

District Court of the Northern Netherlands,
Leeuwarden branch. Hearing of 21 February 2024
Case/roll number C/17/190788 / HA ZA 2023-172

STATEMENT OF DEFENCE

Concerning:

1. Agnes Catharina van der Voort-
Kant, with address for service in
Amsterdam

lawyer: Mr A.H. Ekker and

2. The State of the Netherlands
whose registered office is situated in The Hague
3. Everhardus Ite Hofstra
4. Jaap Tamino van Dissel
5. Maria Petronella Gerarda Koopmans
6. Mark Rutte
7. Sigrid Agnes Maria Kaag
8. Hugo Mattheüs de Jonge
9. Ernst Johan Kuipers
10. Diederik Antonius Maria Paulus
Johannes Gommers
11. Wopke Bastiaan Hoekstra
12. Cornelia van Nieuwenhuizen
13. Feike Sijbesma
all having their place of residence in The Hague

solicitors: Mr R.W. Veldhuis and Mr M.E.A. Möhring

and

14. Albert Bourla,
represented by D.
Roessingh, LL.B.

15. Giselle Jacqueline Marie-Thérèse Van Cann
16. Paul Edwin Jansen,
solicitor: Mr L. Broers

17. William Henry Bill Gates III,
solicitor: W.H. Heemskerk,
LL.B.

Defendants

again

st [REDACTED]
2. [REDACTED]
3. [REDACTED]

4. [REDACTED]
5. [REDACTED]
6. [REDACTED]
7. [REDACTED]

Claimants

lawyers: P.W.J. Stassen, LL.M., and A.G.W. van Kessel, LL.M.

The defendant respectfully submits as follows:

1. INTRODUCTION

1. The Claimants allege that the Defendants deliberately and unlawfully misled them, thereby encouraging them to be vaccinated against Covid-19, whilst the Defendants knew that the vaccines offered in the Netherlands were neither safe nor effective. The Ministry is specifically accused of withholding information about the vaccine's side effects and of lying about the existence of data on side effects for specific batches of the vaccine. In short, the Claimants seek a declaration that the Defendants (as a group and individually) have thereby acted unlawfully towards the Claimants. In addition, the Claimants seek an order requiring the Defendants to pay damages, the amount of which is to be determined by the court.
2. The Plaintiffs' position is incorrect and is not supported by the facts. The Plaintiffs' arguments and claims are based on their theory that the Defendants are participating in a global conspiracy aimed at implementing a 'Great Reset'. Kant disputes that this is the case and endorses the comments already made on this matter by the State and a number of other Defendants in their statement of defence (Statement of Defence on behalf of the State of the Netherlands et al., paragraphs 1.4 to 1.12).
3. Serious allegations are being made against Kant in these proceedings. With regard to the accusation that Kant deliberately misled the Claimants and thereby induced them to receive a Covid-19 vaccination, Kant notes that this assertion is in no way substantiated. The Claimants have not submitted any information showing that 1) they were vaccinated, 2) which vaccine was involved, 3) at what time or times the vaccination took place, and 4) which of Kant's actions were decisive in this regard. In the absence of any clarification on this point, Kant disputes that there is any causal link between the allegations made against Kant and the Claimants' decision to be vaccinated.
4. Kant will first provide a general explanation of Lareb's activities below and then respond to the Plaintiffs' allegations. It will explain that the Plaintiffs' factual allegations are (largely) incorrect, that Kant did not lie about batch-related problems in the administration of vaccines, and that there was no 'cover-up' either. There was therefore no deliberate and unlawful misleading of the Claimants to persuade them to take a Covid-19 vaccine, whilst Kant knew or ought to have known that this vaccine was not safe and effective. Kant emphasises that the Claimants have provided little or no evidence to support their claims and have therefore failed to fulfil their burden of proof. For this reason alone, all the Claimants' claims must be dismissed.

2. THE WORK OF LAREB

5. The Lareb Adverse Reaction Centre is the reporting and information centre for adverse reactions to medicines and

vaccines.¹ Lareb's role differs from that of the State, the EMA and other defendants in these proceedings: Lareb is specifically tasked with recording adverse reactions to medicines, vaccines and health products. This only comes into play after the use of a medicine, vaccine or health product has been authorised. It is therefore not Lareb's task or responsibility to form an opinion on the authorisation of medicines on the Dutch market.

