

Exhibit 249

Will Swiss court action over vaccine injuries turn the worldwide tide?

<https://www.2ndsmartestguyintheworld.com/p/will-swiss-court-action-over-vaccine>

Powerpoint of Evidence and other Resources

<https://coronacomplaint.ch/media/>

Will Swiss court action over vaccine injuries turn the worldwide tide?



2nd Smartest Guy in the World 

8 hr ago

 89

 45



by [Janice Davis](#)



CRIMINAL charges have been filed against the Swiss drugs authority on behalf of six people allegedly injured by the Covid vaccination. A team of lawyers and scientists have compiled a comprehensive evidence report and have made publicly available around 1,200 items of evidence, arguing that Swissmedic has created a risk to public health [which significantly exceeds that of SARS-CoV-2](#).

They assert that the authority approved the new gene therapeutics, although the minimum standards required by law were never met, citing a lack of evidence as to the effectiveness of the vaccines, the failure to minimise the risks associated with that approval, and failing to protect the health of consumers. As a result, it is alleged, the public was misled by incomplete and untrue information about the actual benefit-risk ratio of the so-called vaccination.



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, 2022, but the authorities have not
press conference on November 14, four

gen Swissmedic

They pointed out that these mRNA preparations are not in fact vaccines, that they had neither positively influenced the course of the pandemic nor prevented deaths, and that over time, more and more groups have received warning signals, which Swissmedic ignored. The lawyers demand that the approval of all mRNA 'vaccines' be suspended, and criminal proceedings be opened against those responsible at Swissmedic. The first Cantonal proceedings against vaccinating doctors have already been opened.

Swiss media has reported widely, although in brief, on this criminal complaint. The topic of vaccination side effects is also increasingly addressed in the public service SRF – [yesterday's news](#) reported that 38 per cent of side effects are classed as 'serious'. In addition to myocarditis, other adverse reactions such as viral reactivation and the possibility of serious complications were identified.

Swissmedic is the Swiss surveillance authority for medicines and medical devices, analogous to the UK's Medicines and Healthcare products Regulatory Agency



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approval before being brought to the Swiss market, and is only available only if their quality, safety and efficacy are approved.

16,212 reports were made to the agency of the Swiss Federal Office of Public Health in Switzerland. On evaluation, the agency found that the risk-benefit ratio remained. [The 38 per cent serious adverse events](#) analyses, several negative features were identified, such as side effects from bivalent vaccines, and various factors that might indicate that these were sufficient to alter the

For 2021 households in Switzerland received information, including asking all residents to come forward for their

Covid-19 jabs. Within the text were included such reassurances as ‘the Covid-19 vaccine is very effective and prevents serious complications and deaths’ and ‘serious adverse effects are very rare. The vaccination is safe’. And to settle the matter in citizens’ minds, there appeared the clincher: ‘Serious complications and suffering from the illness are much more common than serious side effects from the vaccine’. Two A3 sides of 100 per cent certainties.

This confidence is shattered by the chart included in the legal depositions submitted by the Swiss lawyers Kruse Law to the courts, detailing on a specified time-line the emergence of risk factors in relation to the ‘vaccines’ since December 2020. (Factors identified translated from the German below.)



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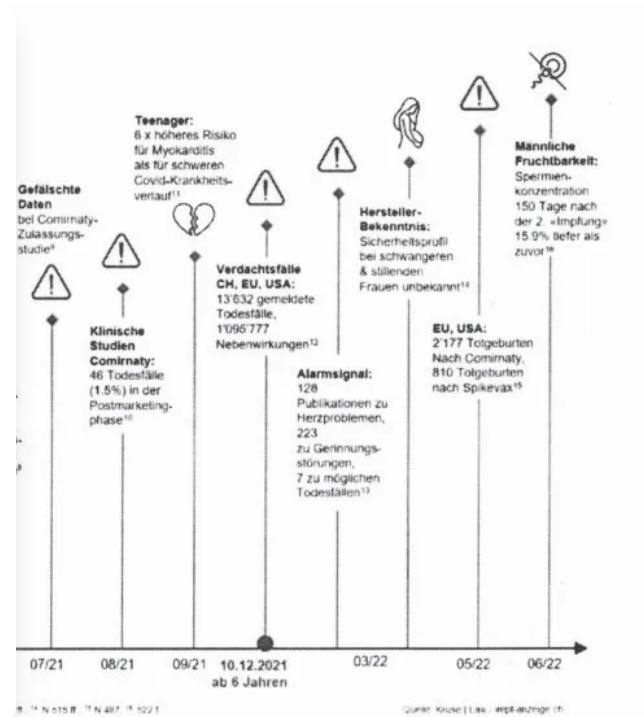
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Source: [Vikendi](#)

(NB: Comirnaty, Spikevax = Swiss vaccine brands)

The 16 factors identified are as follows:

1. Inadequate animal studies, elementary research omitted.
2. Temporary authorisation, two weeks as opposed to the usual 12 weeks.
3. Control group dismissed, clinical studies virtually worthless.
4. Toxic pollution, first indications thereof in authorisation papers.
5. Lipid nano-particles, potentially carcinogenic, damaging to fertility, foetus.
6. Delayed effects, indications of potential neurological and autoimmune illnesses.
7. Suspected Comirnaty cases – 42,086 side effects, 1,200 deaths.
8. Authorisation studies, missing proof of effectiveness in young people.



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orisation study.

(1.5 per cent) in post-marketing phase.

rditis than of suffering serious case of

A: 13,632 deaths; 1,095,777 side effects.

health problems; 223 showing clotting

regnant and breast-feeding women not

15. EU, USA: 2,177 stillbirths from Comirnaty; 810 stillbirths from Spikevax.

16. Male fertility, sperm count 150 days after second jab 15.9 per cent lower than before.

So much for the positive benefit-risk ratio!

Elsewhere in the world, health authorities have continued to promote nationwide vaccination programmes, advertising additional booster shots even now. They do so confident in the knowledge that it was made clear that people couldn't sue the drug companies [for any unintended consequences arising from Covid jabs](#). At the moment, the only legal activity in this area [appears to be the drug companies squabbling amongst themselves over patent violations](#). Hopefully, this action in Zürich will prove to be a game-changer.

Do NOT comply.

45 Comments

Criminal complaint against Swissmedic

Media conference

14 November 2022 - Hyatt Regency, Zurich Airport

Host:
KRUSE | LAW, Talstrasse 20, 8001 Zurich

14.11.22

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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 Pharmacology/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. **JÜRIG 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

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PHILIPP KRUSE
ATTORNEY AT LAW, LL.M.

MARKUS ZOLLINGER
ATTORNEY AT LAW, DR. JUR.

14.11.22

K R U S E | L A W

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 Büllach 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:

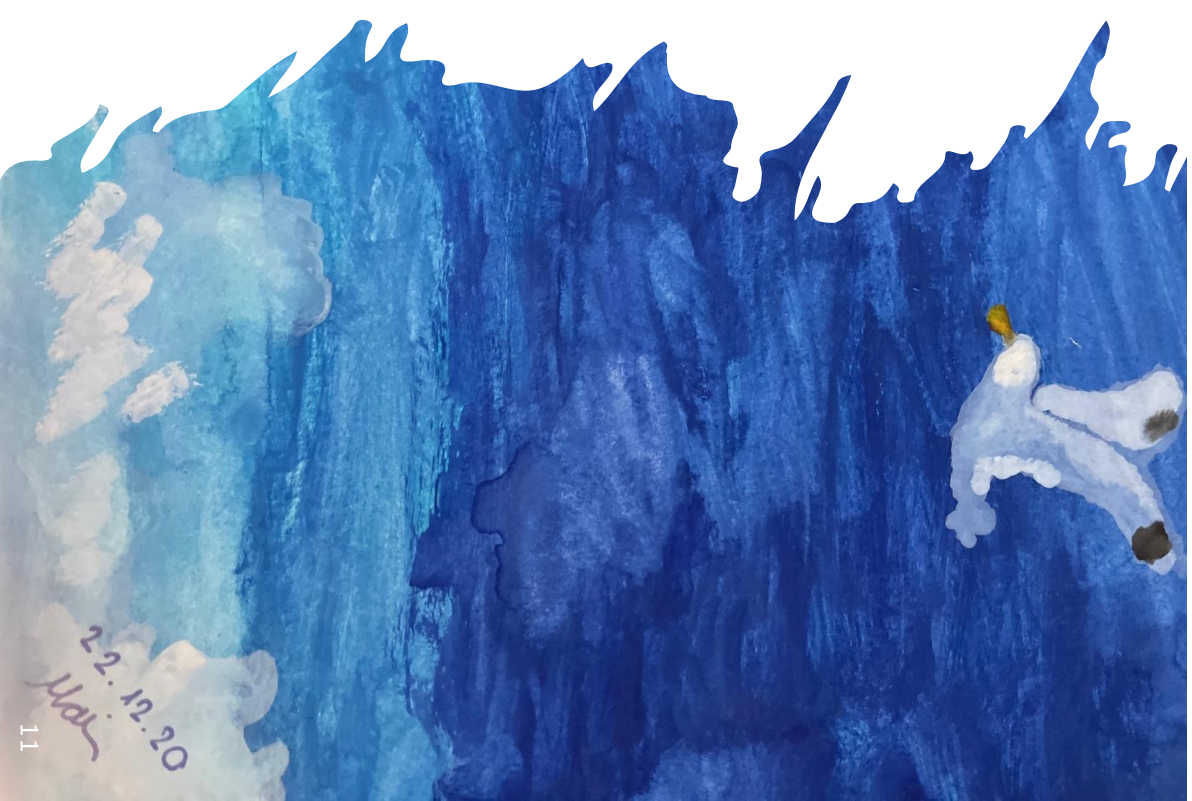
- 07.05.2021 Moderna
- 04.06.2021 Moderna
- 06.12.2021 Moderna

Complaints:

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

Diagnoses:

- **Polyarthritits**, 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 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

A stylized graphic in the bottom right corner of the slide. It features a dark grey hand holding a syringe, rendered in a simplified, geometric style. The hand is positioned as if about to inject, with the needle pointing towards the top right. The background behind the hand is a lighter grey circular shape.

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)

Incomplete studies
based on data from **a few months.**

Massively accelerated approval procedure (**140 days**).

Authorization based on **forecasts.**

Lowest standards for proof of quality, safety and efficacy of medicinal products.

Hinweis: Für detaillierten Vergleich siehe Strafanzeige N 630.

Ordinary approval (9 TPA)

Complete studies on animals and humans
over **several years.**

Ordinary approval procedure takes **330 days.**

Approval is based on existing **facts.**

Highest standards for proof of quality, safety and efficacy of medicinal products.

Requirements for Approval

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

EU: "conditional" authorisation EC Regulation No. 507/2006

Threat to public health

Benefit-risk ratio of the medicinal product is positive

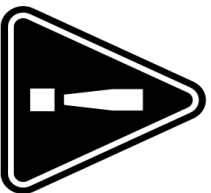
Benefit for public health outweighs the danger due to still missing data

Medical care gap can be closed

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

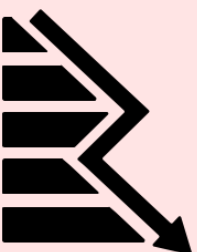
Legal test scheme (rough)

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
compatible with the protection of health	Benefit-risk ratio of the medicinal product is positive
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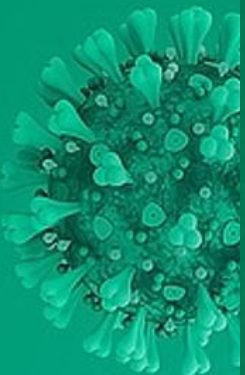
mRNA vaccines against COVID: The initial situation

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 mutagenicity¹ and carcinogenicity² were completely ignored.

