A group engaged in activities the purpose or effect of which is to create, maintain or exploit psychological or physical subjection of persons

FAILURE TO RESPECT THE PRINCIPLE OF MEDIA PLURALISM AND SELF-CENSORSHIP

Mr. Eric STEMMELEN, former Director of Programming on FRANCE 2 and former Director of SOFRES, explains in a few words the mechanisms of media self-censorship.

"There is more need for censorship because almost the entire profession is self-censoring out of self-interest, for profit."

<https://drive.google.com/file/d/1xbOKZM0-e7XmbnrshwRcmOk3nbpG27n/view?usp=sharing>

This phenomenon explains why a piece of information issued by Agence France Presse in particular is taken up by all the mainstream media without any contradiction or criticism.

But AFP receives very large contributions from foundations which can seriously undermine its independence.

THE DEPENDENCE OF THE FRENCH MEDIA ON AMERICAN FINANCIAL GIANTS LEADING TO A DISQUALIFICATION OF SENSITIVE INFORMATION

Here are the very enlightening words of investigative journalist Laurent MAUDUIT in an article dated February 13, 2018, regarding partnerships between mainstream media and digital platforms such as Facebook.

<https://www.mediapart.fr/journal/economy/130218/press-billionaires-with-public-and-private-aid?tab=full>

"This feature allows [Facebook] users, through a new category of reporting, to 'report' information they believe to be false. The reported links are collected in a portal, which partner media can access. The partner media can then verify the information. If two partner media outlets determine that the reported content is false and provide a link that proves it, then that content will appear to users with a flag stating that two fact-checkers question the veracity of that information. When a user wants to share that content, a pop-up will open to alert them."

This type of new servitude accepted by the French press poses two major problems. The first is the strengthened financial dependence on the American Internet giants in which the French press places itself. For accepting that Google and Facebook play a major role in the information circuits in this way will naturally not be without consequences in the future.

It is a terrible situation for the French press, which has been taken over by a dozen billionaires and which, as if that were not enough, is throwing itself into the arms of the American oligopolies.

The French media involved are not forthcoming about the amount of money Facebook pays them in return. In a second article explaining "how the partnership between Le Monde and Facebook on fake news works," the daily quickly admitted that it was "doing work paid for by Facebook," but without giving any figures. Dependent but discreet about money...

The same discretion was used by Libération. Providing its own explanations for its partnership with Facebook, the newspaper confined itself to giving an approximate order of magnitude: "In exchange for this work, Facebook therefore pays us. The amount paid depends on the number of papers verified. At Libé, the amount received in 2017 (the first year of the contract) allows us to roughly finance two additional positions." A little better than Le Monde, but still not very prolix about the money collected!

And obviously, the French press is hungry for this type of financing. It is as if the newspapers were not waiting for their readers, who are eager for independent, quality information, to jump on board, but for these American giants. In the course of its explanations, Le Monde does indeed provide this other clarification:

"In parallel, another platform in which Google is a stakeholder, and supported by Facebook, has also announced its upcoming launch: CrossCheck, within the First Draft project. CrossCheck will allow the public to submit questions and will gather information provided by the sixteen French media partners, including again AP, Le Monde, Libération, France Télévisions and France Médias Monde." (...)

In the case of the partnership with Facebook forged by these newspapers, another major danger looms: the transformation of the press into an auxiliary or supplementary force for the American Internet giants; or even the constitution of a kind of editorial police force, with a strange power to approve or disqualify certain sensitive information.

MAINSTREAM MEDIA SUPPORT FOR POLITICAL POWER

The main owners of the mainstream media support political power for economic and financial reasons.

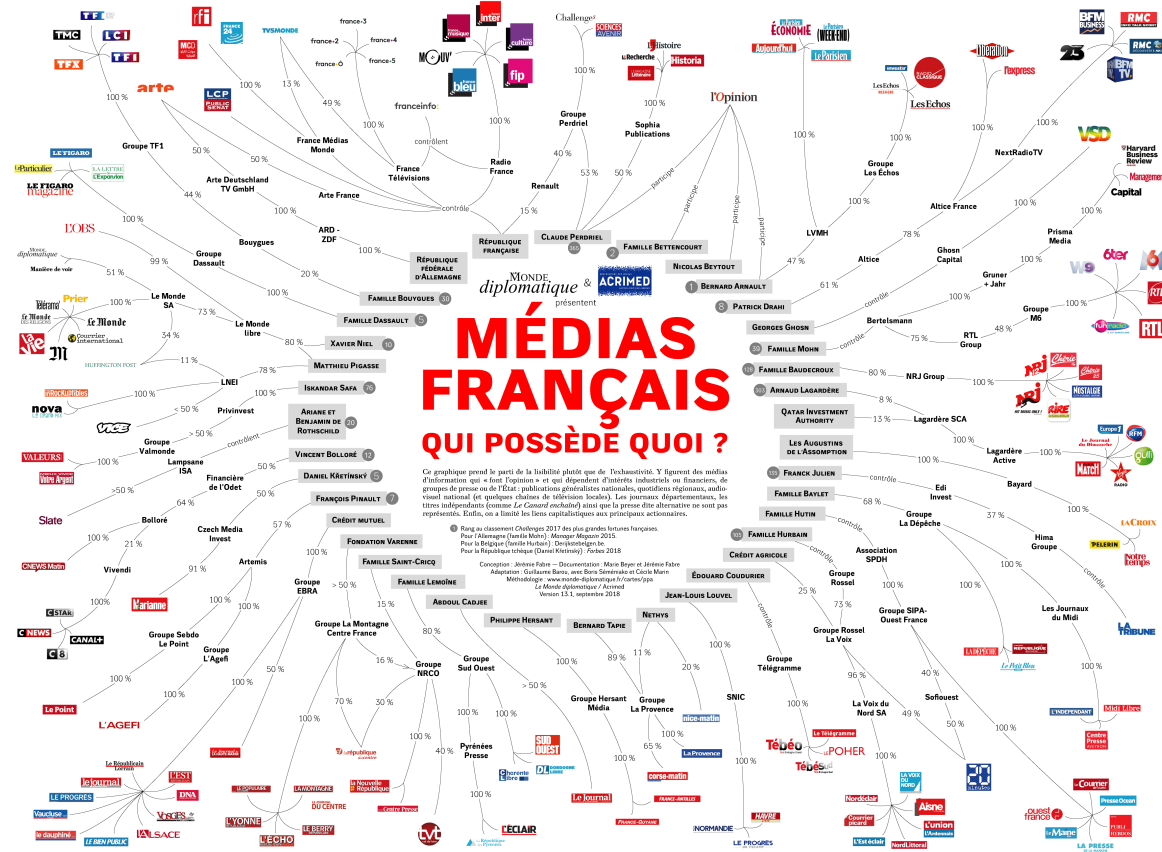
"It is not a question of stigmatizing this or that company, which has probably not prospered without talent. But rather to show how the situation is not appropriate.

None of the financial establishments that own the media have this business as their sole activity. And with the exception of Bertelsmann, journalism is not the primary purpose of these companies. They are even groups that have the state as their client: construction, public works and arms activities. To put it in an undiplomatic way, they owe their power and wealth to the orders that politicians give them with public money. This poses serious political problems.

These groups that control television have the ability to use the power conferred by this powerful tool to the benefit of their other activities. This is not necessarily done openly.

Moreover, there is a dependence of the political power on the media power. If the group needs the state, it has the means to give it all the support it needs. By return of *dexor*, it will be able to be served by orders, which at these scales are very important."

<http://www.agoravox.eu/actualites/medias/article/who-possesses-the-media-72443>



FINANCIAL INTERESTS AND CAPITAL TIES THAT RAISE QUESTIONS

When analysing the capital links between the different entities, we note that :

- The mainstream media gets the news from Reuters or AFP, the latter receives funding to the tune of US\$45 million from the Bill & Melinda Gates Foundation, which is in the capital of the pharmaceutical company Pfizer and in the capital of the BioNTech laboratory.
- Digital giants such as e.g. GOOGLE/YOUTUBE FRANCE, FACEBOOK FRANCE, TWITTER FRANCE verify and censor on the basis of AFP data and are furthermore owned by financial giants such as Black Rock, Vanguard, the Bill & Melinda Gates Foundation, which are also in the capital of the pharmaceutical companies Pfizer and BioNTech,

- The Bill & Melinda Gates Foundation, which is in the capital of the Pfizer and BioNTech laboratories is now the largest contributor to the WHO, which forces populations to participate in the clinical trials of the Pfizer and BioNTech pharmaceutical laboratories (80% of the anticovid injections),

<https://youtu.be/BrHVHGgg2Y>

Exhibit 5, p. 11-12

We find these same conflicts of interest in the US Federal Drug Administration.

As far as the WHO is concerned, the report n°12283 entitled "The management of the H1N1 pandemic: need for more transparency" by Mr Paul FLYNN dated 7 June 2010 is edifiant :

<https://pace.coe.int/pdf/3ca9f2f4f82e3539a79f86a85a88de64831eea623326667a8259ffe25682ae848428feba12/doc.%2012283.pdf>

"Some of the repercussions of the decisions made and advice given are particularly problematic, in that they have led to a distortion of priorities within public health services across Europe, a significant waste of public funds as well as unjustified fears about the health risks faced by the European population at large. (...)

Serious shortcomings have been identified with respect to the transparency of pandemic-related decision-making processes, raising concerns about the possible influence that the pharmaceutical industry may have exercised with respect to key pandemic-related decisions. There is concern that this lack of transparency and accountability could lead to a decline in the confidence given to advice issued by major public health agencies. (...)

the Assembly noted that unregulated or covert lobbying activities can be a danger and undermine democratic principles and good governance (...) »

It is clear from this report that no Member State to date can rely solely on WHO's recommendations to declare a state of health emergency and take health measures at the national level because WHO's governance to date offers no assurance of its real objectives, given that this body is mostly financed by private funds from companies or foundations owning pharmaceutical laboratories.

This is common knowledge, as we can see from an article in Le Point on April 4, 2017, entitled "WHO in the clutches of lobbyists".

https://www.lepoint.fr/e-ditos-du-point/annee-jean-blanc/l-oms-dans-les-griffes-des-lobbyistes-04-04-2017-2117123_57.php

The capitalist links between the mainstream media, the digital giants, the American financial giants and the WHO demonstrate a real collusion for a single purpose

to induce the already manipulated and psychologically subjugated population to receive experimental pharmaceuticals, which turn out to be a poison.

