Memo in Support of Petitioners' Appeal[1]

Placement of petitioners, by defendants, in "preferential reality" through public statements broadcast by television, digital and print media

The key to the tort claims on which petitioners seek nominated witnesses' public testimony, is summarized well in the main case, in plaintiffs' Conclusion of Reply dated June 11, 2025:

> "The plaintiffs' claims relate to the material and immaterial damage that plaintiffs suffer because they were placed in a preferential reality by defendants...and in that preferential reality they suffered from completely unnecessary measures." (June 11, 2025, Plaintiffs' Conclusion of Reply, ¶ 109)
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> "The causal link between the material and non-material damage suffered by the claimants and the group liability for co-implementing the Covid-19: The Great Reset project is given because without their cooperation in the implementation of this [preferential reality imposition] project (in the Netherlands), the claimants would not have had to undergo any measures and would therefore not have suffered any material and/or non-material damage." (June 11, 2025, Plaintiffs' Conclusion of Reply, ¶ 115)

Plaintiffs' and petitioners' injuries were caused by defendants' acts and omissions (information operations, psychological operations, deceit) as participants in a performance used to instill in petitioners two false beliefs:

> 1) that Dutch society and individual members of Dutch society faced a specific, new, dangerous physical threat, and
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> 2) that petitioners' personal participation in "lockdown" measures and taking vaccines as supplied, recommended and offered by defendants, would protect their own physical health and the health of others from the specified (but false) dangerous, physical threat.

But for (*sine qua non*) holding those two false beliefs, petitioners would not have been injured (materially and immaterially) by psychological abuse and by vaccination, because they would not have been induced to feel fear, guilt and shame, would not have isolated, masked, or tested, and would not have taken vaccines.

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[1] This memo was drafted at the request of petitioners' attorney Peter Stassen, and submitted for his use preparing for oral hearing This memo has not been submitted to the District Court at Leeuwarden or to the Amsterdam Court of Appeals.
Procedural History: Petitioners filed Request for Provisional Evidence Proceedings in District Court of Northern Netherlands at Leeuwarden (March 7, 2025, Case No. C/17/199273 / HARK 25/17) - Leeuwarden District Court denied request by order dated Aug. 20, 2025 - Petitioners appealed denial order to Court of Appeals at Leeuwarden (Sept. 15, 2025) - Appeal transferred to Court of Appeals at Amsterdam (Case No. D100816) - Oral hearing scheduled for March 9, 2026.
Case documents in Dutch and English - https://rechtoprecht.online/
Case documents in English - https://bailiwicknewsarchives.wordpress.com/litigation-leeuwarden-netherlands/

Why should the Amsterdam Court of Appeals allow petitioners' appeal to proceed, reverse the lower court decision, and grant petitioners' request for provisional evidence proceedings?

Public statements and claims are made, by defendants and their counterparts in countries outside the Netherlands, about sole-cause disease-causation by pathogens, and about non-causation of injury by vaccines, without collection of evidence or, if evidence has been collected, without valid assessment of evidence quality and significance.

No judicial review of evidence -- valid, public assessment of evidence quality and significance -- has yet been authorized or conducted.

This situation is not new.

Since the inception of vaccination campaigns as alleged disease control measures in the early 1900s (regional/small-country scale at that time, expanded nation-wide in US in 1950s), there has been no judicial review in United States courts, of physical, chemical and/or biological evidence for the necessity of disease control measures: the factual, physical dimensions of "communicable disease" outbreak threats, as distinct from the psychological-projection or behavioral-conditioning dimensions of disease outbreak/threat-awareness media campaigns.

There has also been no judicial review of physical, chemical or biological evidence presented as foundations for claims as to the identity, safety and effectiveness of vaccines for prevention or mitigation of disease.

The reason why judicial review has never been conducted in US courts, nor authorized or directed by legislatures in the United States, is because claims as to the physical necessity of disease control measures and claims as to the physical identity, purity, safety and effectiveness of vaccines for prevention or mitigation of disease, have never been supported by evidence true, complete or strong enough to withstand well-informed adversarial cross-examination.

Defendants in the present case oppose substantive evidentiary review in a Dutch judicial context for the same reason: their claims cannot withstand well-informed adversarial cross-examination.