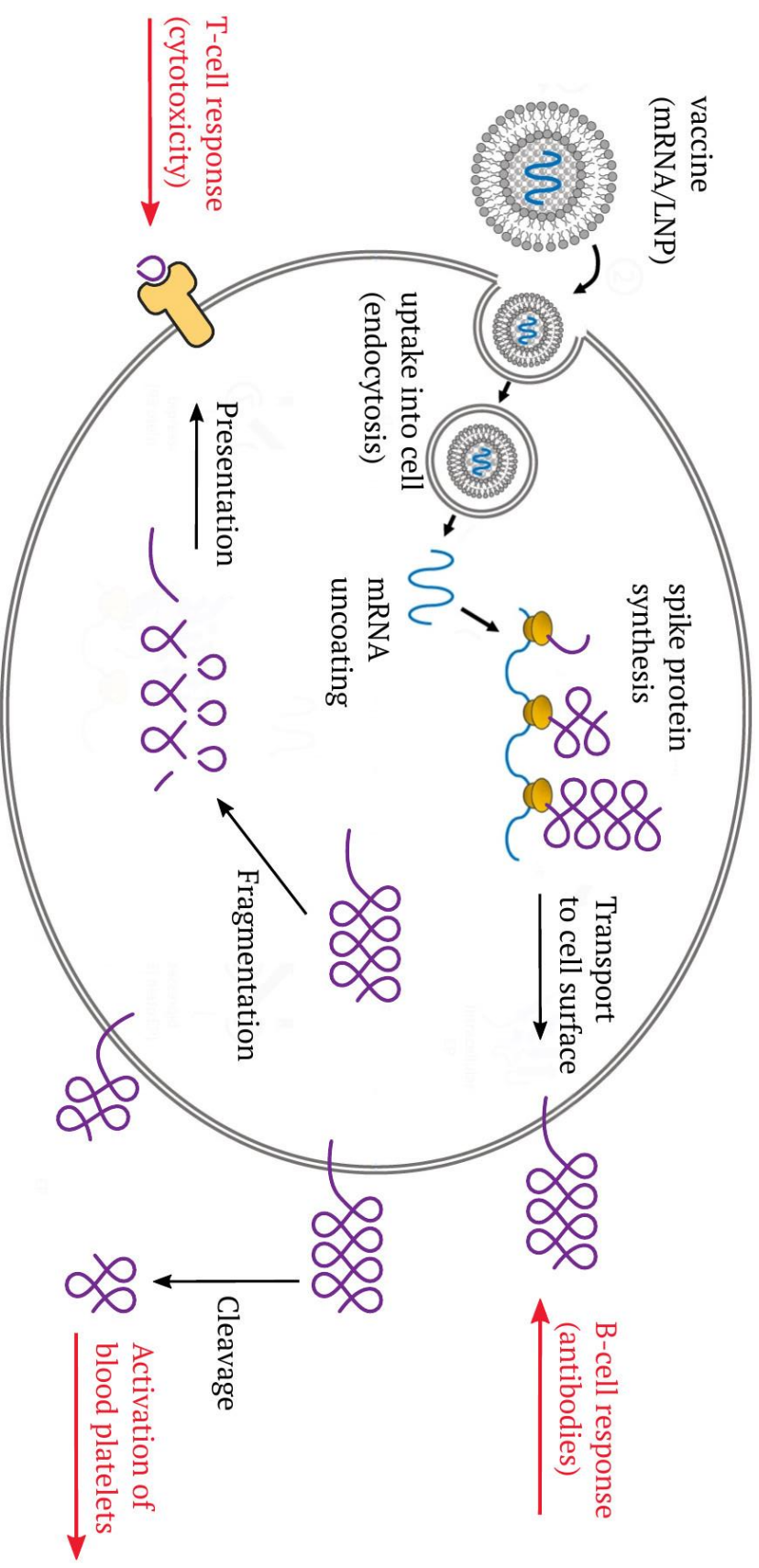
During the clinical trials, the study participants were only observed for a few months on average - this is far too short a time to assess long-term risks (and also long-term efficacy).



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



Main features of the mRNA vaccine technology

The vaccine particles contain only lipids - as lipid nanoparticles (LNP)*, which are toxic¹ - 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

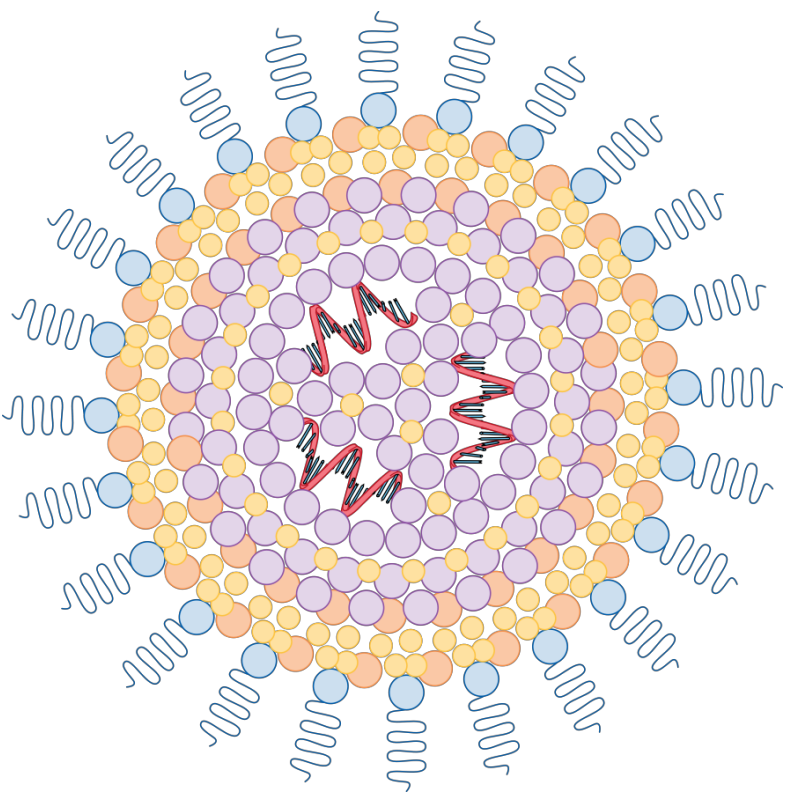
Even after intramuscular injection, the vaccine spreads throughout the body and can thus trigger systemic side effects

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

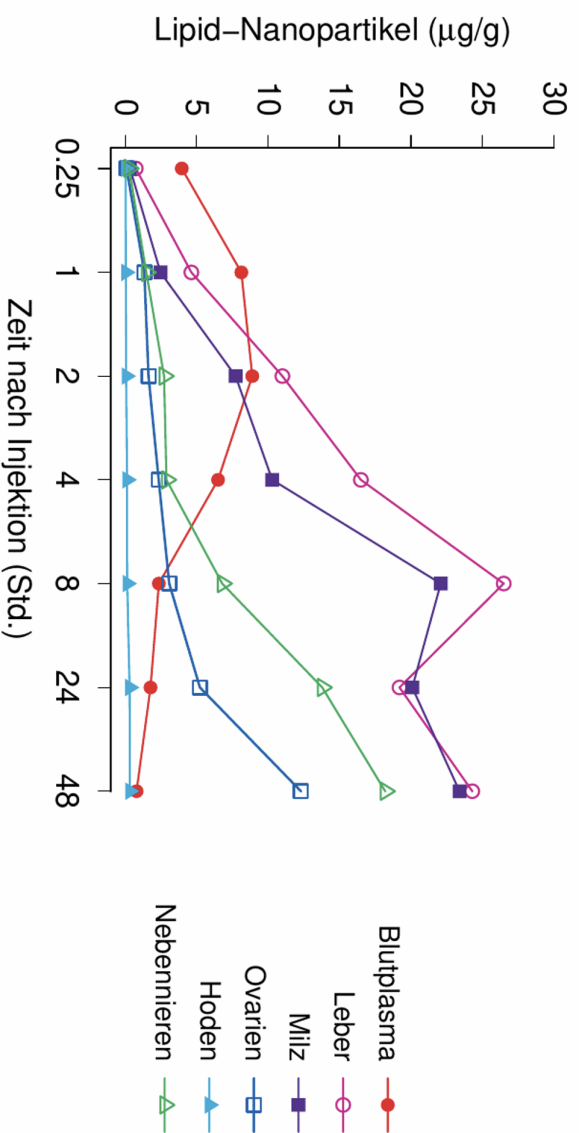
Blood clots form in the damaged blood vessels

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

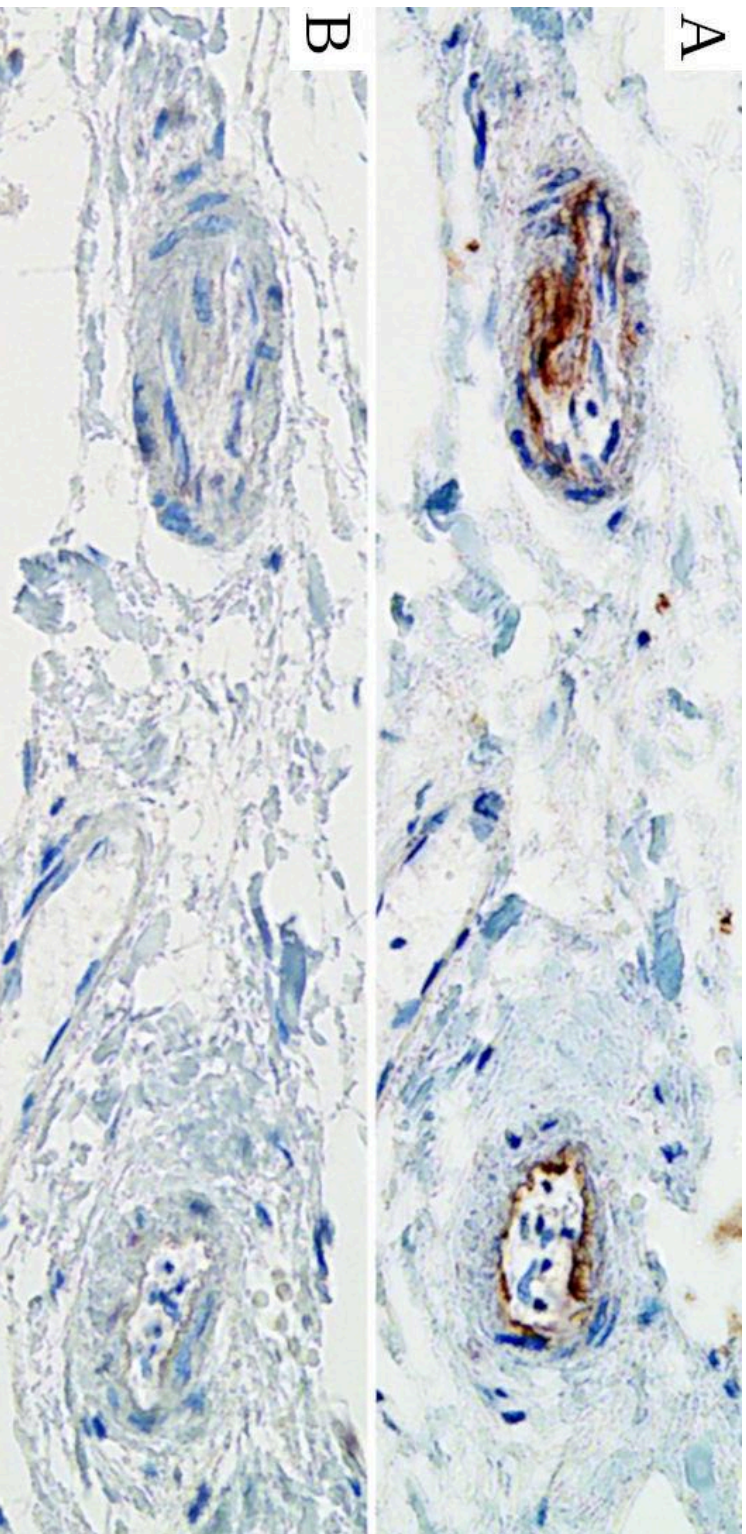


Accumulation of LNP in liver, spleen, ovaries, etc.

Transfer into breast milk documented

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

Vaccine-induced expression of spike protein in the wall of small blood vessels in the heart¹