6. Lareb gathers new knowledge about medicines by analysing reports of suspected adverse reactions and conducting questionnaire surveys. After all, in addition to its intended effect, any medicine or vaccine may cause side effects. Despite extensive studies carried out prior to the medicine's authorisation, some side effects only come to light once the medicine or vaccine has been placed on the market and is being used by a large number of different people.
7. Where there is cause to do so, Lareb carries out an analysis in response to and based on the reports received. This analysis takes into account, amongst other things:
 - The number of reports received (including those from other countries).
 - How long it took for the symptoms to develop.
 - Whether there is a logical explanation (mechanism of action) for the symptoms.
 - How often the symptoms normally occur.
 - Whether other causes may also have played a role.
 - What scientific studies reveal about the possible side effect.
8. When analyses lead to new knowledge about side effects, Lareb disseminates that knowledge. Lareb also informs the Medicines Evaluation Board (CBG) via reports on newly discovered knowledge about side effects. In the case of vaccines, Lareb also informs the National Institute for Public Health and the Environment (RIVM). Both bodies can then take measures, for example by amending the patient information leaflet (CBG), by tightening the criteria for who may use the medicine (CBG) or receive the vaccine (CBG, RIVM), or by withdrawing a product from the market (CBG).
9. The adverse reactions reported to Lareb, together with the age and gender of the person concerned, are shared with the Medicines Evaluation Board (CBG) and the European Medicines Agency (EMA). The marketing authorisation holders for the product in question have access to the reports in the EMA's database (EudraVigilance).
10. Lareb also conducts research into adverse reactions through questionnaire surveys. Specific groups of people are asked about their experiences with medicines or vaccines via online questionnaires. In this way, Lareb obtains, amongst other things, further information on how often adverse reactions occur, how much discomfort they cause and how long they last.
11. Lareb is funded by the CBG and the Ministry of Health, Welfare and Sport (VWS) and also receives funding from funding bodies for specific projects. However, when carrying out analyses and interpreting results, Lareb acts autonomously and independently.

Lareb and the monitoring of COVID-19 vaccines

Preparations

12. When the COVID-19 pandemic began, Lareb took timely steps to prepare for its role in effectively monitoring the safety of the new COVID-19 vaccines. A specific reporting form and a questionnaire survey were developed, and organisational measures were put in place to ensure that reports and questionnaires received could be processed and analysed in a timely manner, and to enable the organisation to scale up promptly in order to carry out the monitoring effectively.

¹ Lareb is the acronym for National Registration and Evaluation of Adverse Reactions.

Arrangements have also been made with the RIVM to request vaccination data, including batch numbers, from the RIVM's Covid Information and Monitoring System (CIMS), provided the reporter has given their consent. This information was added to the report's record. CIMS is the national register of who has received which vaccine(s), set up by the RIVM.²

Implementation

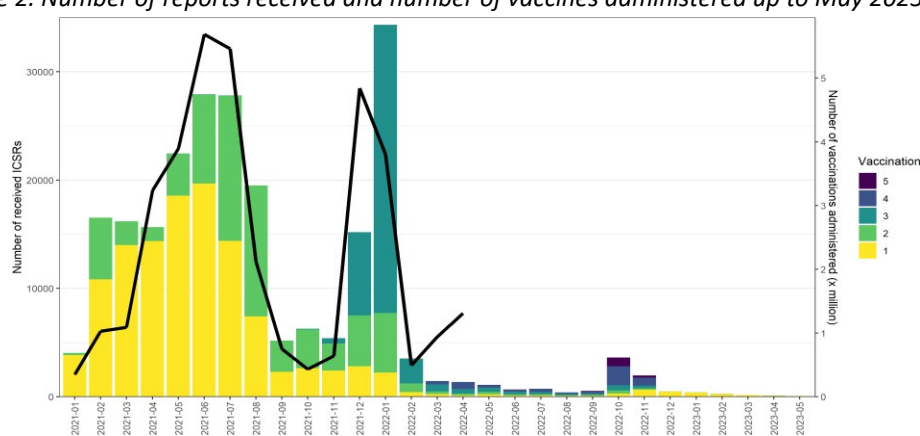
13. The number of reports turned out to be higher than initially estimated, probably due to the extensive media coverage of side effects and the importance of reporting them. Initially, around 1 in 100 vaccinated people reported suspected side effects. As shown in the chart below, the number of reports decreased slightly for vaccination rounds 2 and 3. This is a known effect with new medicines/vaccines.