It is precisely because of the weakness of the evidentiary support for defendants' claims, that substantive evidentiary review should be conducted by the Amsterdam Court of Appeals, by the Leeuwarden District Court, or by both Dutch courts.

Did defendants have legal duties to provide true and complete information to the Dutch people?

Defendants may have had legal obligations (duties) under Dutch law to provide true and complete information to the public. Defendants may have held such legal obligations individually and/or as members of a group providing information to the public.

Petitioners can demonstrate from defendants' own speech and omissions (oral/televised and written), that if defendants held legal obligations to provide true and complete information to the public, defendants breached (failed to fulfill) those obligations by withholding from the public or mischaracterizing knowledge, which defendants had or should have had in their possession. Defendants knew or should have known that they were providing false, incomplete and/or misleading information to the public, and that their acts and omissions were unlawful.

The available evidence demonstrates that

> 1) defendants provided plaintiffs and the entire Dutch population with false, incomplete and misleading information on subjects referred to as SARS-CoV-2 virus or coronavirus, spike protein, Covid-19 disease and Covid-19 vaccines, and
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> 2) defendants knew or should have known that the information they provided was false, incomplete and misleading and could have informed plaintiffs that the information provided was false, incomplete and misleading.

However, the legal research I documented in my written report for use by the District Court at Leeuwarden and by Amsterdam Court of Appeals (St. Benedict Memo, Sept. 2025), supports at least three conclusions:

> 1) United States communicable disease control laws and biological product laws are controlling in the Dutch petitioners' case, through Mutual Recognition Agreements (trade agreements) and other legal instruments in force between the State of the Netherlands (including CBG, College ter Beoordeling van Geneesmiddelen/Medicines Evaluation Board), European Union, European Medicines Agency and US Food and Drug Administration.
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> 2) US communicable disease control law does not require US public health officers (CDC, NIH and NIAID officers) to collect, validate and report to the public true, complete information about alleged disease threats.
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> 3) US biological product manufacturing law does not require US drug manufacturers (including Pfizer) or regulators (FDA) to collect, validate and report to the public true, complete information about the identity, composition, potency or toxicity of biological products.

For US government officers, government contractors, and drug company officers, falsification, fabrication and withholding of evidence about disease threats and biological products are lawful acts, not unlawful acts and omissions.

In other words, the US biological product manufacturing and regulation system is a system designed and operated to place suspensions of undisclosed matter, prepared using undisclosed processing methods from undisclosed constituent matter, into containers, for insertion of these undisclosed contents into living people and animals.

For Dutch government officers and contractors working under the terms of international trade agreements, reliance on false, fabricated or incomplete (omitted) evidence in the development and implementation of Dutch government policy is lawful, not unlawful.

Defendants had no legal obligation or duty to validate information provided to them by World Health Organization, US-CDC, US-NIH, US-FDA, Pfizer or any other government agent or contractor.

Defendants also had no legal obligation to provide true and complete information (which they did not have an obligation to obtain or confirm) to the public.

Defendants were not legally obligated to publicly report true and complete information about what is known and not known (and what can and cannot feasibly be known) about multifactorial causation of "acute respiratory syndromes," whether severe, moderate or mild, by researchers, physicians or public health officers, when characterizing threats for the public.

Defendants were not legally obligated to publicly report true, complete information about what is known and not known (and what can and cannot feasibly be known) about the contents of vaccine containers in terms of composition and biological functions or effects in living recipients, including effects contributing to causation of injuries, biological malfunctions and death occurring after vaccination.

In other words, US and international law authorizes scientists, physicians and public health officers to present false, incomplete and misleading presumptive (not physically demonstrated or validated) information to the public when characterizing communicable disease threats as existing in stable, determinate form, as capable of causing disease, and when characterizing how severe or life-threatening any disease attributed to the causal agent may be.

The law also authorizes these actors to present false, incomplete and misleading presumptive (not physically demonstrated or validated) information when characterizing control measures or products, including vaccines, as necessary; when characterizing their physical composition; when characterizing the predicted effects or caused-results that may be expected from use (such as "protection"); and when characterizing the actual, observed effects of vaccination.

Defendants' willful ambiguation of correlation and causation

Ambiguation of correlation and causation in claims made by scientists, physicians and public health officials about communicable disease threats, vaccines and vaccination is deliberate and aimed at deceit to promote fear, guilt, euphoria, shame and behavioral compliance with response measures.