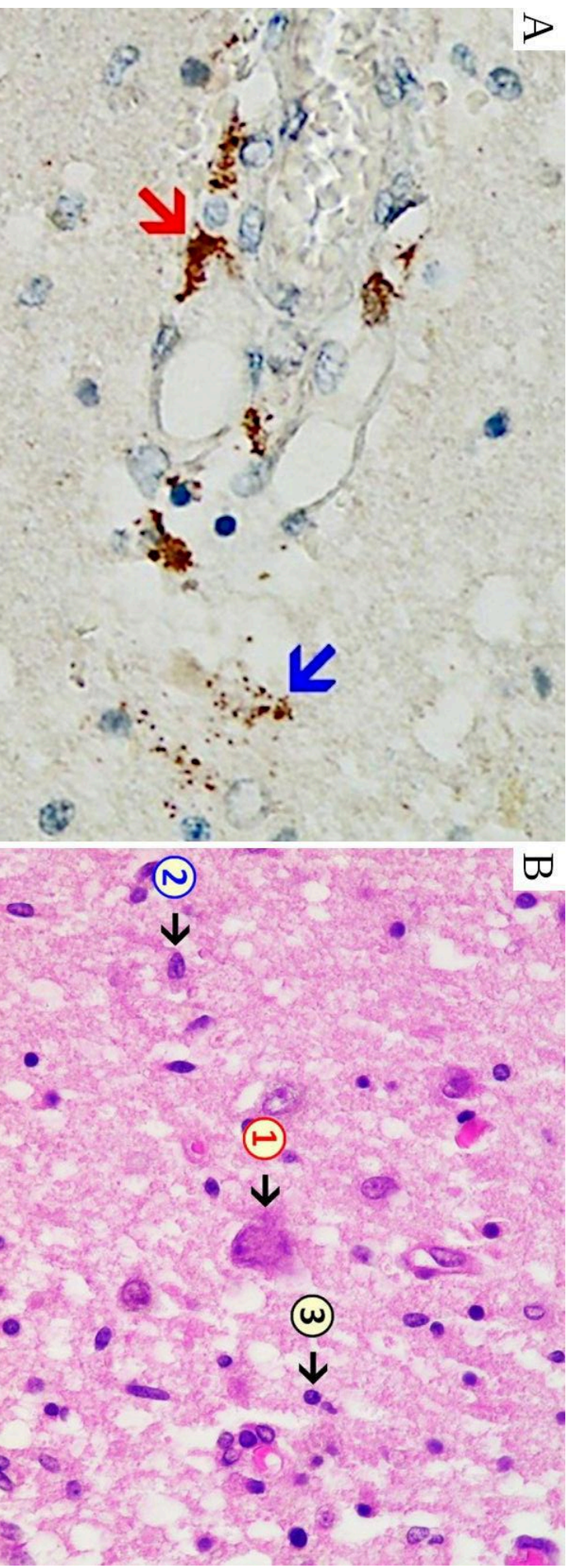


Spike protein +

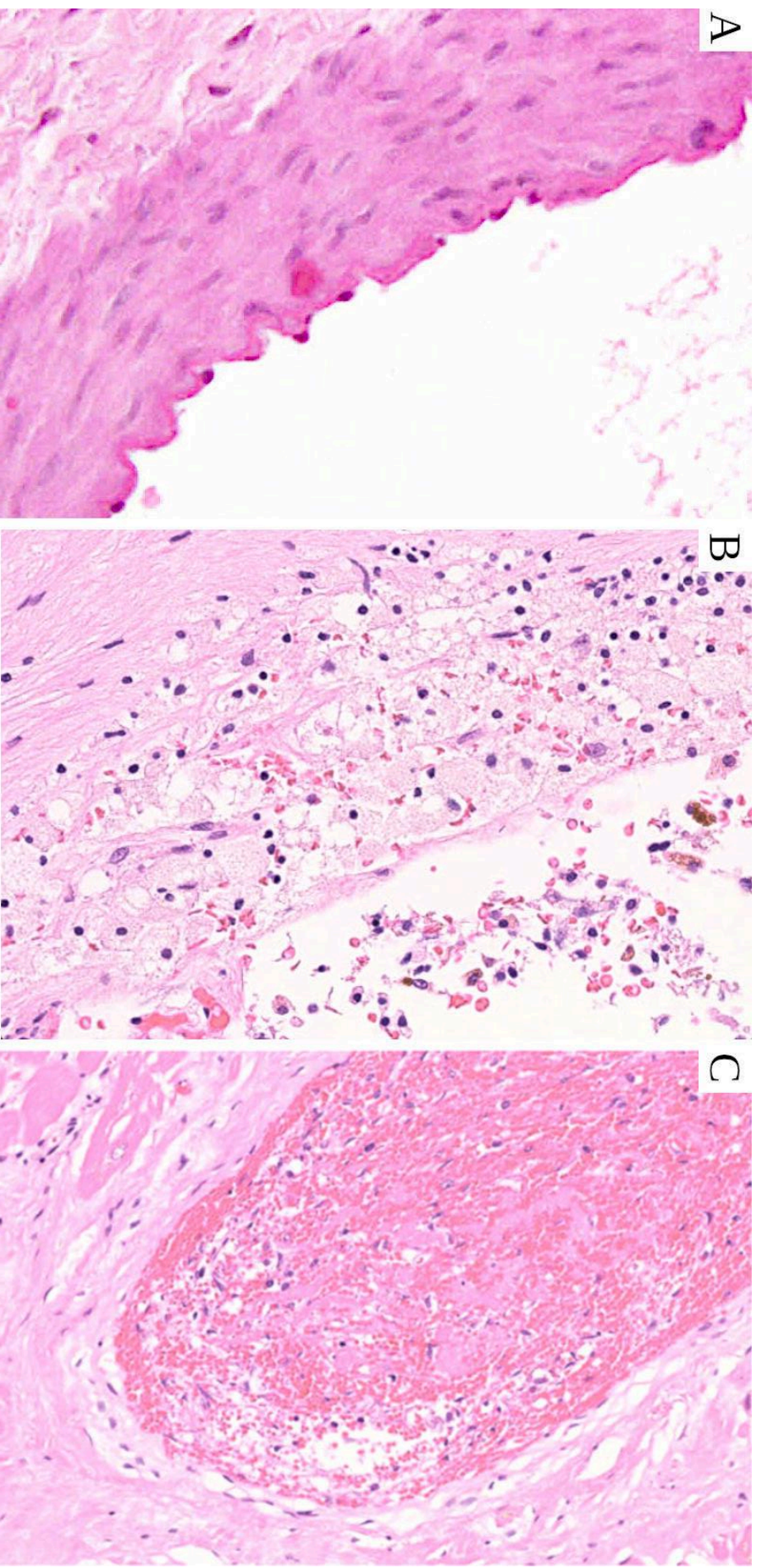
Nucleocapsid -

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

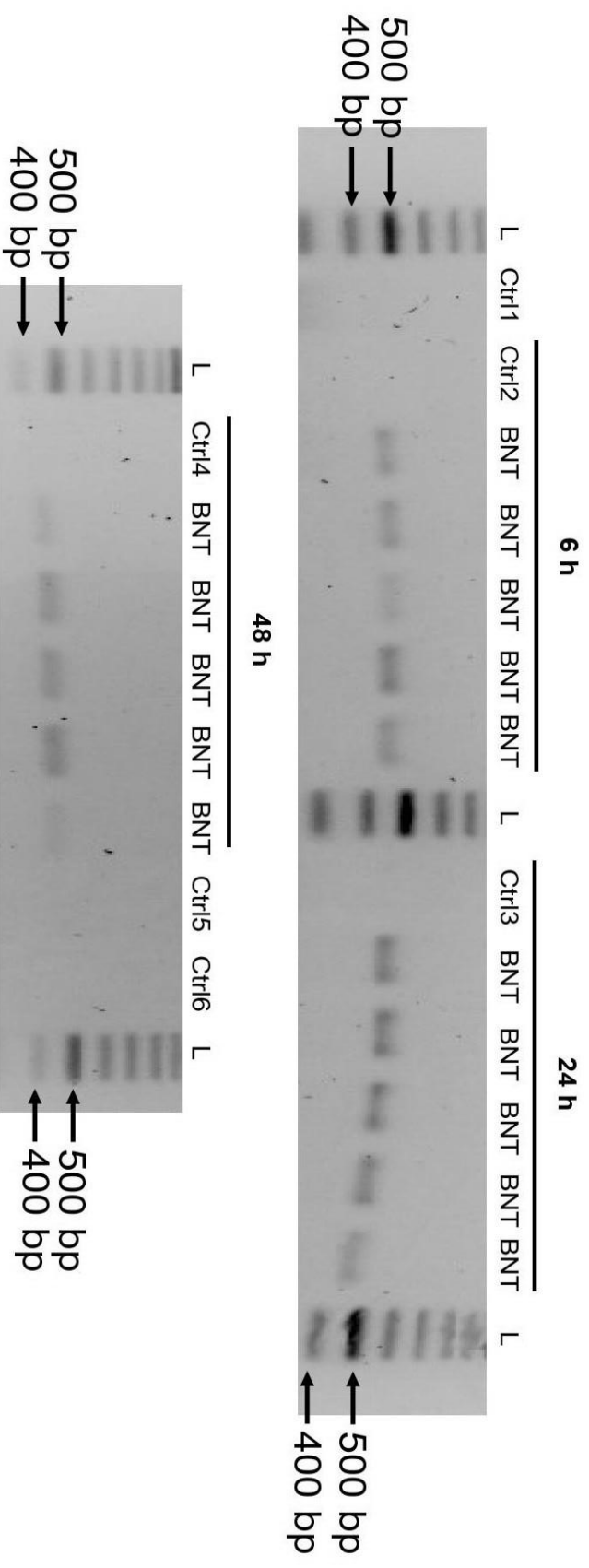
Expression of spike protein in the brain, with subsequent necrotising encephalitis.¹



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



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
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

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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.*

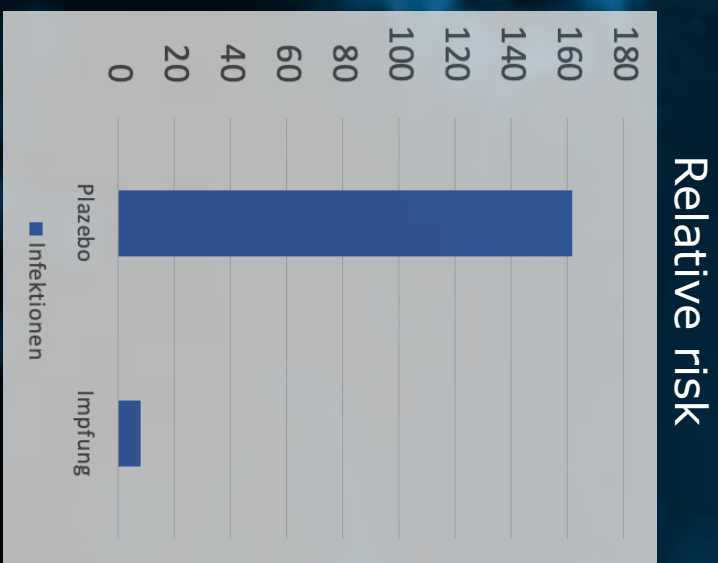
Efficacy End Point	BNT162b2		Placebo		Vaccine Efficacy, % (95% Credible Interval)‡	Posterior Probability (Vaccine Efficacy >30%)§
	No. of Cases	Surveillance Time (n)†	No. of Cases	Surveillance Time (n)†		
Covid-19 occurrence at least 7 days after the second dose in participants with- out evidence of infection	8 (N=18,198)	2.214 (1,7411)	162 (N=18,325)	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

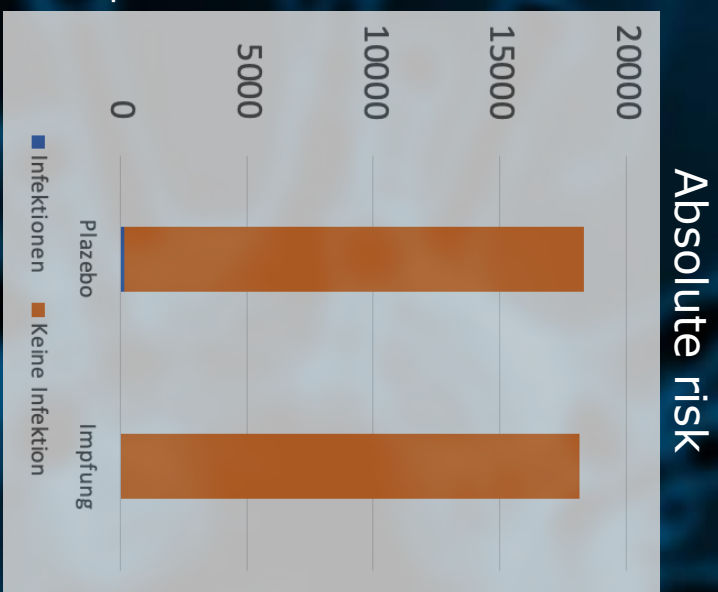
True efficacy: absolute versus relative risk reduction

Infected



Relative risk reduction = **95%**

Participant



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 studies¹ 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

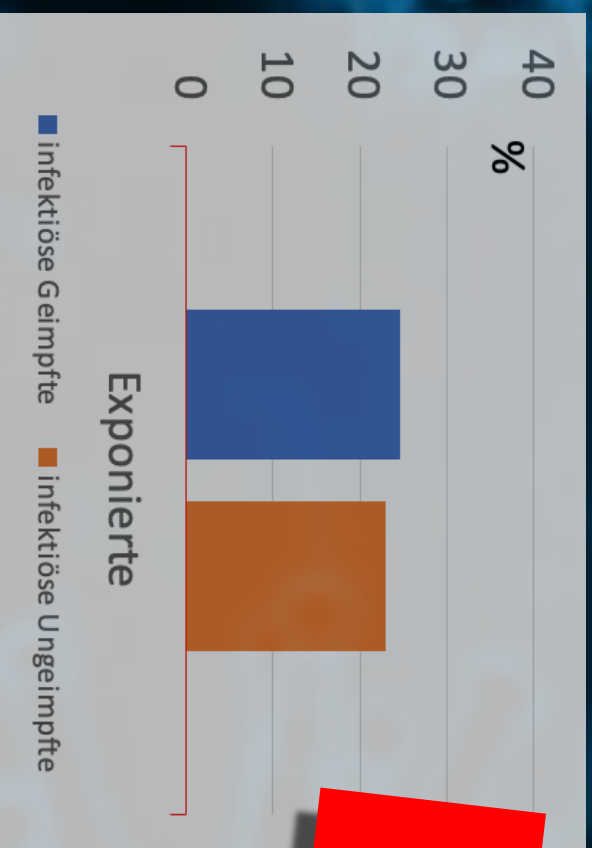
Current data show that COVID vaccination is associated with an increase in COVID cases, deaths and all-cause mortality ²

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)

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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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



PROF. DR. DR.

