Criminal complaint against Swissmedic

Media conference

14 November 2022 - Hyatt Regency, Zurich Airport

Host:
KRUSE | LAW, Talstrasse 20, 8001 Zurich

Programme

14.30 Welcome; Rationale behind criminal complaint and publication

14.40 Three Accounts of vaccine injury

14.50 Risk vs. benefit of mRNA vaccines

- 14.50 Specific mode of action of mRNA
- 15.00 Lack of efficacy of mRNA vaccines
- 15.10 Risks of mRNA vaccine
- 15.20 Threat to public health

15.30 Assessment under Criminal Law

15.45 Time for Questions

16.00 End of the media conference

16.00 Individual questions / one-on-one meetings with speakers

17.30 Closing of the event

Presentations of the speakers

Presentation of speakers

- Prof. Dr. **Michael Palmer**,
  Visiting Professor of Pharmacologiy/Toxicology (CAN)
- Prof. Dr. **Andreas Sönnichsen**,
  Specialist in General Medicine and Internal Medicine (A)
- Prof. Dr. Dr. **Martin Haditsch**,
  Specialist for Hygiene and Microbiology (A)
- Prof. Dr. **Konstantin Beck**,
  Titular Professor of Insurance Economics (CH)
- **Urs Guthauser**, MD,
  Specialist in Surgery FMH, Expert Witness (CH)
- lic. iur. **Jürg Vollenweider**,
  former Chief Public Prosecutor (CH)
- Dr. iur. **Markus Zollinger**,
  Attorney at Law (CH)
- MLaw **Philipp Kruse**, LL.M.,
  Attorney at Law (CH)

Criminal complaint Swissmedic: Introduction

PHILIPP KRUSE
ATTORNEY AT LAW, LL.M.

MARKUS ZOLLINGER
ATTORNEY AT LAW, DR. IUR.

Reason for criminal complaint

Serious misconduct by Swissmedic:

- by providing authorization (creation of a hazard);
- by not sufficiently monitoring this danger;
- by providing desinformation about the actual risks

resulted in (since 2021):

- Damage to individuals and to society;
- Danger to the health of the entire population of Switzerland;
- etc.

Reason for publication

03.01.2022: Start of work on criminal complaint by Kruse | Law

14.07.2022: Filing of criminal charges with the cantonal public prosecutor’s office

07.09.2022: Opening of criminal proceedings for grievous bodily harm

Multiple notifications to public prosecutor's office about **imminent danger:**

- Increase in REGA rescue missions: **+ 22%** in the first half of 2022.
- Collapse in birth rates: over **6,000 missing babies** in 2022
- Continuation of the vaccination campaign: approval and vaccination of thousands of "Omicron boosters»

14.11.2022: Publication of criminal complaint for the purpose of informing the public

Descriptions by three Vaccination victims

Rosanna K. (CH) age 27

Vaccinations:

- 15.06.2021 Pfizer/BioNTech
- 13.07.2021 Pfizer/BioNTech

Complaints:

- Around 1h after the 2nd dose increasing deterioration of general condition with dizziness, sense of weakness, fever, chest pain, shortness of breath and repeated fainting.
- **On 15.07.2021 Taken to ER by ambulance to Bülach hospital**

Diagnoses:

- "Vaccine reaction", "The [elevated] D-dimers are most likely to be caused by vaccination in the context of systemic inflammation"; chronic fatigue syndrome.
- From 13.10.-10.11.2021 REHAB, without success, diagnosis: **state of exhaustion in connection with a Covid vaccination (ICD U12.9).**
- **Incapacity to work, initially 100%, currently 60%,** unable to return to work as a "flight attendant".

Thi Mai Trang J. age 44

Vaccinations:

- 07.05.2021 Moderna
- 04.06.2021 Moderna
- 06.12.2021 Moderna

Complaints:

- After 2nd injection: severe pain
- After 3rd injection ("booster"): severe swelling of the joints, **19.12.2021 emergency admission to hospital**

Diagnoses:

- **Polyarthritis,** generalised musculoskeletal pain, muscle weakness, soft tissue swelling of the hands and feet, extreme tiredness and fatigue.
- **Incapacity to work: 50% (dependent on wheelchair)**

Samantha K. (CH) age 19

Vaccinations:

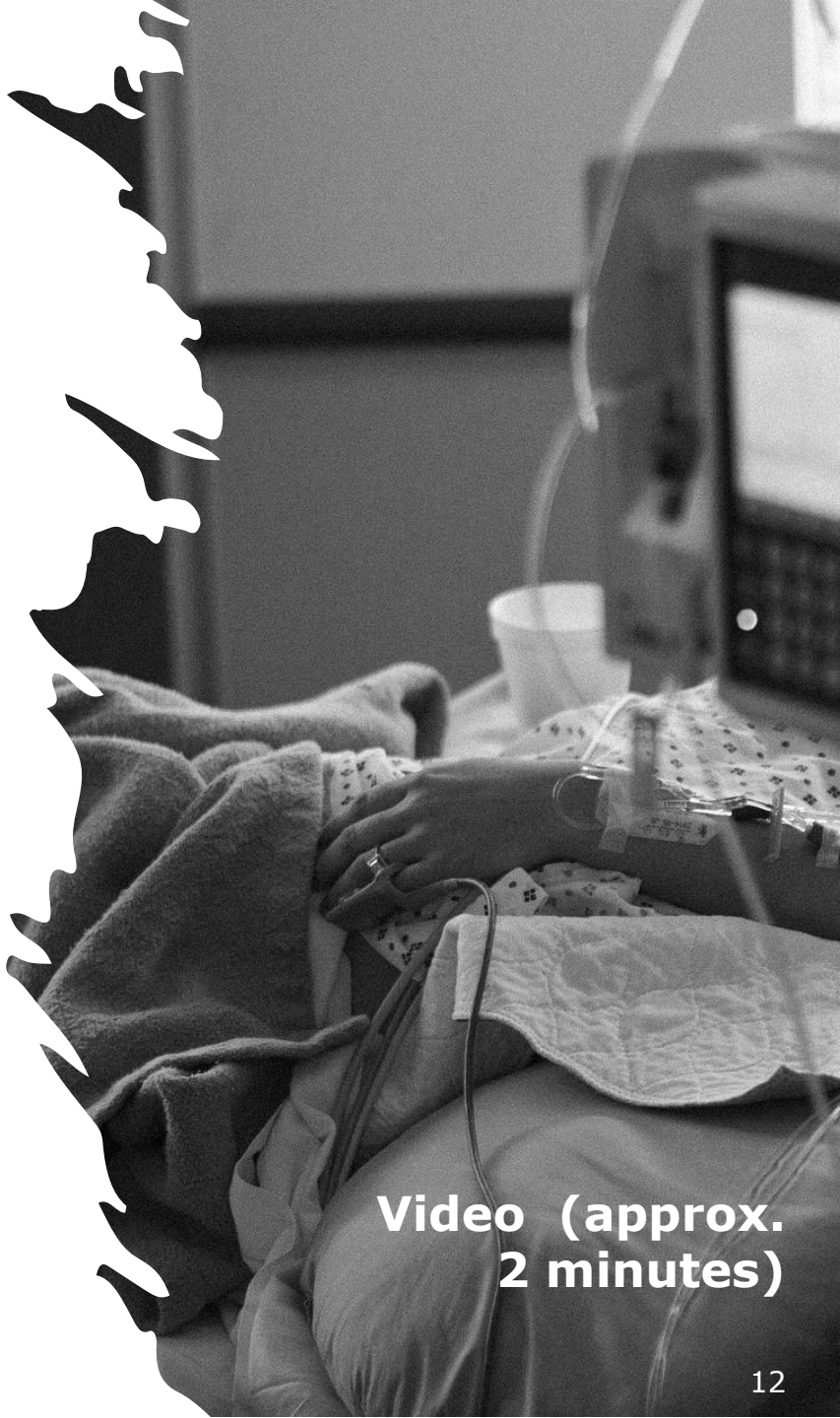
- 11.01.2021 Pfizer/BioNTech
- 03.03.2021 Pfizer/BioNTech

Complaints:

- 1-2 days after 1st injection severe headache and aching limbs
- After 2nd injection: involuntary repetitive movements in neck, eyes and upper extremities.
- **23.07.2021 Admission to ER, Thurgau Hospital.**

Diagnoses:

- Peripheral **microthrombosis** (elevated D-dimers)
- **Dyskinetic disorder** (neck, arms, legs, eyes)
- Tiredness, lack of energy, lack of concentration, severe headaches
- Daily recurring **blackouts**
- **Current incapacity to work: 50%**



Video (approx. 2 minutes)

Root cause analysis and methodology

Urs Guthauser, MD
Specialist in Surgery FMH, Expert Witness (CH)

Task of the doctor: Determining the causes

- **No-holes-barred approach**
  Covid 19 vaccination must not be ruled out prematurely.
- **Overall view**
  Single measurement parameters on their own are insignificant; A comprehensive investigation and assessment is unavoidable.
- **Written expert opinion**
  All aspects of the investigation and their appraisal must be be recorded in a written report. (For the purpose of verifiability)

Methodology of root cause analysis
Essential elements (I): Overall view

- Date of vaccination carried out and documentation of the products and batch number
- Pre-existing diagnoses?
- **Medical history and description of current complaints**
- Medical records: medical reports, imaging findings, functional test results and laboratory results.
- Diagnoses of current complaints and differential diagnoses to exclude Exclusion of previous diseases

Methodology of root cause analysis
Essential elements (II): Appraisal in formal expert opinion

- Appropriately reasoned assessment of the overall situation, taking into account the available literature and published reports of side effects.
- Classification based on probability criteria according «WHO-UMC Causality Categories» [1]

1 https://who-umc.org/media/164200/who-umc-causality-assessment_new-logo.pdf

Post-vaccine symptoms can be unspecific and may affect many organs

- The **nervous system** (peripheral & central)
- The immune system (>Autoimmune diseases)
- The **cardiovascular** and **coagulation system**
- The **reproductive system**

https://www.impfnebenwirkungen.net/report.pdf

Conclusion

- The question of causality is complex.
- Precise and detailed anamnesis is indispensable and expedient for the diagnosis.
- Strong probative value lies in the plausible temporal correlation and good state of health before the injection.
- Hard evidence of post-vaccine damage is ultimately only possible by way of biopsy or autopsy.
- Analyses and expert opinions were prepared on the basis of the quality criteria of FMH and WHO, taking into account the current literature/reports of side-effects.
- **Based on above methodology, I was able to exclude causes other than the Covid 19 vaccination for the affected patients.**

Risk-benefit Analysis of the mRNA vaccines

Legal basis

MLaw Philipp Kruse, LL.M.
Attorney at Law

Swissmedic: Areas of Responsibility and Duties

Supreme supervisory and licensing authority (Switzerland)

Art. 1 para. 1 Therapeutic Products Act (TPA):
The purpose of this Act is to protect human and animal health and to **guarantee that only high quality, safe and effective therapeutic products are placed on the market.**

Art. 1 para. 1 lit. a Therapeutic Products Act (TPA):
[...] **protect the consumers of therapeutic products against fraud.**

Art. 7 Therapeutic Products Act (TPA):
The manufacture of medicinal products […] must conform to the **recognised rules of good manufacturing practice**.

Special case: Temporary authorization

"temporary" authorization (9a TPA)	Ordinary approval (9 TPA)
Incomplete studies based on data from **a few months.**	Complete studies on animals and humans over **several years.**
Massively accelerated approval procedure (**140 days**).	Ordinary approval procedure takes **330 days.**
Authorization based on **forecasts.**	Approval is based on existing **facts.**
Lowest standards for proof of quality, safety and efficacy of medicinal products.	**Highest standards** for proof of quality, safety and efficacy of medicinal products.

Hinweis: Für detaillierten Vergleich siehe Strafanzeige N 630.

Requirements for Approval

CH: "temporary" authorisation Art. 9a TPA & Art. 18 VAZV	EU: "conditional" authorisation EC Regulation No. 507/2006
life-threatening or debilitating diseases	Threat to public health
compatible with the protection of health	Benefit-risk ratio of the medicinal product is positive
major therapeutic benefit	Benefit for public health outweighs the danger due to still missing data
no authorised, alternative or equivalent medicinal product is available	Medical care gap can be closed
applicant is likely to be able to provide the required data at a later date	applicant is likely to be able to provide the required data at a later date

Legal test scheme (rough)

1. Necessity

Life-threatening disease and no other authorised medicinal product available

2. effectiveness

Protective effect (=immunisation; active + passive)

3. safety

Those treated must not be worse off after the treatment than without it.

Benefit/Risk Assessment

Special mode of action of mRNA

Dr Michael Palmer
Visiting Professor for
Pharmacology / Toxicology (CAN)

Requirements for Approval: Effectiveness (mode of action)

CH: "temporary" authorisation Art. 9a TPA & Art. 18 VAZV	EU: "conditional" authorisation EC Regulation No. 507/2006
life-threatening or debilitating diseases	Threat to public health
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mRNA vaccines against COVID: The initial situation

To date, mRNA technology has not been able to prove any relevant benefit for any disease, including cancer.

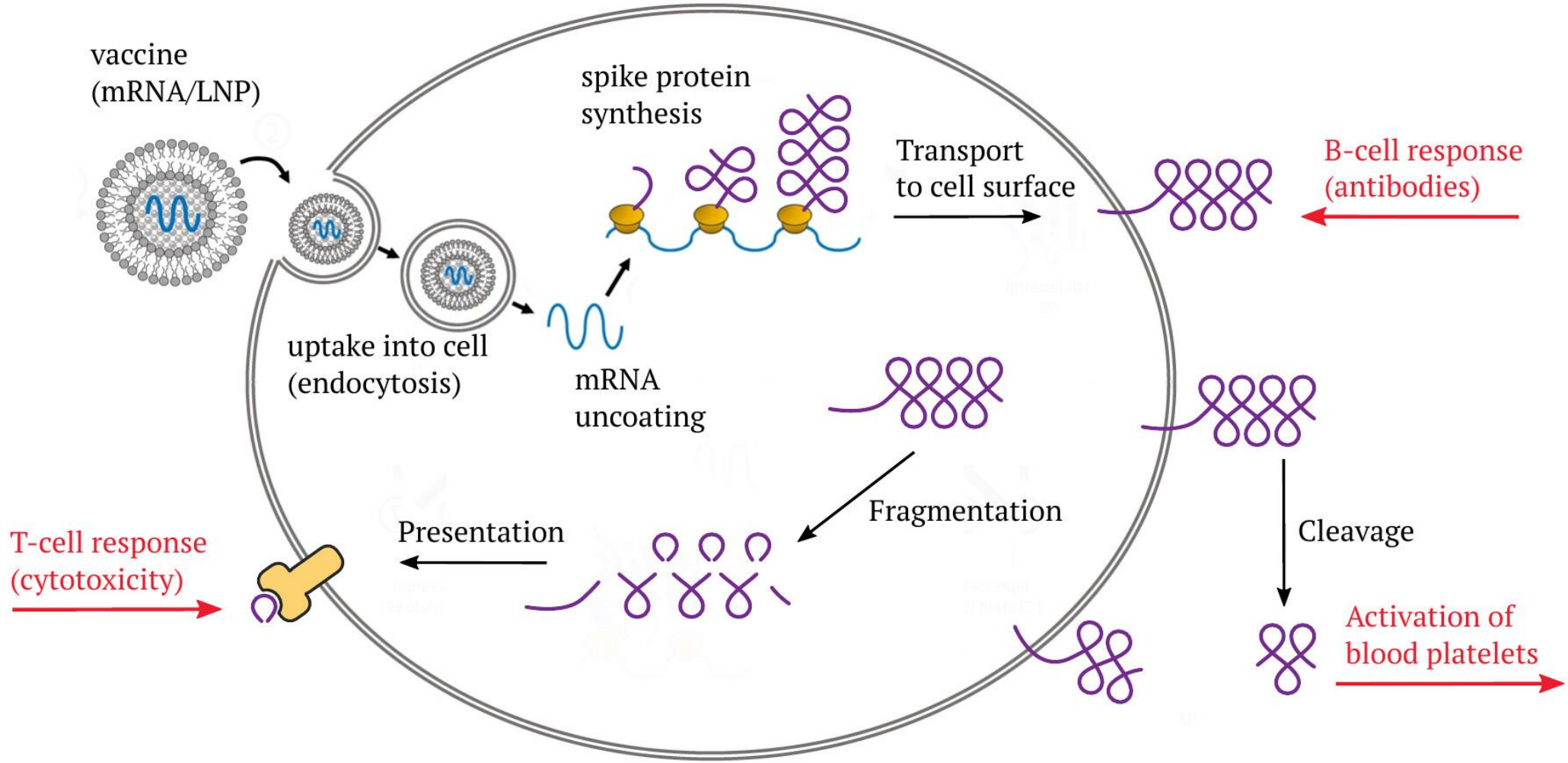
Before COVID, mRNA vaccines had never been tested in humans.

Animal safety studies were incomplete - risks such as mutagenicity[1] and carcinogenicity[2] were completely ignored.

During the clinical trials, the study participants were only observed for a few months on average - this is far too short a time to assess long-term risks (and also long-term efficacy).

[1] The risk of causing permanent DNA damage (mutation) in cells.
[2] The risk of causing or promoting cancer

Overview of how mRNA vaccines work



wp https://doctors4covidethics.org/-content/uploads/2021/07/Pfizer-pharmacokinetics-and- toxicity.pdf/

Main features of the mRNA vaccine technology

The vaccine particles contain only lipids - as lipid nanoparticles (LNP)*, which are toxic[1] - and modified mRNA.

* LNPs contain, among other things, the critical **ALC-0159**, **ALC-0315** and **SM-102** components, which have not been tested appropriately on humans.

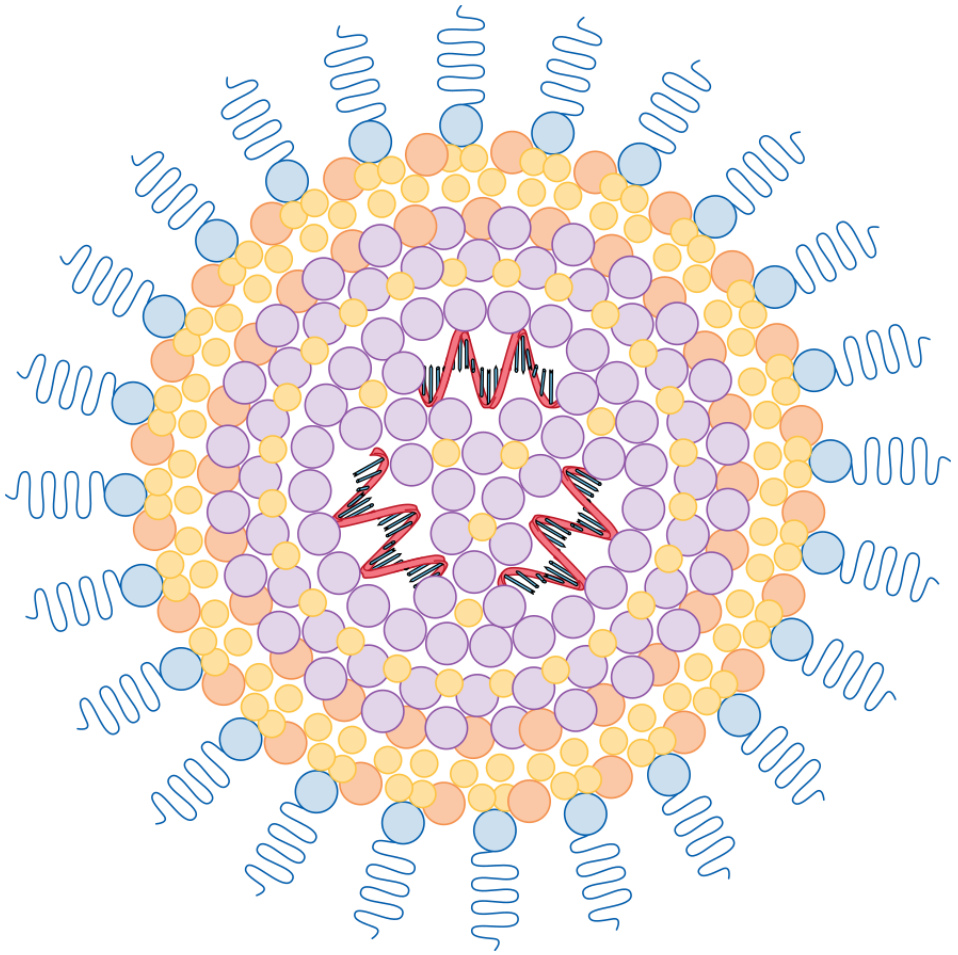
Synthetic lipids mediate uptake of the vaccine particles into the cell and release of the mRNA.