Covid-19 response measures imposed by defendants, on petitioners, began with stay-at-home and social distancing (1.5 meter) orders and masking orders, progressed to include testing and contact-tracing orders, and culminated in vaccination orders, with explicit conditioning of government relaxation/removal of non-pharmaceutical or "lockdown" measures on widespread submission to vaccination, and categorical exclusion, by the Dutch government, in causal attribution of injuries, biological malfunction and death occurring after vaccination, of vaccination itself as a cause.

Correlation deemed sufficient evidence of causation

Defendants have suspended the applicability of the principle that correlation is not evidence of causation for at least four subjects:

1. observed *in-vitro* cell death in so-called virus-isolation experiments,
2. observed presence of biological material in human or animal tissue samples (portrayed as evidence of "infection" or "asymptomatic infection")
3. observed *in vivo* severe acute respiratory illness and death in living human beings (vaccinated and unvaccinated)
4. observed *in vivo* health (lack of acute respiratory illness experience) or observed recovery from acute respiratory illness in living human beings during a time interval after vaccination.

For these four subjects, defendants have equated correlation to causation.

For these four subjects, defendants have systematically excluded from causal attribution, all other factors that could have or actually did cause or contribute to causation of cell-death (*in vitro*); presence of biological material in tissue samples; acute respiratory illness and death in living human beings (both never-vaccinated and vaccinated); and health (non-experience of respiratory illness or experience of mild, quickly-resolved illness).

1. *In vitro* cell death

Virologists cited by defendants have attributed the causation of cell-death (*in vitro*) to the hypothesized presence, in the plates, of a unique, stable, disease-causing, transmissible pathogen.

Virologists, and those who rely (without verification) on the presumed validity of virologists' study designs, studies and scientific conclusions, have excluded the attribution of observed cell death, to the withdrawal of nutrition, to the presence of other substances (such as antibiotics, other compounds) in the plates, or to other, unknown factors governing cell propagation and death.

2. Presence of biological material in human or animal tissue samples (portrayed as evidence of "infection" or "asymptomatic infection" in the subject from whom the sample was drawn.

Users of so-called "diagnostic" tests have attributed the causation of biological material being found in tissue samples taken from living human beings, to the hypothesized presence, in the body, of a unique, stable, disease-causing, transmissible pathogen.

Users of diagnostic tests, and those who rely (without verification) on the presumed validity of test design, manufacturing and calibration, have excluded the attribution of causation of biological matter being found in tissue samples, to the constant and active/dynamic presence of biological matter in every living animal's body.

3. *In vivo* severe acute respiratory illness and death in living human beings (regardless of vaccination status)

Defendants have attributed the causation of observed, symptomatic respiratory illnesses (colds and flus) and deaths of living human beings to a sole cause: the presumed (without verification) agency of a hypothesized unique, stable, disease-causing (sole-cause), transmissible or contagious "pathogen."

In the "SARS," "SARS-CoV-2" and "Covid disease" contexts, specific devices used by defendants to equate correlation with causation, exclude attribution to other causes, and falsify or fabricate evidence of severe or deadly disease threats to human health, include computer-generated gene sequences, RT-PCR test kits, serum antibody test kits, and government online "dashboards" depicting positive-test results and infections, and changes over time.

4. *In vivo* health (lack of acute respiratory illness experience) or observed recovery from acute respiratory illness in living human beings during a time interval after vaccination.

In human beings who have been vaccinated, and populations that have achieved high vaccination rates, defendants have attributed subsequent, observed lack of symptomatic respiratory illness and experience of mild respiratory illness from which the person recovers without intervention (represented at the population level by reduction in positive-test results and recorded infections), to the hypothesized presence of a unique, stable, infection-preventative molecule or compound introduced into the body by vaccination or by other prior exposure to the same or a similar disease-causative molecule or compound.

In the "SARS," "SARS-CoV-2" and "Covid disease" contexts, specific devices used to categorically exclude attribution of individual health to factors other than vaccination or other prior exposure to the same or a similar, are to exclude other (non-vaccination) explanations, such as the hypotheses that there exist no sole-cause, disease-causative, transmissible molecules or compounds and the hypotheses that disease-resistance and the ability to recover quickly from mild illness are multifactorial phenomena caused by factors such as functional, undamaged organs; access to good nutrition; clean water; rest; proper clothing, housing and home-ventilation; stable families; firm faith; and stable social, religious, economic and political systems.