Table 1. Number of reports received in 2021

Vaccination round	Number of vaccinations administered	Number of reports received	Reporting rate (%)
1	12,403,566	114,929	0.93%
2	10,825,369	61,218	0.57%
3	4,314,695	8,268	0.19%
Total	27,543,630	184,411	0.67%

14. Up to October 2023, Lareb received a total of 235,386 reports of suspected side effects from COVID-19 vaccines.

Table 2. Number of reports received and number of vaccines administered up to May 2023



15. Weekly summaries of reports received were shared, and meetings with the CBG and RIVM took place every other week. Where there was or is cause to do so, analyses of the reports received were and are carried out.³

² See <https://www.rijksoverheid.nl/onderwerpen/coronavirus-vaccinatie/aanpak-coronavaccinatie/registratie-van-persoonsgegevens-over-coronavaccinatie>.

³ This article describes how safety monitoring for COVID-19 vaccines was carried out: <https://link.springer.com/article/10.1007/s40264-022-01253-5>.

16. More than 27,000 vaccinated individuals were monitored over a six-month period via a questionnaire survey to identify the side effects experienced following coronavirus vaccination.

Results

17. In the period up to and including May 2023, Lareb published and shared new information on side effects of the COVID-19 vaccines a total of 60 times on its website (see 'Information on side effects shared on the Lareb website up to and including September 2023', **Publication 1**). Up to and including May 2023, the EMA – primarily based on reports of side effects within the EU – added 49 new side effects to the package leaflets (see Overview of added side effects, **Appendix 2**). Reported deaths following vaccination were continuously monitored and analysed by Lareb. Various reports have been published on this subject.⁴
18. Lareb has periodically posted updates on its website regarding the numbers of suspected adverse reactions received (how many of which adverse reactions for which vaccine). In addition, the Lareb website contains a wealth of information on vaccine adverse reactions. Lareb also maintains a knowledge base on (suspected) vaccine adverse reactions where information can be looked up.⁵

Batch analyses

19. To identify any potential batch-related issues, Lareb carried out batch analyses. In these analyses, the spectrum of reported adverse reactions per batch number is compared with the spectrum in other batches. If anything stands out in a specific batch, these reports are examined in more detail. During the COVID-19 pandemic, Lareb carried out these analyses once every two weeks. However, no batch-related issues were identified.

3. RESPONSE TO THE CLAIMANTS' ASSERTIONS

20. In support of their claims, the Claimants have put forward a large number of factual assertions. Below, Kant responds to these assertions.

Statutory role of the RIVM

21. The Claimants argue that, in addition to supporting and informing the CBG, the RIVM could take 'measures', such as amending package leaflets, tightening the criteria for who may use the medicinal product, or withdrawing a product from the market (Statement of Claim, para. 229). This is incorrect. The measures referred to may be taken by the CBG.

Covid Information and Monitoring System (CIMS)

22. The claimants argue that the RIVM awarded Lareb the contract to develop the 'Covid Information and Monitoring System (CIMS)' (Statement of Claim, para. 230). This is incorrect. The CIMS falls under the responsibility of the RIVM. Furthermore, this system does not record adverse reactions by batch number.

Supplementary data on adverse reactions in CIMS

23. The Claimants allege that, through a data processing agreement, Lareb is authorised to retrieve the vaccine product and batch number from the CIMS using the patient's BSN number. In this way, Lareb would supplement the data on side effects of the COVID-19 injections in the RIVM's CIMS system, according to the Claimants (Statement of Claim, para. 231). The latter is incorrect. Lareb does not supplement the CIMS with data on side effects; rather, the reverse is true. In the case of reported suspected side effects, Lareb requests vaccine data, including batch numbers, from the RIVM's CIMS, provided the reporter has given their consent. This information is added to the record of the report.