Only then are the exogenous (spike) proteins produced.

The immune reaction is directed against the cells that produce the (spike) proteins.

[1] https://doctors4covidethics.org/wp-content/uploads/2021/07/Pfizer-pharmacokinetics-and-toxicity.pdf ; https://www.sciencedirect.com/science/article/pii/S1549963414004274?via%3Dihub ; https://www.sciencedirect.com/science/article/abs/pii/S0142961210006459

Fundamental problems with mRNA technology



Even after intramuscular injection, the vaccine spreads throughout the body and can thus trigger systemic side effects

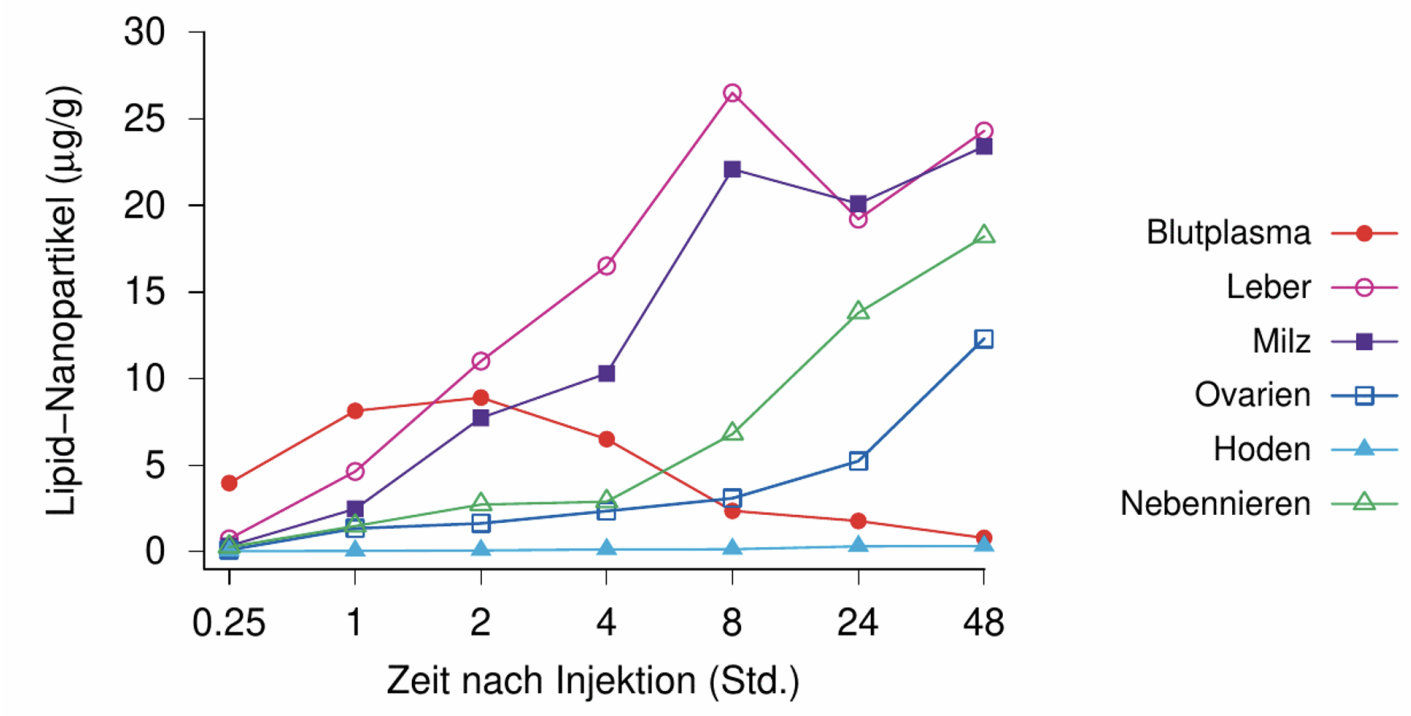
Vaccine particles are absorbed into the cells of the blood vessels and induce attack of the immune system on thesecells

Blood clots form in the damaged blood vessels

Injection of a comparatively large amount of vaccine induces intense immune response

Vaccine particles do not contain protein antigen and therefore cannot be stopped by the immune system - existing immunity worsens side effects

Organ distribution of an experimental mRNA vaccine from Pfizer



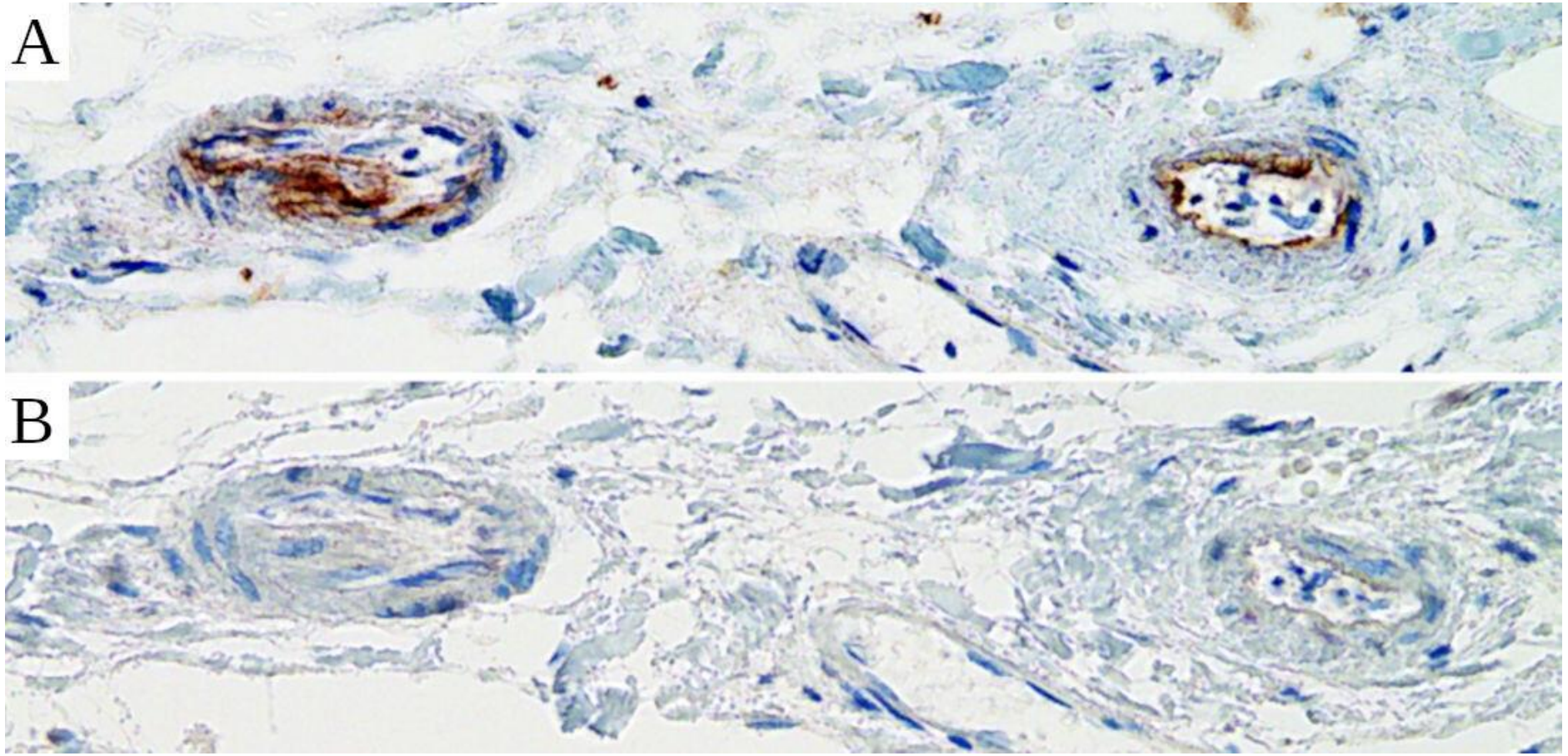
Accumulation of LNP in liver, spleen, ovaries, etc.

Transfer into breast milk documented

Ergo: No "minimal" (localised) exposure, but distribution throughout the body

https://doctors4covidethics.org/on-the-use-of-the-pfizer-and-the-moderna-covid-19-mrna-vaccines-in-children-and-adolescents/

Vaccine-induced expression of spike protein in the wall of small blood vessels in the heart[1]

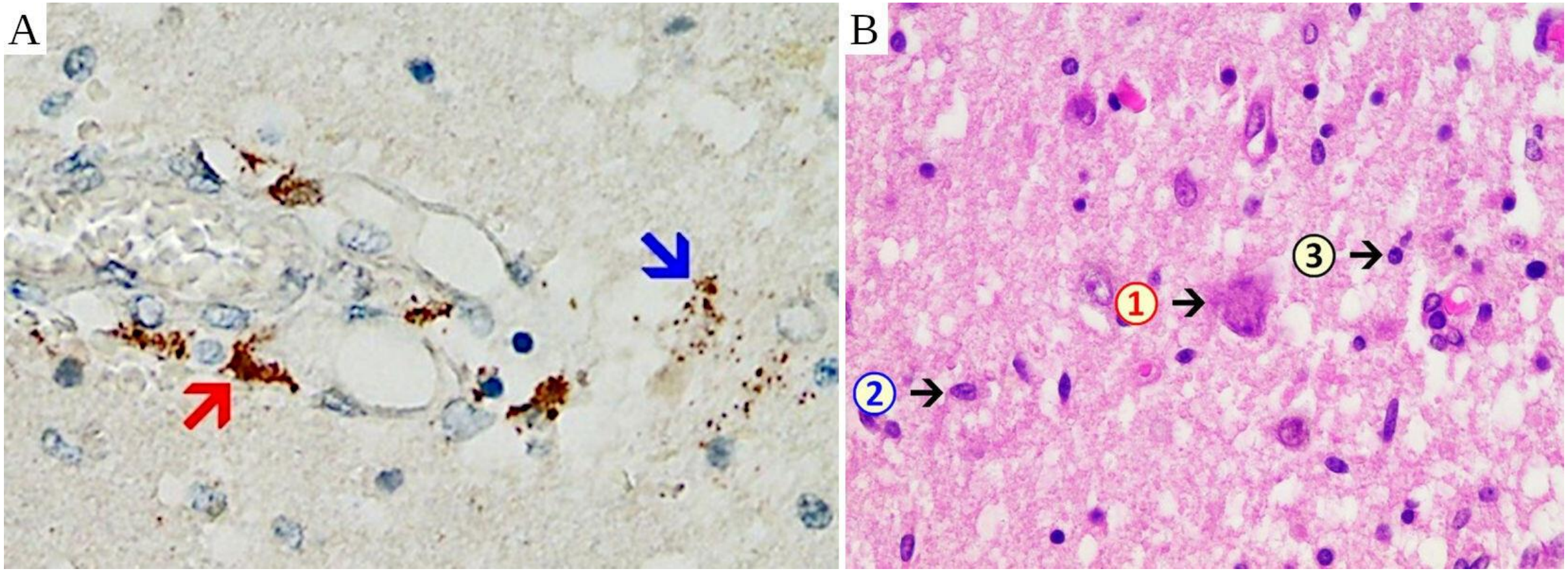


Spike protein **+**

Nucleocapsid **-**

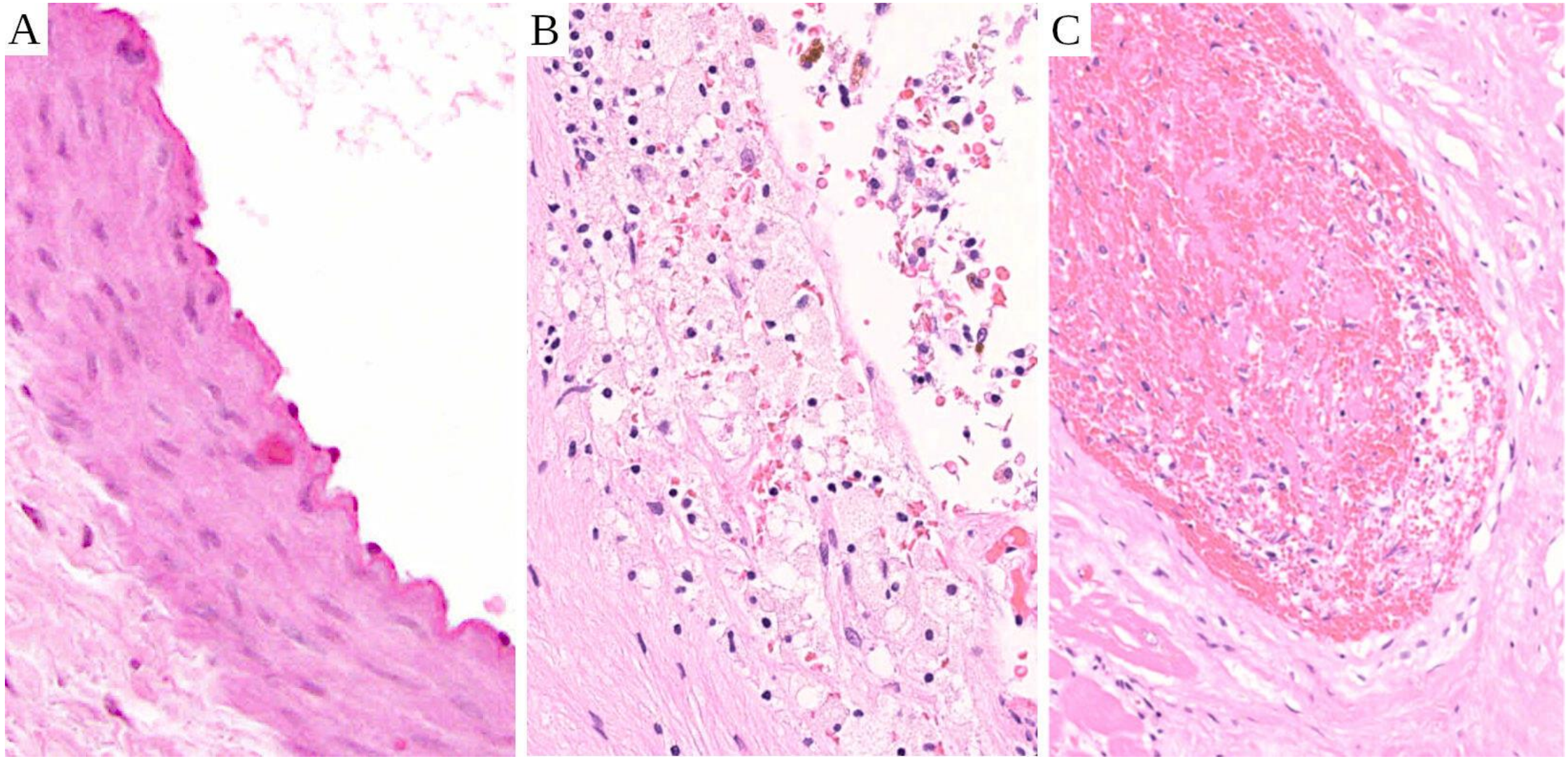
[1] https://doctors4covidethics.org/vascular-and-organ-damage-induced-by-mrna-vaccines-irrefutable-proof-of-causality/

Expression of spike protein in the brain, with subsequent necrotising encephalitis.[1]



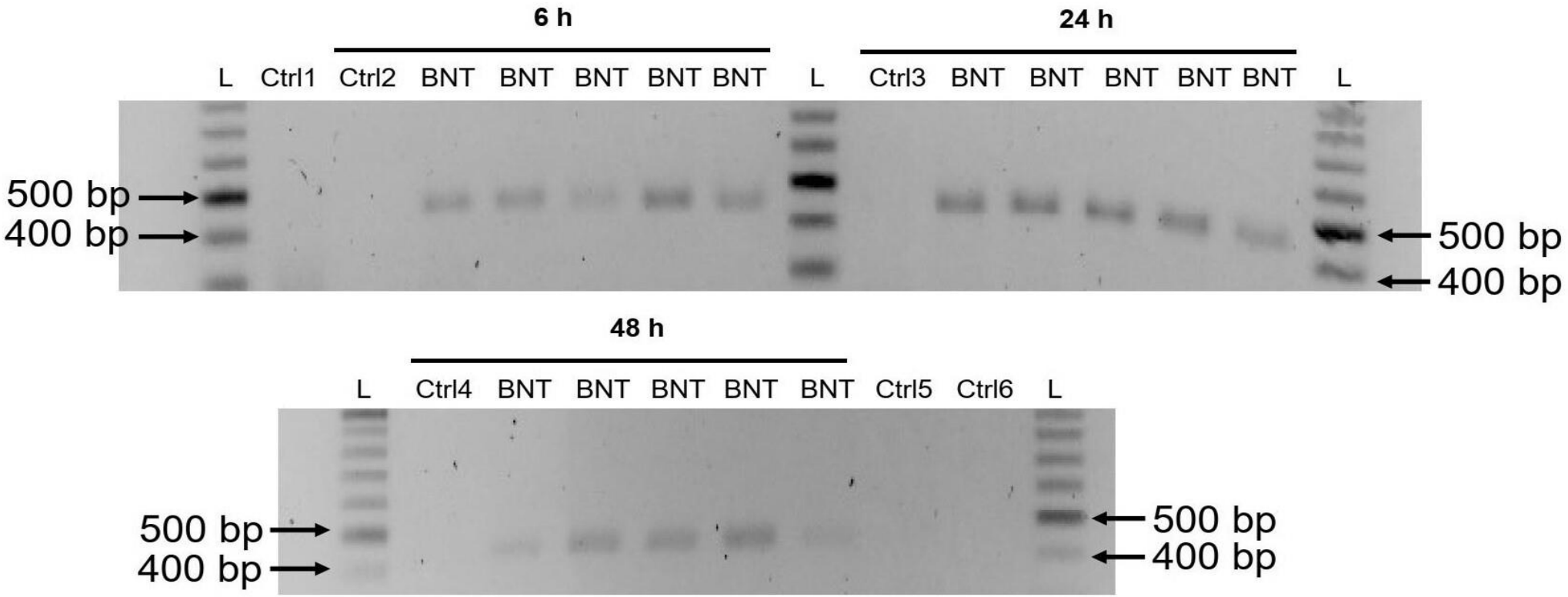
https://www.mdpi.com/2076-393X/10/10/1651

Normal blood vessel (A), vessel with vaccine-induced inflammation (B), and vessel with inflammation and clot (C).



https://www.mdpi.com/2076-393X/10/10/1651

Cancer risk: The mRNA of the Pfizer vaccine is transcribed into DNA and incorporated into the genome of the cell



Various studies show that an integration of mRNA into the human genome in vivo must be considered probable. [1]

[1] https://pubmed.ncbi.nlm.nih.gov/35723296/; https://pubmed.ncbi.nlm.nih.gov/33958444/; https://osf.io/uwx32/.

mRNA vaccines against COVID: Conclusion

The functioning of **mRNA technology** had **never** been **tested on a large number of people** before its temporary approval and has **not proven any positive benefit to date**.

Careful histopathological studies can also clearly prove the **causation of severe damage to vessels and organs in** individual cases.

Clinical trials in humans started before potential risks of COVID vaccinations (e.g. cancer risk, risks of DNA damage) **had been thoroughly investigated and eliminated in animal studies.**

Lack of efficacy of the mRNA vaccines

Prof. Dr. Andreas Sönnichsen
Specialist in general medicine
and internal medicine (A)

Requirements for Approval: Effectiveness

CH: "temporary" authorisation Art. 9a TPA & Art. 18 VAZV	EU: "conditional" authorisation EC Regulation No. 507/2006
life-threatening or debilitating diseases	Threat to public health
compatible with the protection of health	Benefit-risk ratio of the medicinal product is positive
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What does effectiveness mean?

- Protection against severe illness, hospitalisation and death
- Protection from passing on the infection
  - Breaking the chain of infection
  - Protection of vulnerable groups

Both items
! not investigated !
in the approval studies

How is the effectiveness proven?

- Reliable scientific proof can only be provided by a placebo-controlled, randomised, triple-blind study with a patient-relevant target criterion.
- This type of detection study is indispensable for the approval of a drug.

This evidence was not provided in the approval studies of the Covid vaccines!