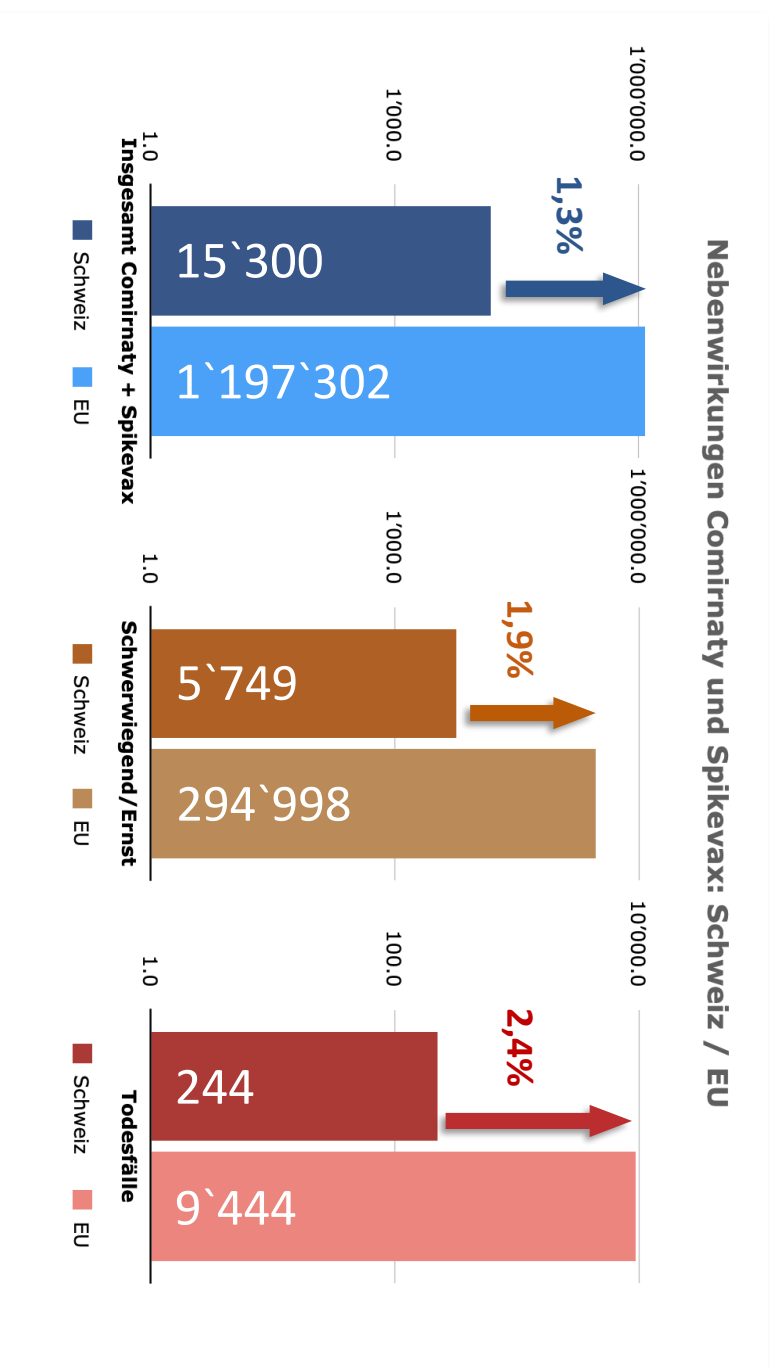
MARTIN HADITSCH

SPECIALIST IN HYGIENE AND MICROBIOLOGY (A)

14.11.22

50

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%

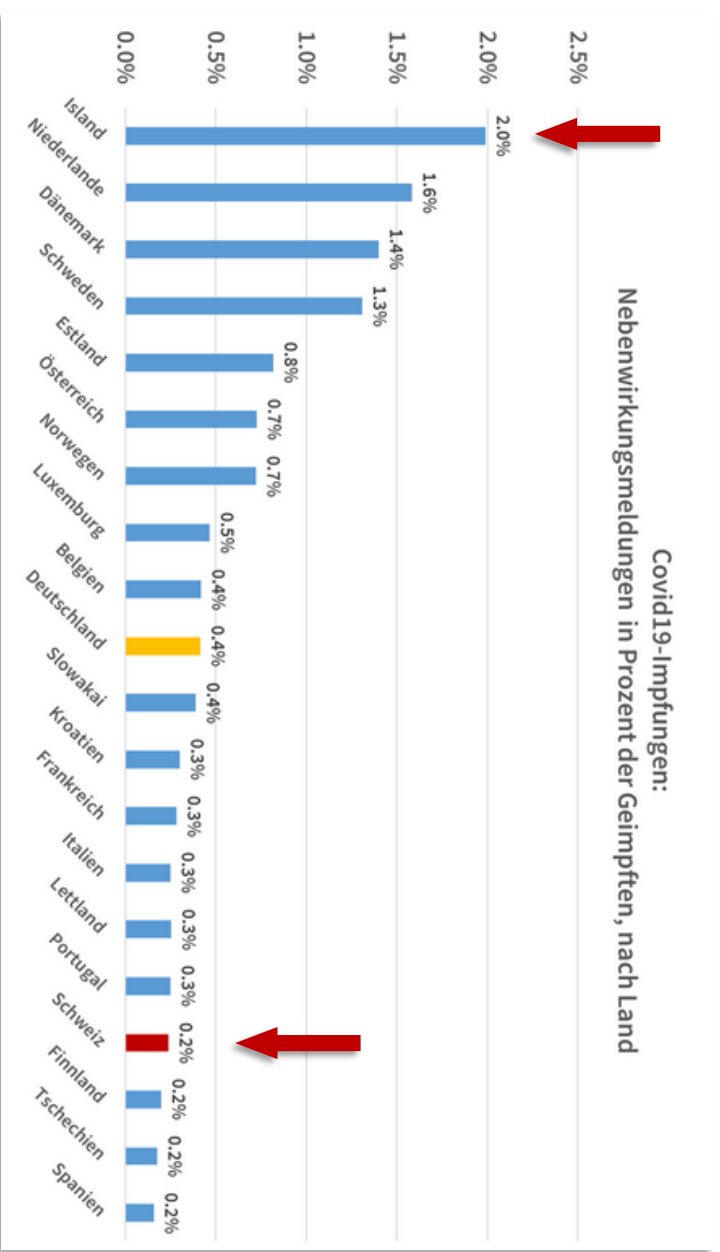
Reporting data Switzerland
≈
Reporting data EU average

Low reporting rates / Poor pharmacovigilance

USA
Less than 3% of side effects are reported

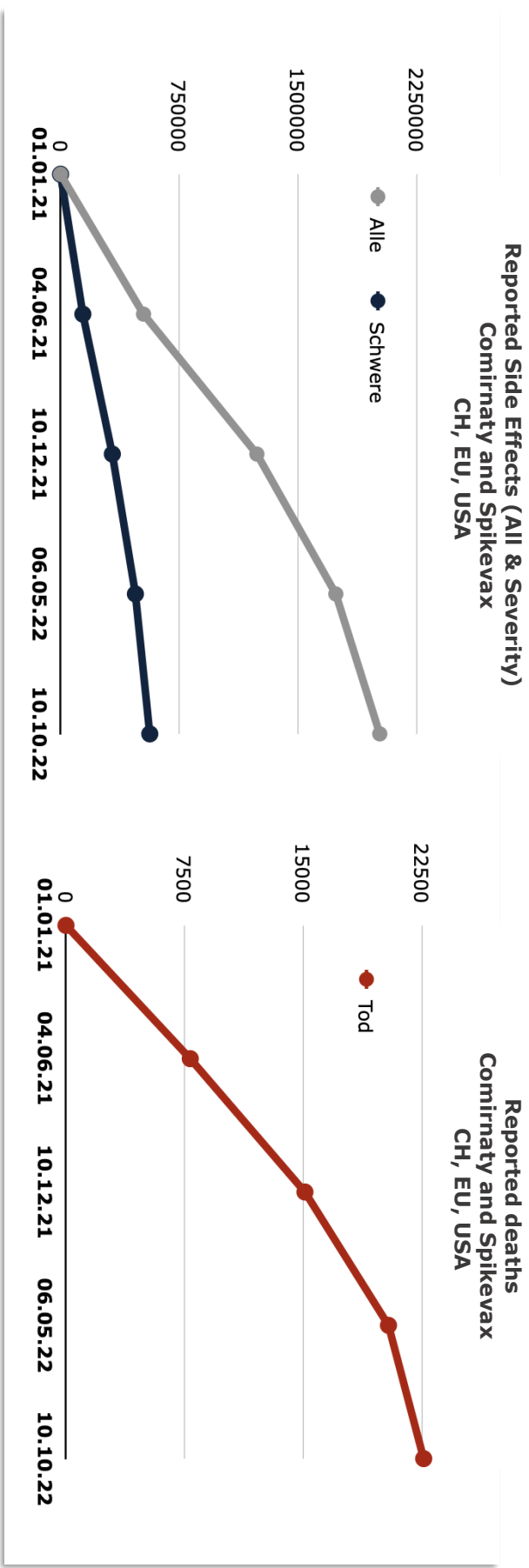
EU
Only 20% of all adverse reactions are reported

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

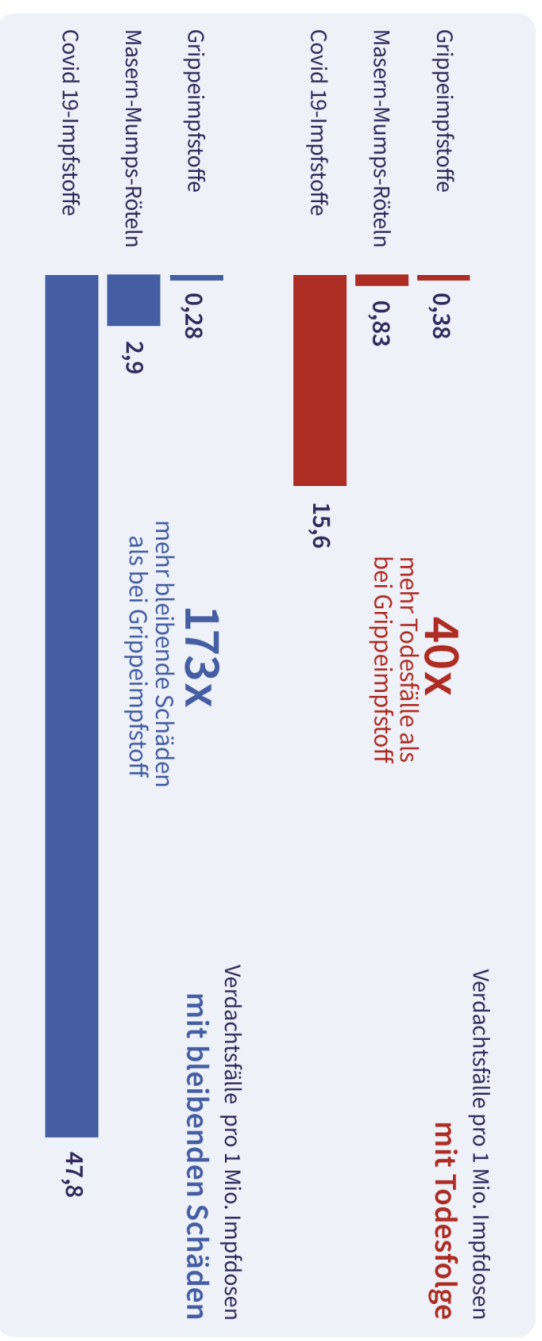
14.11.22

Comparison of COVID-19 vs. influenza vaccines

Data basis:
Germany

Similar 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

Renz Whistleblowers DMED DATA Reveals Incredibly Disturbing Spikes in Vaccine Injuries Across the Board

- 279% SPIKE in Miscarriages
- 487% SPIKE in Breast Cancer
- 1048% SPIKE in the Nervous System
- 155% SPIKE in Birth Defects
- 350% SPIKE in Male Infertility
- 369% SPIKE in Testicular Cancer
- 2181% SPIKE in Hypertension
- 664% SPIKE in Malignant Neoplasms
- 680% SPIKE in Multiple Sclerosis
- 551% SPIKE in Guillain-Barre Syndrome
- 468% SPIKE in Pulmonary Embolism
- 302% SPIKE in Tachycardia
- 452% SPIKE in Migraines
- 471% SPIKE in Female Infertility
- 437% SPIKE in Ovarian Dysfunction
- 269% SPIKE in Myocardial Infarction
- 291% SPIKE in Bell's palsy
- 467% SPIKE in Pulmonary Embolism

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/Uhr-Research/Voruebergehende-milde-Herzmuskelszellschaeden-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	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/bereichs/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

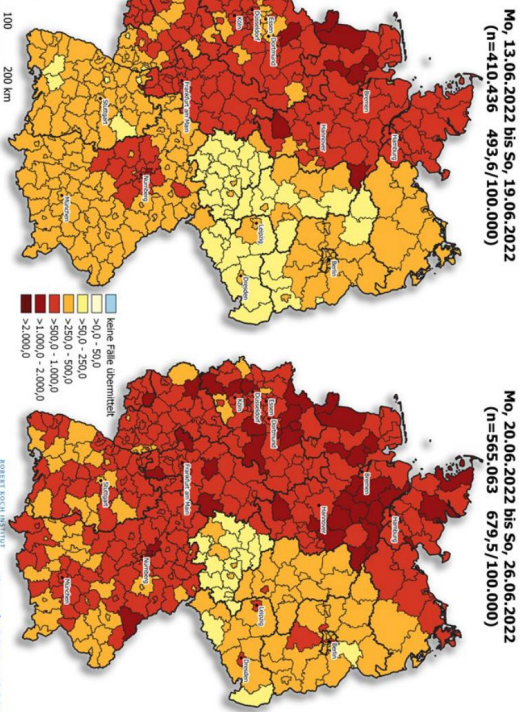
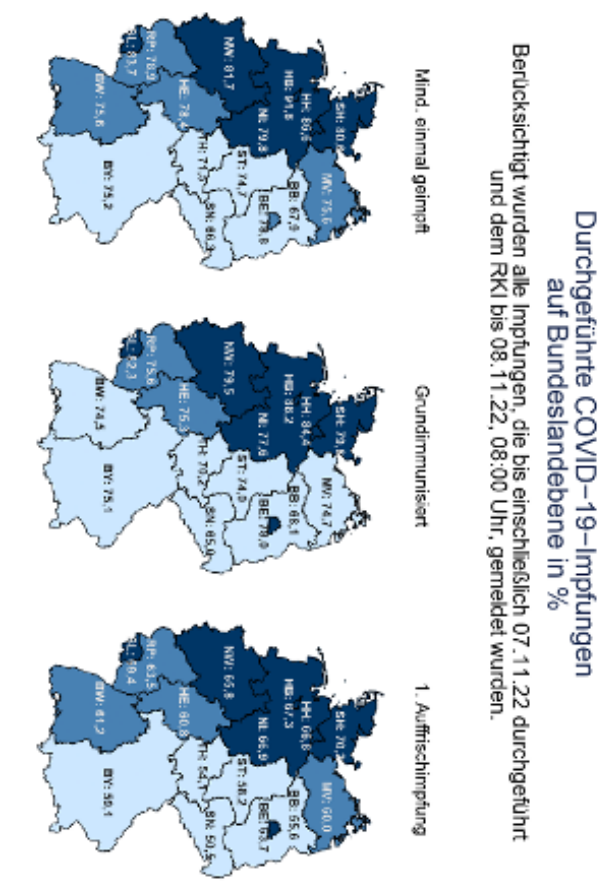