In addition, there are the very large contributions made by certain foundations or trusts to news agencies such as AFP, as well as the remuneration of the French mainstream press by the digital giants in order to censor any critical opinion.

For the purposes of the inquiry and for exploratory fins, we therefore submitted to the court:

- a ~~file~~ relating to the links of interest involved,
- three articles written by Dr. F.William ENGDHAL, a specialist in geopolitics and geo-information economy,
- an article by Doctor Joseph MERCOLA, dated June 15, 2021.

Exhibits 5, 8, 9

We also attach the internet link to the conference dated August 24, 2021 of Mr. Ernst WOLFF, investigative journalist, specialist in economics, financial crises and globalized finance:

<https://crowdbunker.com/post/6kYyaYH6DF>

Moreover, among the mainstream media, there are media receiving public subsidies partly ~~financed~~ by the contribution to public broadcasting and which should therefore respect their duty to inform the population in a fair, transparent and impartial manner.

Therefore, by manipulating the perception of French citizens and systematically censoring information about available treatments and anti-covid injections to the benefit of their ~~final~~ partners, mainstream agencies and media such as e.g. AFP, Le Monde, LIBÉRATION, LE FIGARO, BFM TV, CNEWS, LCI, TF1 group, M6 group, FRANCE TÉLÉVISIONS, RADIO FRANCE and the digital giants such as GOOGLE/YOUTUBE FRANCE, FACEBOOK FRANCE, TWITTER FRANCE are therefore guilty of abuse of weakness and ignorance with regard to French citizens under psychological subjection, by leading them to submit to a gene therapy clinical trial, an act which is seriously prejudicial to them.

IN CONCLUSION, the constituent elements of the offence of abuse of weakness and ignorance are present.

B. COMPLICITY IN EXTORTION AND ATTEMPTED EXTORTION

1. In law:

Article 312-1 of the Penal Code states that:

"Extortion is the act of obtaining by violence, threat of violence or coercion either a signature, an undertaking or a renunciation, or the revelation of a secret, or the handing over of funds, securities or any other property.

Extortion is punishable by seven years' imprisonment and a fine of 100,000 euros.

Article 312-9 of the Penal Code also makes attempted extortion an offence. This provision is particularly useful when the victim refuses to comply.

Thus, in order to be constituted, the offence of extortion or attempted extortion requires three conditions to be met:

- demonstration of the means of extortion ;
- the purpose of the discount ;
- the moral element.

Extortion therefore requires proof that the perpetrator uses either violence, threats of violence or coercion to obtain a commitment from the victim.

Coercion may be moral. Case law considers that moral coercion must *"be assessed in the light of the age and physical or intellectual condition of the person on whom it is exercised"* (**Cass. Crim 6 February 1997, 96-83.145**).

Thus, moral constraint makes it possible to reach acts which do not target the physical integrity of a person but his material situation or that of another person: threatening a minor to set fire to her parents' restaurant (**CA Paris, 9th ch, B, 25 May 1988: JurisData n° 1988-025189**), imposing on students of a faculty the payment of illegal fees under the threat of a refusal of registration (**T. corr. Nanterre, 13 Jan. 2006: JurisData n° 2006-304281**).

The Court of Cassation has a broad apprehension of moral constraint since it retained it against a teacher who had made the parents of one of his students, who had assaulted him, sign an indemnity agreement for an excessive amount with regard to the harm suffered (**Cass. Crim. 3 November 2016 n°15-83.892**)

As regards the moral element, the intention of the author is defined by the Court of Cassation as *"(Cass. crim., 9 Jan. 1991, n° 90-80.478: JurisData n° 1991-700797; Bull. crim. n° 17).*

2. In this case:

Free and informed consent could not be given after obtaining exhaustive information since agencies and mainstream media such as AFP, Le Monde, LIBÉRATION, LE FIGARO, BFM TV, CNEWS, LCI, the TF1 group, the M6 group, FRANCE TELEVISIONS, RADIO FRANCE and digital giants such as GOOGLE/ YOUTUBE FRANCE, FACEBOOK FRANCE, TWITTER FRANCE have prevented public criticism of all the measures taken by the government during the Covid-19 crisis and in particular concerning the experimental gene therapy injections against Covid.

Without this censure, parliamentarians would also have been able to criticize the texts that the government tabled throughout the crisis.

For more details on the experimental injections and the principles related to to consent to a medical procedure - Exhibit 10

Censorship of information about vaccines has led millions of French citizens to go for injections without knowing the real effects of these experimental biological drugs.

The same applies to the health pass since the reliability of the RT-PCR tests could not be discussed since the mainstream media knowingly failed to inform the public that the said tests were too sensitive to be able to demonstrate that a person is ill.

Debate, criticism, contradictory views were made impossible and justified forced confinements, masks for adults and children, long deaths and covid by having censored information about early treatment.

In the absence of information and debate, legislation now requires anyone who does not wish to be vaccinated, and who does not have a certificat of recovery from Sars- Cov-2, to undergo a (non-reliable) test to enter various places of daily life. As this test is only valid for 48 hours, a person not wishing to undergo vaccination will then have to undergo 4 to 5 (non-reliable) tests per week which represents about 20 tests to be carried out in a month without reimbursement.

By placing all these restrictions on those who would not wish to participate in a clinical trial, this legislation can only force French citizens to submit to it against their will.

This moral constraint exerted by this new regulation is clearly assumed by the President of the Republic, who clearly affirmed on the evening of his speech on 12 July 2021 that his objective was for the French to be vaccinated.

This moral constraint exercised by the Government pushes French citizens to
"The reason for this is not medical reasons but the desire to live a normal life.

This is a commitment obtained through coercion and agencies and mainstream media such as AFP, Le Monde, LIBÉRATION, LE FIGARO, BFM TV, CNEWS, LCI, the TF1 group, the M6 group, FRANCE TÉLÉVISIONS, RADIO FRANCE and digital giants such as GOOGLE/YOUTUBE FRANCE, FACEBOOK FRANCE, TWITTER FRANCE are complicit in not informing French citizens about the deaths and side effects of the experimental anti-covid injections.

Thus, people who have refused to take part in the clinical trial are completely discriminated against in their daily lives.

The moral compulsion exercised by the Government and the new legislation, thanks to the complicity of the mainstream media, is such that the French have submitted to the gene therapy clinical trial or will submit to the current clinical trial, in order to live normally.

The mainstream media is complicit in not criticizing the government's biased assertions.

Here's an example on the CNEWS television channel on July 8, 2021:

https://vid.twimg.com/ext_tw_video/1413222078283722757/pu/vid/1280x720/3TEzn9mkT5nf1bq8.mp4?tag=12

Or on the television channel LCI on February 2, 2021:

<https://drive.google.com/file/d/1GbcbhVn1r mChcykHBUChdQRE7adPjFi3/view?usp=sharing>

The second condition is therefore met.

In this case, the government's intention, relayed by the media, is proven since it publicly states that the meaning of the extended "health pass" is to bring restrictions to bear on those not "vaccinated" afin to encourage "vaccination".

Furthermore, Decree No. 2021-955 of July 19, 2021 clearly demonstrates the Government's intention to extort the consent of French citizens, in that the Government issued a decree instituting the mandatory "health pass" for events and other venues hosting a minimum of 50 people even before the law of August 5, 2021 had been passed.

In this regard, the Defender of Rights in a press release of July 20, 2021, issued 10 warning points concerning the extension of this "health pass" and mentioned the risk of a disguised vaccination obligation: *"In view of these elements, the Defender of Rights is in favour of ensuring that, for minors aged between 12 and 18, vaccination remains solely encouraged and does not fall under the scope of a disguised obligation".*²⁶

²⁶ <https://www.defurdesdroits.fr/en/communique-de-presse/2021/07/extension-du-passe-sanitaire-les-10-points-dalerte-de-la-defenseur-des>

Some Members of the European Parliament have also warned:

<https://rumble.com/vob5cl-des-dputs-europens-so-oppose-compulsory-vaccination-and-certificat-of.html>

Therefore, the government, clearly intended to extort the consent of French citizens by drafting the law of August 5, 2021 and the decree n°2021-955 of July 19, 2021 by forcing them to be injected with an experimental gene therapy against Sars- Cov 2. The third condition is met.

By depriving French citizens of a public debate and clear information concerning gene therapy injections in clinical trials, agencies and mainstream media such as AFP, Le Monde, LIBÉRATION, LE FIGARO, BFM TV, CNEWS, LCI, the TF1 group, the M6 group, FRANCE TÉLÉVISIONS, RADIO FRANCE and the digital giants such as GOOGLE/YOUTUBE FRANCE, FACEBOOK FRANCE, TWITTER FRANCE are therefore accomplices in extortion and attempted extortion, knowing that we have also demonstrated the elements of the offence of abuse of weakness and ignorance (II, A).

IN CONCLUSION, the elements of the offence of complicity in extortion and attempted extortion are present.

C. COMPLICITY IN POISONING AND ATTEMPTED POISONING

1. In law:

In accordance with article 221-5 of the Criminal Code:

"The fact of taking the life of another person by the use or administration of substances likely to cause death constitutes poisoning.

Poisoning is punishable by thirty years' imprisonment.

It is punishable by life imprisonment when committed in one of the circumstances provided for in [articles 221-2, 221-3 and 221-4](#).

The first two paragraphs of [Article 132-23](#) on the security period are applicable to the offence provided for in this article.

Furthermore, *Article 10 of the Convention for the Protection of Human Rights and Fundamental Freedoms, which was signed in Rome on 4 November 1950 and entered into force on 3 September 1953, states*

"Freedom of expression

1. Everyone has the right to freedom of expression. This right includes freedom to hold opinions and to receive and impart information and ideas without interference by public authority and regardless of frontiers. This article shall not prevent States from imposing licensing requirements on broadcasting, film or television enterprises.

2. The exercise of these freedoms, which carries with it duties and responsibilities, may be subject to certain formalities, conditions, restrictions or penalties prescribed by law, which constitute measures necessary in a democratic society in the interests of national security, territorial integrity or public safety, for the prevention of disorder or crime, for the protection of health or morals, for the protection of the reputation or rights of others, for preventing the disclosure of confidential information or for maintaining the authority and impartiality of the judiciary."