Primary target criterion of the registration studies: Symptomatic, PCR test-positive infection.

Table 2. Vaccine Efficacy against Covid-19 at Least 7 days after the Second Dose.*

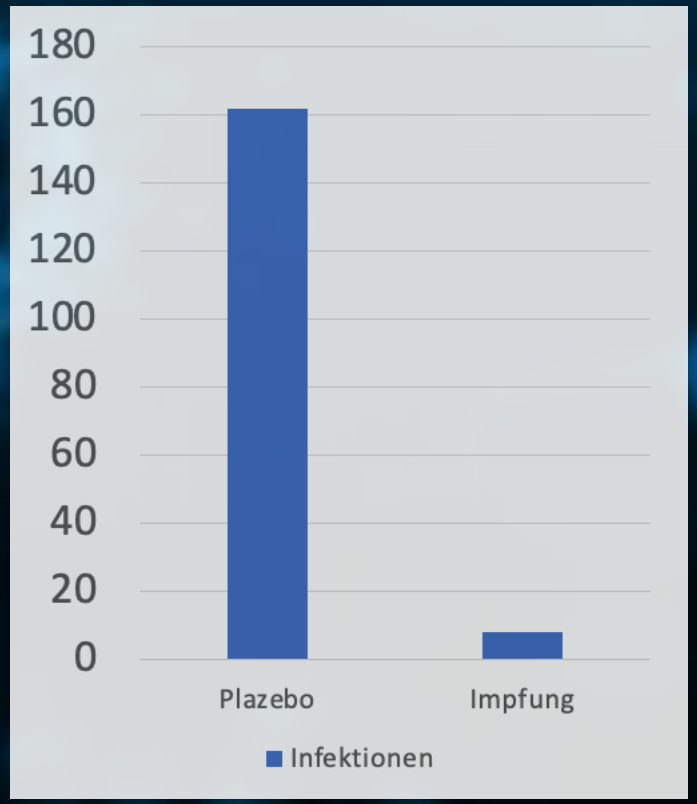
Efficacy End Point	BNT162b2		Placebo		Vaccine Efficacy, % (95% Credible Interval)‡	Posterior Probability (Vaccine Efficacy >30%)§
	No. of Cases	Surveillance Time (n)†	No. of Cases	Surveillance Time (n)†		
	(N=18,198)		(N=18,325)			
Covid-19 occurrence at least 7 days after the second dose in participants without evidence of infection	8	2.214 (1,7411)	162	2.222 (17,511)	95.0 (90.3–97.6)	>0.9999

- Primary target criterion **without clinical relevance**
- Average observation time: **6.6 weeks**
- **Exclusion of illness up to 7 days after 2nd vaccination**
- Only **PCR test positive symptomatic cases** were counted
- Pretence of high efficacy through focus on **relative risk reduction**

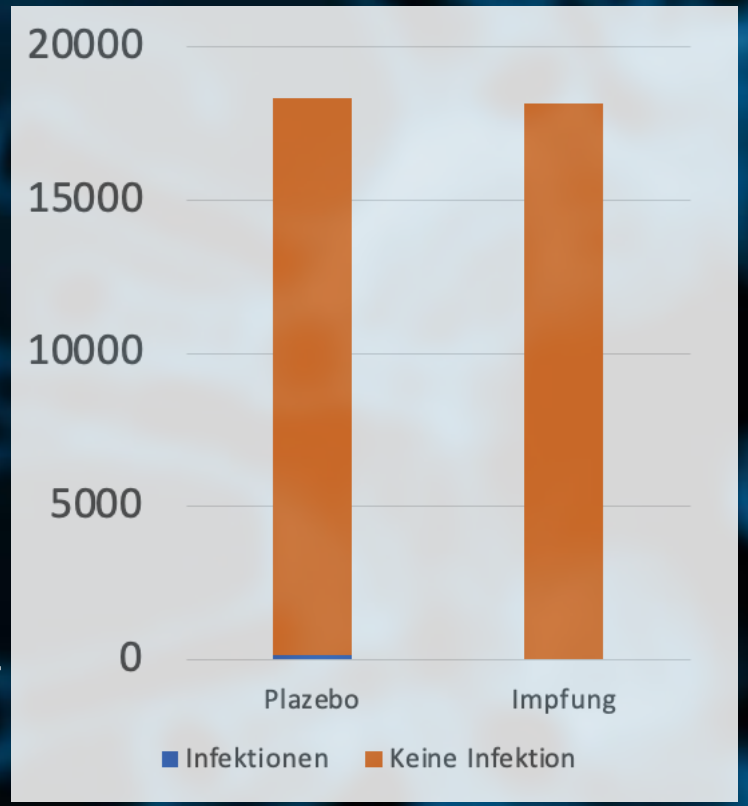
Polack et al. NEJM 2020: DOI: 10.1056/NEJMoa2034577

True efficacy:
absolute versus relative risk reduction

Relative risk



Absolute risk



Relative risk reduction= **95%**

Absolute risk reduction= **0.7%**

True efficacy:
symptomatic infection independent of PCR test

	BNT162b2 n=20566	Placebo n=20536	Relative Risk	Efficaciousness
Clinically Suspected Covid 19 (no PCR confirmation)	1594	1816	0,88 (0,83-0,94)	12%
Illness within 7 days post vaccination	409	287	1,44 (1,24-1,67)	Increased Risk through vaccination by 44%

https://www.fda.gov/media/144245/download#page=42

True effectiveness:
Target criterion death

	BNT162b2 n=18198	Placebo n=18325	Relative Risk	Efficaciousness
Death primary Evaluation[1]	0	0	1,0	0%
Death after 6 month	15	14	1,08 (0,52-2,24)	Increased Risk by vaccination of 8%

- After six months, the placebo group was vaccinated
- This prevented a long-term evaluation of the comparison between vaccination and placebo!
- Raw data kept secret by Pfizer
- Data manipulation uncovered in at least one study centre

[1] Polack et al. NEJM 2020: DOI: 10.1056/NEJMoa2034577
[2] Thomas et al. NEJM 2021: DOI: 10.1056/NEJMoa2110345

Further vaccine effectiveness studies

Only **retrospective** cohort, case-control, and modelling studies with **serious methodological errors**

Consistent exclusion of the time between the first dose and 7 to 14 days after the second dose or after the booster - immediate **vaccine damage is not included in the evaluation.**

Only COVID-associated events (hospitalisation, death) are counted, not the total hospitalisation rate and total mortality - **vaccine damage is not included in the evaluation!**

Modelling studies[1] assume a **vaccination effectiveness of 95% also for deaths**, but this has never been shown!

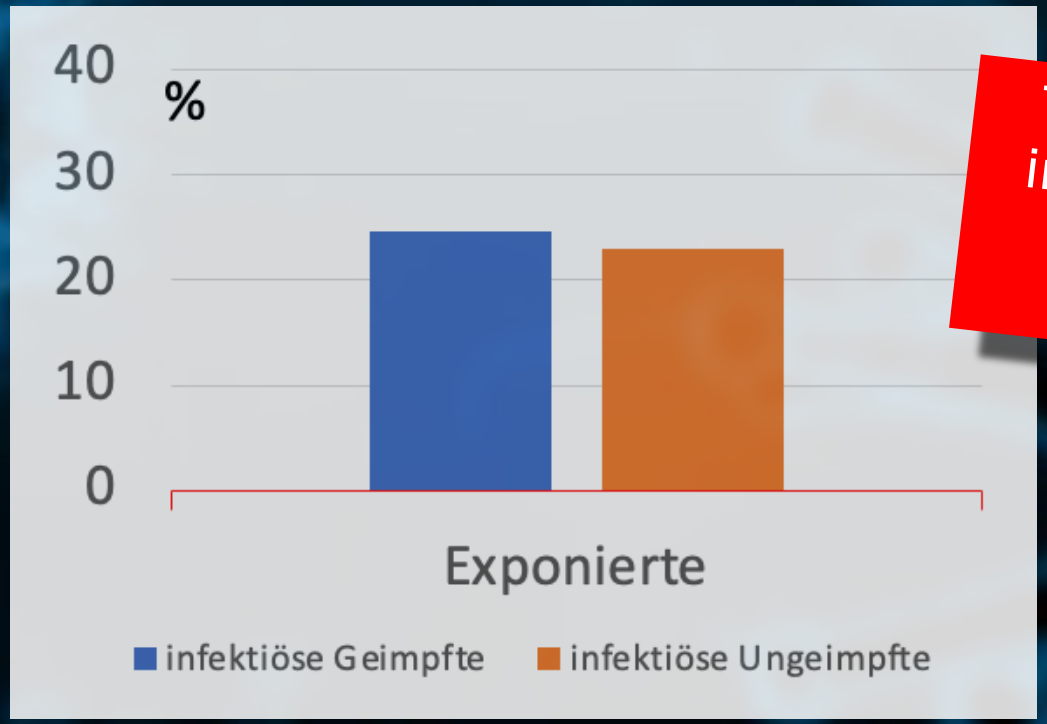
Consistently massive conflicts of interest of the authors and funding of the studies by the manufacturers

Current data show that COVID vaccination is associated with an increase in COVID cases, deaths and all-cause mortality [2]

[1] https://pubmed.ncbi.nlm.nih.gov/35753318/
[2] https://doctors4covidethics.org/the-watson-et-al-modeling-study-did-covid-vaccinations-really-prevent-14-million-deaths/

Do vaccinations protect against Transmission of the infection?

Infection rate for
Contacts of infected persons



The "viral load", i.e. the number of infectious viruses in the smear, was equally high in vaccinated and unvaccinated .

Relative risk for contacts of vaccinated:
1.07 (95% KI 0.62 - 1.85)

Singanayagam et al, Lancet Inf. Dis. 2021;S1473309921006484

Conclusion: Efficacy of mRNA vaccines

All proofs of efficacy cover only a few weeks or months and only on the irrelevant PCR test-positive mild disease.

There is **no** reliable evidence for the prevention of severe disease and deaths.

It has been show that vaccination does **not** prevent the transmission of the infection.

In persons without risk of severe disease or death from COVID (children, adolescents, healthy adults) vaccination is almost certainly **without any benefit whatsoever**

Risks of the mRNA vaccines

Prof. Dr. Dr. Martin Haditsch
Specialist in hygiene and microbiology (A)

Requirements for Approval: Risks

CH: "temporary" authorisation Art. 9a TPA & Art. 18 VAZV	EU: "conditional" authorisation EC Regulation No. 507/2006
life-threatening or debilitating diseases	Threat to public health
compatible with the protection of health	Benefit-risk ratio of the medicinal product is positive
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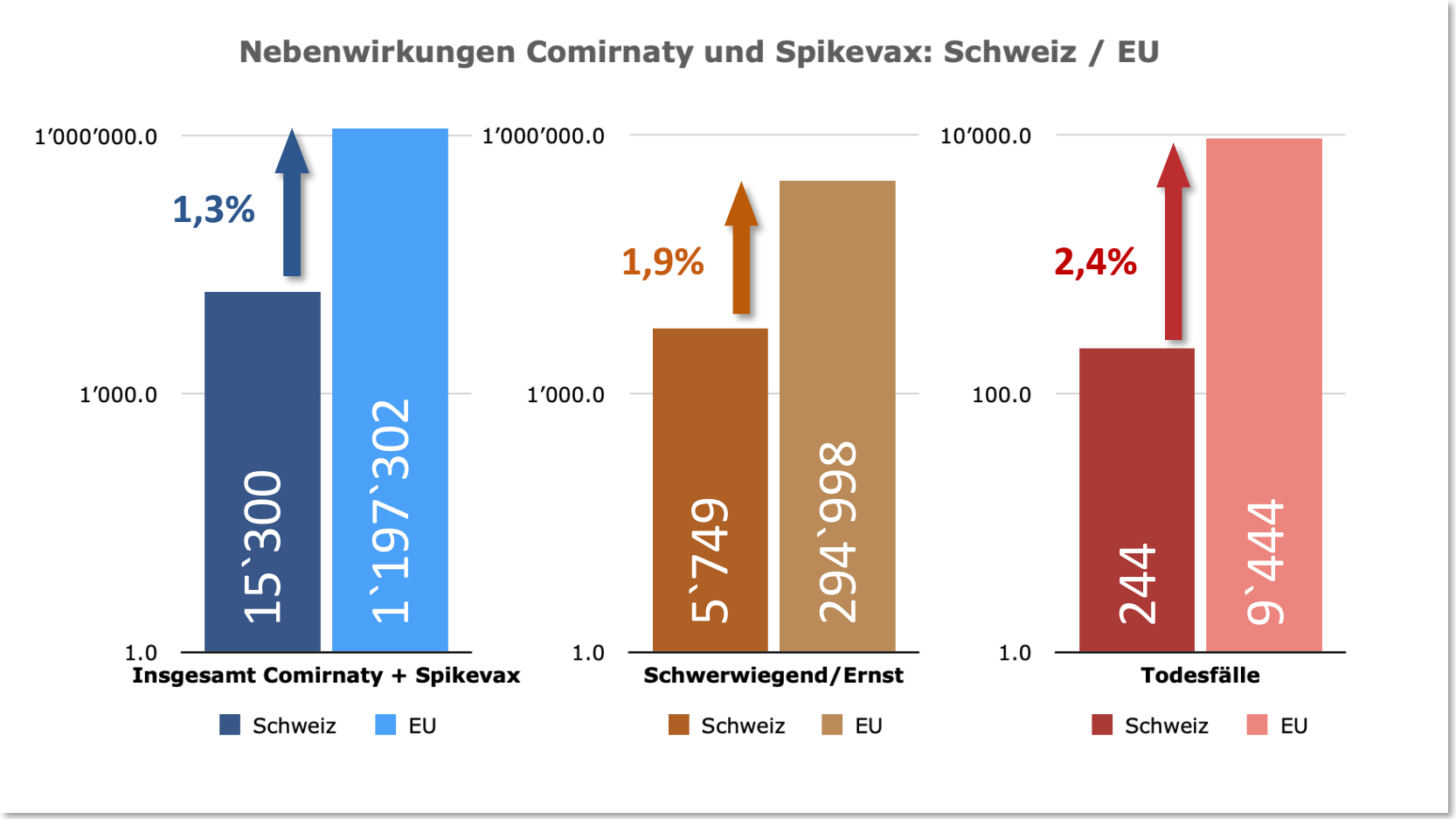
PROF. DR. DR.

MARTIN HADITSCH

SPECIALIST IN HYGIENE AND MICROBIOLOGY (A)

Reported side effects as of 10.10.22



Please note:
These are in each case logarithmic scales.

Switzerland:
8.7 m

EU (27):
451 m

CH / EU:
1,95%

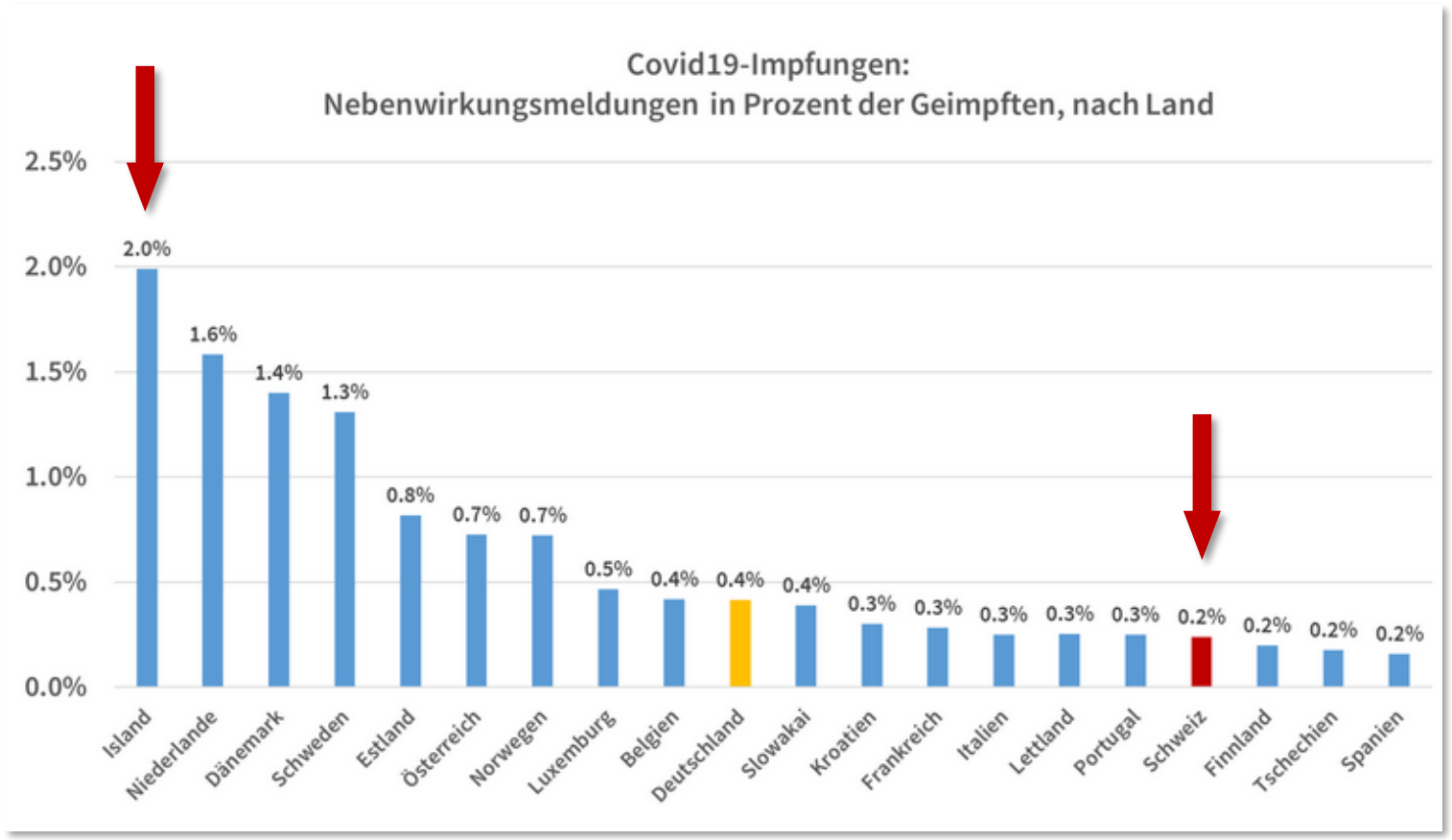
Reporting data Switzerland ≈ Reporting data EU average

Low reporting rates / Poor pharmacovigilance

USA
Less than 3% of side effects
are reported

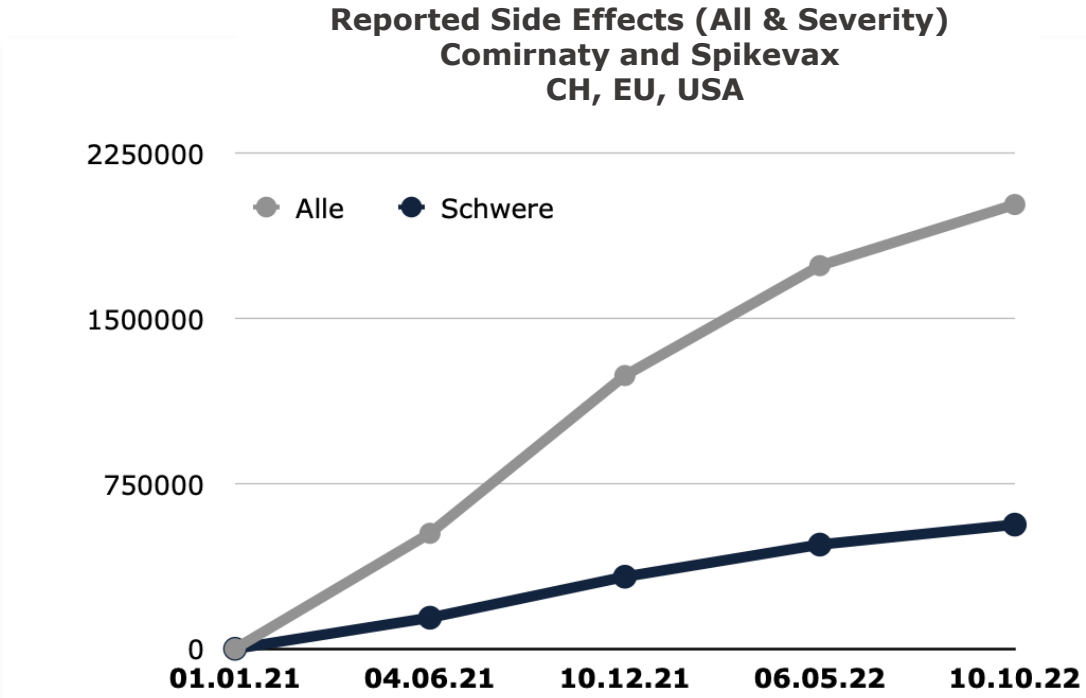
EU
Only 20% of all adverse reactions
are reported