⁴ See, for example, here: <https://www.lareb.nl/news/overzicht-meldingen-overlijdens-na-coronavaccinatie>.

⁵ See: <https://www.lareb.nl/vaccin-kennis>.

No contract for services

24. The claimants allege that an agreement was concluded between Minister De Jonge and Lareb, under which Lareb was instructed to record the side effects of the Covid-19 vaccines on the basis of the BSN number and batch number (Statement of Claim, para. 232). This is incorrect, as is evident from the above explanation regarding the data processing agreement relating to CIMS (see para. 23).

Registration of batch numbers

25. The claimants argue that there can be no effective identification of defects in quality, safety and efficacy without registration based on batch numbers (Statement of Claim, para. 234). This is correct, in so far as it concerns batch-related issues. Batch numbers are necessary to identify problems relating to a specific batch. However, as the defendant has explained above (paragraphs 12 to 19), other types of non-batch-related defects in quality, safety and efficacy can also be monitored without batch numbers.

No overview of recorded adverse reactions by batch number

26. According to the Claimants, there is no doubt that the RIVM and Lareb are capable of providing an overview of the recorded adverse reactions to the Covid-19 injections by batch number (Statement of Claim, para. 235). According to Eisers, Lareb's assertion that it cannot provide data on adverse reactions based on batch numbers is inconsistent with Lareb's role in pharmacovigilance (Summoning, para. 237, last sentence).
27. It is true that Lareb would in fact be able to produce overviews of recorded adverse reactions by batch number. However, Lareb has not done so to date because this is not useful for safety monitoring. Such overviews are not, in fact, a suitable means of detecting any batch-related problems. To detect potential batch-related issues, Lareb does, however, carry out so-called 'batch analyses'. During the COVID-19 pandemic, this took place once every two weeks. Using an automated analysis tool, the spectrum of reported adverse reactions per batch number is compared with the spectrum of the other batches. If certain adverse reactions occur more frequently with a specific batch, these reports are examined in more detail. However, this does not result in a list, but in a signal. This signal indicates that a particular adverse reaction occurs more frequently with a particular batch.

Kuipers' Woo decision

28. The claimants refer to a Woo request calling for the publication of summary lists of all batch numbers for the Pfizer, Moderna, AstraZeneca, Janssen and Novavax vaccines. This Woo request also sought the disclosure of a summary register detailing the number of adverse reactions and deaths linked to the batch numbers of the aforementioned vaccines. By decision dated 29 March 2023, Minister Kuipers of Health, Welfare and Sport stated that this request, including that relating to Lareb, could not be granted. According to the Claimants, no documents requested by the applicant were found at Lareb (Statement of Claim, para. 236 and Exhibit 79 submitted by the Claimants).
29. The Plaintiffs' account is incomplete. The Court draws attention to the decision on the objection concerning the aforementioned Woo request (Decision on the objection to the Woo request, **Exhibit 3, p. 4**). In this decision, the Minister of Health, Welfare and Sport upheld the appellant's objection and subsequently provided one document that had been found at the RIVM. In addition, the Minister contacted the relevant authorities once again, including Lareb.
30. With regard to Lareb, the Minister considered as follows:

Lareb has indicated that it does not have the requested documents, as such documents do not fit in with the way Lareb operates. Lareb carries out a fortnightly batch analysis. This batch analysis forms part of the regular

safety monitoring of vaccines. The batch analysis does not produce a list, as you have requested, but merely flags up any issues if something occurs more frequently in a particular batch. The article 'Optimising Safety Surveillance for COVID-19 Vaccines at the National Pharmacovigilance Centre Lareb: One Year of COVID-19 Vaccine Experience', which is available online, describes how safety surveillance specifically for COVID-19 vaccines is carried out. Furthermore, the results of the batch analyses are published on the Lareb website if an analysis yields results worthy of mention.

31. In addition, the Minister has explained that Lareb is not obliged to produce data that is not already set out in existing documents:

It follows from the above responses from Lareb and the CBG-meb that they do not have the documents you have requested. It is important to note that, according to established case law of the Administrative Law Division of the Council of State (hereinafter: the Division), the Woo does not impose an obligation to produce data that is not already set out in existing documents, regardless of the level of effort required. The fact that Lareb does, for example, carry out batch analyses and that certain signals may emerge from these does not mean that it is required to create and provide the summary register of batch numbers linked to adverse reactions and deaths that you have requested. Such a summary register does not exist and, in view of the established case law of the Division, does not need to be produced. [...]