The European Court of Human Rights (ECHR) has repeatedly ruled in favour of journalists' freedom of expression over the "feelings" of the population or states.

We will quote the *Handyside judgment dated December 7, 1976*, dealing with a press case in Great Britain, which reaffirms the importance of the right to information in these terms:

"Freedom of expression is one of the essential foundations of a democratic society, one of the primary conditions for its progress and for the development of every individual. Subject to the restrictions mentioned, in particular in Article 10 of the European Convention on Human Rights, it applies not only to information

or ideas that are favourably received, or regarded as inoffensive or indifferent, but also for those that offend, shock or worry the State or any section of the population.

This is what pluralism, tolerance and openness, without which there can be no democratic society, are all about. "

- In 1997, in the *Haes and Gijssels case*, the ECHR stressed that:

"journalistic freedom includes the possible use of a certain amount of exaggeration, even provocation".

- In its *judgment Fressoz and Roire v. France of 21 January 1999 n°29183/95*, the ECHR recalls that :

"Freedom of expression applies not only to "information" or "ideas" that are favourably received or regarded as inoffensive or as a matter of indifference, but also to those that offend, shock or disturb. "democratic society".

- In the *Hertel case*, the ECHR recalled in particular in the area of health (*European Court of Human Rights, 25 August 1998, Hertel*):

"It does not matter that the opinion in question is a minority one, and that it may appear to be unfounded: in an area where certainty is unlikely, it would be particularly excessive to limit freedom of expression to the exposition of generally accepted ideas.

Let us also recall that concerning the right to information, Article 19 of the Universal Declaration of Human Rights, adopted by the UN General Assembly in Paris on 10 December 1948, states that

"Everyone has the right to freedom of opinion and expression; this right includes freedom to hold opinions without interference and to seek, receive and impart information and ideas through any media and regardless of frontiers."

2. In the present case:

Part of the community of independent scientificists and physicians is trying to inform citizens of the more or less long-term risks associated with experimental anticovid injections (death, thrombosis, cardiac arrest, prion disease, cancers, modification of the human genome and transmission to offspring, sterility, miscarriages etc.).

It is the world's leading experts who confirm it, they are nevertheless systematically censored and dismissed from the mainstream media thus preventing them from addressing the general public and warning French citizens.

REGARDING GENE THERAPY INJECTIONS, THE PRECAUTIONARY PRINCIPLE SHOULD BE APPLIED

For the following reasons, among others:

1. The randomized studies that led to the conditional marketing authorization were all conducted by the manufacturers themselves. No independent studies for randomized clinical studies (standard of Evidence Based Medicine).

The drug companies' studies are all intentionally flawed, according to AIMSIB:

<https://www.aimsib.org/2021/02/07/vaccination-anti-covid-19-etat-des-lieux/>

In this respect, despite requests for documents from the European Medicines Agency ("EMA"), there is no certainty regarding the renewal of conditional marketing authorizations to date:

<https://www.aimsib.org/2021/10/10/vaccines-without-any-ammc-valid-possible/>

2. The other "real-life" studies are almost all financed directly or indirectly by the pharmaceutical companies themselves.

3. There have been no genotoxicity, carcinogenicity and teratogenicity studies, on the pretext that this is not done for "vaccines". However, these products are innovative therapies using nucleic acids, never before used on healthy populations.

As INSERM says about genetic vaccines "**genetic vaccination**": [This variant of gene therapy consists in administering a DNA fragment \[or mRNA\] coding for a vaccine antigen directly into the cells of the person to be vaccinated. Source: https://www.inserm.fr/dossier/vaccines-and-vaccinations/](https://www.inserm.fr/dossier/vaccines-and-vaccinations/)

4. There is currently - especially for the Pfizer product - no data or very limited data leading to **studies that will not give their results until December 2023** on the following:

- Anaphylaxis,
- Safety events of interest related to SEIAs, **including increased vaccine-associated illness,**
- **Use during pregnancy,**

- Use in immunocompromised patients,
- Use in frail patients with co-morbidities (e.g., chronic obstructive pulmonary disease (COPD), diabetes, chronic neurological disease, cardiovascular disorders),
- Use in patients with autoimmune or inflammatory disorders,
- **Long-term safety data.**

Page 104-105 of the European Medicines Agency report:

https://www.ema.europa.eu/en/documents/rmp-summary/comirnaty-epar-risk-management-plan_en.pdf

Table 41. On-going and Planned Additional Pharmacovigilance Activities

Study (study short name, and title) Status (planned/on-going)	Country	Summary of Objectives	Safety concerns addressed	Milestone	Due dates
Category 3					
C4591011 <i>Planned</i>	US	Assessment of occurrence of safety events of interest, including severe or atypical COVID-19 in a cohort of people within the Department of Defense Healthcare System.	Anaphylaxis AEI-based safety events of interest including vaccine associated enhanced disease Use in pregnancy Use in immunocompromised patients Use in frail patients with co-morbidities (e.g. chronic obstructive pulmonary disease (COPD), diabetes, chronic neurological disease, cardiovascular disorders) Use in patients with autoimmune or inflammatory disorders Long-term safety data.	Interim reports submission:	30-Jun-2021
					31-Dec-2021
					30-Jun-2022
					31-Dec-2022
				Final CSR submission:	31-Dec-2023
C4591012 <i>Planned</i>	US	Assessment of occurrence of safety events of interest, including severe or atypical COVID-19 in real-world use of COVID-19 mRNA vaccine.	Anaphylaxis AEI-based safety events of interest including vaccine associated enhanced disease Use in immunocompromised patients Use in frail patients with co-morbidities (e.g. chronic obstructive pulmonary disease (COPD), diabetes, chronic neurological disease, cardiovascular disorders) Use in patients with autoimmune or inflammatory disorders Long-term safety data.	Interim reports submission:	30-Jun-2021
					31-Dec-2021
					30-Jun-2022
					31-Dec-2022
				Final CSR submission:	31-Dec-2023

5. The pharmacovigilance reported by the ANSM (Agence Nationale de Sécurité du Médicament) shows unprecedented levels of adverse event reports for a "vaccine" <https://ansm.sante.fr/actualites/point-de-situation-sur-la-surveillance-des-vaccins-contre-la-covid-19-periode-from-03-09-2021-to-16-09-2021>

The WHO Global Drug Monitoring Database (vigiaccess.org) shows that **in 9 months the number of adverse event reports for Covid19 vaccines is 8 times higher than in 53 years for all flu vaccines**

- In 53 years of influenza vaccination: 266,955 reported records
- In 9 months of COVID19 vaccination: 2,201,851 records reported

The screenshot shows the VigiAccess website interface. At the top, there is a blue header with the VigiAccess logo, the Uppsala Monitoring Centre logo, the WHO Collaborating Centre for International Drug Monitoring logo, and an FAQ link. Below the header is a search bar containing the text "Covid-19 vaccine" and a "Search" button. The search results are displayed in a light blue box, stating: "Covid-19 vaccine contains the active ingredient(s): Covid-19 vaccine. Result is presented for the active ingredient(s). Total number of records retrieved: 2201851." Below this, there is a "Distribution" section with several expandable menu items: "Adverse drug reactions (ADRs)", "Geographical distribution", "Age group distribution", "Patient sex distribution", and "ADR reports per year". The "ADR reports per year" item is expanded, showing a table with the following data:

Year	Count	Percentage
2021	2199476	100
2020	2259	0

Professor Jean Gabriel BALIQUE, Member of the National Academy of Surgery addressed to the parliamentarians on October 8, 2021 by an open letter, since the agencies and media such as AFP, Le Monde, LIBÉRATION, LE FIGARO, BFM TV, CNEWS, LCI, the TF1 group, the M6 group, FRANCE TELEVISIONS, RADIO FRANCE and digital giants such as GOOGLE/YOUTUBE FRANCE, FACEBOOK FRANCE, TWITTER FRANCE, for example, are making systematically blocked.

This is alarming and should be common knowledge. Moreover, we will see later that he is not the only one to make this observation.

Here is an excerpt from Professor BALIQUE's letter:

"The Covid 19 vaccine in November 2020 was supposed to save us and bring us back to normal life. Now that we have hindsight, it becomes "easier" to assess the benefit-risk of the vaccine strategy.

The first observation that must be made is that the "vaccine" does not protect and does not prevent contamination (see the statement of the Minister of Health Olivier Véran before the Council of State in April 2021). The example of Israel, which our authorities have taken as a model, shows that hospitalizations and intensive care units are overflowing with vaccinated people! Israel is no longer cited today! A study published in European Journal of Epidemiology on September 30, 2021 (<https://link.springer.com/article/10.1007/s10654-021-00808-7>) confirms that countries where the percentage of vaccinated population is the highest, have a higher number of cases of Covid-19 per 1 million inhabitants (example Israel, Portugal, Iceland...). We have never seen in medicine imposing a treatment or vaccination that does not work (except for people at risk where the benefit/risk balance is different).

This would not be dramatic if this strategy was not the cause of serious, fatal, inadmissible and ethically unbearable complications for any doctor who, every day, fights to relieve and care for patients. Doctors "in the field" still believe in the Hippocratic Oath (<https://www.conseil-national.medecin.fr/medecin/devoirs-droits/serment-dhippocrate>) which has been their guide for centuries and which politicians are forcing them to flout. The fundamental principles of the oath, such as "primum non nocere" (above all do no harm), medical secrecy, free and informed consent, etc., have been rejected out of hand.

As you know, this vaccine is in the experimental phase, phase 3 of drug development. Now that this phase, triggered globally, is taking a step back, doctors in the field are seeing many complications. As of October 2, 2021, the European Medicines Agency, the EMA, counted 26523 deaths formally linked to the vaccine and 2 million complications, of which 1 million were serious. These figures represent only a portion of the cases observed. In France, the National Agency for Medicines (ANSM) (<https://ansm.sante.fr/>) in its report of September 16, 2021 reports 22559 serious cases including deaths. Many cases are not reported for various reasons.