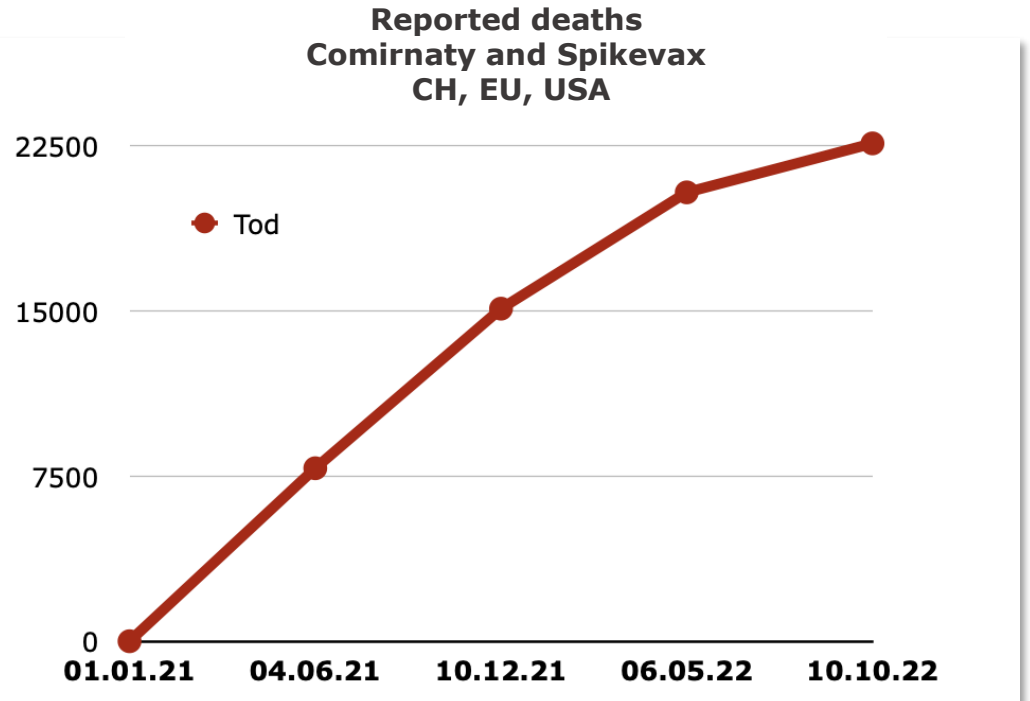
Switzerland
Reporting rate is only 10% of the reporting rate from Iceland



Alarm value: officially* exceeded hundreds of times long ago

***Note: problem of unrecorded cases**





In the past: **Immediate** withdrawal of a medicinal product from 50 deaths/severe side effects (Lipobay®/ Vioxx®)[1] !

Source 1

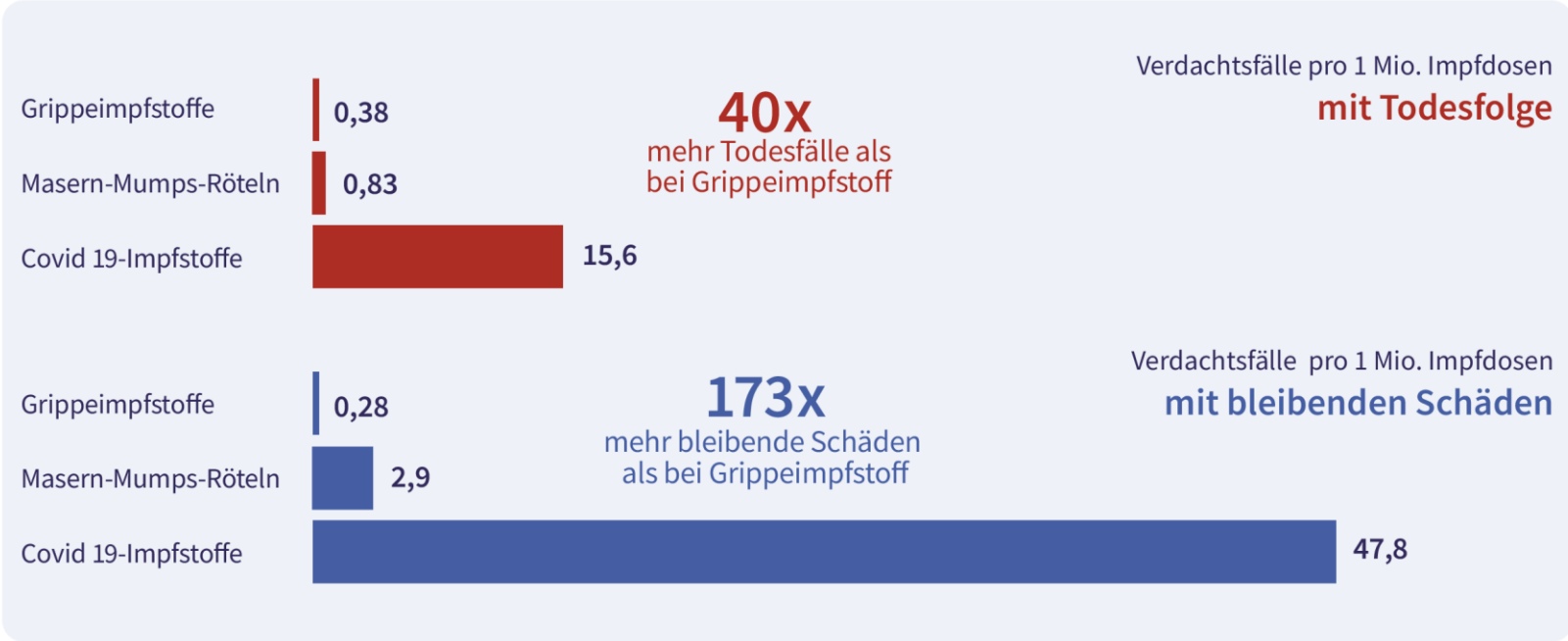
https://www.fuw.ch/article/bayer-bildet-keine-rckstellungen;
https://www.unibe.ch/aktuell/medien/media_relations/medienmitteilungen/archiv/2004/041105vioxx/index_ger.html

Comparison of COVID-19 vs. influenza vaccines

Data basis:
Germany

Similar conditions
conditions

Unprecedented number of reported adverse events per
1 million vaccine doses

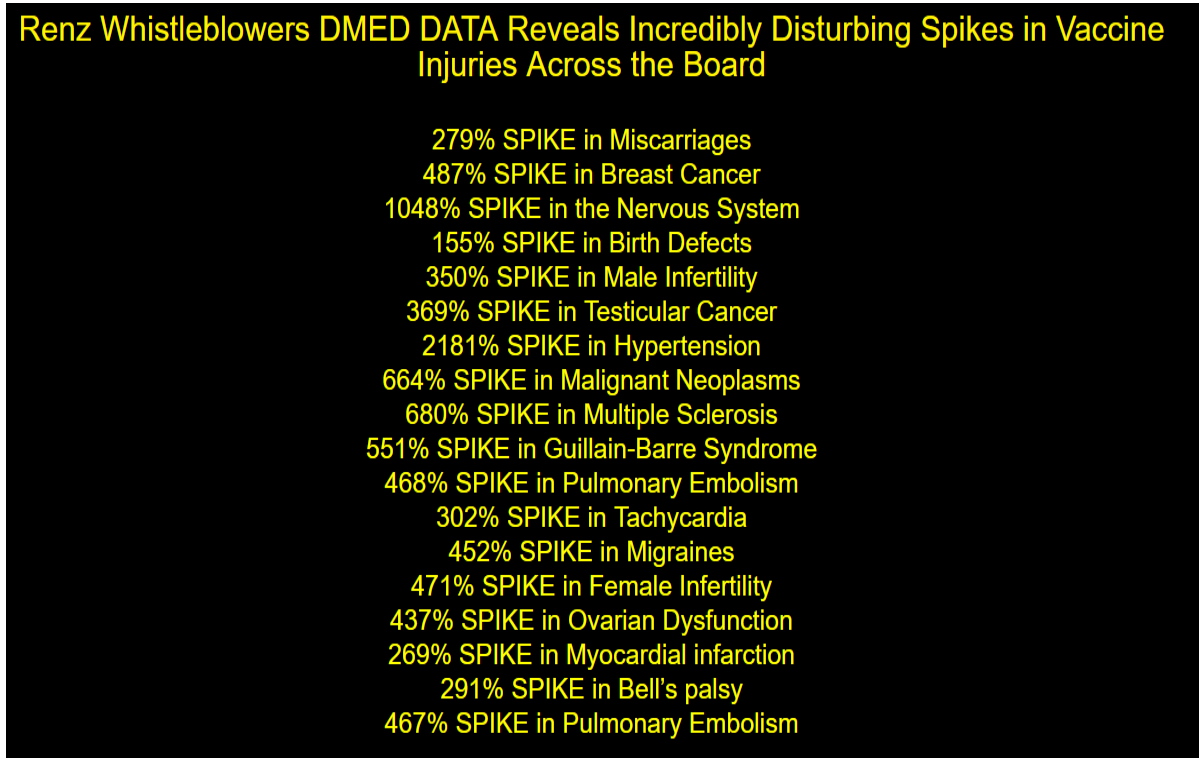


Source (Stand 25.03.22)
https://wiges.orgvaccine side effects/

Massive increase in side effects in the US military

US military

Always considered a reference due to strict criteria and rigorous controls



Data from the Defense Medical Epidemiology Database, DMED, as of February 2022:

https://renz-law.com/attorney-tom-renz-whistleblowers-dmed-defense-medical-epidemiology-database-reveals-incredibly-disturbing-spikes-in-diseases-infertility-injuries-across-the-board-after-the-military-was-forced-to/

Massive increase in side effects in the US military

+270% SPIKE in Myocardial infarction **(heart attack)**

+460% SPIKE in **Pulmonary** Embolism

+1000% SPIKE in the Nervous Systems **(Nervous Diseases)**

+490% SPIKE in Breast **Cancer**

+290% SPIKE in Bell`s palsy **(fascial paresis / facial paralysis)**

+280% SPIKE in **miscarriages**

Inflammation of the heart muscle (myocarditis)

Typical symptoms of acute myocarditis:
Chest pain, malaise, difficulty breathing, fatigue, too fast/irregular heartbeat, and cardiac arrhythmia.
Symptoms may resemble a heart attack. In severe cases: Unconsciousness and cardiogenic shock possible. [1]
can lead to severe impairment of heart function (with hospitalisation, artificial heart pumps or heart transplants).
Fatal outcome possible. [2] A serious complication is sudden cardiac death.[3]

Damage to the heart due to myocarditis is usually permanent:
Three- to five-year survival rates have historically ranged from 56% to 83%.[4]

Sources

[1] https://www.swissmedic.ch/swissmedic/de/home/news/coronavirus-covid-19/untersuchung-berichten-ueber-myokarditiden-zusammenhang-mrna-impfstoffe.html
[2] https://www.statnews.com/2021/06/29/myocarditis-covid-19-vaccine-connection-caution-needed-for-those-at-risk/;
[3] https://www.ncbi.nlm.nih.gov/books/NBK459259/ ;
[4] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2519249/

Inflammation of the heart muscle (myocarditis)
More frequent than assumed

Technical info Swissmedic: Myocarditis after vaccination "very rare" **(< 1/10'000)**

CDC info (August 2022): Myocarditis risk for teenage males at **>1.4/10,000**

Study Unispital Basel from 9.11.2022: In 22/777 **(2.8%)** staff members after the 1st booster vaccination evidence of **"mild, transient myocardial cell damage".**
** 13.11.2022, University of Basel: Study "published too early" (not yet peer reviewed).*

Thai study (preprint of 8.8.2022): Cardiovascular effects in 29.2% of 314 vaccinated students after 2nd vaccination. Abnormal electrocardiograms (ECG) in 18%, palpitations in 7.6%, shortness of breath in 6.6%, chest pain in 4.3% and **myocarditis/pericarditis in 2.3%.**

Thailand study: 7/301 (i.e. **One in 43**) had **myocarditis(s)**

Individual report (USA): 2 healthy teenagers died 3 and 4 days after the 2nd vaccination; heart muscle damage was found.

1 Fachinformation Comirnaty®, Fachinformation Spikevax®, www.swissmedicinfo.ch
2 https://polimath.substack.com/p/science-goes-too-slow-for-the-news?utm_source=email
3 https://www.unibas.ch/de/Aktuell/News/Uni-Research/Voruebergehende-milde-Herzmuskelzellschaeden-nach-Booster-Impfung.html
4 https://www.preprints.org/manuscript/202208.0151/v1
5 https://www.preprints.org/manuscript/202208.0151/v1
6 https://meridian.allenpress.com/aplm/article/146/8/925/477788/Autopsy-Histopathologic-Cardiac-Findings-in-2

US life insurers: Massive increase in deaths

Status: August 2022

Excess mortality had reached a peak among the **insured in** the 3rd quarter of 2021, which clearly exceeded the excess mortality in the "pandemic year 2020".

Table 5.7

EXCESS MORTALITY BY DETAILED AGE BAND

Age	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	4/20-3/22	% COVID	% Non-COVID	% Count
0-24	116%	124%	104%	101%	119%	127%	110%	91%	111%	3.3%	8.1%	2%
25-34	127%	132%	121%	118%	131%	178%	131%	125%	133%	13.3%	19.6%	2%
35-44	123%	134%	128%	129%	133%	200%	156%	136%	142%	23.1%	19.2%	4%
45-54	123%	127%	129%	133%	119%	180%	151%	143%	138%	27.4%	10.8%	9%
55-64	117%	123%	130%	130%	114%	153%	141%	137%	131%	24.0%	6.7%	18%
65-74	117%	115%	133%	130%	108%	131%	125%	122%	122%	18.6%	3.9%	17%
75-84	114%	114%	133%	123%	106%	119%	121%	121%	119%	14.0%	4.6%	20%
85+	112%	103%	124%	111%	92%	104%	105%	103%	107%	10.3%	-3.5%	27%
All[11]	116%	115%	129%	123%	107%	134%	126%	122%	121%	17.1%	4.3%	100%

Source

https://www.documentcloud.org/documents/22275411-group-life-covid-19-mortality-03-2022-report

Pseudo-scientific claims

Quote:

*"**The more vaccinated there are, the more will also be in intensive care units and die."***

Pseudo-scientific claims

"The more vaccinated people there are, the more will also be in intensive care units and die."

Sounds ostensibly logical (at times combined with: "If everyone is vaccinated, only vaccinated people will die!"), but completely neglects the **question of proportionality**. If the **same proportion** of vaccinated and un-vaccinated people fall ill and die, then this measure is **useless**.

But if - as can be seen in many places - a **disproportionately large number of vaccinated people fall** seriously ill and **die**, or the **age at death decreases,** the suspicion is obvious that vaccination is ALSO involved, i.e. a **disadvantage*.** This should be clarified by **proper studies.**

***It may be that vaccination also has a positive risk-benefit ratio for certain age or disease groups, but precisely this would have to be investigated and defined meticulously.**

Additional aspects 1

With the known / recorded side effects, any **animal testing** required for the approval of a new preparation would have **long since** been **discontinued, no clinical trials initiated and consequently no market approval granted.**[1]

For the **period from December 2020 to 28 February 2021,** Pfizer (and via report FDA-CBER-2021-5683-0000054 also to the FDA) **approx. 42,000 cases (with more than 158,000 side effects)** and **1200 deaths** were reported - these figures were therefore known! [2]

Within Germany, there is a strong suspicion of a **positive correlation** between **"vaccination rate" and COVID-19 "cases".**

Source 1

https://www.regierung.unterfranken.bayern.de/mam/aufgaben/bereich5/sg54/score_sheet_zum_antrag_wundheilung_version_ruf.pdf

Source 2

FDA-CBER-2021-5683-0000054 from Pfizer; 30.4.2021

Case numbers / vaccination rate Germany

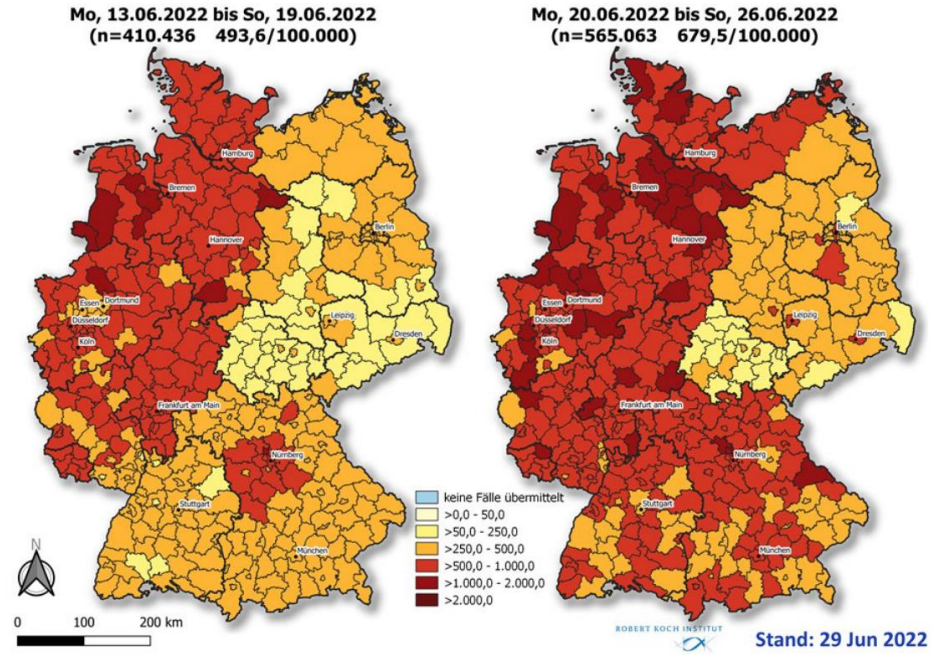
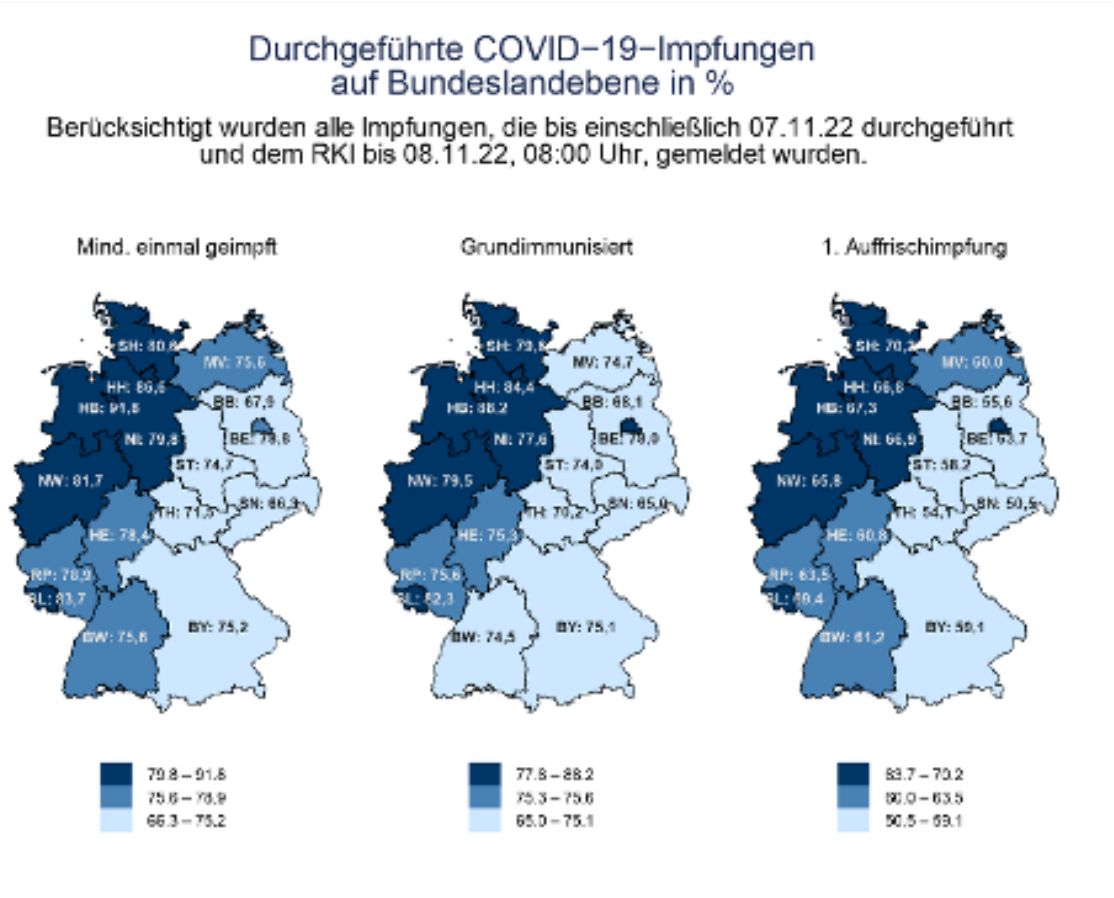


Abbildung 3: An das RKI übermittelte COVID-19-Fälle mit einem Meldedatum innerhalb der letzten Kalenderwoche in Deutschland nach Kreis und Bundesland (n = 565.063, Datenstand 29.06.2022, 00:00 Uhr) im Vergleich zur Vorwoche. Die Fälle werden in der Regel nach dem Kreis ausgewiesen, aus dem sie übermittelt wurden. Dies entspricht in der Regel dem Wohnort. Wohnort und wahrscheinlicher Infektionsort müssen nicht übereinstimmen.