Abbildung 3: An das RKI übermittelte COVID-19-Fälle mit einem Meldedatum innerhalb der letzten Kalenderwoche in Deutschland nach Kreis und Bundesland (n = 565.063, Datenstand 29.06.2022, 00:00 Uhr) im Vergleich zur Vorwoche. Die Fälle werden in der Regel nach dem Kreis ausgewiesen, aus dem sie übermittelt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



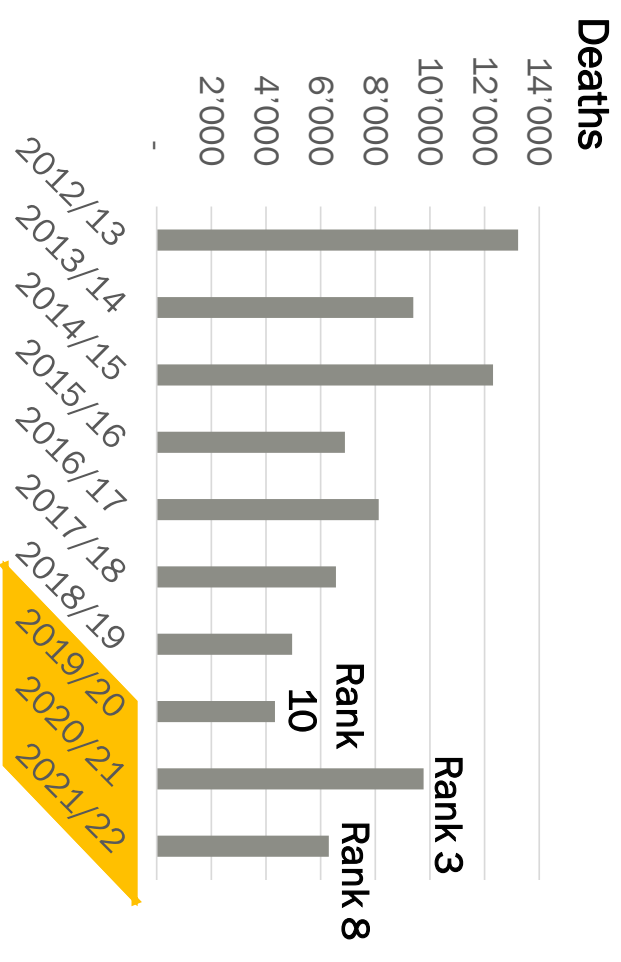
CH: "temporary" authorisation Art. 9a TPA & Art. 18 VAZV	EU: "conditional" authorisation EC Regulation No. 507/2006
life-threatening or debilitating diseases	Threat to public health
compatible with the protection of health	Benefit-risk ratio of the medicinal product is positive
major therapeutic benefit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