In France, field experience reported by general practitioners and hospital doctors clearly shows the increase in complications occurring in the weeks following vaccination: numerous cases of facial paralysis, myocarditis and pericarditis in the early aftermath of vaccination, cardiovascular complications (heart attack, stroke) in relatively young subjects not necessarily at cardiovascular risk, numerous cases of venous thrombosis (<https://www.vidal.fr/maladies/heart-circulation-veins/venous-thrombosis-phlebitis.html>) and pulmonary embolism (<https://www.vidal.fr/maladies/heart-circulation-veins/pulmonary-embolism.html>). Doctors report a frequent rise in thrombosis markers (D-dimers), sometimes at abnormally high levels, fatigue and deterioration of general condition in elderly patients, cancers that were previously controlled explode after vaccination, autoimmune diseases (<https://www.inserm.fr/dossier/maladies-auto-immunes/>) such as polyarthritis, thyroiditis, etc., are disrupted in the elderly.

weeks after vaccination.

The ANSM indicates as "confirmed signals" early-onset myocarditis and pericarditis after vaccination with the Comirnaty (<https://www.vidal.fr/medicaments/gammes/comirnaty-100658.html>) (Pfizer/BioNTech) and Moderna vaccines without giving the exact number of sufferers and downplaying the pathology, whereas the long-term complications and sequelae can be serious.

Since the start of vaccination of 12-18 year olds, 206 cases of serious adverse events (including deaths) have been reported with the Comirnaty vaccine and 18 serious cases with Moderna, even though we are only 3.5 months into vaccination in this age group. These are young people who were not at risk of severe disease or death from Covid, but who are likely to have lifelong sequelae of the vaccination. In the last few days, two teenage girls with no risk factors have just died and one young person had a leg amputated, 15 days after the vaccine. Isn't this a sacrifice that society is making and what is the price to pay? How many teenage deaths would you say STOP vaccinating young people who have nothing to gain because they are at low risk of severe form and death from Covid?

In women, menstrual disorders, miscarriages or deaths of the fetus in utero during pregnancy have been observed. How is it possible that the General Health Directorate authorizes vaccination in the first trimester of pregnancy when the data on the safety of the vaccine in pregnant women are limited and incomplete? Where is the precautionary principle?

All these complications occur early after vaccination in people with no previous history and a normal life. They also occur in athletes who had to stop their activity after being vaccinated, mortgaging their career: Jérémy Chardy, Christophe Lemaitre (<https://www.facebook.com/watch/?v=146152564157870>) are the most famous examples... At the same time, in the same population of people without co-morbidity, non-vaccinated, there are no deaths from Covid, only people at risk are exposed, it is for this population that the "vaccine" can have some protection.

Unfortunately, these complications are passed over in silence, they are not reported to the authorities or they do not want to see them. This human health drama will only get worse with the persistence of this vaccination and the probable multiplication of the doses. The development of a vaccine trial against H1N1 has been stopped for far fewer complications. None of the mandatory vaccines have caused such complications. Currently doctors see more patients in consultations for complications from the vaccine than from COVID itself. The benefit/risk balance is not in favor of the "vaccine" in this population. Why do you still want to mandate a "cure" that is more dangerous than the disease in people with no risk!

It is urgent to draw the consequences, at a time when natural immunity is developing, when the Delta variant is proving much less aggressive and the epidemic is decreasing. Do not repeat the Chernobyl syndrome where we were affirmed that the radio-active nuclear cloud had stopped at the border. Don't forget the contaminated blood scandal. On this subject, did you know that the Etablissement français du sang (<https://www.efs.sante.fr/>) requires a 28-day delay after vaccination with attenuated vaccine (Measles, Rubella, Mumps, Yellow Fever...) but takes no precautions regarding blood donors recently vaccinated with these new vaccines whose biodistribution in the body is incompletely known. Isn't this once again an ignorance of the precautionary principle and a potential future scandal?

Even if you are not a doctor, look around you for information. You have the right to be informed because you are our representatives.

The truth is starting to come out. Already the Astra Zeneca vaccine has been banned for people under 55 years of age following thrombosis (that's how safe these vaccines are!), then recently the Janssen vaccine, and gradually we are seeing States questioning the generalized vaccination:

In the United Kingdom, vaccination is forbidden to children under 15 years of age and they have just waived the mandatory vaccination. In Texas, vaccination of young people is forbidden.

In Denmark, only people at risk are vaccinated and there is total freedom without a health pass.

In Africa, we observe a mortality rate 10 times lower than ours while only 2% of the population is vaccinated (a health catastrophe was announced!)

All these caregivers, doctors, infirmières, orderlies, but also firefighters who are being singled out are not anti-vaccine but fear the effects of a "vaccine" still being tested, the harmful effects of which they see in their practice directly.

These "field" carers see real patients, while the doctors on TV extrapolate from figures of probabilities, the vast majority of which have proved to be wrong.

In this crisis there should be no political colour but a consensus to defend the health of the French people who elected you.

In the name of all the victims, in the name of all the muzzled caregivers who cannot express themselves under penalty of sanctions, unheard of in a country of so-called freedom, I ask you to look beyond the totally manipulated official figures and to refuse compulsory vaccination, all the more so for the children whose future is being put at risk.

At the very least, have a moratorium, during which you can hear the opinions of many doctors, scientists and others who try to make their voices heard but are systematically boycotted when their opinions go against government health policy. We must also re-evaluate the reliability of the tests used, discuss the treatments currently proposed.

Abolish the health pass and stop the shameful and misleading propaganda on vaccination: "all vaccinated = all protected" is a completely false slogan, as we now know!

Lift the sanctions on all unvaccinated caregivers who are prohibited from practising even though they are passionate about their vocation and who have not become more dangerous on September 15 than on June 15. Some hospitals, despite the ban, rightly continue to employ unvaccinated staff in order to maintain their activity without any health consequences, but

by creating a glaring inequality with those who cannot work. Remember that you praised them in the first wave and that a number of them died in that wave because they did not have masks and protection.

The imposed strategy is disconnected from reality: it is a pandemic that is accompanied by a mortality of 0.05%, represented by people at risk, the average age of deaths is 83 years, a little less currently because the most fragile people died during the first wave. That a vaccination is proposed is logical provided that there is a real vaccine, which is not yet the case, and respecting the will of each person (it is not Ebola (<https://www.pasteur.fr/fr/centre-medical/fiches-maladies/ebola>), meningitis or smallpox...). In the meantime, in the event of illness, treatments can be offered at an early stage. Many doctors have successfully prescribed them. They can even be offered as a preventive measure to people at risk. These people are known and can therefore be protected in isolation (notably by this "vaccine" for which it is the only indication) without penalizing the rest of the population."

- In a study dated September 30, 2021, in the European Journal of Epidemiology titled "COVID-19 Increases Not Related to Vaccination Levels in 68 Countries and 2947 Counties in the United States," the authors find that the most vaccinated populations also have the most covid-19 cases and vice versa.

<https://link.springer.com/article/10.1007/s10654-021-00808-7>

The authors report that in a report published by the Ministry of Health in Israel, **the efficacy of 2 doses of BNT162b2 vaccine (Pfizer-BioNTech) against the prevention of COVID-19 infection was reported to be 39%.**

It also appears that **immunity derived particularly from Pfizer-BioNTech gene therapy is probably not as strong as immunity acquired as a result of infection with the virus itself.**

This information is not known to the general public.

Exhibit 11

- A cohort study (highest level 3 of scientific evidence) by Peter Nordström et al, published in preprint by THE LANCET on October 25, 2021, but not yet peer-reviewed, entitled "Efficacy of Covid-19 vaccination against the risk of symptomatic infection, hospitalization, and death up to 9 months of age: a Swedish total-population cohort study" says in essence:

Vaccine efficacy against symptomatic infection

"The efficacy of BNT162b2 vaccine against infection gradually decreased from 92% (95% CI, 92-93, P<0.001) at day 15-30 to 47% (95% CI, 39-55, P<0.001) at Day 121-180, and from day 211 and beyond, no efficacy could be detected (23%; 95% CI, -2-41, P=0.07)."

"the efficacy of ChAdOx1 nCoV-19 was generally lower and decreased more rapidly, with no efficacy detected from day 121 onwards."

So for the Pfizer, between 4 months 6 months we are at 47% efficacy on symptomatic infection and from 7 months onwards no more efficacy on infection.

And for the Astrazeneca no longer ANY efficacy on the infection from 4 months onwards.

On hospitalizations and deaths

"Vaccine efficacy (any vaccine) was 89% at day 15-30 (95% CI, 83-93, P<0.001), which decreased to 74% (95% CI, 47-87, P<0.001) at day 121-180, and from day 181 onwards there was no detectable associated efficacy (42%; 95% CI, -35-75, P=0-21)"

This means that for these genetic "vaccines", there is no longer any efficacy from 6 months onwards on hospitalizations and deaths.

https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3949410

- A meta-analysis (highest level 1 of scientific evidence) published on July 14, 2021 by ELSEVIER Connect, demonstrated that natural human immunity to Sars-Cov2 works against all variants as well.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8139264/pdf/main.pdf>

"A wide range of epitopes (and, to summarize, variants, although the definition is a bit different) are recognized by antibodies, making it unlikely that Sars-CoV2 variants can escape T-cell recognition at the population level. Or, put another way: natural immunity will mostly be sufficient for the variants, there will be no "immune escape."

- Another Tel Aviv University preprint study, published on August 24, 2021 on medRxiv, not yet peer-reviewed, entitled Comparison of SARS-CoV-2 natural immunity to vaccine-induced immunity: reinfections versus breakthrough infections indicates that natural immunity would be about 13 times stronger than immunity obtained after receiving two doses of the Pfizer-BioNTech vaccine.

"This study demonstrated that natural immunity confers longer-lasting and stronger protection against infection, symptomatic illness, and hospitalization caused by the Delta variant of SARS-CoV-2, compared to immunity induced by the two-dose BNT162b2 vaccine. Individuals who were both previously infected with SARS-CoV-2 and received a single dose of the vaccine gained additional protection against the Delta variant.

<https://www.medrxiv.org/content/10.1101/2021.08.24.21262415v1>

- The AIMSIB published an article on October 24, 2021 by Dr. Hélène BANOUN, concluding in the same way:

"I have recently shown that natural immunity to Covid-19 (following infection) is stronger, longer lasting and of better quality than vaccine immunity (1) The reasons for this were recently outlined by Sonigo et al (2)."