[Underlined by the lawyer]

32. It follows from the foregoing that Lareb did not have the requested documents at its disposal, nor was it obliged to draw up such documents retrospectively in response to a Woo request. The Claimants' assertion that this is incompatible with Lareb's role in pharmacovigilance is therefore incomprehensible and incorrect.

Lareb did not state that no data could be provided on the basis of batch numbers

33. The Claimants argue that Lareb, and therefore Kant, allegedly stated that no data could be provided on the basis of batch numbers (Statement of Claim, para. 238). This is incorrect. Lareb, through Kant, merely stated that these overviews had not been produced because this would not be useful for safety monitoring (see above, para. 26 et seq.).

No batch-related problems identified

34. According to the Claimants, Kant is lying about the data concerning batch numbers, and this lie conceals enormous differences in harmful short-term effects between the various Covid-19 injection batches (Statement of Claim, para. 238 and 239). This is incorrect. As explained above, batch analyses have been carried out for the purposes of safety monitoring. No batch-related problems were identified in the process. Kant has therefore not lied.

35. In this regard, Kant notes that all cases reported by Lareb can be found on the Lareb website.⁶

No 'cover-up'

36. The claimants allege that Lareb has kept a record of the adverse reactions to all Covid-19 injections, consistently recording the relevant batch number (Statement of Claim, para. 241). In this regard, the court notes that the recording of reports of suspected side effects is carried out by Lareb, whilst the national register of who has received which vaccine(s) is maintained in CIMS, a system set up by the RIVM. Lareb – provided that the person reporting the suspected side effect(s) had given their consent to this in the reporting form in response to a specific question on the matter – requested the reporter's vaccination details, including batch numbers, from the RIVM's CIMS. Where this information could be retrieved from CIMS, it was added to the record of the report held by Lareb.

⁶ See: <https://www.lareb.nl/vaccin-kennis>.

Vaers registration

37. The claimants allege that, up to 19 November 2022, Lareb registered the adverse reactions and deaths reported to it not only for the purposes of the RIVM, but also for the purposes of the international data system known as 'VAERS' (Statement of Claim, para. 242).
38. This is incorrect. Lareb itself did not register any adverse reactions and/or deaths in VAERS. The adverse reactions reported to Lareb are shared, without personal data (with the exception of the age and gender of the person concerned), with the Medicines Evaluation Board (CBG) and with the European Medicines Agency (EMA). The marketing authorisation holders for the medicinal product in question then have access to the reports in the EMA's database, known as EudragVigilance. The aim of this is to monitor medicinal product safety both nationally and internationally. Pharmaceutical companies are obliged to share information on reports of adverse reactions with medicines regulatory authorities worldwide. For example, under US legislation, manufacturers are required to submit certain reports to the FDA, which means that reports made to Lareb may end up in the FDA's VAERS database.
39. It is true that data at the Dutch level – including batch numbers – was publicly accessible in VAERS via EU country codes. Previously, this data could be viewed on a country-by-country basis. To minimise the risk of individuals being identified, the FDA has amended this.

Batch EM0477

40. The Claimants allege that the Pfizer Covid-19 batch EM0477 led to numerous and serious reports of adverse reactions and deaths (Statement of Claim, para. 245). Shortly after its administration in February and March 2021, more than thirty deaths were reportedly recorded. According to the Claimants, the harmful nature of this batch could not have escaped the attention of Lareb, and therefore Kant.
41. According to the Claimants, the fact that the Pfizer batch EM0477 was particularly lethal could easily be established by comparison with other Pfizer batches. This would be evident from a comparative overview of batches administered in the Netherlands. International data on the Pfizer Covid-19 batch EM0477 would also show enormous differences in terms of the number of reported deaths and injuries (Statement of Claim, marginal nos. 246 and 247 and exhibits 81 and 82 submitted by the Claimants).
42. The Defendant disputes the Plaintiffs' reasoning. No conclusions can be drawn from the number of reports relating to a specific batch number. For instance, the expected number of adverse reactions and reporting behaviour depend, amongst other things, on who received vaccines with those batch numbers, at what stage of the vaccination campaign they received the vaccines, and, of course, on how many people received vaccines with that batch number (see also margin note 47(d) and (e) below).
43. Finally, Kant points out that Lareb has continuously monitored and analysed reported deaths and adverse reactions and has also reported on these regularly (see **Exhibit 4**, 'Overview of reports of deaths following coronavirus vaccination').