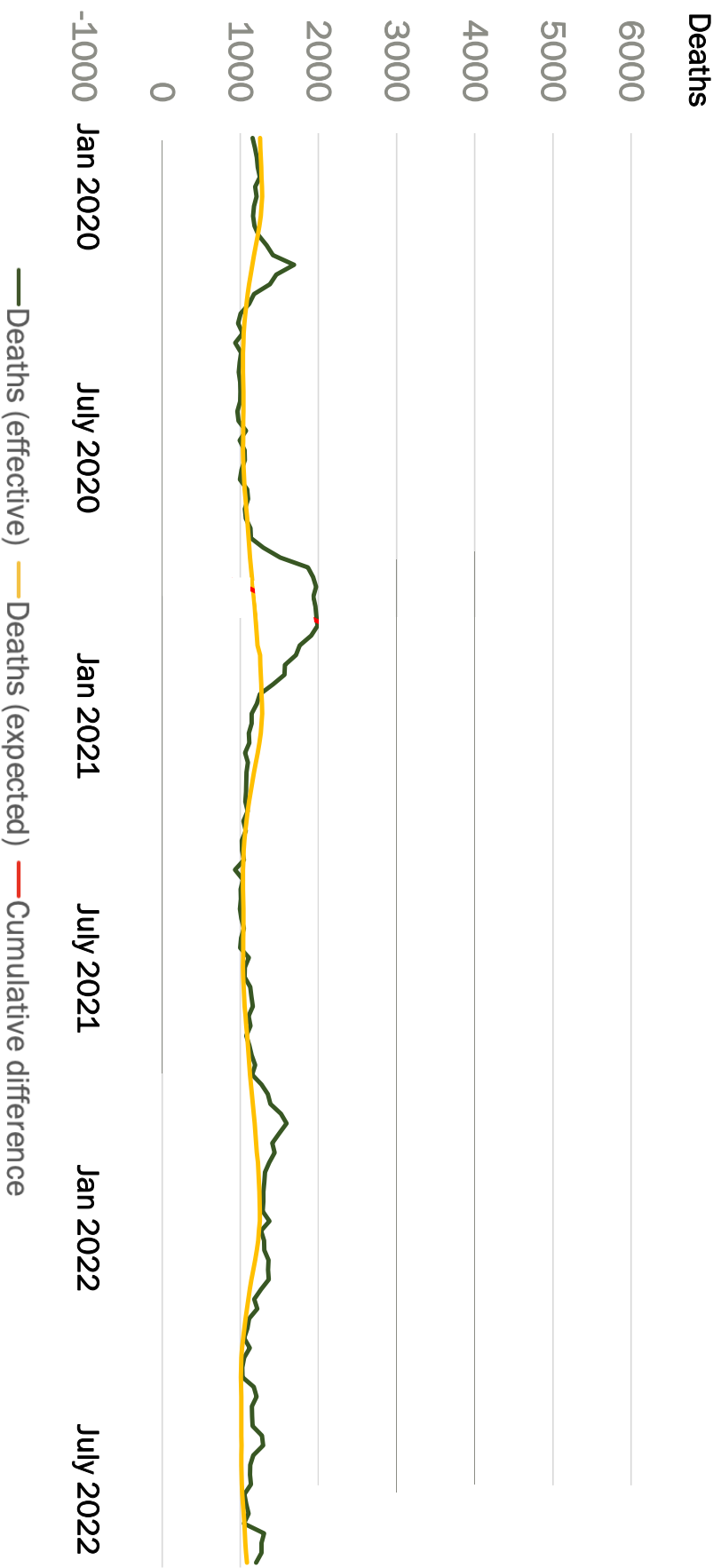
No historical excess mortality

- 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+

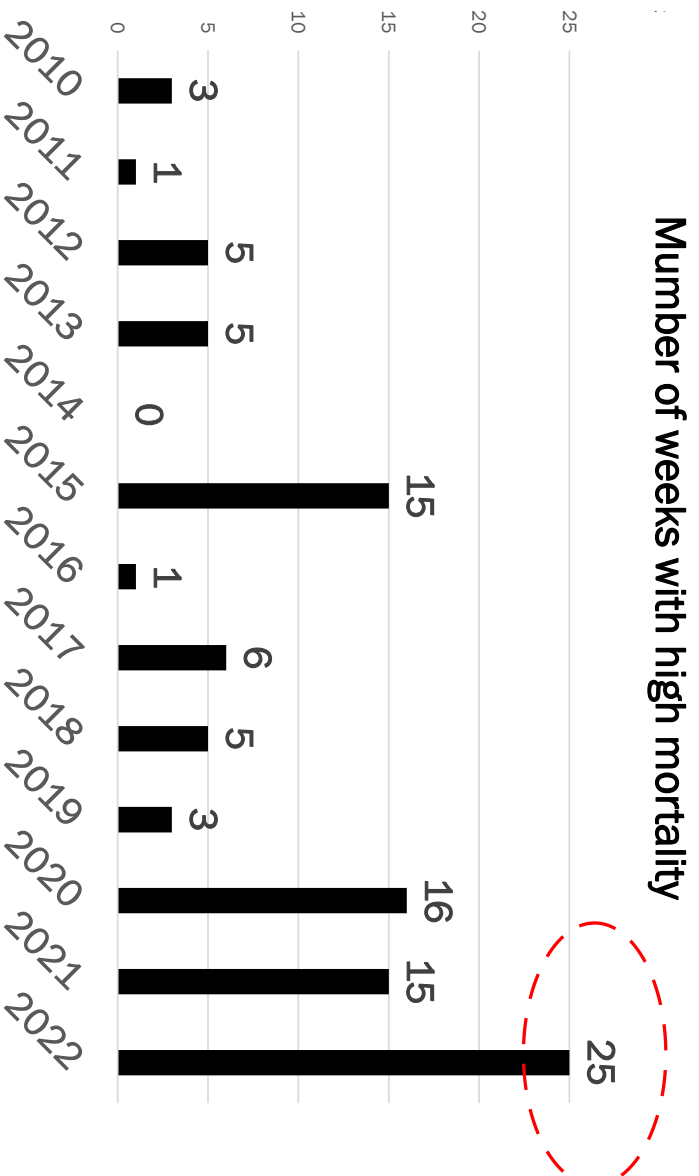


23.11.2022

Death waves at age 65+

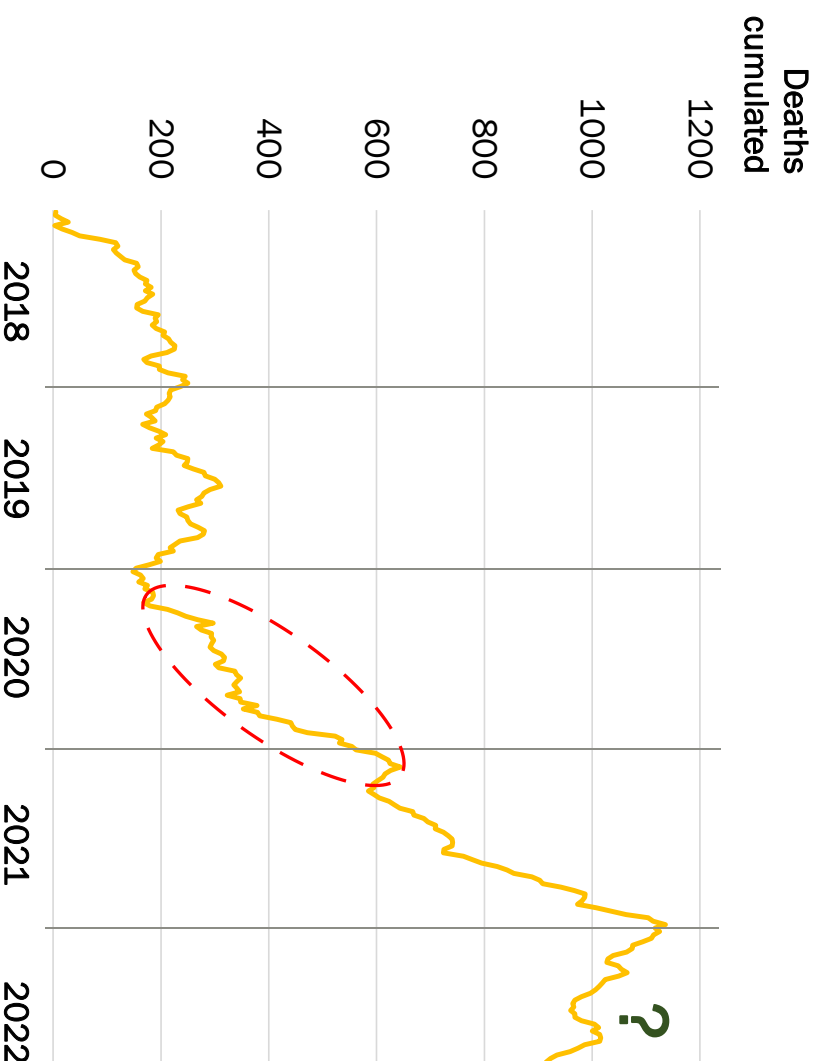


Death waves at age 65+



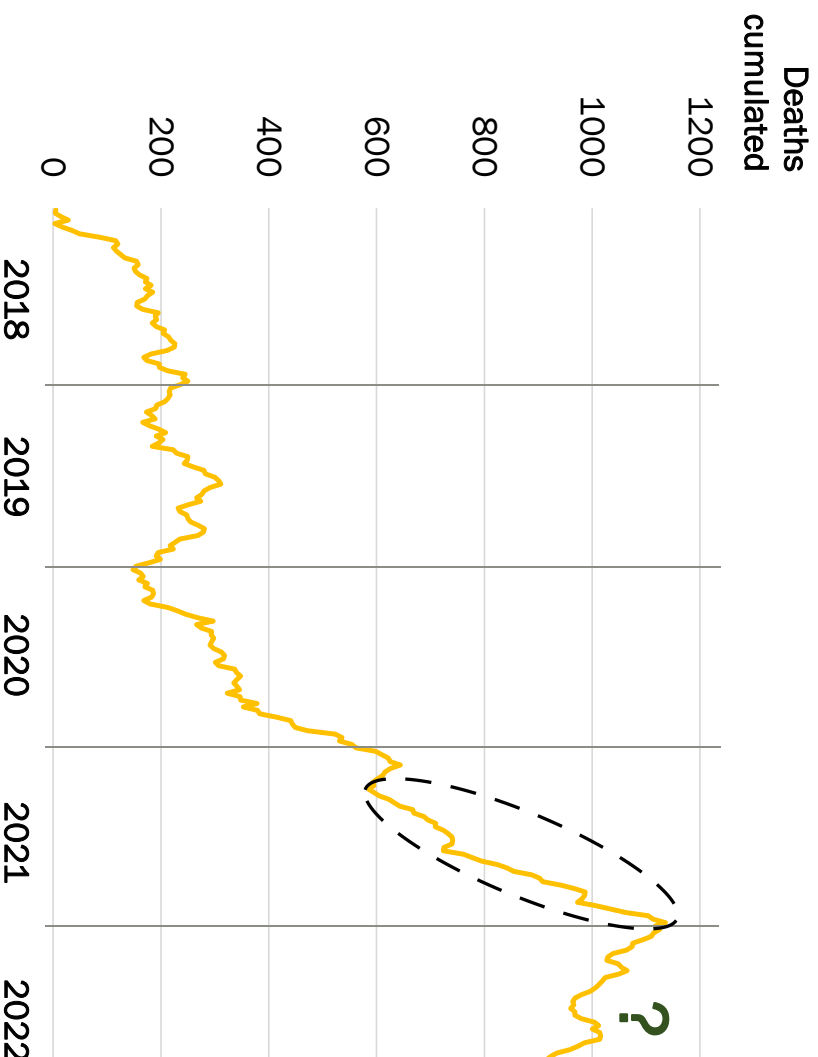
- Unprecedented high number of weeks of increased mortality in 2022
- 2022 only until week 42 (weeks to come will add)
- Population vaccinated as well as endemic in 2022

Mortality waves at ages 0 to 64



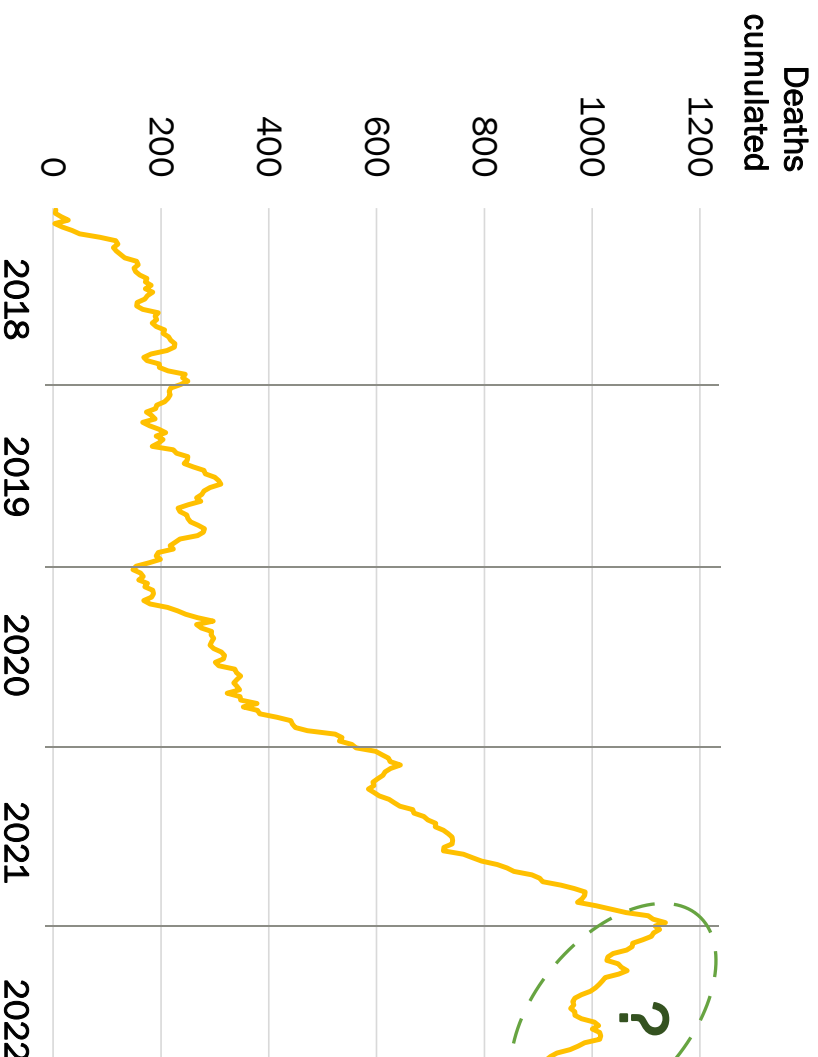
- Two waves:
460 unexpected deaths

Mortality waves at ages 0 to 64



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

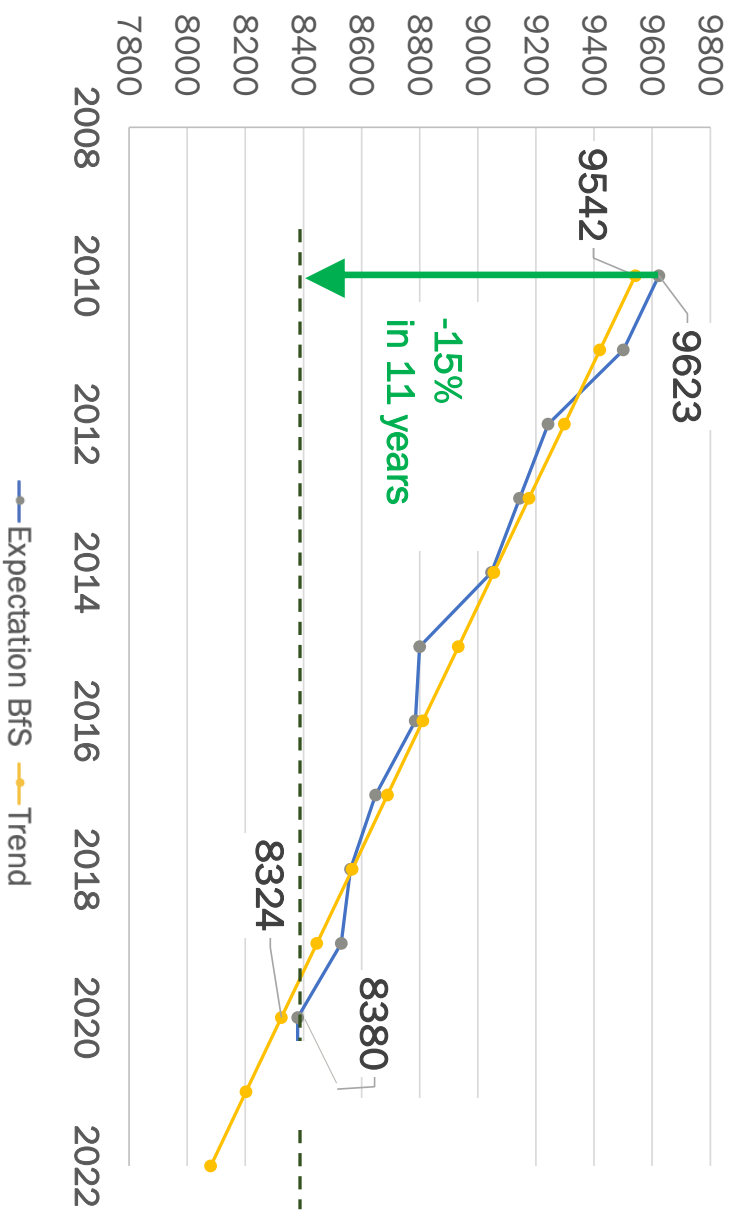
Mortality waves at ages 0 to 64



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

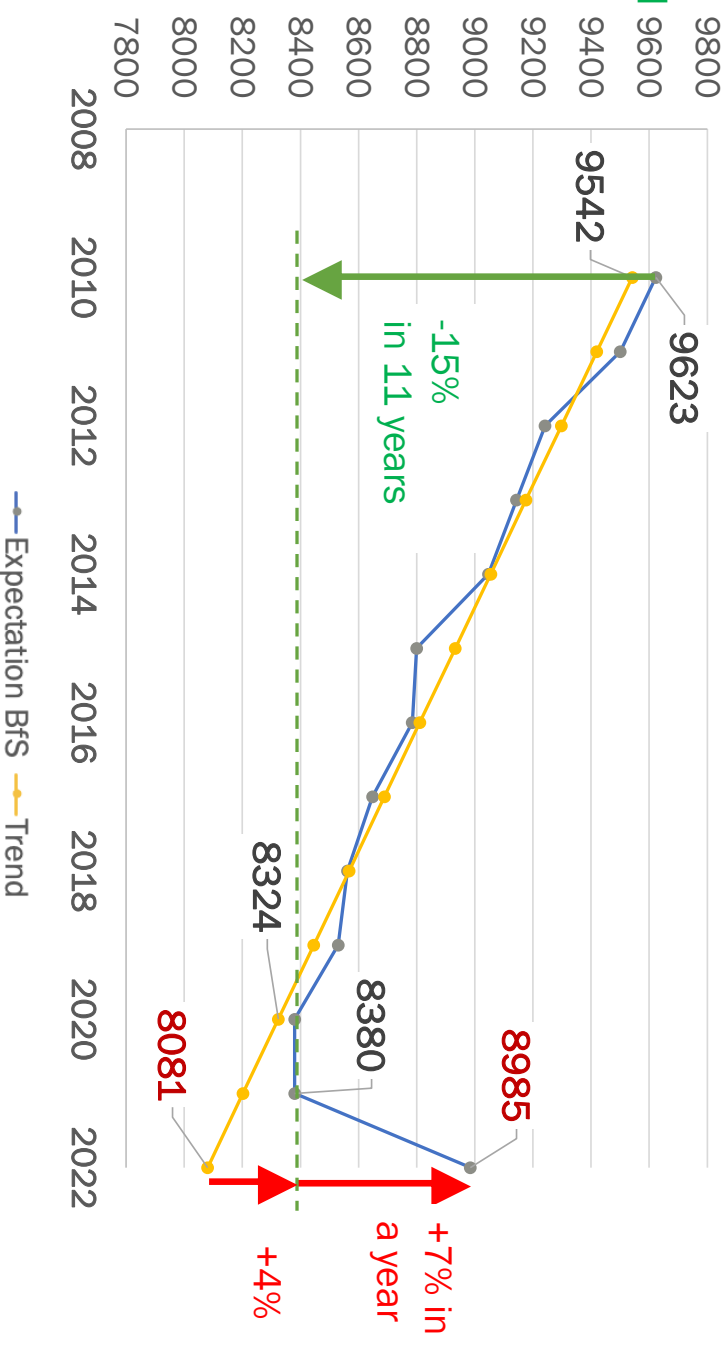
Death expectancy of the Federal Office (0-64 years)

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



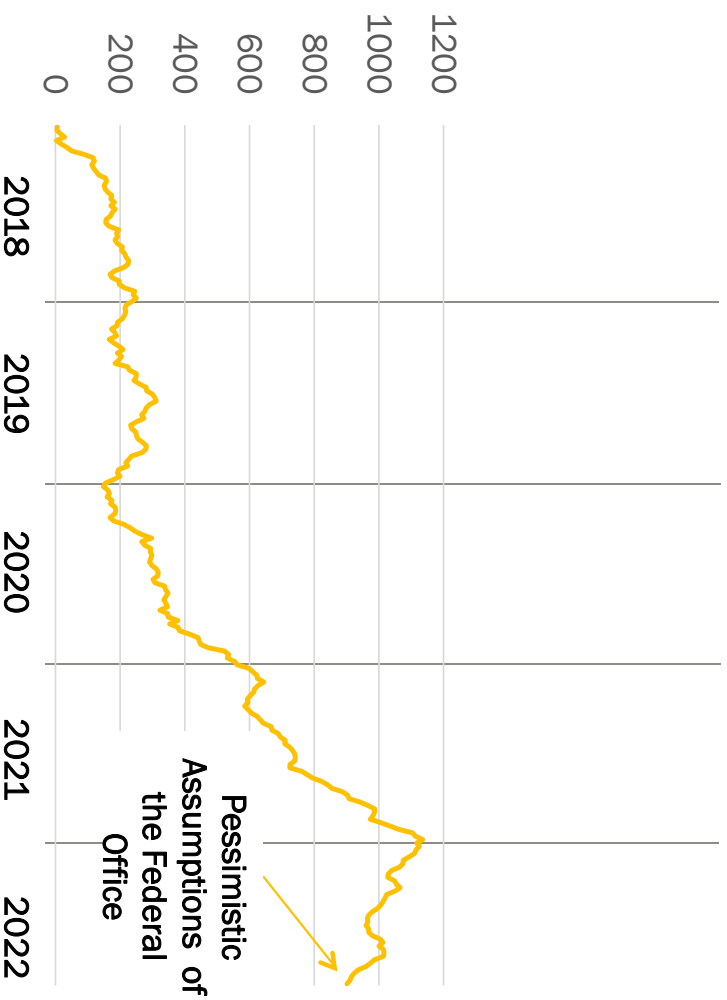
Death expectancy of the BFS (0-64 years)

- 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.