Additional aspects 2

Vaccination" has led to the development of (at least) 4 completely **new disease patterns in** this context: VITT, V-AIDS, ADE and SADS

Virtually no healthy **children** have **died from** COVID-19, but they have **died from the** "vaccines" (-> Eudravigilance, VAERS). The figures from EuroMOMO show a significant increase in the number of **deaths in children and adolescents** (0-14 years). [1]

Source 1

https://www.euromomo.eu/graphs-and-maps

Conclusion: Risks of mRNA "vaccines" 1

The known risks of the "vaccines" alone and the proven adverse effects should should result in the **immediate cessation of** "vaccination".

Based on the **observation period, the** current evaluation can at best represent the short-term harm and possibly some medium-term damages.

The **consequential damages seen until now** had been **correctly predicted in** this form for this stage as they follow the logical "pathophysiological" principles.

This gives rise to fears that the **damage predicted for the medium and long term** will also occur - because it is also fundamentally plausible on the basis of pathophysiological principles.

Conclusion: Risks of mRNA "vaccines" 2

A serious **assessment of the risk-benefit ratio** is obligatory for every medicinal product.

The **shorter the development time** and the **less experience** with a manufacturing and active principle, **the stricter the** approval procedures have to be and the more important it is (also for ethical reasons) to **record** and analyse precisely any **side effects** and to respect the autonomy of each individual person. This applies in particular to serious side effects and, with even greater significance, to possible complications resulting in death.

For transparent processing, the collection and interpretation of the data obtained and the resulting consequences, the **responsibility** lies with the **licensing authorities** and the **political and technical decision-makers**.

Due to the **overwhelming evidence,** these decision-makers must now also be **held accountable according to the principles of law.**

Threat to public health

Prof. Dr. Konstantin Beck
Titular Professor of Insurance Economics (CH)

Requirements for Approval: Threat to public health

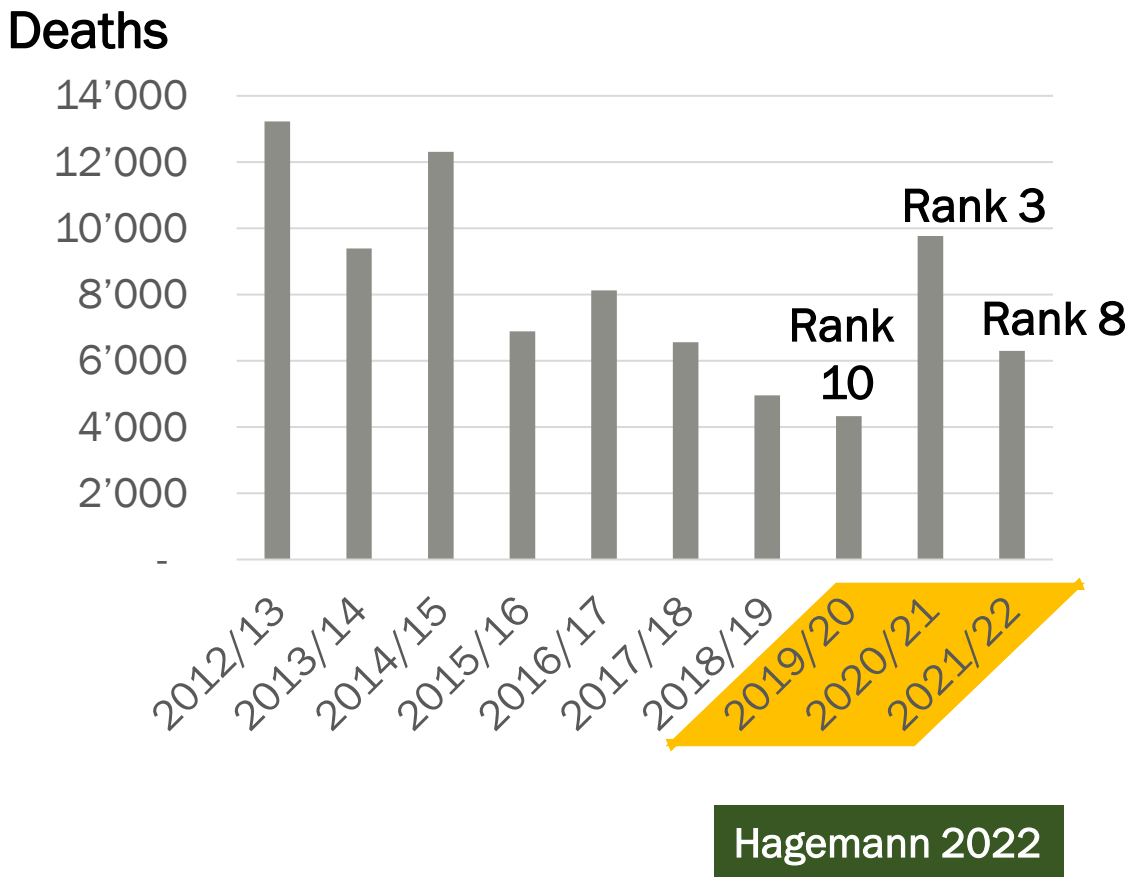
CH: "temporary" authorisation Art. 9a TPA & Art. 18 VAZV	EU: "conditional" authorisation EC Regulation No. 507/2006
life-threatening or debilitating diseases	Threat to public health
compatible with the protection of health	Benefit-risk ratio of the medicinal product is positive
major therapeutic benefit	Benefit for public health outweighs the danger due to still missing data
no authorised, alternative or equivalent medicinal product is available	Medical care gap can be closed
applicant is likely to be able to provide the required data at a later date	applicant is likely to be able to provide the required data at a later date

Confusion about the term „Excess Mortality“

- **Historically *unprecedented* excess mortality**
  - Comparison of several years
  - Population growth and
  - demography taken into account
- **Death waves**
  - *Swiss Federal Statistical Office (SFSO)*
  - *Short-term deviation from average mortality*
  - *Difference: actual mortality minus expected mortality*

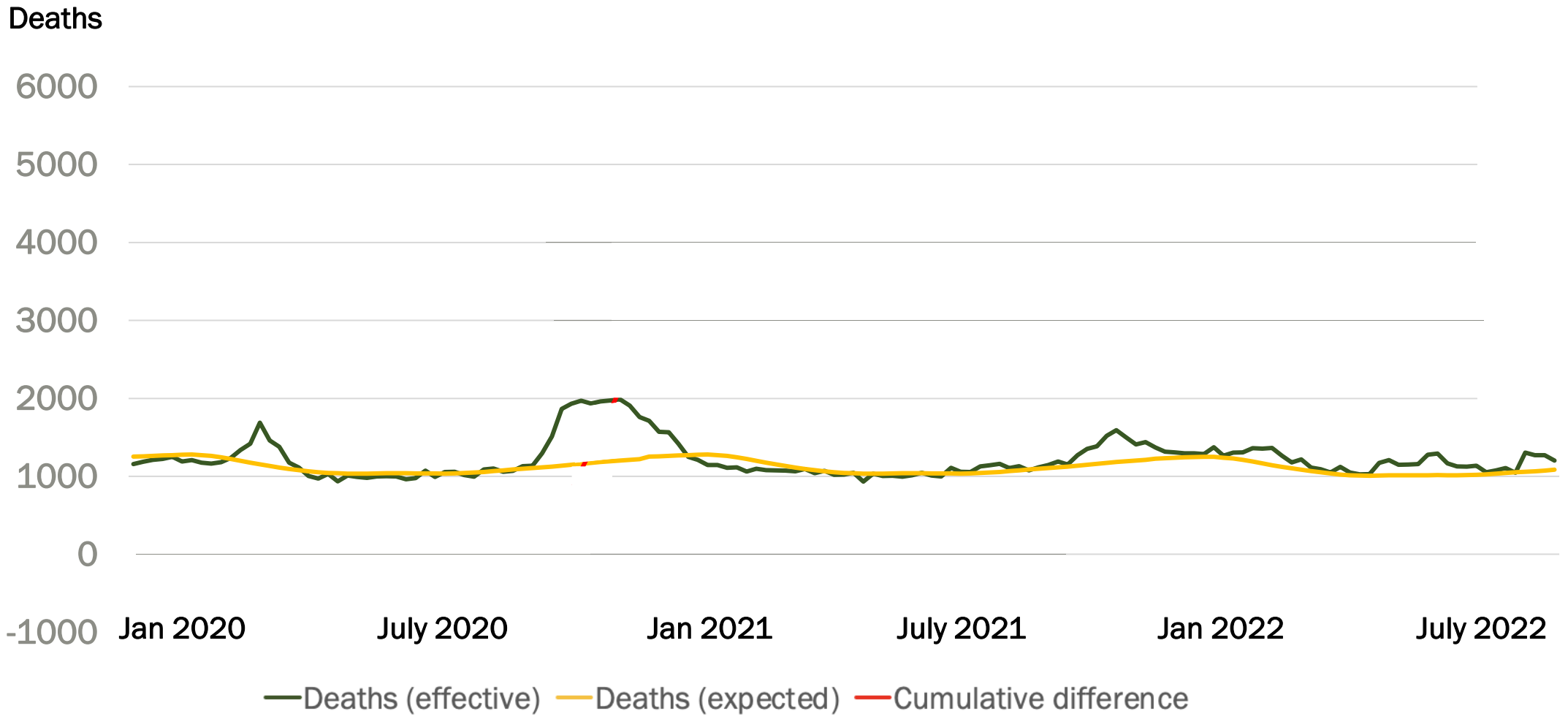
No historical excess mortality

- **Hagemann (2022)**
  - *Pandemic years not at the top of 2012 – 2022*
- **M. Levitt** (Nobel Laureate) & **J.P. Ioannidis** (U of Stanford) **(2022)**
  - *Swiss data*
  - *Historical excess mortality not verifiable*
- **Beck & Widmer (2021)**
  - *Excess mortality only under certain conditions*
  - *But BfS has since dropped these conditions*