Other (non-vaccination) causes to which population-wide reduction in recorded infections and positive-test results, recorded after vaccination campaigns, is not attributed include changes in test processing materials and methods; changes in diagnostic criteria; changes in case reporting procedures; and changes in diagnostic coding procedures.

Correlation deemed insufficient evidence of causation

Defendants have rigorously applied the principle that correlation is not evidence of causation for two subjects.

> 1) Observed fear, guilt, euphoria and/or shame and observed compliant behavior among members of the Dutch population following exposure to government messages presented on state-controlled or state-supporting media outlets.
>
> 2) Observed injury, disease (including acute respiratory disease) and death following vaccination campaigns (population) and vaccination of individuals.

<u>1. Observed fear, guilt, euphoria and/or shame and observed compliance behaviors among members of Dutch population.</u>

Defendants have argued that the Dutch population's observed fear of infection, guilt for allegedly placing loved ones at risk of harm, euphoria at the alleged scientific triumph of rapid vaccine development, and shame for allegedly delaying or preventing the reopening of society, which was conditioned, by government officials, on vaccine-uptake benchmarks, and the Dutch population's behavioral compliance with lockdown measures, enforcement policies and vaccination advice following exposure to government, corporate and media televised and print messaging promoting fear, guilt, euphoria, shame and compliance, were not caused by messages prepared, rehearsed, broadcast and printed by government, corporate and media defendants.

Defendants categorically exclude attribution of petitioners' decisions to take vaccines, to causation by defendants acts and omissions, either individually or as a group.

Defendants argue that petitioners decided individually to take vaccines, and could have decided not to trust government, corporate or media sources of information, not to feel frightened, guilty, ashamed or euphoric, not to follow lockdown orders, and not to take vaccines. Defendants point out that some Dutch people exposed to the same messaging and enforcement policies, did refuse to trust the information, did refuse to obey lockdown orders, and did refuse to be vaccinated.

2) Observed injuries, diseases (including acute respiratory disease and chronic disease) and deaths following vaccination of the majority of the Dutch population

Defendants have argued that observed injury, disease and death among members of the Dutch population, following vaccination, cannot be causally attributed to vaccination.

Defendants categorically exclude attribution of post-vaccination injury and death to causation by the vaccination act. Defendants argue that disease, disorder or death, temporally following or correlated with one or more vaccination acts, does not mean that vaccination was the cause of the disease, disorder or death.

Defendants argue that other factors, such as advanced age; infancy; pre-existing conditions (disease existing prior to vaccination); smoking; alcohol consumption; drug use (prescription, over-the-counter, illegal); physical trauma (wounds and blunt force); environmental toxins (cleaning products, container leachates, food additives, water or air pollutants); radiation; inherited predispositions (genetic factors); stress; lack of exercise; fatigue; social isolation (loneliness); malnutrition; or exposure to temperature extremes, may have caused or contributed to causation of injuries, diseases or deaths whose onset or exacerbation occurred, and/or were recorded after vaccination.

Defendants exclude from consideration, presentation and assessment of plausible biological mechanisms of injury attributable to vaccination, as sole or primary contributing cause of injury, disease or death.

Specific devices used by defendants to block attribution of causation of injury, disease and death to vaccination, include clinical trial protocols, manufacturing quality-control regulations, and post-marketing "pharmacovigilance" procedures imposing no binding requirements for product identity and purity control; patient monitoring; or validation of methods of adverse event data collection, analysis and reporting.

Defendants also attribute variations in reports of injuries and deaths, (across "batches," across time, or across geographic regions) to other, non-vaccination causes such as: average age of the population receiving a batch (elderly vaccinated earlier in campaigns); whether it occurred to the injured or dead person or caregiver that the injury or death might have been caused by vaccination; whether or not the injured or dead person or caregiver attempted to report the injury or death to a data collection system; and whether or not a data collection system was designed and functioned properly to record reports of injuries and deaths and to organize reported information to support valid analysis and valid conclusions.