Professor Hansen's research

44. According to Eisers, research by Professor Peter Riis Hansen appears to show that there are very significant differences in mortality rates and adverse reactions between batches of the Pfizer Covid-19 vaccine (Summons, para. 248). According to Eisers, this research shows that approximately 4 per cent of all batches are responsible for over 70 per cent of all reported side effects, 27 per cent of all serious side effects and 47 per cent of all reported deaths following vaccination.
45. Kant disputes this assertion by Eisers. In its batch analyses, Lareb has found no indications of batch-related problems. In Hansen's article, the number of reports is linked

to batch numbers, with more reports associated with certain batch numbers. However, no conclusions regarding safety can be drawn from the number of reports for a specific batch number, for the following reasons:

- a) The article does not concern the safety of the batches, as the title suggests, but rather reporting patterns per batch. In many cases, a report concerns a suspected adverse reaction, where it is not certain whether this is actually related to the administration of a medicinal product.
- b) More reports were submitted at the start of the vaccination campaign than later on. Any media coverage of specific side effects within a particular time frame has not been taken into account.
- c) Large quantities of vaccines are produced from a single batch, which are then distributed, sometimes across different countries. A batch is only used for a limited period as it naturally runs out. The time periods during which these batches are used vary. This has not been taken into account in this article either
- d) No account has been taken of who received the vaccines by batch number. Both the expected number of adverse reactions and reporting behaviour differ across different groups. In the vaccination campaign, for example, vaccination was largely carried out from older to younger age groups.
- e) No substantive examination was carried out into the nature of the reports. Lareb's analysis examines the content and nature of the reports and carries out the necessary clinical analysis.

46. Finally, Kant points out that several critical responses have been published in response to Hansen's article. One of these notes the following:

“The evidence presented in the study is not sufficient to indicate that there is a safety signal and that it is batch-dependent, as the authors conclude, given the lack of information and the targeting of each batch. Therefore, this study should not be used to guide any decision regarding the use of the vaccines.”
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Article in the Algemeen Dagblad

47. To support their claim that there was a 'cover-up', the claimants refer to an article in the AD dated 20 November 2021. In this article, Kant made the following statement: “We can say that the fear of the vaccine was unfounded” (Statement of Claim, para. 249).
48. First and foremost, it is important to note that this statement must be read within the broader context of the entire article. The statement in question was a response to the question: “Do the COVID-19 vaccines cause a lot of strange side effects because they were developed in such a short time? Many people harboured that fear.”
49. The fear that there would be many strange side effects turned out to be unfounded. As Kant explains in the interview, new serious side effects have indeed been discovered, but these are rare:

“It was to be expected that as yet unknown side effects would be discovered. They are being used in a much larger and more diverse group of people than in the trials conducted during development. But that is always the case. The combination of thrombosis with a low platelet count (thrombosis with thrombocytopenia syndrome, or TTS, ed.) was a major surprise; that is absolutely clear. The same applies to the number of allergic reactions to the vaccine, which was simply higher than expected. It is also clear that, in a small percentage of young men at least, inflammation of the heart muscle (myocarditis, ed.) and the pericardium (pericarditis, ed.) may result from the Pfizer or Moderna vaccine. Fortunately, however, these side effects are rare.”

⁷ See Del Saz BS. Batch-dependent safety of the BNT162b2 mRNA COVID-19 vaccine. Eur J Clin Invest. 2023;00:e14050. doi:10.1111/eci.14050 and Scot et al. Methodological and statistical considerations: Batch-dependent adverse effects of COVID-19 vaccines. Eur J Clin Invest. 2023. DOI: 10.1111/eci.14073.