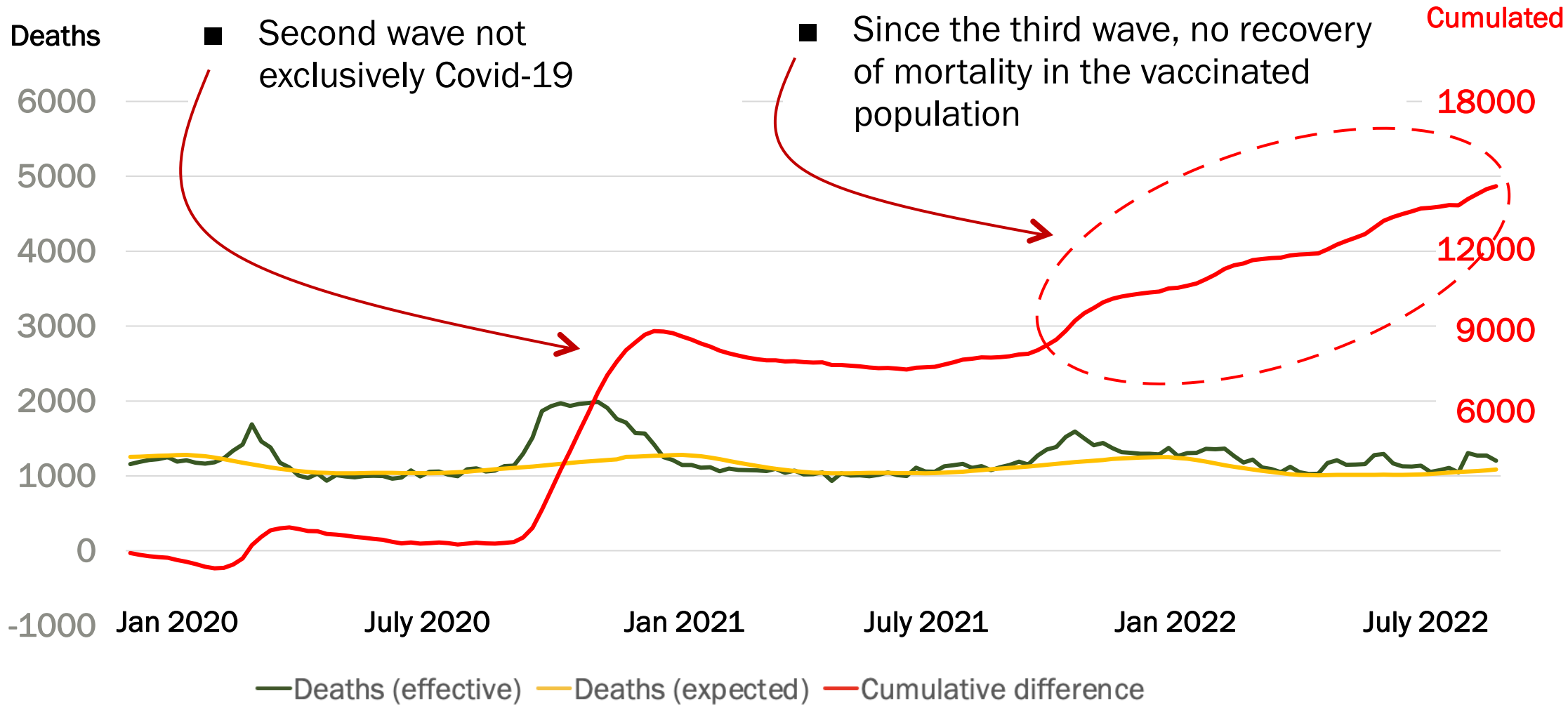


Hagemann 2022

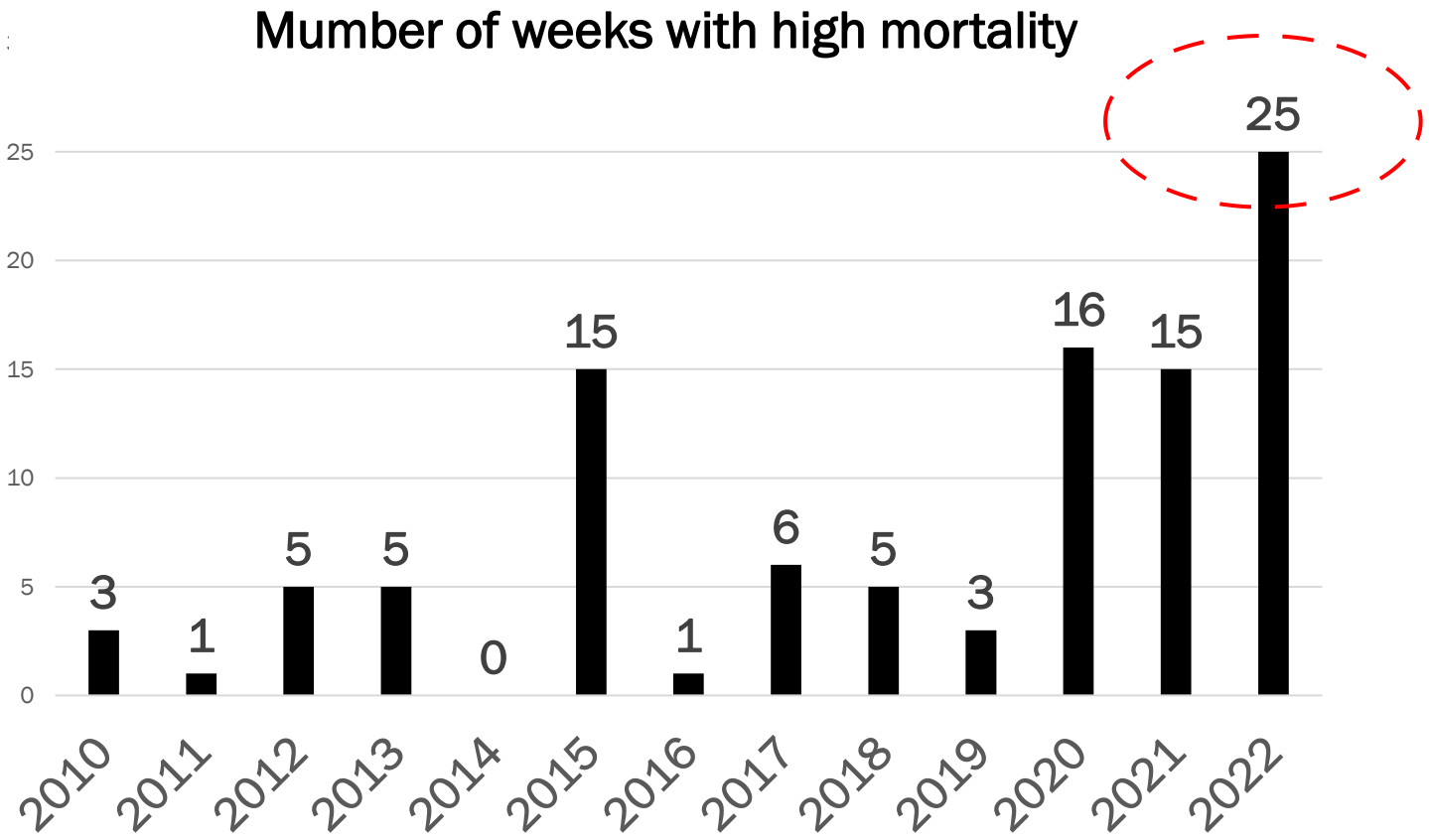
Death waves at age 65+



Death waves at age 65+

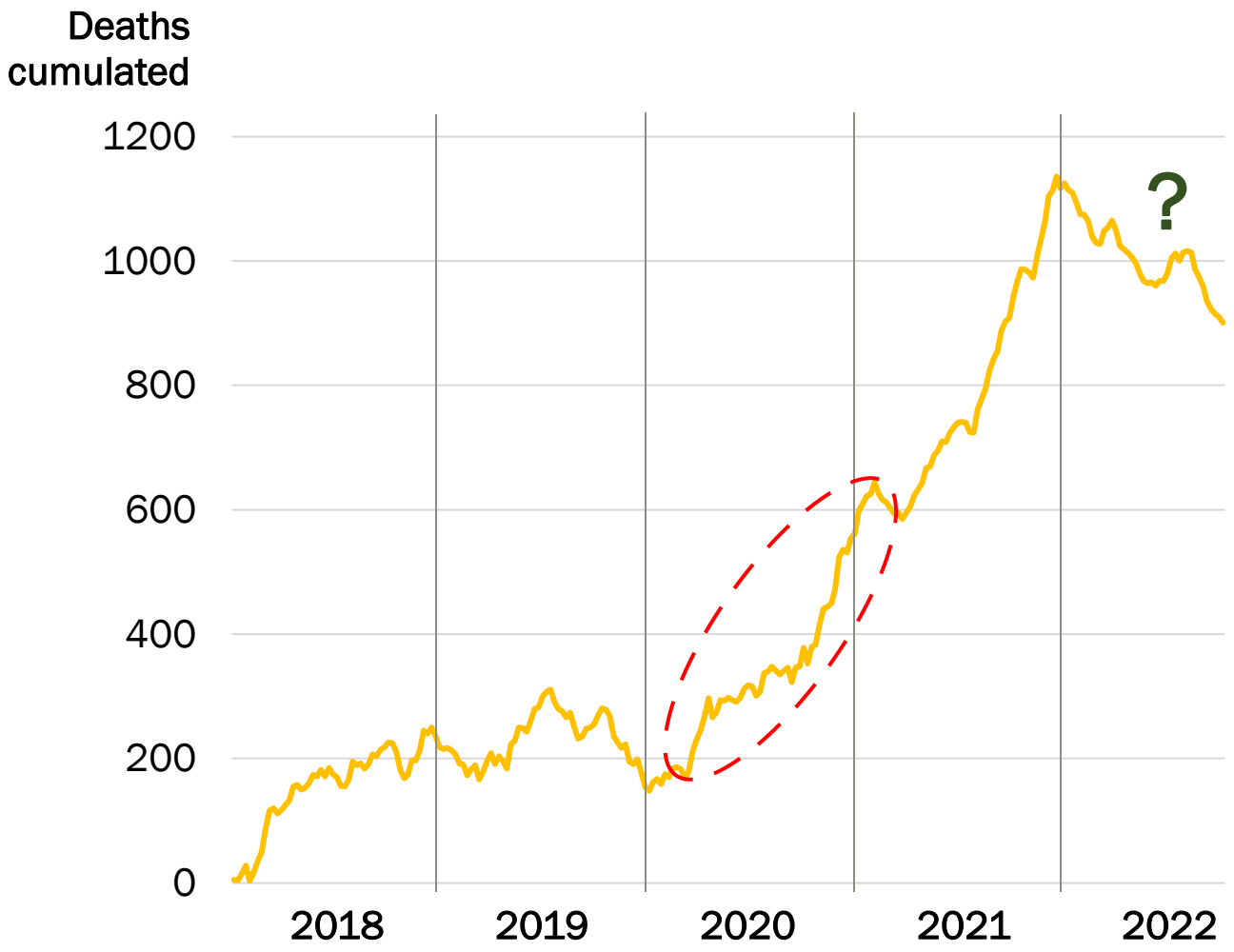


Death waves at age 65+



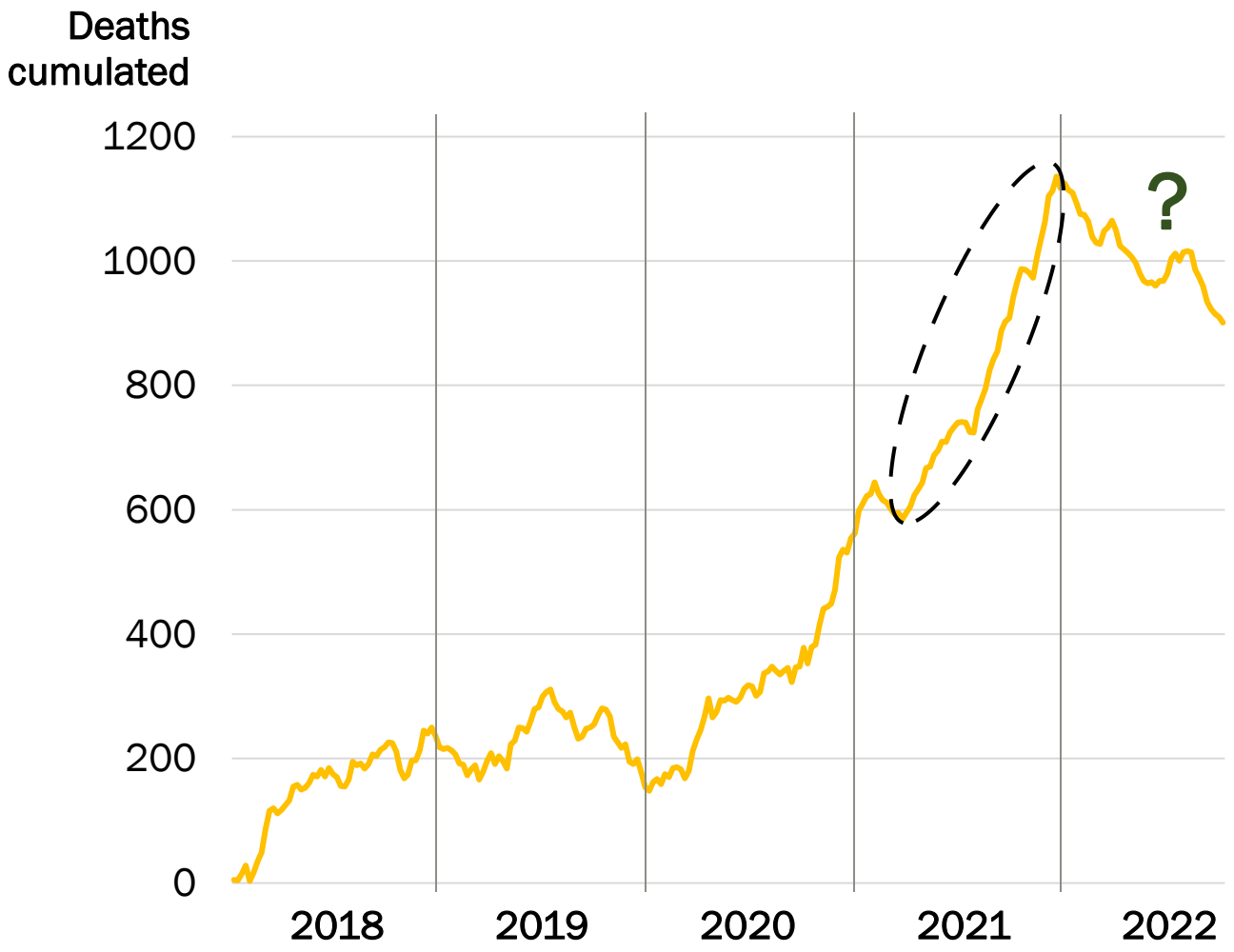
- Unprecendented high number of weeks of increased mortality in 2022
- 2022 only until week 42 (weeks to come will add)
- Population vaccinated as well as endemic in 2022

Mortality waves at ages 0 to 64



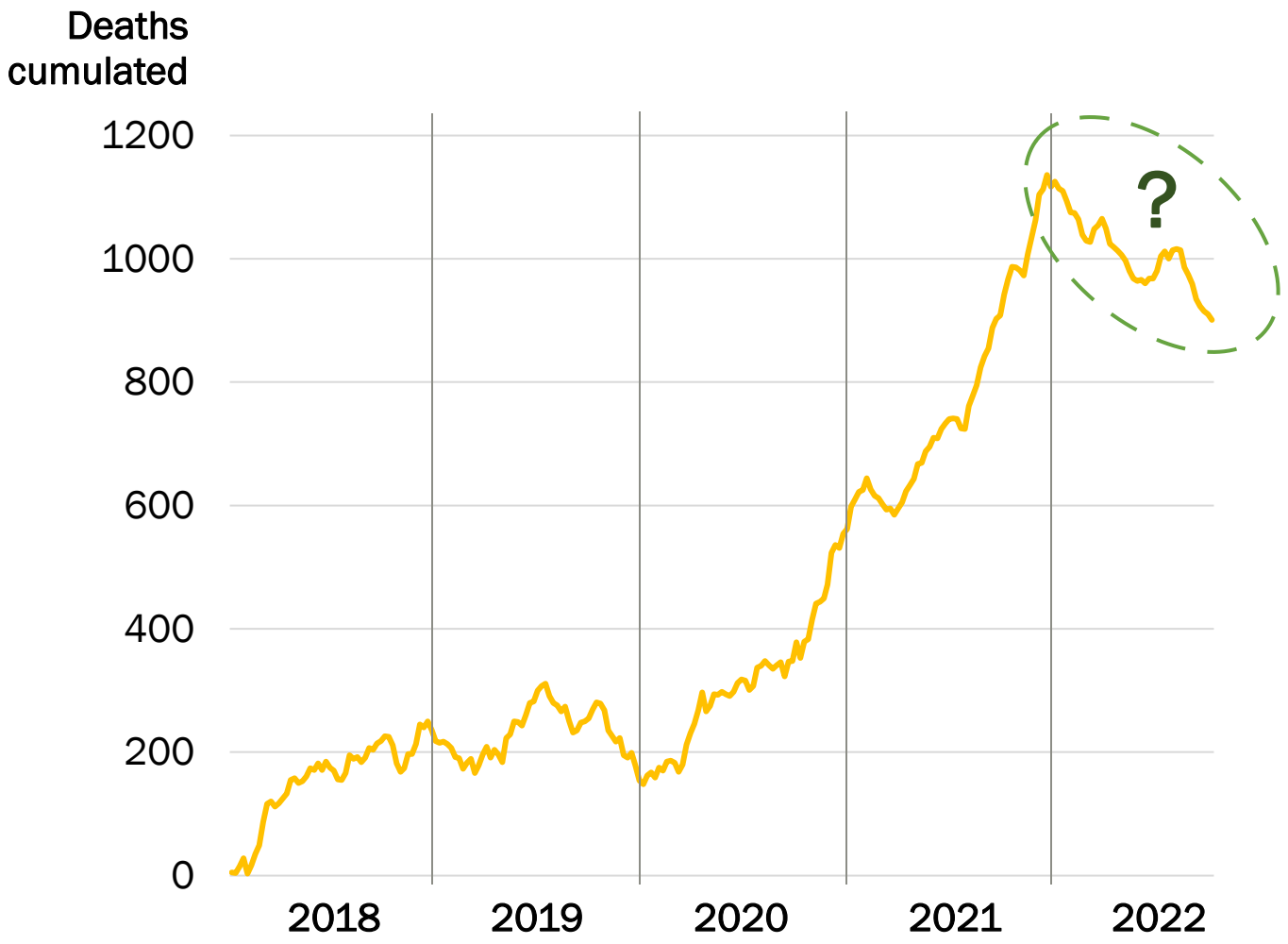
- Two waves:
  460 unexpected deaths

Mortality waves at ages 0 to 64



- Two waves:
  460 unexpected deaths
- After vaccination (2021):
  550 unexpected deaths

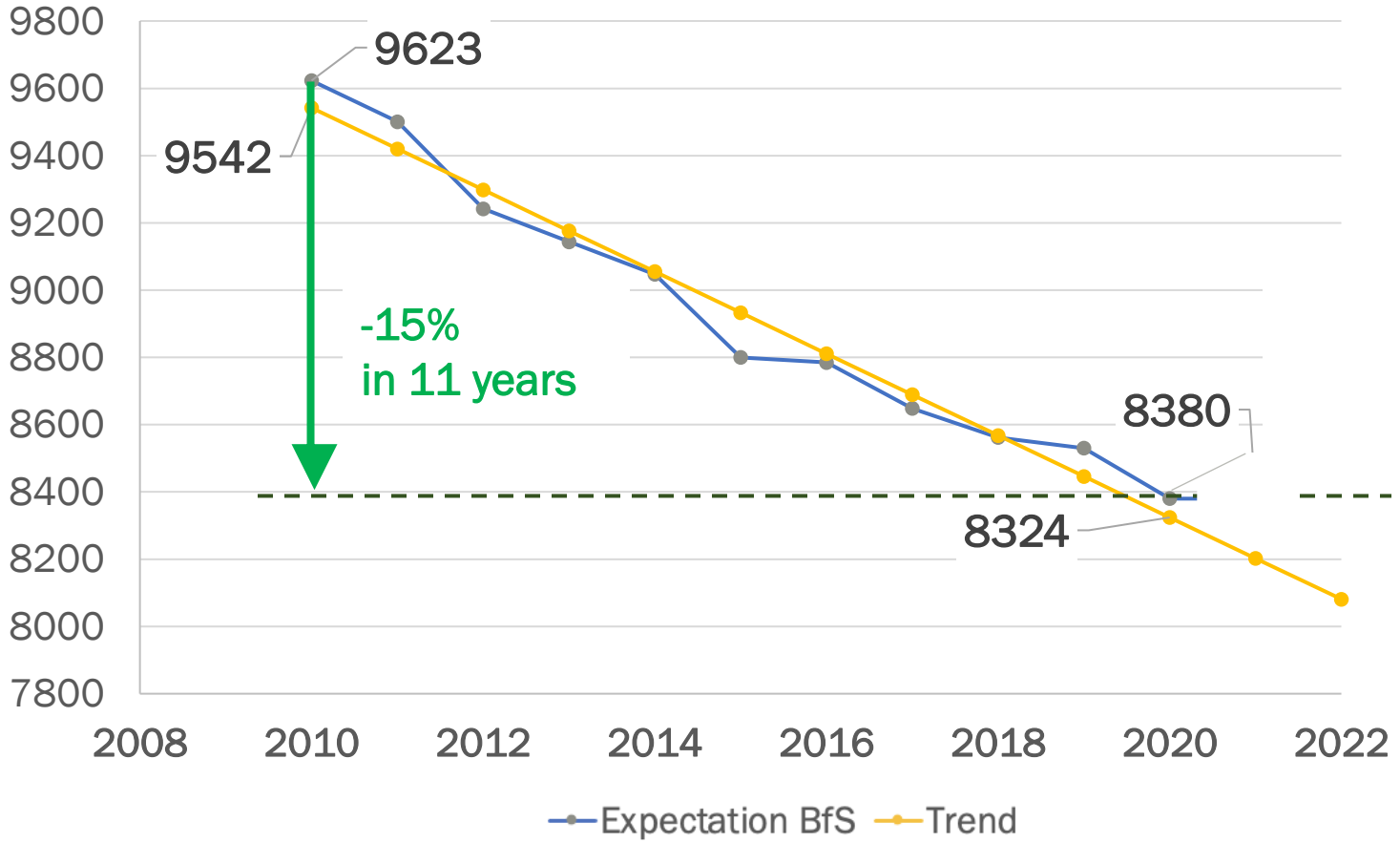
Mortality waves at ages 0 to 64



- Two waves:
  460 unexpected deaths
- After vaccination (2021):
  550 unexpected deaths
- From January 2022:
  Sudden recovery
  (net 320 deaths)?

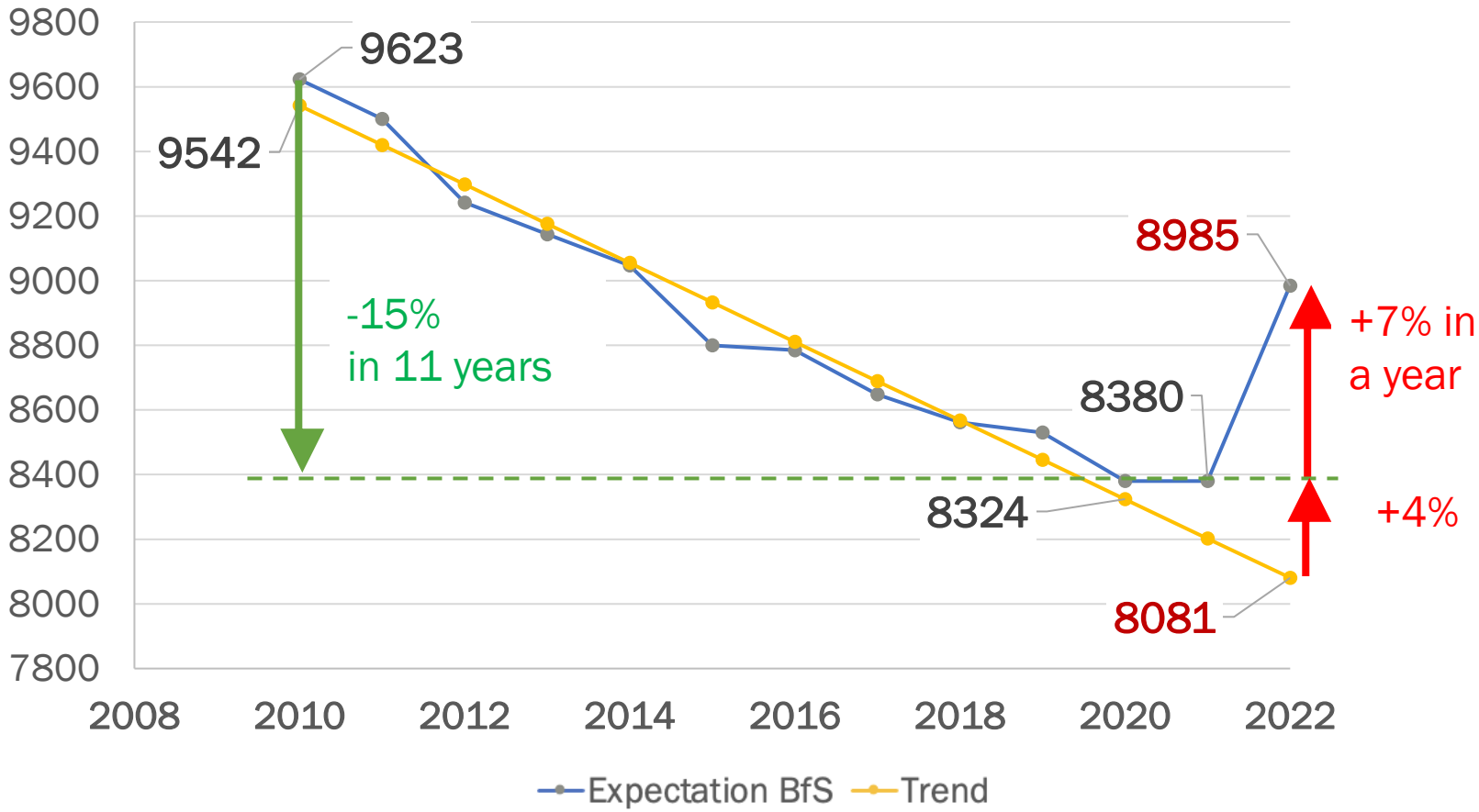
Death expectancy of the Federal Office (0-64 years)

- In 11 years, deaths fell by 15% (expected and effective)

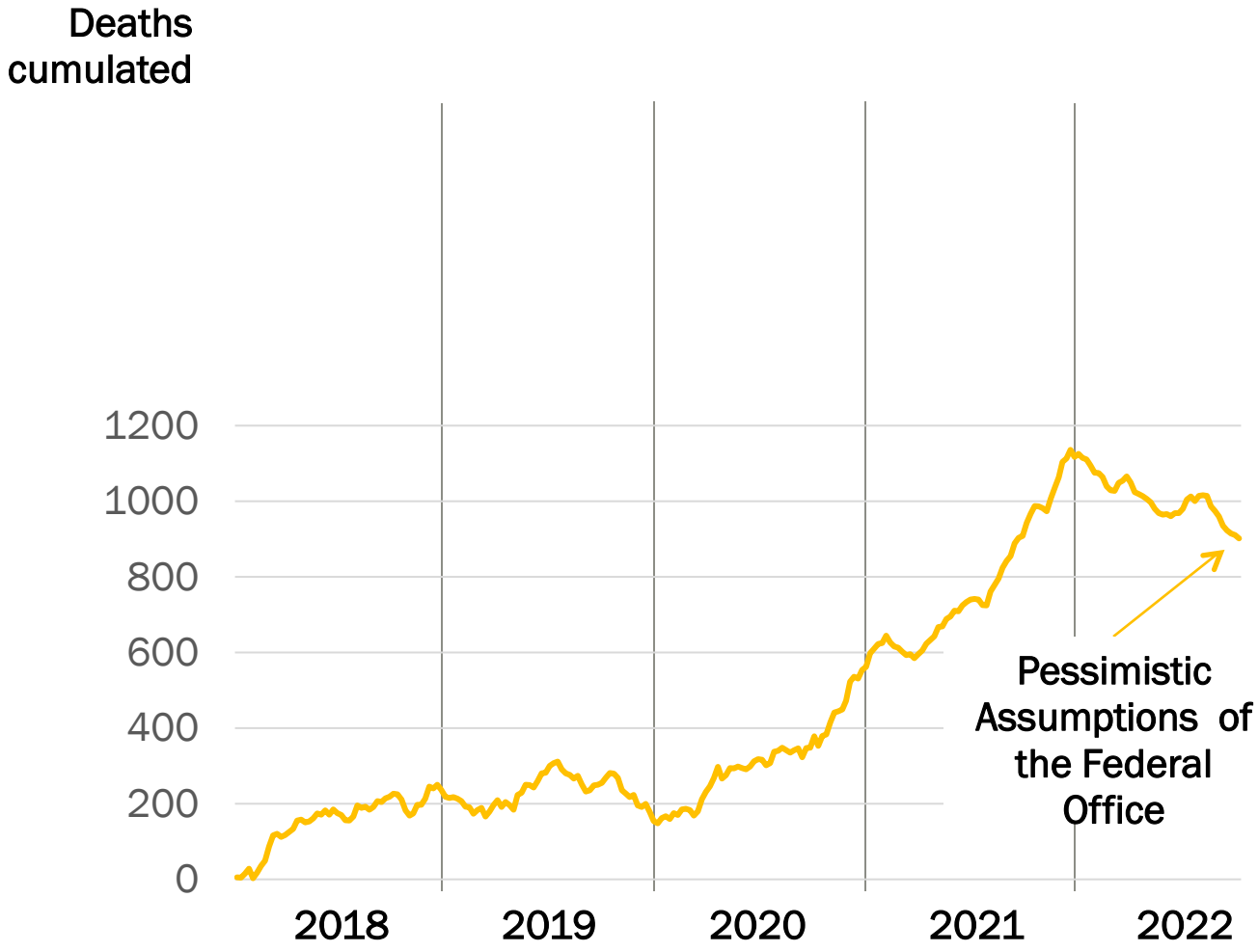


Death expectancy of the BfS (0-64 years)

- In 11 years, deaths fell by 15% (expected and effective)
- 2022: Suddenly very pessimistic expectation of the BfS.
- High expectation conceals the excess mortality of the younger ones.