Defendants controlled the design, operation and use of vaccine adverse event reporting systems.

Scientific, biomedical and physico-chemical claims and critical analyses thereof

Critical reviews of, and counter-arguments to, government-sponsored scientific and biomedical statements about coronavirus disease threats and Covid vaccines have used government- and drug-company-provided information as starting points.

Critics have built critiques around acceptance that the statements about the physical composition and functional qualities of matter were true and complete.

Critics have argued that data has been misinterpreted and/or misrepresented by proponents of the novel-virus-as-threat narrative, the vaccine-as-stable-and-pure (unadulterated, uncontaminated) narrative; and the vaccine-as-disease-preventative-or-therapeutic (safe, effective) narrative.

Primary examples are statements that

> 1) a specific molecular structure - the spike protein - is a stable feature of a novel, stable, pathogenic (disease-causing), risk-additive (capable of causing severe disease), transmissible coronavirus that emerged in late 2019 to be detected in Wuhan, China
>
> 2) the same spike protein molecular structure, subunits thereof, or mRNA molecules coding for cell-based production of the spike protein or subunits, were incorporated, in stable form, into Covid-19 vaccines
>
> 3) the same spike protein or subunit molecular structures have been "detected" during biopsies of tissue from living vaccine recipients, and during autopsies of individuals who died following Covid-19 vaccine injection, on the basis of which vaccine injury and death can be attributed to vaccination.

Further examples are provided by the term "graphene oxide" and the "lipid" substances named ALC-0315 and ALC-0519.

Pfizer-BioNTech's written statements to regulators (in regulatory documents) and to the general public (in package inserts, "fact sheets" and similar documents and televised oral statements) about the composition of matter contained in vaccine batches, lots, vials and other quantities, have not been verified or validated by the FDA or any other regulatory agency, or by any independent, third party (non-government) reviewer.

Therefore, Pfizer-BioNTech and other companies and regulators' written and oral claims about vaccine contents cannot be construed as true and complete.

Truthful, complete information about the composition of matter in vaccine containers is not available.

Examples of critical analyses resting on unverified claims made by Pfizer-BioNTech and endorsed by FDA and other regulators (through "authorization" and "approval" acts) include analyses by Dr. Michael Yeadon, Sasha Latypova, Dr. Francis A. Boyle, Dr. Joseph Sansone, Dr. Peter McCullough, Dr. Arne Burkhardt, Dr. Ute Kruger, Dr. Walter Lang and Karen Kingston as cited by plaintiffs and petitioners in Summons and Complaint (July 2023), Conclusion of Reply (June 2025) and requests for provisional evidence proceedings (March 2025)

Defendants have denied the credibility and relevance of these critical analyses.

I do not endorse reliance on the factual truth and completeness of claims presented by drug manufacturers, government regulators, or by critics of government policy, as to the identity, stability, homogeneity, pathogenicity, toxicity, therapeutic effect, or transmissibility of biological agents or molecular structures allegedly found in tissue samples and/or inserted (in naturally-occurring, modified or gene-coding forms) into vaccine containers.

This is not to say that these critical reviews are of no evidentiary value. The authors of critical analyses (Yeadon, Latypova, Boyle, Sansone and others) have been compelled to use false and incomplete information in conducting their critical analyses, because no true, complete, validated information has been made available to the public.

It is only to say that critical analyses based on false and incomplete physico-chemical composition and biological functionality claims are of less evidentiary value than critical analysis based on true, complete, validated information would be, if such true and complete evidence were available.

Judicial review has not been conducted because vaccination-proponents' allegations cannot withstand cross-examination

Again, the reason why judicial review has never been conducted in US courts, nor authorized or directed by legislatures in the United States, is because claims as to the physical necessity of disease control measures and claims as to the physical identity, purity, safety and effectiveness of vaccines for prevention or mitigation of disease, have never been supported by evidence true, complete or strong enough to withstand well-informed adversarial cross-examination.

Defendants in the present case oppose substantive evidentiary review in a Dutch judicial context for the same reason: their claims cannot withstand well-informed adversarial cross-examination.

It is precisely because of the weakness of the evidentiary support for defendants' claims, that substantive evidentiary review should be conducted by the Amsterdam Court of Appeals, by the Leeuwarden District Court, or by both Dutch courts.