50. In view of the above, Kant's statement was correct and therefore did not constitute a lie or misrepresentation. Consequently, this statement cannot be regarded as unlawful either.

Kant is not paid by the pharmaceutical industry

51. The claimants allege that Kant was paid by the pharmaceutical industry and the Ministry of Health, Welfare and Sport (VWS) and that, over a period of ten years, she corrupted Lareb so that the COVID-19 project and the 'Great Reset' could be implemented through the COVID-19 vaccination campaign (Statement of Claim, para. 250).
52. It is incorrect to claim that Kant was paid by the pharmaceutical industry. Lareb is funded by the CBG and the Ministry of Health, Welfare and Sport (VWS) and also receives funding from funding bodies for specific projects. As a director, Kant is paid by Lareb.

Participation in the Disinformation Think Tank

53. According to the Claimants, Kant, as a participant in the Disinformation Think Tank, promoted the dissemination of disinformation and was personally involved in training courses for GPs, during which she kept these GPs in the dark about what Lareb actually recorded regarding the batches in question (Summon, para. 251). The Claimants have not substantiated this position further.
54. This assertion by the Claimants is incorrect. Kant did indeed take part in a number of meetings of the think tank. However, the contributions made by Lareb and by Kant were specifically aimed at emphasising the importance of independent, clear and accurate information regarding both known and alleged side effects.
55. This is evident from the explanation of the working methods of the Disinformation Think Tank in various letters from the Minister for Health, Welfare and Sport to the House of Representatives. In his letter of 13 April 2021, the Minister states the following:

The Senate has requested information on the efforts of the State Secretary for Health, Welfare and Sport in tackling disinformation about vaccination. In November 2018, the State Secretary for Health, Welfare and Sport introduced a strategy to tackle falling vaccination rates. This strategy, the associated measures and the progress made are described in various letters. These letters also contain an explanation of the Disinformation Think Tank. In summary, the think tank operates under the banner of the Vaccination Alliance, and a group of participants within the think tank is committed to refuting disinformation regarding vaccination or countering it with accurate information. The think tank includes representatives from the RIVM, CBG, Lareb, IGJ, Facebook and Google, amongst others. The Ministry of Health, Welfare and Sport (VWS) facilitates the think tank, and the participants are committed to making reliable information available and refuting factual inaccuracies, each within their own roles, responsibilities and channels. Furthermore, members of the think tank are actively working to refute misinformation on social media, television, and in newspapers and specialist journals. The think tank's activities operate within the framework of the Minister of the Interior's approach to tackling disinformation. In light of the coronavirus pandemic, disinformation about COVID vaccination is now also a focus area for the think tank's work.⁸

Courses for GPs

56. The Claimants take issue with the fact that Kant was personally involved in delivering COVID-19 courses for GPs. They allege that Kant failed to inform GPs of what Lareb actually recorded in relation to the various batches (Summon, para. 251).
57. This assertion is incorrect and is not substantiated in any way by the Claimants. Kant disputes this assertion and refers in this regard to the response by Minister Kuipers of the Ministry of Health, Welfare and Sport to parliamentary questions from

⁸ Letter from the Minister for Health, Welfare and Sport to the Speaker of the House of Representatives of the States General, The Hague, 13 April 2021, House of Representatives, session year 2020–2021, 25 295, no. 1105, p. 83. See also Parliamentary Document 32 793, No. 338, Parliamentary Document 32 793, No. 393, Parliamentary Paper 32 793, No. 473, Parliamentary Paper 32 793, No. 485 and Parliamentary Paper 32 793, No. 539.

MP Van Haga (Van Haga Group) regarding Lareb's involvement in the COVID-19 vaccination campaign. In the aforementioned letter, the Minister answers the following question:

Question 16

How do you view the continuing professional development course for GPs offered by Lareb in September 2022, which actively sought to increase and foster willingness to be vaccinated? Why did Lareb promote such an objective, when its core remit is to assess potential vaccine side effects objectively and neutrally, rather than to promote or encourage vaccination? Why was Lareb involved in informing and educating GPs about disinformation from patients and how to deal with critical patients? What sort of information was classified as

'misinformation'? Can you explain in what way this falls within Lareb's remit or area of expertise?