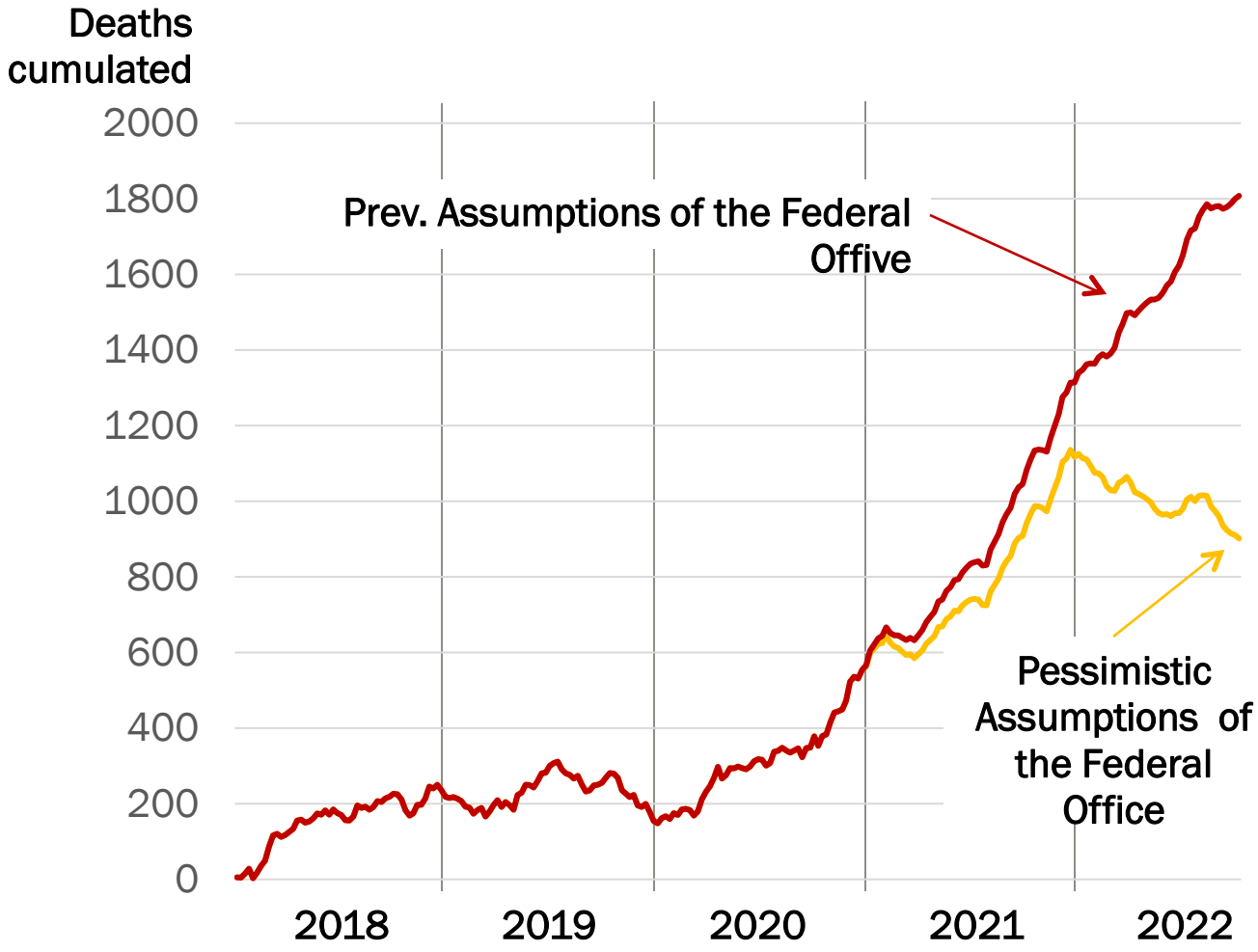


Mortality waves at ages 0 to 64



- After vaccination: Net 320 unexpected deaths

Mortality waves at ages 0 to 64



- After vaccination:
  ~~Net 320 unexpected deaths~~
  1180 unexpected deaths

Death waves in the age group 20-39 years

- Before Covid-19: excess mortality varies between +/- 40 deaths

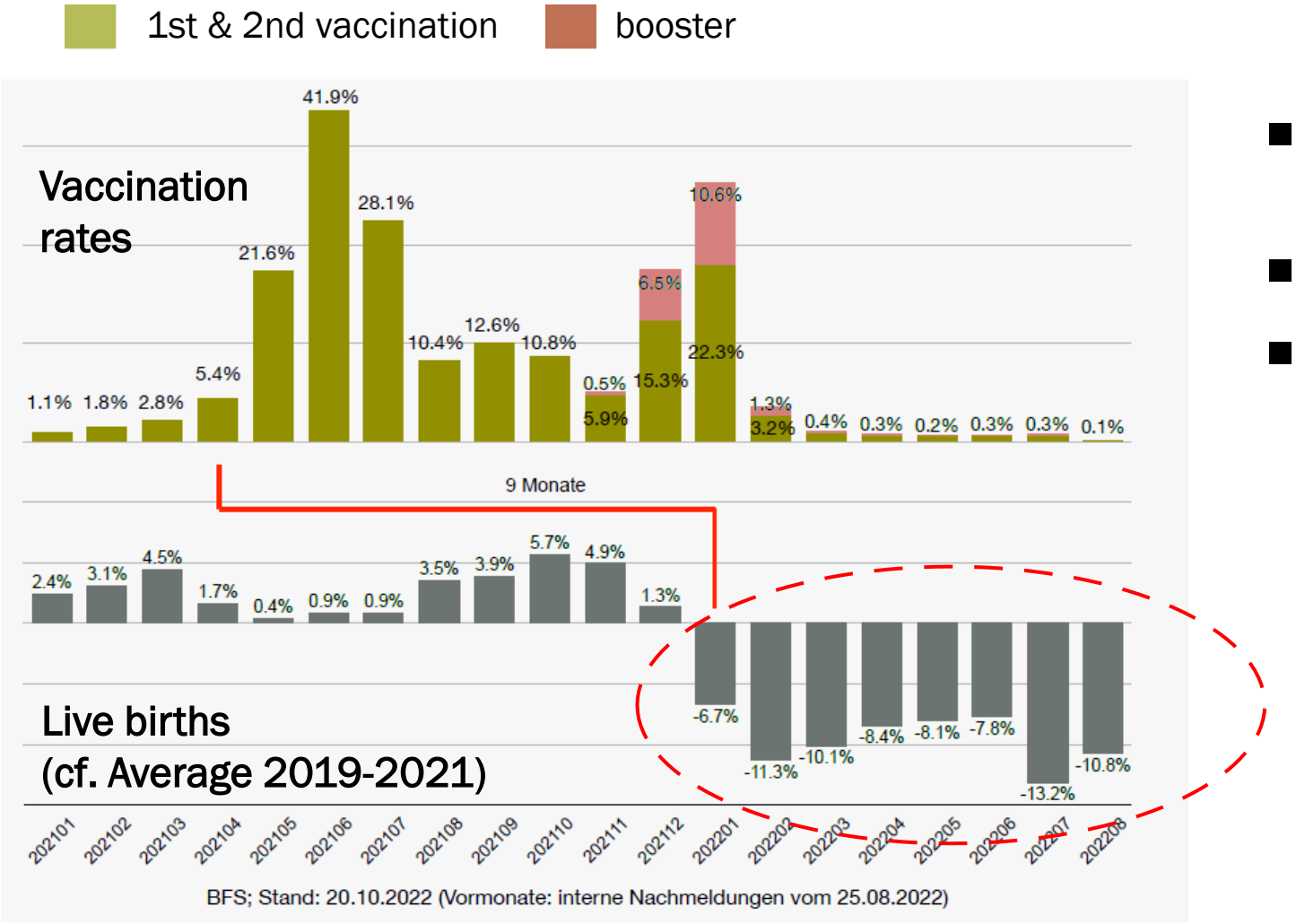
Death waves in the age group 20-39 years

- Before Covid-19: excess mortality varies between +/- 40 deaths
- Second wave not detectable in this age group

Death waves in the age group 20-39 years

- Before Covid-19: excess mortality varies between +/- 40 deaths
- Second wave not detectable in this age group
- Mortality monotonically increasing since vaccination began.

Massive decline in births



- Birth decline 9 months after vaccination peak
- Average decline -10%
- Strongest birth rate decline in over 100 years

Development of births 2020-2022

18 cantons, half-yearly data, R^2 = 99,9%, high significances	Years	Change in %	Number of births
∅ Number of births before pandemic	2015-2019		26’080

Development of births 2020-2022

18 cantons, half-yearly data, R^2 = 99,9%, high significances	Years	Change in %		Number of births
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Behavioural change … … in cantons with low vaccination rates	2020-2022	148 (n.s.)	(2%)	26’229
… in cantons with a high vaccination rate		-265	(-1%)	25’964

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Baby Boom-Effect	2021	720	3%	26’684

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… in cantons with a high vaccination rate		-265	(-1%)	25’964
Baby Boom-Effect	2021	720	3%	26’684
Missing biths 9 months after vaccination	2022	-2’631	-10%	24’053

Conclusion: Threat to public health

1. Excess mortality 2020/2021 not extraordinary - was within the range of what was to be expected based on demographics and population growth.
2. Nevertheless, there were clear waves of deaths. What is irritating
    1. *Death wave 2022 breaks new records for seniors (65+) (longest wave since measurement began)*
    2. *Mortality waves also detectable at ages 0-64 - they only seem to end in 2022 because BfS expects extreme increases in mortality*
    3. *Death waves also at age 20-39, however not during Covid-19 wave, but with onset of vaccination*
    4. *Switzerland records biggest birth drop in over 100 years, 9 months after vaccination - and* in addition to *behavioural change*

Legal Assessment

3 Core allegations: Setting in the Therapeutic Products Act (TPA)

Allegation 1:
illegal "temporary" approval (9a)

life-threatening or debilitating diseases

compatible with the protection of health

major therapeutic benefit

no authorised, alternative or equivalent medicinal product is available

applicant is likely to be able to provide the required data at a later date

Allegation 2:
Misleading of the public

Art. 1 TPA, purpose: "protect the consumers of therapeutic products against fraud".

Allegation 3:
Inadequate market surveillance

Art. 58 para. 3 TPA
"The Agency shall be responsible for monitoring the safety of therapeutic products. To this effect, it shall in particular collect the [adverse reaction reports], evaluate them, and take the necessary administrative measures."

3 Core allegations: Relevant due diligence

Allegation 1: illegal "temporary" approval (9a)

Authorisation according to Art. 9a TPA is a prerequisite for batch release.
Swissmedic is responsible for release.

Federal court: **batch release is manufacturing.**
(Judgment 2F_17/2019 of 29 December 2019, E. 3.2)

Swissmedic is a manufacturer.

Duty of care according to Art. 7 para. 1 TPA:
"The manufacture of medicinal products and pharmaceutical excipients whose manufacture requires a licence must conform to the established **rules of good manufacturing practice.**"

Allegation 2: Misleading of the public

Duty of care according to Art. 3 TPA:
"Any person handling therapeutic products must **take all measures** necessary according to the state of the art to **ensure that human or animal health is not endangered.** "

Allegation 3: Inadequate market surveillance

Art. 59 para. 1 HMG **(and due diligence Art. 3 TPA)**
"Any person manufacturing or distributing ready-to-use therapeutic products must put in place a system of reporting."

3 Core allegations: Relevant penal norms

Allegation 1: Illegal "temporary" approval (9a)

Criminal liability of Swissmedic as **manufacturer** (batch release, authorisation)

According to Art. 86 para. 1 lit. a TPA, any person is punished, who „**manufactures** […] medicinal products […] **contrary to the due diligence requirements stipulated in Articles […] 7, […]**".

Allegation 2: Misleading of the public

According to Art. 86 para. 1 lit. a TPA, any person is punished, who „**manufactures** […] medicinal products […] **contrary to the due diligence requirements stipulated in Articles 3, […]**"

Allegation 3: Inadequate market surveillance

According to Art. 87 para. 1 lit. c TPA, any person is punished, who "**violates an obligation under this Act to report,** register or disclose."

In the event of a health hazard: Art. 86 para. 1 lit. a TPA.

Allegation 1: Illegal "temporary" authorisation

Dr. iur. Markus Zollinger
Attorney at Law (CH)

Criminal liability Swissmedic: As manufacturer

Allegation 1:
Illegal "temporary" authorisation (9a)

According to Art. 86 para. 1 lit. a TPA, any person is punished, who „**manufactures** […] medicinal products […] **contrary to the due diligence requirements stipulated in Articles […] 7, […]”**.	Relevant penal provision
Duty of care according to Art. 7 para. 1 TPA: "The manufacture of medicinal products and pharmaceutical excipients whose manufacture requires a licence must conform to the established **rules of good manufacturing practice.**"	Relevant due diligence
Authorisation only if the requirements are met. In the present case: temporary authorisation according to **Art. 9a TPA**	Concretisation of the duty of care

Examination of Art. 9a TPA: Health hazard

CH: "temporary" authorisation Art. 9a TPA & Art. 18 VAZV
life-threatening or debilitating diseases
compatible with the protection of health
major therapeutic benefit
no authorised, alternative or equivalent medicinal product is available
applicant is likely to be able to provide the required data at a later date

Requirements

The risk of severe disability or possible death **must apply to all patients included in the target population**. It must be **seriously** expected to materialise due to the concrete circumstances.

(SCHOTT / ALBERT, BSK HMG, 2. Aufl., Basel 2022, Art. 9a N 20; Urteil 8C_523/2016 des BGer vom 27.10.2016, E. 5.2.1.)

Examination of Art. 9a TPA: Health hazard

CH: "temporary" authorisation Art. 9a TPA & Art. 18 VAZV
life-threatening or debilitating diseases
compatible with the protection of health
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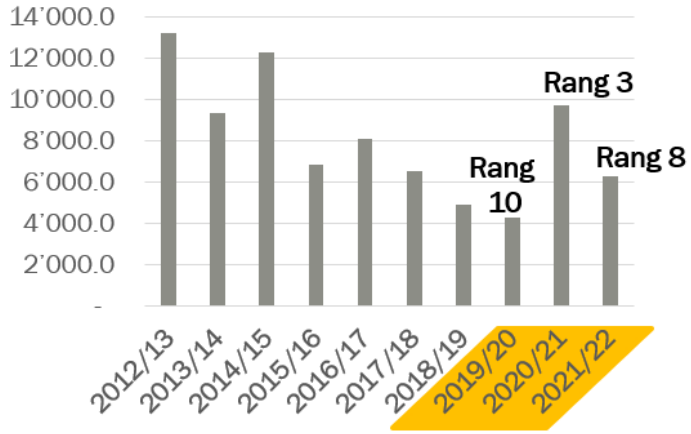
Requirements

2020: No significant excess mortality in target population



Already the first requirement of Art. 9a HMG not met

Examination of Art. 9a TPA: Risks

CH: "temporary" authorisation Art. 9a TPA & Art. 18 VAZV

life-threatening or debilitating diseases

compatible with the protection of health

major therapeutic benefit

no authorised, alternative or equivalent medicinal product is available

applicant is likely to be able to provide the required data at a later date

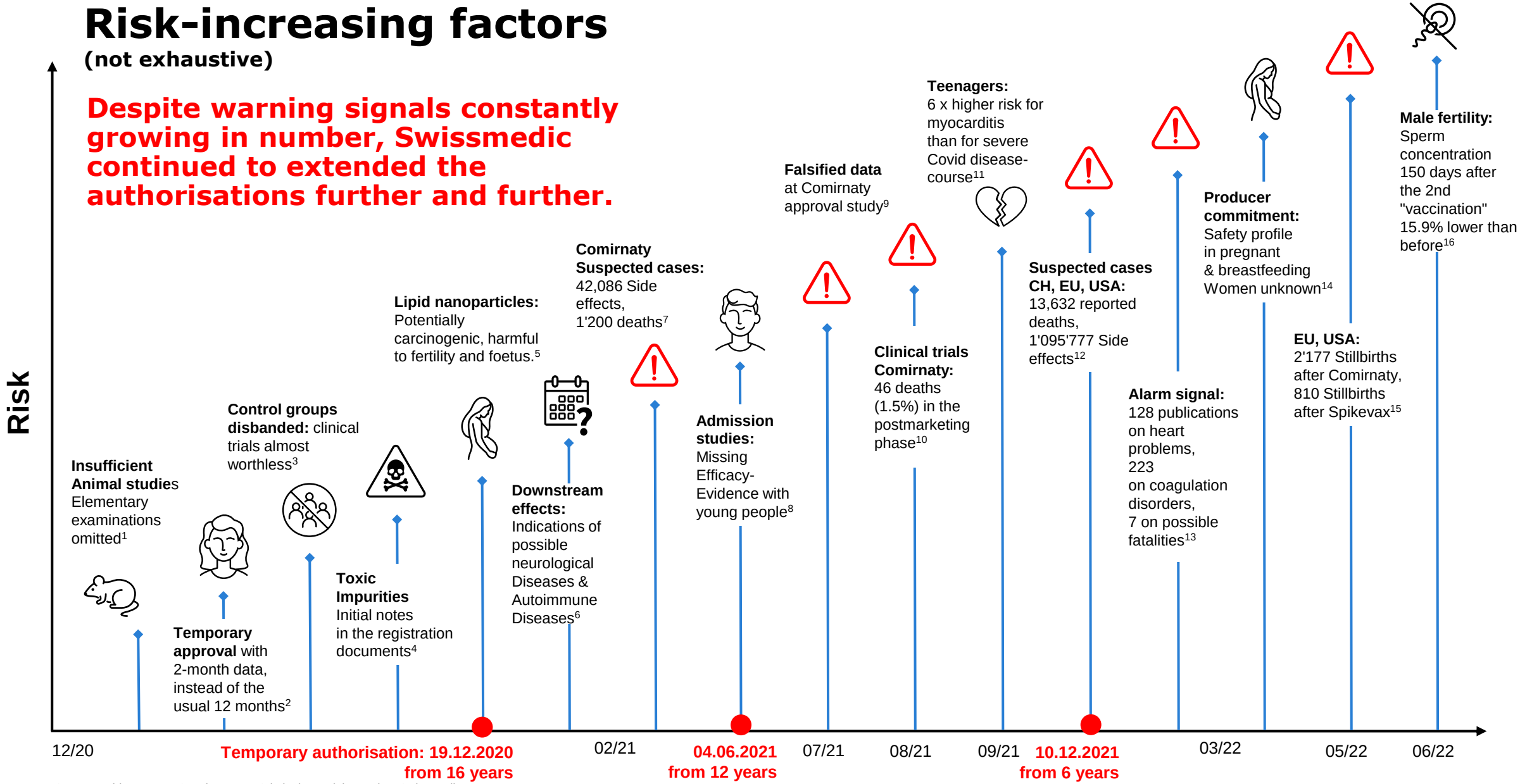
Requirements

- No release of products whose quality and safety have not been established.
- **Duty to minimise risk:**
  - Animal experiments, human trials
  - Quality management System, Quality control
  - Ongoing review of the risk profile
- Regular, systematic, prospective search for potential hazards

Risk-increasing factors

(not exhaustive)

Despite warning signals constantly growing in number, Swissmedic continued to extended the authorisations further and further.



