



# CSAPE

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In regard to articles 13.c and 15 of the Rome Statute

Mr. Prosecutor Karim Asad Ahmad KHAN,

We represent different professions and citizens. We intervene in the interest of the population which, in our opinion, has been fooled for the one part and for the other part wants to apply its most sacred right to refuse degrading liberticidal measures and inoculation of this pharmaceutical engineered, experimental product, improperly qualified as a "vaccine" in the medical and legal senses of the term, and as today no one is able to say what the outcome of these "vaccines" will be, imposed insidiously and illegally by the introduction of a health passport.

Failing to have encouraged any debate with regards to reality and abundant international scientific literature and to authorize on the public scene only the intervention and the opinions of health professionals having a conflict of interest with the pharmaceutical industry, the French State, through freedom-killing laws which are substituted for a real public health policy accordingly and adapted to a virus, has shifted into a totalitarian, even dictatorial regime in the name of Covid-19, through the generalization of extortion in consent on the RT - PCR testing, on the consent on the "VACCINE" use, by the imposition of the mask, the constraint of monitored residence, in violation of all Treaties and international codes.

We strongly recall that the French State cannot avoid the international law applicable because of the health situation; in fact:

According to the European Court of Human Rights, it is necessary "to look behind the appearances and investigate the realities of the situation complained of "

ECHR, September 23, 1982, n ° 7151/75 and 7152/75, Sporrang and Lönnroth v / Sweden, § 63.

The quarantine of the European Court of Human Rights (ECHR) is not, as some pretend to believe, to extol the merits of derogatory clause of Article 15 of the Convention, but to examine the reality of the situation induced by the non-recourse to Article 15, on the side of Strasbourg and, above all, of internal law.

On the one hand, France had the possibility, and not the obligation, thus noted, to have recourse to Article 15. On the other hand, the conditions for opening Article 15 "the existence of a public emergency threatening the life of the nation" had to be met.

**France has made the political choice not to resort to Article 15 of the Convention (ECHR).**

Is it therefore faithful to the spirit of the Convention?

No, because the very logic of Article 15 is that the State triggers the exception mechanism of Article 15 when the ordinary resources of the Convention (public order clause) are insufficient to face public danger.

**This is what was advised by the director of legal advice and public international law of the European Council, in a memorandum sent on March the 16<sup>th</sup> to the permanent representatives of the states, titled:**

*« Covid-19. Derogations under article 15 of the European Convention on Human Rights »:*

*« Under article 15 of the Convention, the High contracting Parties may derogate from obligations under the Convention 'in time of war or other public emergency threatening the life of the nation'. On 11 March 2020, the World Health Organization (WHO) characterized Covid-19 as pandemic. Due to the alarming levels of spread and severity of the disease, it would appear justified to speak of a public emergency threatening the life of the nation.*

*According to the European Court of Human Rights, the situation must be such that normal measures permitted under the Convention will not be adequate to address that situation ».*

In particular, Article 15 acts as a "provision barrier" which, aims at preventing the spread of exceptional measures restricting rights and freedom in common law, it obliges the State to inform the General Secretary of the European Council that the derogation period has ended and that he has eliminated these exceptional measures from its law and, this, under the possible subsequent control of the Court.

France has chosen to resort to a state of emergency but has placed itself outside the control of the authorities of the European Council. The guarantee of the operative part of Article 15, fragile but nevertheless existing, disappears.

It can certainly be objected that in 2015, France triggered Article 15 and that this did not prevent exceptional regulations were then transferred to common law.

It will be all the easier for France, away from the outside eyes of an impartial third party ...

In internal law, the important question is whether the choice not to have recourse to Article 15 and to stay within the common law, allows effective protection of the rights guaranteed by the Convention. **Now, there is appearance and reality.**

**Appearance:** the non-recourse to Article 15 implies that the ECHR and international law, in particular customary, continue to apply in internal law.

**But the reality is different:** the control of conventionality is evanescent although the orders referred to as "covid-19" are, for the most part, just a pretext. The judge of the State Council acts "as if" Article 15 was applicable and therefore considers that the State has a margin of appreciation of such magnitude that the control of the conventionality becomes purely formal and he will not hesitate to violate international law.

This is all the more shocking, since the state of emergency is not an insurmountable obstacle; the judge of summary for freedom of the State Council had demonstrated this during the state of emergency of 2015 to fight against terrorist threats, not hesitating, while France had resorted to Article 15 of the Convention, to "Exit" from this regulation, to apply the common law of Article 8 of the Convention and apply a strict control proportionally to the regulations on house arrest or entrepreneurial freedom.