<https://www.aimsib.org/2021/10/24/evaluating-natural-anti-covid-serology-cellular-immunity/>

- The authors of a cohort study, published in THE LANCET on October 29, 2021, entitled "Community transmission and viral load kinetics of the SARS-CoV-2 delta variant (B. 1.617.2) in vaccinated and unvaccinated individuals in the United Kingdom: a prospective, longitudinal cohort study" conclude that:

"Nonetheless, fully vaccinated individuals with outbreak infections have a similar peak viral load as unvaccinated cases and can effectively transmit infection in households, including to fully vaccinated contacts. Host-virus interactions early in infection may shape the entire viral trajectory."

"Although vaccines remain highly efficient in preventing severe disease and death due to COVID-19, our results suggest that vaccination is not sufficient to prevent transmission of the delta variant in households with prolonged exposures.."

[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(21\)00648-4/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(21)00648-4/fulltext)

- AIMSIB published an article on July 25, 2021, summarized as follows:

"For people under 45 years of age, the presumed lethality of the vaccine is higher than Covid-19 mortality.

- *According to current statistics, vaccination of 12-14 year olds could result in 85 deaths and up to 235 severe disabilities, for a totally non-existent benifice.*
- *To date, no healthy child has died from Covid-19."*

<https://www.aimsib.org/2021/07/25/la-comparaison-entre-mortalite-par-covid-et-letalite-due-aux-vaccins-is-just-catastrophic/>

- *Infin*, immunologist **J. Bart Classen** published in *Trends In Internal Medicine* the result of his analysis of randomized clinical trials of the Pfizer, Moderna, and Janssen genetic vaccines (Classen B. "US COVID-19 Vaccines Proven to Cause More Harm than Good Based on Pivotal Clinical Trial Data Analyzed Using the Proper Scientific Endpoint, "All Cause Severe Morbidity". *Trends Int Med.* 2021; 1(1): 1-6.)

<https://newsrescue.com/wp-content/uploads/2021/08/us-covid19-vaccines-proven-to-cause-more-harm-than-good-based-on-pivotal-clinical-trial-data-analyzed-using-the-proper-scientific-1811.pdf>

As other scientificans have expressed in various media, he concludes that after re-analyzing the data from these clinical trials taking into consideration **the all-cause morbidities** in the vaccine versus placebo trial groups, **then none of the vaccines provide a health benefit** and "all pivotal trials **show a statistically significant increase in 'severe all-cause morbidity' in the vaccine group** compared to the placebo group."

Here is a summary of his analysis:

"Many fields of medicine, oncology for example, have abandoned the use of disease-specific specific endpoints for the primary endpoint of pivotal clinical trials (cancer death for example) and have adopted "all-cause mortality or morbidity" as the appropriate scientific endpoint of a clinical trial [...].

Pivotal clinical trial data for the 3 marketed COVID-19 vaccines were reanalyzed using "all-cause severe morbidity," a scientific measure of health, as the primary endpoint [...] The results provide evidence that none of the vaccines provide a health benefit, and all of the pivotal trials show a statistically significant increase in "all-cause severe morbidity" in the vaccine group compared to the placebo group.

The Moderna immunized group experienced 3,042 more serious events than the control group ($p=0.00001$).

The Pfizer data were grossly incomplete, but the data provided showed that the vaccination group experienced 90 more serious events than the control group ($p = 0.000014$), including only "unsolicited" adverse events.

The Janssen immunized group experienced 264 more serious events than the control group ($p=0.00001$).

*[...] **Based on these data**, it is almost certain that mass vaccination with COVID-19 is detrimental to the health of the general population. Scientific principles dictate that **mass vaccination with COVID-19 vaccines must be stopped immediately because we are facing a vaccine-induced public health catastrophe.**"*

Part n°12

WOULDN'T NATURAL IMMUNITY SUPPORTED BY EFFECTIVE TREATMENT AT THE ONSET OF SYMPTOMS BE MORE EFFECTIVE THAN EXPERIMENTAL GENE THERAPY INJECTIONS EVERY SIX MONTHS, ESPECIALLY WHEN THE LATTER PRESENT SIGNIFICANT RISKS TO HUMAN HEALTH?

WHY IS THIS INFORMATION NOT MADE AVAILABLE TO THE GENERAL PUBLIC?

THOUSANDS OF DEATHS AND SERIOUS SIDE EFFECTS ARE REPORTED FOLLOWING THE COVID-19 "VACCINATION" CAMPAIGN

The mainstream media remains silent, the digital giants censor information, preventing French citizens from being informed and avoiding a potentially lethal injection.

<https://www.medrxiv.org/content/10.1101/2021.08.24.21262415v1>

Despite these findings, clinical trials are not suspended for all that, while the American Federal Drug Agency (FDA) was able to put an end to a clinical trial following a single death, Dr McCULLOUGH puts forward the number of 25 to 50 deaths to put an end to a clinical trial. This is an ethical issue.

Here is the situation on October 19, 2021 in the European Union:

Accueil					
Eudravigilance C-19					
19/10/2021					
Cas par critère de gravité le plus élevé					
Critère de gravité	Astrazeneca	Pfizer / Biotech	Moderna	Janssen	Tous les vaccins
Décès	3 524	8 031	4 089	703	16 333
Mise en jeu du pronostic vital	7 442	9 661	4 548	1 142	22 759
Invalidité ou incapacité	21 699	16 508	5 143	923	44 223
Anomalies congénitales	126	175	91	6	395
Hospitalisation	20 009	36 478	15 981	2 815	75 132
Médicalement significatif	145 418	123 013	32 342	5 714	306 271
Cas Graves	198 218	193 866	62 194	11 303	465 113
Cas Non graves	196 826	311 939	75 352	20 933	604 559
Total Cas	395 044	505 805	137 546	32 236	1 069 672
Cas graves par tranches d'âge					
Cas graves par sexe					

Source de données

- Insee Mortalité Française de 1970 à 2018
- Insee Mortalité Française à partir de 2018
- Insee Pyramide des âges Française
- Eudravigilance Moderna
- Eudravigilance Pfizer / Biotech
- Eudravigilance Astrazeneca
- Eudravigilance Janssen
- Vaers

Documentation

- Pharmacovigilance structure d'un cas E2B(R3)
- Pharmacovigilance structure d'un cas E2B(R2)
- Pharmacovigilance hiérarchisation des effets indésirables (Meddra)

Autres

- Méthodes de calcul des décès

Contact

Email : contact@data-like.com
 Twitter : @RlnhInU6

This data retrieval platform was carried out by a pharmacovigilance professional who wishes to remain anonymous, from the official sources of the European pharmacovigilance database EUDRA, (sources: Eudravigilance Moderna, Eudravigilance Pfizer / Biontech, Eudravigilance Astrazeneca, Eudravigilance Janssen. The data displayed is free of "duplicates")

<https://bonsens.info/donnees-de-phar macovigilance-european-and-american-reported-vaccination-covid19>

https://www.europarl.europa.eu/doceo/document/B-9-2021-0475_FR.html

The same observation stems, at the national level, from a pharmacovigilance report that is not easily accessible on the website of the French National Agency for Health and Medicines ("ANSM"), the feedback officially reported side effects as of September 24, 2021 only, in France and for the Pfizer injection alone show a very alarming quantity of open cases.

<https://ansm.sante.fr/actualites/point-de-situation-sur-la-surveillance-des-vaccins-contre-la-covid-19-periode-from-03-09-2021-to-16-09-2021>

« Vaccins » covid: Signalements Pfizer (*) en France au 24/09/21

Évolution, N (%)	
En cours de rétablissement/résolution	3959 (8.5)
Rétabli/résolu	3500 (7.5)
Rétabli/résolu avec séquelles	314 (0.7)
Non rétabli/non résolu	3918 (8.4)
Décès	906 (1.9)
Inconnu	376 (0.8)

** Dans le rapport 17 les données concernant les « hospitalisations » et les « mises en jeu du pronostique vitale étaient inversées ».*

Description générale des cas graves et non graves

Au total, sur les 46 817 cas rapportés, 33 844 (72,3 %) correspondaient à des cas non graves et 12 973 (27,7 %) à des cas graves au regard des définitions réglementaires internationales de pharmacovigilance. Depuis le précédent rapport, 15 430 nouveaux cas ont été transmis, dont 4 283 graves (27,8 %).

Source: <https://ansm.sante.fr/actualites/point-de-situation-sur-la-surveillance-des-vaccins-contre-la-covid-19-periode-du-03-09-2021-au-16-09-2021> Cliquez sur "consulter le rapport au 24/09/2021" et aller à la page 7

(*) Les incidents signalés pour les autres vaccins ne sont donc pas intégrés dans ces chiffres qui ne concernent que le vaccin Pfizer

NB: Statistique usuelle de ces signalements : il est généralement considéré qu'au maximum 10% des incidents sont réellement signalés

- 12,973 serious cases reported in France following injection
- 906 deaths reported in France following Pfizer injection

This report brings together data from four regional pharmacovigilance centres: Bordeaux, Marseille, Toulouse and Strasbourg.

However, there are many more Regional Pharmacovigilance Centres in France, as you can see on the official map:

<https://www.rfcrpv.fr/contacter-votre-crpv/>

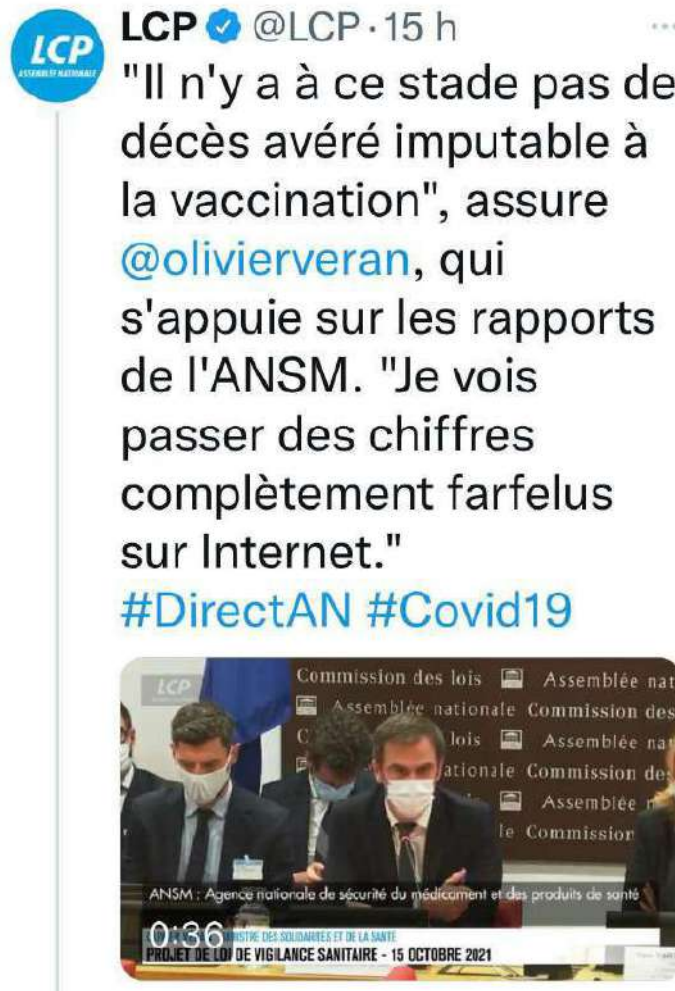
What are we to make of the results of the said pharmacovigilance report, if they then have to be reported?