58. The Minister answers this question as follows:

Answer 16

The presentation referred to in the question is public and freely accessible via MedischeScholing.nl and concerns a training course for doctors. The programme for this training course for doctors consisted of three parts: 1) side effects of the COVID-19 vaccination, 2) communication with patients, and 3) the new round of vaccinations. Lareb was only involved in the first part, in which common reports of side effects were explained, to ensure that doctors were aware of what they might expect during the announced autumn round. The main message was therefore that doctors should be alert to side effects, that they should report any suspected side effects, and that they can refer patients to the Lareb website for further information on side effects. The other parts of the programme were delivered by a GP and a member of staff from the RIVM.

No 'cover-up'

59. According to the Claimants, Kant deliberately gave them false reassurance by covering up the warning that some Covid-19 batches were far more lethal and/or far more harmful than others. Had Kant shared information about the significant differences in reports with the Dutch public, the Claimants would not have had the Covid-19 injection and would not have suffered any harm, according to the Claimants (Statement of Claim, para. 252).
60. This assertion is not substantiated by the Claimants and is incorrect. Kant has already explained that there was no 'cover-up' (paragraph 36 et seq.).

4. NO UNLAWFUL CONDUCT

61. In the writ of summons, the Claimants put forward assertions that are at odds with the scientific consensus that the Covid-19 vaccines administered in the Netherlands are safe and effective. They also argue that the State and the other Defendants must have known that the vaccines were neither safe nor effective. However, the Claimants do not substantiate these assertions. In this regard, Kant endorses the comments made by the State and a number of other Defendants concerning the manner in which the Claimants have based their arguments on incorrect information or assertions that are not legally conclusive (Statement of Defence on behalf of the State of the Netherlands et al., paragraphs 6.1.2 to 6.6.4).
62. It is also important to note that the Claimants have not substantiated the (personal injury) damage and non-pecuniary damage they allege to have suffered, nor have they explained how this damage is said to result from the administration of Covid-19 vaccines. In this regard, the Claimant also refers to the comments made by the State and a number of other Defendants (Statement of Defence on behalf of the State of the Netherlands et al., paragraphs 7.1 to 7.8).

5. CONCLUSION

63. In view of the foregoing, there has been no deliberate and/or unlawful misrepresentation by Kant with the aim of persuading the Claimants to receive a COVID-19 vaccine. For these

reasons, the declaration sought by the Claimants cannot be granted. The Claimants have in no way demonstrated that Kant acted unlawfully. For that reason, there can be no question of joint and several liability either.

6. BURDEN OF PROOF AND PRESENTATION OF EVIDENCE

64. In support of the grounds put forward, the defendant submits the following evidence:

- Exhibit 1:** Overview of signals and news on the Lareb website regarding AEFI following COVID-19 vaccination up to 4 September 2023.
- Exhibit 2:** Overview of changes to the package leaflets for COVID-19 vaccines.
- Exhibit 3:** Decision on the objection lodged by the Minister of Health, Welfare and Sport against the decision of 29 March 2023 concerning the request, under the Open Government Act, for the disclosure of summary lists of all batch numbers of the Pfizer, Moderna, AstraZeneca, Janssen and Novavax vaccines.
- Exhibit 4:** Overview of reports of deaths following COVID-19 vaccination.

65. The defendant offers – without thereby assuming any burden of proof not legally incumbent upon it – to prove the facts set out in this statement of case by all lawful means, including expert evidence and the examination of witnesses.

66. The aforementioned exhibits are attached to this statement of case.

7. STATEMENT OF CASE

On these grounds, the defendant submits that the court, insofar as legally possible and enforceable provisionally:

- a) dismiss the claimants' claims; and
- b) order the Claimants jointly and severally to pay the costs of the proceedings, as well as the customary subsequent costs (both with and without service), plus statutory interest as referred to in Article 6:119 of the Dutch Civil Code from fourteen days after the date of the judgment;
- c) order the Claimants jointly and severally to pay the subsequent costs, assessed in accordance with the liquidation rate at €173 or, in the event of service, €271;
- d) declares that these orders for costs are enforceable immediately.

Solicitor

This case is being handled by Mr A.H. Ekker, LL.M., Ph.D.

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