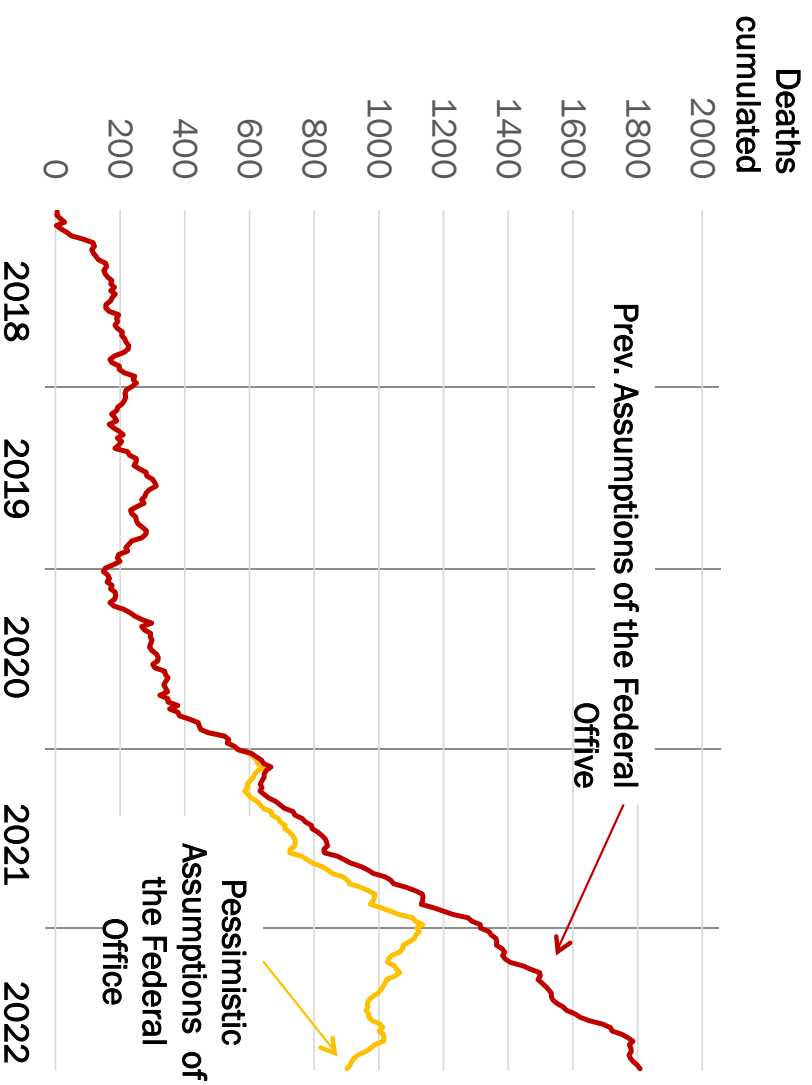
Mortality waves at ages 0 to 64

Deaths
cumulated



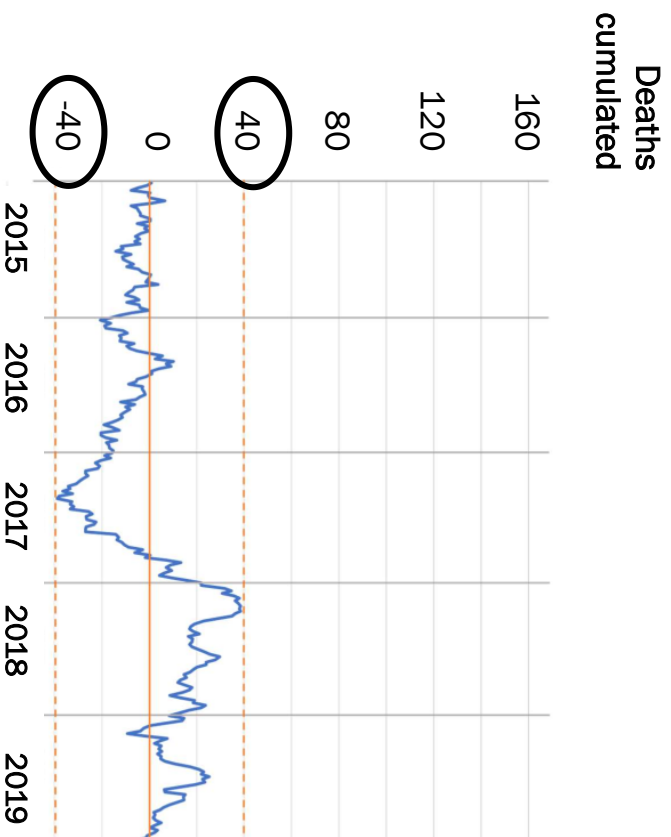
■ After vaccination:
Net 320 unexpected
deaths

Mortality waves at ages 0 to 64



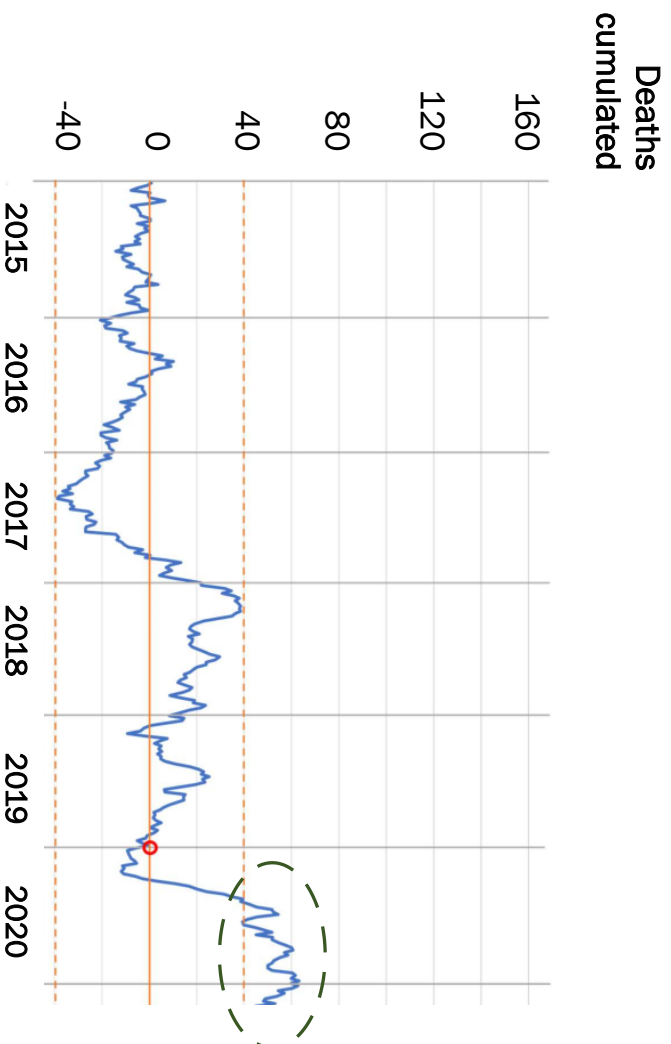
- After vaccination:
~~Net 320 unexpected deaths~~
1180 unexpected deaths

Death waves in the age group 20-39 years



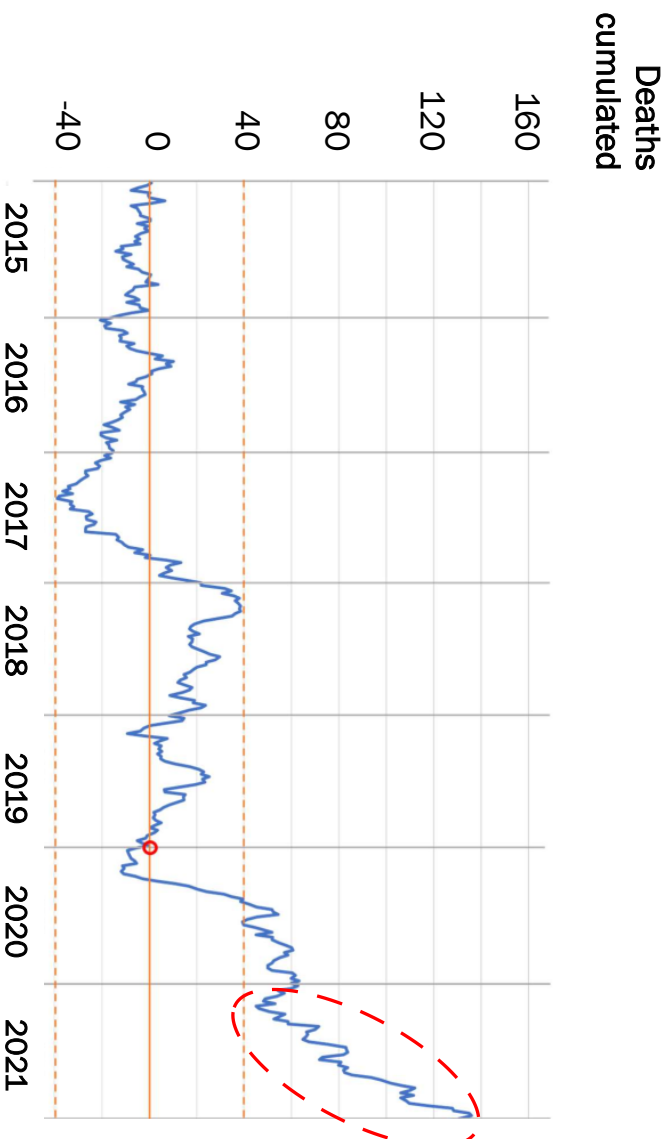
- Before Covid-19: excess mortality varies between +/- 40 deaths

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

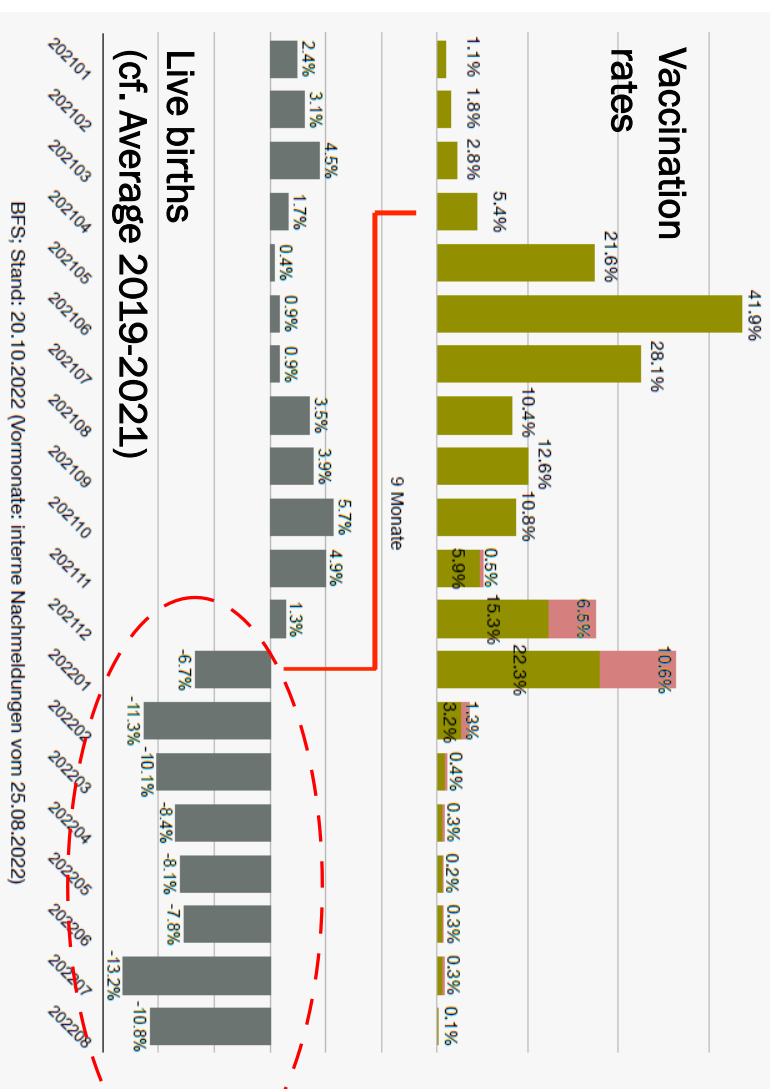
Death waves in the age group 20-39 years



- 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

■ 1st & 2nd vaccination ■ booster



- 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
Ø Number of births before pandemic	2015-2019		26'080

Development of births 2020-2022

18 cantons, half-yearly data,
R² = 99,9%, high significances

	Years	Change in %	Number of births
Ø Number of births before pandemic	2015-2019		26'080

Behavioural change ...	2020-2022	148 (n.s.) (2%)		26'229
... in cantons with low vaccination rates				
... in cantons with a high vaccination rate		-265 (-1%)		25'964

Development of births 2020-2022

18 cantons, half-yearly data,
R² = 99,9%, high significances

	Years	Change in %	Number of births
Ø Number of births before pandemic	2015-2019		26'080

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
Baby Boom-Effect	2021	720	3%	26'684

Development of births 2020-2022

18 cantons, half-yearly data,
R² = 99,9%, high significances

Years

Change
in %

Number of
births

Ø Number of births before pandemic

2015-2019

26'080

Behavioural change in cantons with low vaccination rates	2020-2022	148 (n.s.)	(2%)	26'229
		-265	(-1%)	
... in cantons with a high vaccination rate				25'964
Baby Boom-Effect	2021	720	3%	26'684
Missing births 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

14.11.22

KRUSE | LAW

90

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.)