- to the entire French territory;
- to all products injected into the population since in 2020,
- to all 33 pharmacovigilance centres throughout the country?

As such, doctors were strongly encouraged not to report serious adverse events ("SAEs") of "vaccines" to pharmacovigilance:

<https://www.larevuedupraticien.fr/article/vaccins-covid-il-ne-faut-pas-declarer-tous-les-effets-indesirables>

Despite the published reports, the government continues to transmit biased information to French citizens without any mainstream media criticizing this false information to the detriment of citizens' health:



"At this stage, there are no known deaths attributable to vaccination," said Olivier Veran, relying on reports from the ANSM. "I see completely crazy figures on the Internet"

CONFLICT-FREE EXPERTS CENSORED BY MAINSTREAM MEDIA AND DIGITAL GIANTS

During the health crisis, a large number of health professionals recognized by their peers have not ceased to alert and to ask for the stopping of the so-called "vaccination" campaign.

At no time did the agencies and mainstream media such as AFP, Le Monde, LIBÉRATION, LE FIGARO, BFM TV, CNEWS, LCI, the TF1 group, the M6 group, FRANCE TELEVISIONS, RADIO FRANCE and digital giants such as GOOGLE/YOUTUBE FRANCE, FACEBOOK FRANCE, TWITTER FRANCE have not relayed any information to the public.

the words and concerns of these health professionals, thus preventing French citizens from being informed and forming an objective opinion of the situation and the risks presented by the experimental gene therapies that were supposed to protect against Covid-19 disease.

Indeed, we would like to bring to the attention of the Court, important testimonies of international experts, essential to understand the seriousness of the situation, which have never been relayed by the mainstream media, in defiance of the right of French citizens to fair, transparent, critical and disinterested information:

- Testimony of Doctor Vladimir ZELEENKO, New York, USA:

https://odysee.com/@TheAmir:5/video_2021-08-09_23-09-51:8

- Testimony of Doctor Charles HOFFE, British Columbia, Canada:

<https://youtu.be/qznyVdqITic>

- Testimony of Dr. Ryan COLE:

<https://rumble.com/vlxw0z-covid-19-vaccins-et-autopsies-dr-ryan-cole.html>

- Testimony of Dr Bryan ARDIS, USA :

<https://www.bitchute.com/video/jv3GSOcoIGCP/>

- Testimony of Dr. Byram BRIDLE, Professor of Immunology, Canada:

<https://rumble.com/vhz5l5-2021057-the-dr-byram-bridle-prof-immunology-presents-the-dangers-of-prot.html>

- Testimony of Dr. Richard FLEMING, cardiologist and researcher, USA:

<https://rumble.com/vlfyif-dr-richard-fleming-event-2021-tout-ce-que-vous-devez-savoir-sur-le-covid.html?mref=o7k29&mc=mdp8s>

- Testimony of *Professor Michael YEADON*, former vice president and chief scientific of Pfizer for Allergy and Respiratory Diseases, immunologist, UK:

<https://www.profession-gendar.me.com/former-vice-president-of-pfizer-the-governments-you-are-and-are-preparing-for-the-massive-population/>

<https://mediazone.zonefr.com/news/michael-yeadon-avoue-la-vaccination-crime-contre-l-humanite-297?lang=english>

- Testimony of *Dr. Robert W. MALONE*, molecular biologist, epidemiologist, specialist in infectious diseases, pioneer of messenger RNA/DNA technology, USA: <https://rumble.com/vkfz1v-the-vaccine-causes-the-virus-to-be-more-dangerous.html> https://www.francesoir.fr/videos-les-debriefings/malone#disqus_thread

- Testimony of *Dr Peter MC CULLOUGH*, specialist in internal medicine and cardiovascular diseases, Texas, USA:

<https://www.francesoir.fr/videos-les-debriefings/analysis-of-scientific-assertions-macron-mccullough>

<https://envahis.com/covid-selon-un-cardiologue-americain-le-vaccin-est-lagent-biologique-le-plus-mortel-le-plus-toxic-never-injected-into-a-human-body/>

<https://www.francesoir.fr/videos-les-debriefings/propagande-est-le-mot-qui-me-vient-lesprit-pour-qualifier-la-politics-of>

<https://www.francesoir.fr/opinions-entretiens/video-debriefing-du-dr-mccullough>

- Testimony of *Military Doctor LEE MERRIT*, USA:

<https://lbry.tv/@samo42:e/dr-lee-merrit-vaccines-are-potentially-biological-arms:a>

- Testimony of *Professor Luc MONTAGNIER*, who was also the subject of criticism by the AFP factual concerning the fact that SARS-CoV2 was man-made in the laboratory, which is now admitted in France:

<https://www.francesoir.fr/videos-le-defi-de-la-verite/pr-luc-montagnier-au-defi-la-verite>

- Testimony of *Professor Sucharit BHAKDI*, Germany: https://childrenshealthdefense.eu/aiovg_videos/message-du-dr-sucharit-bhakdi-il-ny-a-aucune-raison-scientifique-de-vacciner-contre-le-sras-cov-2/?lang=en

- Testimony of Dr. David E. MARTIN, patent specialist, founder and president of M.CAM Inc. an international leader in the financing of innovation, trade and financing of intangible assets, Virginia, USA:

<https://rumble.com/vk2x3y-reiner-fuellmish-pandemic-fraud-version-integrale-1h20.html>

- Testimony regarding autopsy results :

<https://lemediaen442.fr/pr-arne-burkhardt-sur-10-autopsies-5-deces-sont-tres-probablement-lies-a-la-vaccination/>

- Testimonials from physicians and researchers regarding laboratory results following the fids Pfizer, Moderna, Johnson & Johnson :

<https://rumble.com/vmzvn7-strange-objects-in-pfizer-and-moderna-injections..html>

- Testimony of a thanatopractor :

Testimony of Mr. John O'Looney, Funeral Director (Milton Keynes Family Funeral Services, United Kingdom):

https://odysee.com/@Roms17:d/A_Funeral_Director-Temoigne-!:2

We would also like to bring to the Tribunal's attention the open letters that have been sent to the government and to parliamentarians, given that the agencies and mainstream media such as AFP, Le Monde, LIBÉRATION, LE FIGARO, BFM TV, CNEWS, LCI, the TF1 group, the M6 group, FRANCE TELEVISIONS, RADIO FRANCE and digital giants such as GOOGLE/YOUTUBE FRANCE, FACEBOOK FRANCE, TWITTER FRANCE are obstructing the process.

Letter from BonSens.org to Senators, dated October 12, 2021:

<https://bonsens.info/letter-to-senators/>

Also:

<https://nouveau-monde.ca/lettre-ouverte-aux-politiques-de-tous-bords-aux-deputes-et-senateurs-et-candidats-a-the-presidency/>

<https://guyboulianne.com/2021/09/15/certains-proches-de-victimes-de-lholocauste-ont-presente-a-lema-une-open-letter-about-medical-experience-of-covid-injections-19/>

Then an appeal to health and political authorities to reconsider mass vaccination in view of recent scientific observations on SarsCov2 and Spike protein, dated 1 August 2021, published by Mr François DAUBÉ, Director IPSE (International Political and Scientific Ethics, Geneva, SWITZERLAND) of which the following is an extract:

*"Genetically engineered Covid-19 'vaccine' processes (gene vaccines) have benefited efficiently from extremely early marketing authorization conditions of an exceptional nature. Despite the preliminary results, transmitted by the manufacturers, seeming to demonstrate their efficacy, **the promises in connection with this new technology have, in practice, turned into concerns for several reasons.** One of these concerns the Spike protein itself, whose production induced in large quantities in host cells after introduction of its genetic code, appears to be linked to significant vascular damage. The studies and observations relayed on this subject give rise to serious concerns.*

While there are still some areas of understanding, there is a very strong presumption that the Spike protein, which is the key component of the SARS-CoV-2 vaccine devices, is also responsible for damage to organs distant from the injection site, including the brain, heart, lungs, kidneys and reproductive organs.

As the statistics (...) show, vaccines currently in use can trigger potentially fatal short-term adverse effects (over 10,000 currently in the European Union), some of which are very likely to be related to damage to the micro-vascularization. Moreover, while we are not able to know the magnitude of the long-term consequences related to damage to the vascular endothelium, we can assume that they will be significant.

Before any of these vaccines are officially approved for widespread use in humans in different categories and age groups, it is important to be able to assess more precisely, in vaccinated subjects, the effects related to the production of the Spike protein that triggers an immune response.

Based on the precautionary principle we request re-evaluation of the vaccination pending verifications regarding these serious adverse effects due to the Spike surface protein.

With our current knowledge, we cannot take the risk that healthy people will later experience lasting iatrogenic damage to the vasculature as a result of vaccination, even though we suspected it.

<https://nouveau-monde.ca/wp-content/uploads/2021/08/APPEL-TO-SANTARIAN-AUTHORITIES-AND-POLICIES-Version-1-Aug-2021-.pdf>

Infin, here are two expert reports regarding deaths and side effects, which we choose to forward to the Tribunal, again not disclosed by news agencies, mainstream media and GAFAM:

- **The report on vaccine deaths by Dr. Vladimir ZELENKO, MD, dated September 2021.** On the cover, we read, "Scientific data show that millions of people have died as a result of anti-covid injections and hundreds of millions have suffered severe side effects that have often left them disabled for life."