Source: Evidenzreport, Supplement 4, Criminal complaint against Swissmedic

[1]N 130ff,[2] N 129,[3] N 176 ff,[4] N 98 ff,[5] N 62 ff,[6] N 225 ff,[7] N 225 ff,[8] N 291,[9] N 313 ff, N 200 ff.[10] 321 ff,[11] N 383,[12] N 259 ff,[13] N 550 ff,[14] N 515 ff,[15] N 487,[16] 522 f.

Source: Kruse | Law / impf-anzeige.ch

Examination of Art. 9a TPA: Risks

CH: "temporary" authorisation Art. 9a TPA & Art. 18 VAZV
life-threatening or debilitating diseases
compatible with the protection of health
major therapeutic benefit
no authorised, alternative or equivalent medicinal product is available
applicant is likely to be able to provide the required data at a later date

Assessment

- **Steady increase in risk**
  - Significant warning signals right from the start
  - Expansion to more and more targeted groups not at serious risk of SARS Cov2
  - Massive irregularities
- **High risks, no measures at all to minimize risk minimisation**
- The second requirement of Art. of Art. 9a HMG is not met

Examination of Art. 9a TPA: Efficacy

CH: "temporary" authorisation Art. 9a TPA & Art. 18 VAZV

life-threatening or debilitating diseases

compatible with the protection of health

major therapeutic benefit

no authorised, alternative or equivalent medicinal product is available

applicant is likely to be able to provide the required data at a later date

Requirements

- Efficacy:

  A medicinal product is efficacious if it produces the intended therapeutic, diagnostic or preventive effect in relation to the indication.

- Vaccines must immunise, Art. 2 lit. B AMBV:

  Vaccines are "medicinal products used to produce active or passive immunity".

Examination of Art. 9a TPA: Efficacy

CH: "temporary" authorisation Art. 9a TPA & Art. 18 VAZV

life-threatening or debilitating diseases

compatible with the protection of health

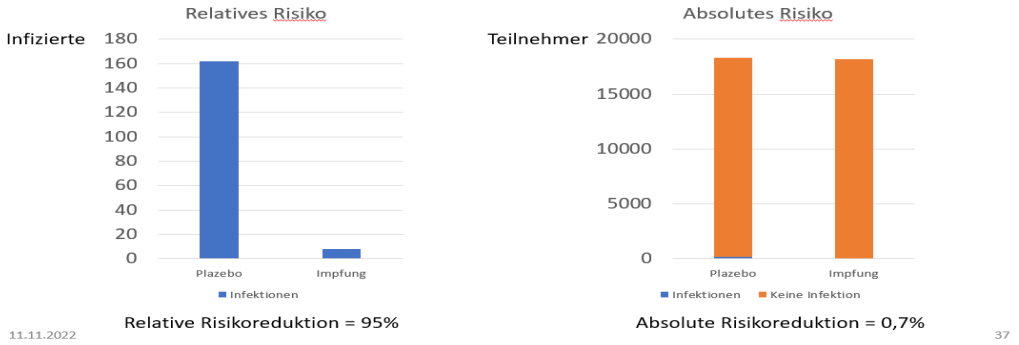
major therapeutic benefit

no authorised, alternative or equivalent medicinal product is available

applicant is likely to be able to provide the required data at a later date

Assessment

Wahre Wirksamkeit:
absolute versus relative Risikoreduktion



- The efficacy was not proven from the beginning:
  - No protection against transmission
  - No protection against severe disease

Examination of Art. 9a TPA: Conclusion

CH: "temporary" authorisation Art. 9a TPA & Art. 18 VAZV

life-threatening or debilitating diseases

compatible with the protection of health

major therapeutic benefit

no authorised, alternative or equivalent medicinal product is available

applicant is likely to be able to provide the required data at a later date

Assessment

- In the absence of a public health hazard, there was no reason for a temporary authorisation.
- The risks clearly exceed the benefit, wich is little to none.
- The other requirements of Art. 9a are equally not met (see criminal complaint N 656 ff. and N 674 ff.)

Criminal liability Swissmedic: Illegal temporary marketing authorisation

Allegation 1:
illegal "temporary" authorisation (9a)

According to Art. 86 para. 1 lit. a TPA, anyone is punished, who „**manufactures** […] medicinal products […] **contrary to the Duty of Care requirements stipulated in Articles […] 7, […]”**.

Duty of care according to Art. 7 para. 1 TPA:
"The manufacture of medicinal products and pharmaceutical excipients whose manufacture requires a licence must conform to the established **rules of good manufacturing practice.**"

Authorisation only if the requirements are met.
In the present case: temporary authorisation according to **Art. 9a TPA**

Allegation:
The persons acting on behalf of Swissmedic are liable to prosecution under Art. 86 TPA.

Continued, serious violation of duties of care under the law on therapeutic products

Allegation 2: Misleading the public

Lic. iur. Jürg Vollenweider
Former Senior Public Prosecutor

Allegation 2: Misleading the public

According to Art. 86 para. 1 lit. a TPA, any person is punished, who „**manufactures** […] medicinal products […] **contrary to the Duty of Care requirements stipulated in Articles 3, […]**"	Relevant penal provision
Duty of care according to Art. 3 TPA: "Any person handling therapeutic products must **take all measures** necessary according to the state of the art to **ensure that human or animal health is not endangered.** "	Relevant due diligence
Art. 1 TPA, purpose: "protect the consumers of therapeutic products against fraud".	Concretisation of the duty of care

Where there is a risk of misleading the public, Swissmedic must "immediately ensure that clarity is established by eliminating any risk of misleading the public through providing all necessary clarifications".
(Basler Kommentar HMG, Art. 3 N 65, Art. 32 N 35)

Misleading on the part of Swissmedic: Vaccine release for pregnant women

Human Medicines Expert Committee (HMEC) on 18.12.2020:

"At the moment there is little data in pregnant women, and preclinical studies [animal studies] have **found a possible risk in pregnancies."**

Swissmedic technical information as of December 2020:

"Animal studies do **not indicate direct or indirect adverse effects in** relation to pregnancy, embryonic/fetal development, birth or postnatal development."

Pfizer in the report of 07.01.2021 on DART study:

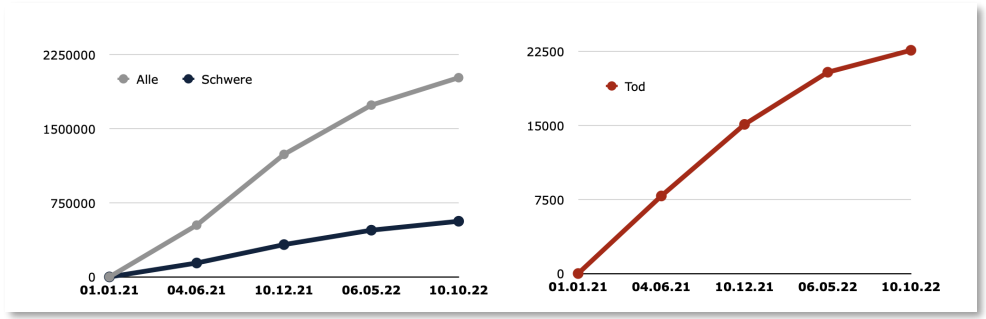
"It is noted that there is currently **no available data** on the placental transfer of BNT162b2."

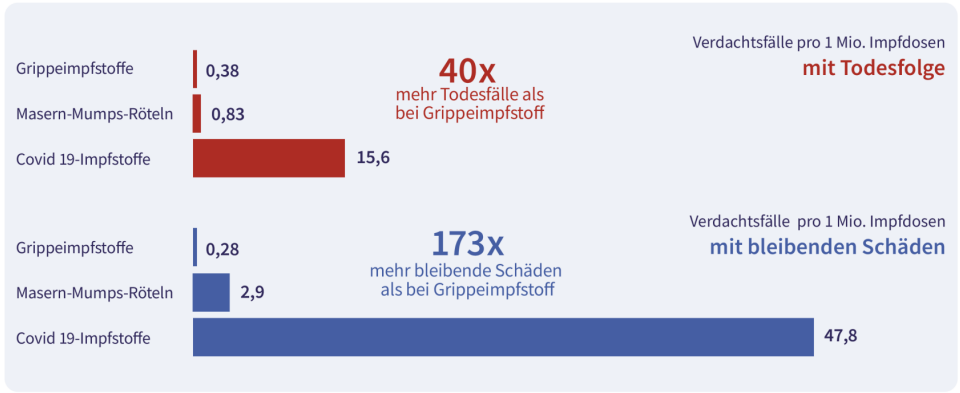
"**No vaccine-related effects on** female fertility, pregnancy or **embryo-fetal development** or on the development of the offspring have been observed."

Misleading on the part of Swissmedic: Are the COVID vaccines safe?

Over 20,000 reported deaths.

40 x more cases than with flu vaccination.





Answer Swissmedic:

⇓ 1. Sind die Covid-19 Impfstoffe sicher?

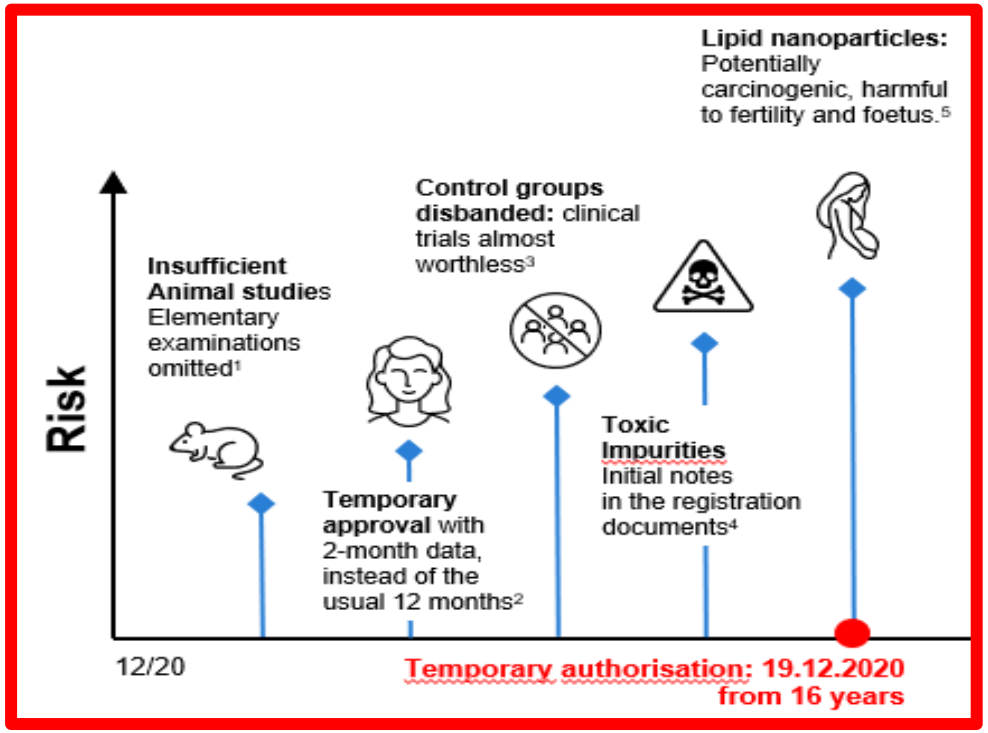
Die Impfstoffe gegen Covid-19 wurden bereits während ihrer Entwicklung gründlich getestet und anschliessend von Swissmedic-Expertinnen und -Experten sorgfältig überprüft. Nur Impfstoffe, die nachweislich sicher, wirksam und von hoher Qualität sind, werden in der Schweiz zugelassen. Bisher gibt es keine Hinweise auf bleibende negative Folgen für die Gesundheit.

"So far, there is no evidence of lasting negative health effects. "

Source:
https://www.swissmedic.ch/swissmedic/de/home/news/coronavirus-covid-19/faq-covid.html

Misleading on the part of Swissmedic: Full approval in the ordinary procedure?

Temporary authorisation according to Art. 9a HMG



Swissmedic media release dated 19.12.2020:

Context sidebar

Swissmedic erteilt Zulassung für den ersten Covid-19-Impfstoff in der Schweiz

Impfstoff von Pfizer/BioNTech nach sorgfältiger Abwägung von Nutzen und Risiken in der rollenden Begutachtung zugelassen

19.12.2020

Swissmedic hat den Impfstoff von Pfizer/BioNTech zugelassen. Gemäss den vom Schweizerischen Heilmittelinstitut ausgewerteten Daten liegt der Impfschutz sieben Tage nach der zweiten Impfung bei über 90 Prozent. Es handelt sich um die weltweit erste Zulassung in einem ordentlichen Verfahren.

"This is **the world's first full approval in an ordinary procedure".**

Source: https://www.swissmedic.ch/swissmedic/de/home/news/coronavirus-covid-19/covid-19-impfstoff_erstzulassung.html

Allegation 2:
Misleading of the public

According to Art. 86 para. 1 lit. a TPA, any person is punished, who „**manufactures** […] medicinal products […] **contrary to the Duty of care requirements stipulated in Articles 3, […]**"

Duty of care according to Art. 3 TPA:
"Any person handling therapeutic products must **take all measures** necessary according to the state of the art to **ensure that human or animal health is not endangered.** "

Art. 1 TPA, purpose: "protect the consumers of therapeutic products against fraud".

Allegation:
The persons acting on behalf of Swissmedic are liable to prosecution under Art. 86 TPA.

Continued, serious violation of duties of care under the law on therapeutic products

Swissmedic conceals key warnings and informs the public in a misleading manner.

Allegation 3: Poor pharmacovigilance

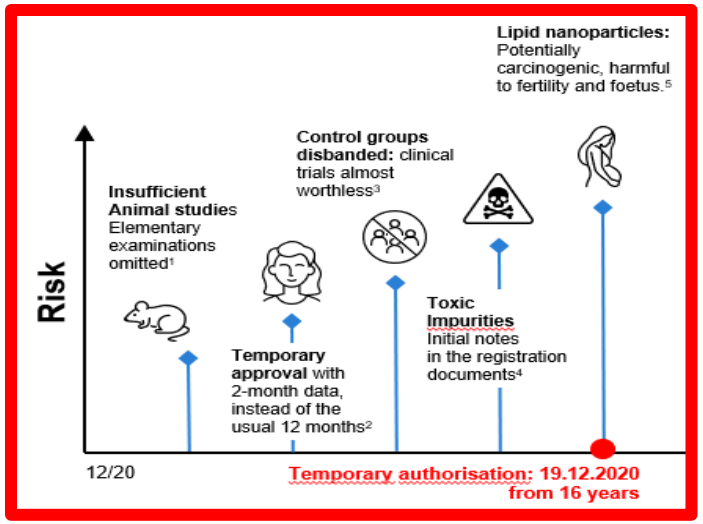
Dr. iur. Markus Zollinger
Attorney at Law (CH)

Allegation 3: Inadequate market surveillance (pharmacovigilance)

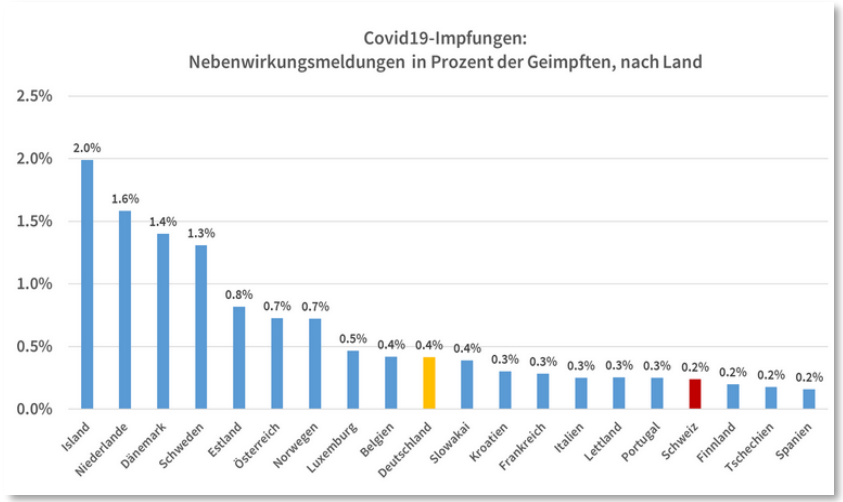
According to Art. 87 para. 1 lit. c TPA, any person is punished, who "**violates an obligation under this Act to report,** register or disclose." In the event of a health hazard: Art. 86 para. 1 lit. a HMG.	Relevant penal provision
Art. 59 para. 1 HMG **(and Duty of care Art. 3 TPA)** "Any person manufacturing or distributing ready-to-use therapeutic products must put in place a reporting system."	Relevant due diligence
Art. 58 para. 3 TPA "The Agency is in charge of monitoring the safety of therapeutic products. To this effect, it shall in particular collect the [adverse reaction reports], evaluate them, and take the necessary administrative measures."	Concretisation of the duty of care

Allegation 3:
Poor market surveillance: Initial situation

Massive increase in risk due to temporary authorisation according to Art. 9a TPA



Massive under-reporting of side effects in Switzerland



Allegation 3:
Poor market surveillance: Duty to act

Risk-increasing initial situation

Duty to minimise risk

Regular, systematic, prospective search for potential hazards

Swissmedic limits itself to **completely inadequate passive reporting system**

Leads to: Health hazard

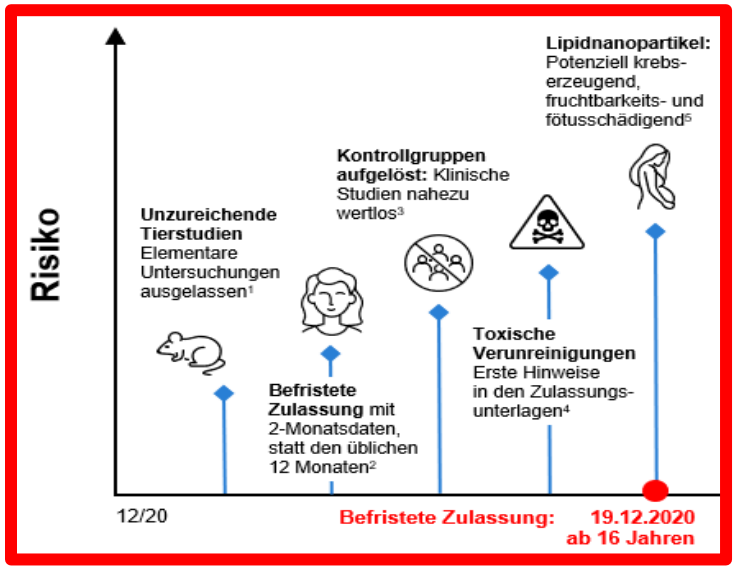
Allegation:
The persons acting on behalf of Swissmedic are liable to prosecution under Art. 87 para. 1 lit. c TPA and also Art. 86 para. 1 lit. a TPA.

Assessment and Demands

MLaw Philipp Kruse, LL.M.
Attorney at Law (CH)

Criminal law conclusion

- Swissmedic grants authorisation for a vaccine that is neither necessary, nor effective, nor safe.
- Swissmedic maintains a completely inadequate reporting system.
- Swissmedic conceals key warnings and informs the public in a misleading manner (deception).



<u>Allegation:</u> The persons acting on behalf of Swissmedic are liable to prosecution under Art. 86 f. TPA are liable to prosecution. The presumption of innocence applies.

Consequences

- State institutions (FOPH; EKIF) and private actors (doctors; media) adopt Swissmedic's misinformation.
- The multiplier effect leads to concentrated disinformation of the population, makes a correct benefit/risk analysis for individual cases impossible, and ultimately leads to unnecessary damage to health on a large scale.
- Victims are not taken seriously with their suffering, are mis-treated and left on their own to help themselves. Remedies are provided, for example, by the "Verein Post-Vakzin-Syndrom Schweiz" (www.postvac.ch) or the film project "Unerwünscht" (unerwuenscht.ch).
- The true causes of the increasing health problems are being disguised.
- Private and public health costs are piling up.

Demands

- Opening of criminal proceedings.
- Suspension of the temporary mRNA approvals until the signals are clarified.
- Transparent and correct information of the population.
- Effective reporting system to record actual vaccination harms.
- Maximum support must now be given to the deceived victims.
- **We all have it in our hands today to prevent further damage. This is a task for the whole of society.**
- **With today's knowledge, we can do better.**
- **Let us no longer be misled!**

Question and answers

Individual interviews