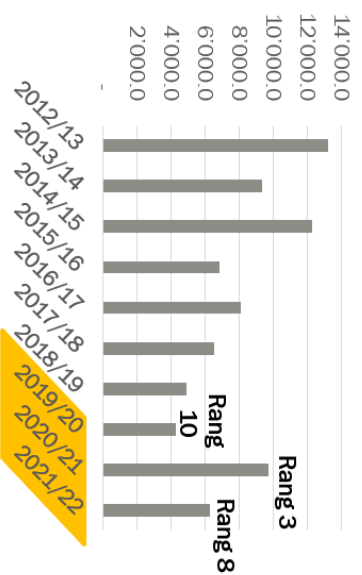
Examination of Art. 9a TPA: Health hazard

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

life-threatening or debilitating diseases
compatible with the protection of health
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

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.

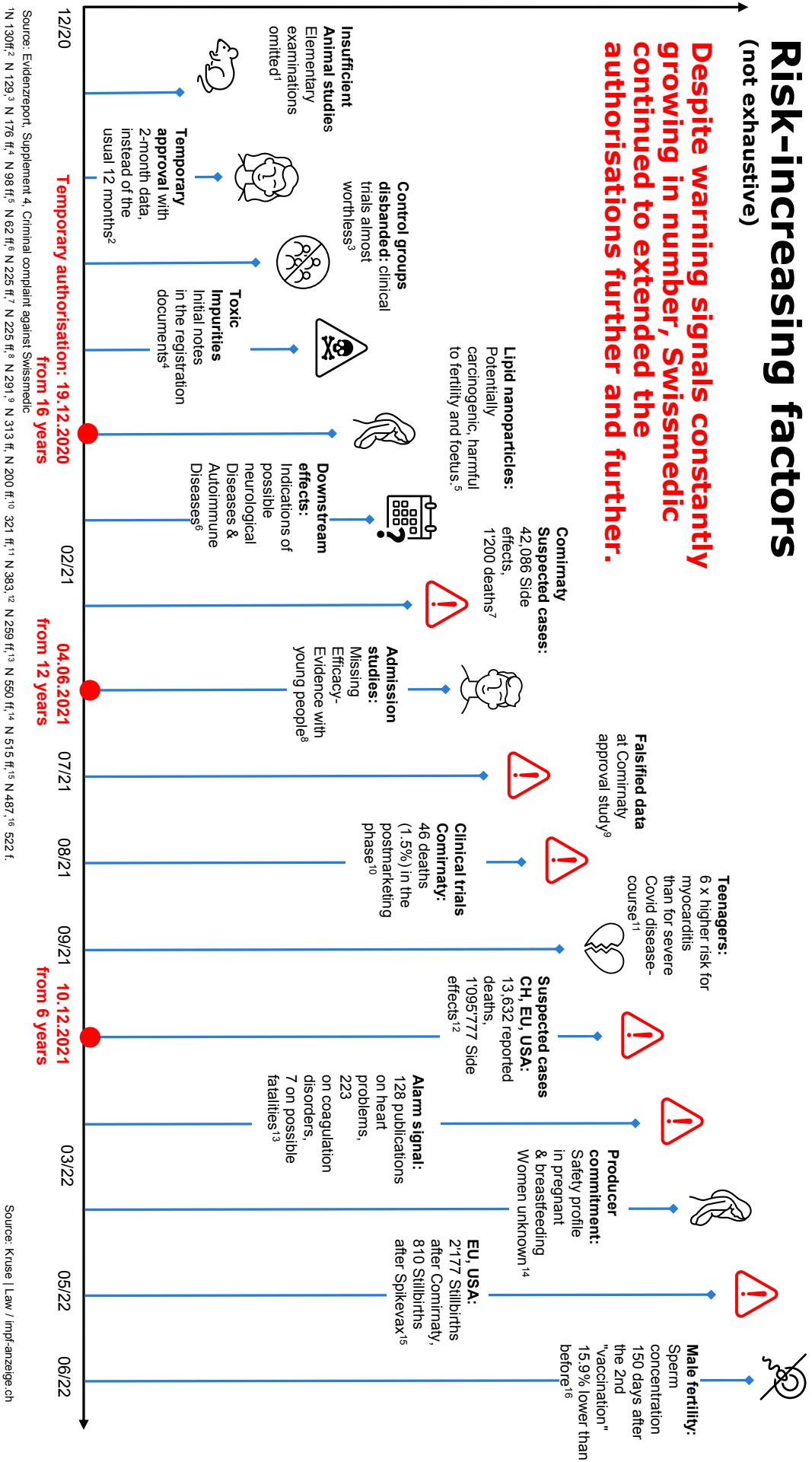
❖ **Duty to minimise risk:**

- 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 authorised further and further.



Source: Evidenzreport, Supplement 4, Criminal complaint against Swissmedic
¹N 130ff, ²N 129, ³N 176 ff, ⁴N 98 ff, ⁵N 62 ff, ⁶N 225 ff, ⁷N 225 ff, ⁸N 291, ⁹N 313 ff, ¹⁰N 200 ff, ¹¹N 383, ¹²N 259 ff, ¹³N 550 ff, ¹⁴N 515 ff, ¹⁵N 487, ¹⁶522 f.

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

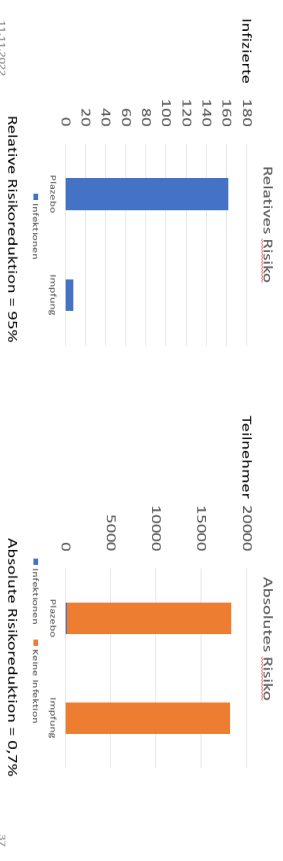
major therapeutic benefit

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, which 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:

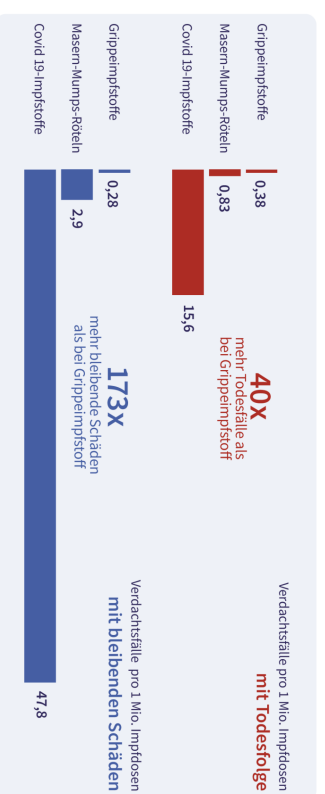
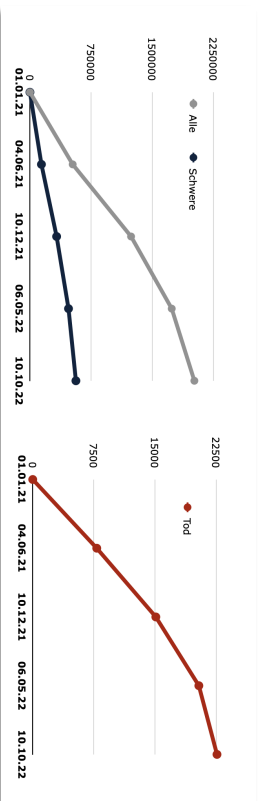
"It is noted that there is currently **no available data** on the placental transfer of BNT162b2."



"**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.

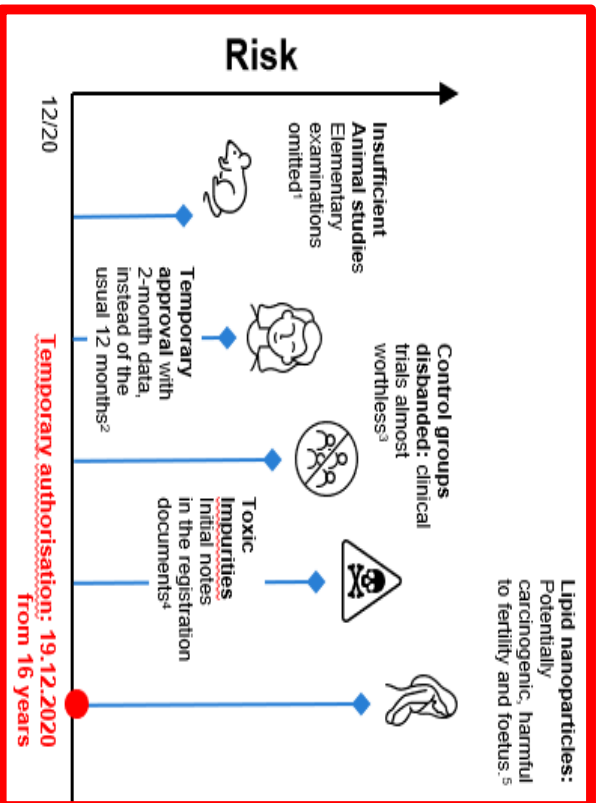
"So far, there is no evidence of lasting negative health effects."

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 Helmiethelinstut 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."

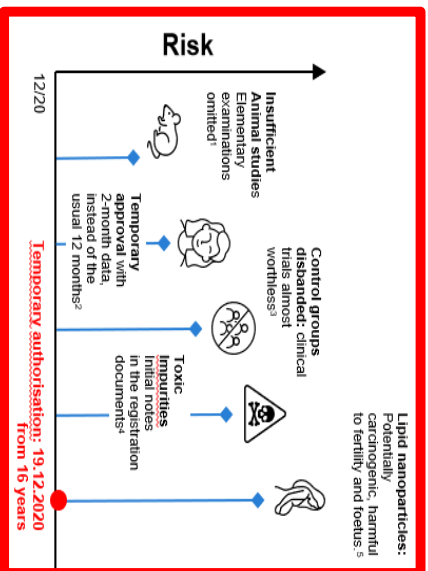
Relevant due diligence

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."

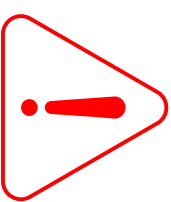
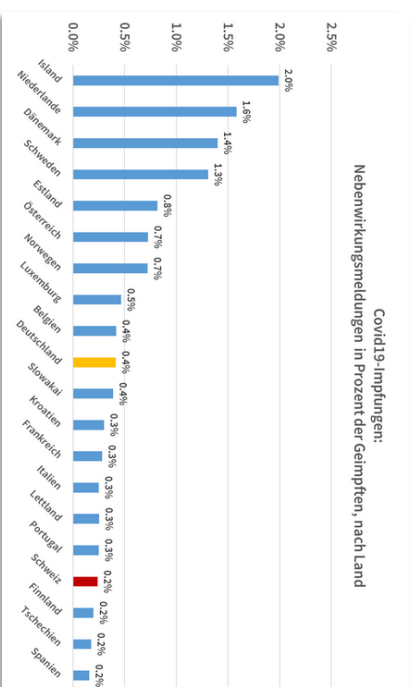
Concretisation of the duty of care

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

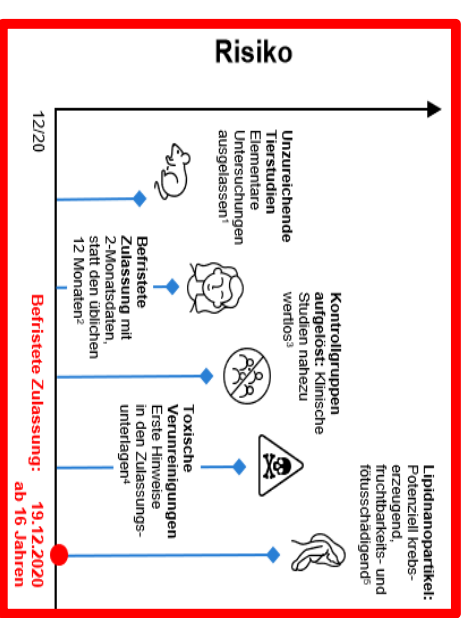
Allegation:
The persons acting on behalf of Swissmedic are liable to prosecution under
Art. 87 para. 1 lit. c TPA and also Art. 86 para. 1 lit. a TPA.

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).



Allegation: 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" (unerwuensch.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