Exhibit 13

An investigation was published on October 31, 2021 into data found in the U.S. Vaccine Adverse Event Reporting System (VAERS). This investigation found that an extremely high number of adverse events and deaths were repeatedly reported against

specific batch numbers of Covid-19 vaccines, which signify that lethal batches of experimental injections are now identified :

<https://theexpose.uk/2021/10/31/100-percent-of-covid-19-vaccine-deaths-caused-by-just-5-percent-of-the-batches-produced/>

- The report by Dr Astrid STUCKELBERGER Privat-doctor of Medicine, PhD and Master of Science Scientifique, expert for the WHO and the EU , dated 16 September 2021, entitled "*On the dangerousness of the Covid-19 clinical trial and experimental vaccine & On the scientific non-justification of measures around experimental vaccines*".

Exhibit 14

A slide show was published by the analyst, Steve KIRSCH on October 26, 2021, afin to raise many questions especially regarding the serious abnormalities found, the side effects and the teenage deaths, since the media does not relay any information on this subject :

<https://drive.google.com/file/d/1H7n68SGe7kVVWWOspN3u0TP-Rcs7RcDD/view?usp=sharing>

Exhibit 15

These numerous testimonies, open letters, reports, slide shows, should have been shared with the public afin order to stop this dangerous and potentially deadly gene therapy injection campaign.

VICTIMS CENSORED BY MAINSTREAM MEDIA, NEWS AGENCIES AND DIGITAL GIANTS

The victims of side effects and the families of the deceased are not heard either, and the mainstream media turn away, guilty of hiding the facts.

Proof of this is the intervention of the journalist Mr. Pascal PRAUD, on the television channel CNEWS on October 14, 2021, who after having made an appeal to testify about the side effects in a casual manner found himself facing a flood of calls and emails from several hundred people in less than a week:

https://drive.google.com/file/d/1-9Wbds2_Uk8LcrCIK7Xt2H225qx0OAWa/view?usp=sharing

As the journalist himself admits, this is a real subject and none of the mainstream media want to bring it to the public's attention.

Similarly, Facebook has deleted all the pages of testimonials from people who have been vaccinated with serious side effects and who simply wanted to tell their story and ask for help.

Facebook has therefore helped to erase all evidence of this fraud, thus allowing the validation of these products, which are becoming almost mandatory for millions of people who do not need them.

<https://www.rtl.be/info/vous/temoignages/des-groupes-facebook-rassemblant-des-centaines-de-milliers-de-people-evoke-secondary-effects-of-vaccines-or-need-information--1320609.aspx>

Some independent media are doing real investigative work (special programme on serious side effects, on 21 October 2021, proposed by Radio Courtoisie):

<https://www.youtube.com/watch?v=-sQWëigfyIU&t=404s>

INDEPENDENT JOURNALISTS AND WHISTLEBLOWERS CENSORED

Independent newspapers and whistleblowers are systematically censored and accused of conspiracy by mainstream media and agencies such as AFP, Le Monde, LIBÉRATION, LE FIGARO, BFM TV, CNEWS, LCI, the TF1 group, the M6 group, FRANCE TELEVISIONS, RADIO FRANCE and digital giants such as GOOGLE/YOUTUBE FRANCE, FACEBOOK FRANCE, TWITTER FRANCE.

An example of censorship with the *Youtuberules* (as of 07.09.2021), which lists what is forbidden to say:

<https://support.google.com/youtube/answer/9891785?hl=fr>

"Do not post content on YouTube if it fits any of the descriptions below. Incorrect treatment information: (...)

- Contents that affirm that there is a cure for the efficacy guaranteed against COVID-19.*
- Contents that recommend the use of ivermectin or hydroxychloroquine for the treatment of COVID-19*
- Contents that affirm that hydroxychloroquine is an efficient treatment for COVID-19*
- Contents that categorically affirm that ivermectin is an efficient treatment for COVID-19 (...)*
- Content that affirms that wearing the mask is dangerous or causes adverse physical health effects*
- Contents that affirm that masks do not prevent contracting or transmitting COVID-19 (...)*
- Content that contradicts the consensus of local health authority or WHO experts on the COVID-19 vaccine*
- Content that affirms that an approved COVID-19 vaccine will cause death, infertility, or autism in those who receive it, cause miscarriages, or communicate other contagious diseases*
- Contents that affirm that an approved COVID-19 vaccine will contain substances that are not figured in the list of vaccine ingredients, such as fetal-derived biological materials (e.g., fetal cell lines or tissues) or animal products*
- Content that affirms that COVID-19 vaccines do not reduce the risk of getting this disease*
- Contents that affirm that approved COVID-19 tests do not diagnose COVID-19 (...)*
- Contents that affirm that the symptoms, mortality rates, or contagiousness of COVID-19 are less severe or as severe as those of the common cold or seasonal flu (...)*
- Contents that affirm that COVID-19 vaccines do not prevent transmission of this disease."*

One of many examples of *Youtubecensoring* an international expert:

"YouTube censored an episode of the Dark Horse Podcast that contained an interview with Malone, even though he is probably "the most qualified person on the planet" to discuss vaccine risks, Carlson said. "He helped create the mRNA technology used in COVID vaccines." <https://childrenshealthdefense.org/defender/the-creator-of-vaccine-technology-a-arnm-declare-a-tucker-carlson-the-government-doesn't-transparent-about-vaccine-risks/?lang=en>

ENCOURAGING TEENAGERS TO PARTICIPATE IN A CLINICAL TRIAL BY PROVIDING SKYROCK VAXIBUSES IN STRATEGIC LOCATIONS

Teenagers have no way of detecting the danger of the propaganda campaign

"**Are you okay? It's okay!**" since there are no warnings about the current clinical trial, the deaths and the side effects that have occurred, and it is well documented that minors are not the target of Covid-19 disease at all.

https://www.gouvernement.fr/sites/default/files/contenu/piece-jointe/2021/08/210823_cp_partenariat_mss-skyrock_operation_vaxibus.pdf

<https://www.gouvernement.fr/profitez-de-la-tournee-du-vaxibus-ca-va-ca-vax>

Indeed, because of their vulnerability, their weak recoil especially because of their young age and their intellectual condition, they are pushed to vaccinate themselves to :

- Restaurants, cafes, bars ;
- Long-distance transport ;
- Leisure activities;
- health services and facilities

Yet, as discussed above, there are no valid medical reasons for young people to be injected with experimental gene therapy.

Young people will no longer participate in a clinical trial for medical reasons but to aspire to a normal daily life since :

- There is no urgency for this public to be injected with experimental gene therapy because they do not develop any serious form of the disease and cannot die from it;
- It has been shown that experimental gene therapies against Covid-19 disease do not prevent transmission of the virus, so young people cannot protect older people by vaccinating themselves.

Furthermore, the injection of gene therapy in clinical trials carried out on minors outside the places precisely determined by the Public Health Code is perfectly illegal.

Indeed, article L1124-1 of the public health code states:

I.-Clinical trials of medicinal products shall be governed by the provisions of Regulation (EU) No 536/2014 of the European Parliament and of the Council of 16 April 2014. (...)

III - The first administration of a medicinal product to humans may only be carried out in places that have been authorised in accordance with the second paragraph of Article L. 1121-13.

Clinical trials of advanced therapy medicinal products as defined in Article 2 of Regulation (EC) No 1394/2007 of the European Parliament and of the Council of 13 November 2007 on advanced therapy medicinal products and amending Directive 2001/83/EC and Regulation (EC) No 726/2004 and clinical trials of advanced therapy

medicinal products as defined in 17° of Article L. 5121-1 may only be carried out in health establishments, at the Établissement français du sang, in army hospitals or the other elements of the army health service mentioned in Article L. 6147-7 or at the Institution nationale des invalides.

IV.-Sont applicables aux essais cliniques mentionnés au I les dispositions du présent chapitre ainsi que les dispositions des articles L. 1121-10, L. 1121-11, L. 1121-13, L. 1121-14, L. 1121-16, L. 1121-16-1, L. 1123-10, **L. 1126-1** to L. 1126-12, L. 5121-1-1, L. 5125-1 and L. 5126-1. These tests are prohibited on a person who is not affiliated to a social security scheme or beneficiary of such a scheme.

The provisions of Article 76(1) of Law No. 78-17 of 6 January 1978, as amended, on information technology and civil liberties shall also apply to them.

In summary: Clinical trials of biological drugs/innovative therapies can only be carried out in precisely defined locations:

- Health care facilities,
- French Blood Establishment,
- Hospitals of the armed forces or other elements of the armed forces health service mentioned in article L. 6147-7 of the public health code,
- Institut national des Invalides.

These clinical trials cannot therefore be carried out in "vaccinodromes", "barnums", and even less so in vaxibuses or in schools, colleges and high schools by mobile "vaccination" teams knowing, moreover, that the Constitutional Council, by ***decision n°2019-787 DC of 25 July 2019***, censured the provisions of the bill for a school of confidence, which would have allowed doctors and infirmiers of the National Education to carry out medical acts of a preventive or diagnostic type.

Enfin, it is useful to recall that Article L1126-1 of the Public Health Code states:

As stated in article 223-8 of the Criminal Code, which is reproduced below

"The fact of carrying out or having carried out on a person a research study mentioned in 1° or 2° of Article L. 1121-1 or a clinical trial mentioned in Article L. 1124-1 of the Public Health Code without having obtained the free, informed and, where applicable, written consent of the person concerned, of the holders of parental authority or of the guardian or of other persons, authorities or institutions. 1124-1 of the Public Health Code without having obtained the free, informed and, where applicable, written consent of the person concerned, of the holders of parental authority or guardian or of other persons, authorities or bodies designated to consent to the research or to authorise it, in the cases provided for by the Public Health Code or by Articles 28 to 31 of Regulation (EU) No 536/2014 of the European Parliament and of the Council of 16 April 2014 on clinical trials on medicinal products, is punishable by three years' imprisonment and a fine of €45,000. (...)

Therefore: The manager of SKYROCK radio is guilty of abuse of ignorance and weakness, extortion or attempted extortion and also complicity in the poisoning of minors.

https://www.liberation.fr/societe/sante/jai-dit-aux-gens-daller-se-faire-vacciner-dans-ma-dedicace-a-bord-du-vaxibus-de-skyrock-20210916_A2762YZDV5HBZAIAI3V7TKPD2A/

Concerning the moral element, the intention of the agencies and general public media such as AFP, Le Monde, LIBÉRATION, LE FIGARO, BFM TV, CNEWS, LCI, the TF1 group, the M6 group, FRANCE TÉLÉVISIONS, RADIO FRANCE and the digital giants such as GOOGLE/YOUTUBE FRANCE, FACEBOOK FRANCE, TWITTER FRANCE is obvious, since it is clearly established that they knowingly concealed and censored the information, which would have allowed French citizens to be alerted to the dangers of experimental gene therapy injections.

THE PHARMACEUTICAL LABORATORIES CONCERNED HAVE BEEN THE SUBJECT OF REPORTS CONCERNING THEIR JUDICIAL AND OTHER RECORDS

This report was compiled by the British association Global Justice Now on December 18, 2020 :

<https://www.globaljustice.org.uk/resource/horrible-history-big-pharma/>

Exhibit 16

In reading this document, we note that many disputes have arisen from the lack of consent to a medical experiment that led to the death of victims.

We find numerous instances of bribery of doctors and government officials as well as false advertising, which is corroborated by news articles from 2009 and 2012 specifically regarding Pfizer :

https://www.lemonde.fr/economie/article/2012/08/07/accusations-de-corrupcion-pfizer-va-regler-pour-60-millions-de-dollars_1743442_3234.html?fbclid=IwAR3taH1CeJ4kVOOzXaNEG-Ei7up6mLzyL84tOipsIsG7vyWyOfSxvTNRA

<https://m.investir.lesechos.en/actualites/usa-pfizer-debourse-2-3-mds-for-advertising-mensongere-168155.html?fbclid=IwAR27O8sCFHeU7fBBpZMW1MPKG4gcOlcP-Ugqi8MbAKLkOwH6pZKkrATZcek>

For example, since 1995, Pfizer Inc. has had to pay US\$6.6 billion as a result of 42 lawsuits; six cases are currently pending:

<https://www.contractormisconduct.org/contractors/188>

It turns out that Pfizer continues to publish studies with fraudulent content according to an AIMSIB publication:

<https://www.aimsib.org/2021/10/25/suivi-de-lessai-clinique-pfizer-a-6-mois-sur-et-efficace/>

"Cardiac ailments and arrests are increasing worldwide but injections are still off the table! Yet Pfizer's own 6-month study published on July 28, 2021, and his version "peer review" dated September 15, 2021, which went completely unnoticed, directly and clearly incriminates the ? Pfizer. <https://www.medrxiv.org/content/10.1101/2021.07.28.21261159v1.full.pdf>

Pfizer affirms in his abstract and in the summary of the main text what is repeated over and over again by the white Khmers on the sets as well as by the government and health authorities: the vaccine is safe, efficient and very well tolerated."

We also bring to your attention a new fraud involving Pfizer revealed by the British Medical Journal on November 2, 2021: <https://www.francesoir.fr/societe-sante/pfizer-gate-ventavia>

[https://www.bmj.com/content/375/bmj.n2635?
utm_source=twitter&utm_medium=social&utm_term=hootsuite&utm_content=sme&utm_campaign=usage](https://www.bmj.com/content/375/bmj.n2635?utm_source=twitter&utm_medium=social&utm_term=hootsuite&utm_content=sme&utm_campaign=usage)

As mentioned above, the capitalist links between the mainstream media, the digital giants, the pharmaceutical giants, the American financial giants and the WHO demonstrate a real collusion and concentration for the sole purpose of deceiving and inciting the already manipulated and psychologically subjugated population to receive experimental pharmaceuticals without precaution.

We are not the only ones to wonder about these collusions, a senator was surprised to discover an article published by LE PARISIEN on October 26, 2021. It is an interview with Mr. Stéphane BANCEL, owner of MODERNA, who advocates the "vaccination" of very young children. However, the owners of this newspaper would have invested in 2016 in the capital of MODERNA.

https://youtu.be/fIt_87gwlxM

<https://www.leparisien.fr/societe/sante/stephane-bancel-patron-de-moderna-il-faut-vacciner-les-jeunes-enfants-26-10-2021-4DUS7PBN7JAWZEGSIRUPWP6Z3M.php>

<https://www.boursorama.com/bourse/actualites/covid-19-il-faut-vacciner-les-jeunes-enfants-etime-le-pdg-de-moderna-d65400b2cbc90e746daec2cf9e57d74>

In addition, there are the very large contributions made by certain foundations or trusts to news agencies such as AFP, as well as the remuneration of the French mainstream press by the digital giants in order to censor any critical opinion.

For the purposes of the inquiry and for exploratory purposes, and as noted above, we therefore submitted to the court:

- a ~~file~~ relating to the links of interest involved,
- three articles written by Mr. William ENGDHAL, a specialist in geopolitics and geography. economy,
- an article by Doctor Joseph MERCOLA, dated June 15, 2021.

Exhibits 5, 8, 9

All the protagonists from the mainstream media, governments, digital giants, pharmaceutical or research laboratories involved form a circle unknown to most people, with extremely serious consequences for the populations who are currently victims.

In these circumstances, French citizens are condemned to "play Russian roulette". We note with horror the extremely serious violations of the Nuremberg Code.

Therefore,

- In the absence of fair and transparent information from the mainstream media, news agencies and digital giants, who have instead propagandized it, the
The anti-covid "vaccination" has been made compulsory (directly or indirectly) for millions of French citizens, including professionals suspended from their duties without pay or forced to inject with potentially serious consequences for their health.

- In the absence of fair and transparent information, a large number of children have been forced into
In order to access cultural and sporting activities or simply to be able to take part in the activities of the community, it is necessary to have a "vaccination".
to continue training, while the long-term adverse effects are not, and cannot be, known for many years, potentially putting the lives of millions of children at risk.

- In the absence of fair and transparent information from the mainstream media, news agencies and digital giants, which instead propagated it, the health pass was imposed on the population creating discrimination while the health pass is awarded on the basis of non-fiable tests and on the basis of innovative therapies still under experimentation and potentially dangerous to health.

- In the absence of fair and transparent information from the mainstream media, news agencies and digital giants, who have instead propagandized experimental anti-covid therapies, the entire population is at major risk, as these "therapies" (which are in fact in name only) are potentially harmful to their health, in view of the disproportionately large number of adverse reaction reports never before encountered in over 50 years of pharmacovigilance.

- Millions of French citizens are risking their lives today, by forcibly participating, through threats, financial coercion, and mass manipulation, in a large-scale experimentation in defiance of all the precautionary and ethical principles recognized by France.

- By depriving French citizens of a public debate, of an independent audit of studies and pharmacovigilance data, by censoring experts, independent journalists and whistleblowers, for the benefit of their financial partners,

The press agencies, the mainstream media as well as the digital giants have thus become accomplices to poisoning and attempted poisoning, knowing that we have moreover demonstrated the constituent elements of the offence of abuse of weakness and ignorance (II, A) as well as the constituent elements of the offence of extortion or attempted extortion (II, B) which made it possible to achieve this.

IN CONCLUSION, the elements of the crime of complicity in poisoning and attempted poisoning are perfectly met.

For all these reasons, the Association BonSens.org, the International Association for Independent and Benevolent Scientific Medicine (AIMSIB) and Mr. _____ have the honor to file the present complaint against X with civil action for:

- Fraudulent abuse of ignorance and weakness, as provided for in Article 223-15-2 of the Criminal Code
- Complicity in extortion and attempted extortion, as provided for in articles 312-1 and 312-9 of the Criminal Code
- Complicity in poisoning and attempted poisoning, as provided for in Article 221-5 of the Criminal Code.

In accordance with article 85, paragraph 2, of the Code of Criminal Procedure, the complainants were not required to file a complaint with the Public Prosecutor, since they were complaining of crimes.

The complainants are at the disposal of the Office of the Senior Investigating Judge, which may wish to open an investigation into the above-mentioned facts.

Please accept, Your Honour, the expression of my respectful and devoted sentiments.

In Paris, on November 4, 2021

SUMMARY OF DOCUMENTS IN SUPPORT OF THE COMPLAINT

Exhibit 1 - *Table of examples of misinformation (19 pages)*

Exhibit 2 - *Interview with Dr Ariane BILHERAN, September 1, 2021 (19 pages)*

Exhibit 3 - *Letter to British Psychological Society dated January 6, 2020 (8 pages)*

Exhibit 4 - *Memorandum on PCR test flaws (19 pages)*

Exhibit 5 - *Links of interest file (18 pages)*

Exhibit 6 - *Judgment of 19 May 2021 No. 525/21.4BELSB of the Lisbon Administrative Court (16 pages)*

Exhibit 7 - *Newspaper article entitled Conflicts of interest during the covid-19 crisis - they didn't disappear!
- 08 September 2020 (34 pages)*

Exhibit 8 - *Three articles written by Mr. FWilliam ENGDHAL, strategic risk consultant, lecturer and author
in the United States 2020-2021 (13 pages)*

Exhibit 9 - *Article by Dr MERCOLA, dated June 15, 2021 (11 pages)*

Exhibit 10 - *September 15, 2021 brief entitled "Legal Elements Against Coercive Experimental Gene
Injection" and appendices, for BonSens.org (204 pages)*

Exhibit 11 - *Study dated September 30, 2021, published in the European Journal of Epidemiology
entitled "COVID-19 Increases Not Related to Vaccination Levels in 68 Countries and 2947 Counties in
the United States" (13 pages)*

Exhibit 12 - *Study by immunologist J. Bart Classen published in Trends In Internal Medicine the result
of his analysis of the randomized clinical trials of the Pfizer, Moderna and Janssen genetic
vaccines (12 pages)*

Exhibit 13 - *Report on vaccine deaths by Dr. Vladimir ZELEENKO, MD, dated September 2021 (52 pages)*

Exhibit n°14 - *Report by Dr Astrid STUCKELBERGER Privat-doctor of Medicine, PhD and Master of Science
Scientifique, expert for the WHO and the EU, dated September 16, 2021, entitled "On the dangerousness
of the clinical trial and the experimental vaccine Covid-19 & On the non justification scientific of measures
around experimental vaccines" (47 pages)*

Exhibit 15 - *Slide show published by the analyst, Steve KIRSCH on October 26, 2021 (137 pages)*

Exhibit 16 - *Global Justice Now report dated December 18, 2020 (73 pages)*