SEE: CE, ord, 6 Jan. 2016, n ° 395622 and 395620/21; Jan 11, 2016, 1507833; Jan 20, 2016, 1600136; Jan 22 2016, 396116.

**Conclusion: the non-recourse to article 15 of the convention necessarily implies that the ECHR and the international law, in particular customary law, continue to apply in internal law.**

**International law provides for the absence of immunity for heads of state and their administrations in matters of crimes against humanity and more generally any serious violation of international law.**

Those responsible for torture, genocide and other crimes against humanity cannot invoke immunity or special privileges in order to avoid civil or criminal liability.

The fundamental rule in international law is that there is no immunity under international law for heads of state and public officials in cases of crimes against humanity, this has been established for a long time.

**The general principle of international law recognized by the Treaty of Versailles on June 28<sup>th</sup>, 1919**, the immunity of heads of state according to international law has its limits, particularly when crimes are committed violating international law.

**In article 227 of this Treaty**, the Allied Powers and their associates publicly indicted "William II of Hohenzollern, former Emperor of Germany, for extremely serious crime against international morality and the sacred nature of the Treaties "and established a special tribunal to judge the former head of state by judges appointed by Great Britain and other countries.

**Article 7 of the Nuremberg Code was drafted in 1945 with a clearly expressed purpose:**

" **The official position of defendants**, whether as Heads of State or responsible officials in Government Departments, shall not be considered as freeing them from responsibility nor as a reason to reduce punishment".

**As the 73rd UNITED NATIONS GENERAL ASSEMBLY recalls:**

*"The prohibition of crimes against humanity constitutes a peremptory norm of general international law (jus cogens) "*

**The customary nature of the obligation to repress crimes against humanity:**

It results from practice, from several resolutions of the General Assembly of the United Nations and from the draft code of crimes against the peace and security of mankind adopted by the CDI in 1996 that the repression of crimes against humanity are customarily imposed on States and that failure to sign the convention does not make them exempt from prosecution when it comes to a crime against humanity or genocide.

**On these bases recalled, we decided to file a nominative complaint against:**

**\* For having organized a situation of considerable damage and crimes on the French population:**

The President of the French Republic, Mr. Emmanuel MACRON;

The Prime Minister, Mr. Jean CASTEX, head of government;

The entire current government representing the executive;

The entire scientific committee headed by Mr. Jean-François DELFRAISSY;

The Pasteur Institute its President being: Christian VIGOUROUX, section president of the State Council and the members representing the Minister of Research, Budget, Health, the President of the National Centre for Scientific Research, the General Director of the National Institute of Health and medical research, as well as Sanofi Pasteur.

**\* For having actively participated in France:**

The Minister of Health, Mrs. Agnès BUZYN;

The Director General of Health, Jérôme SALOMON;

The President of the National Assembly, Mr. Richard FERRAND;

The National Academy of Medicine, Dr CHARPENTIER Bernard, 1st division, President

The council of the medical doctors, Dr Patrick BOUET;

The council of Nurses Mr. Patrick CHAMBOREDON;

The council of physiotherapists, Mr. Pascale MATHIEU;

All the ARS (regional health agencies) whose list of names is communicated;

All of the school academies whose list of names is communicated;

**\* For having organized and actively participated from abroad:**

WHO Director-General Tedros Ghebreyesus (Geneva, Switzerland);

Doctor Christian Drosten (Berlin, Germany);

Bill Gates (Seattle, Washington, United States);

The European Commission in its president Ursula von der Leyen (Brussels, Belgium);

The European Medicines Agency (EMA) in its director Emer Cooke (Amsterdam, Netherlands)

**In France, all those who organized or participated in disproportionate repression and crimes were instructed to provide answers to specific questions (Exhibit 1).** Their silence demonstrates the will, the absolute determination to do nothing, demonstrating the intention to persist in this madness to violate human rights. Only the scientific committee replied, through the person of Mr. DELFRAISSY, its opinion being advisory, its responsibility cannot be engaged (Exhibit 2). Demonstrating below, this position cannot be retained.

**We call on the Court to open an investigation against these people for crimes against humanity,** violation of human dignity, slavery (servitude) and genocide.

**On the grounds of having deliberately violated:** The Nuremberg Code, customary law enforceable against States; The INTERNATIONAL COVENANT ON CIVIL AND POLITICAL RIGHTS equal and inalienable rights, France is signatory; The Universal Declaration on Bioethics and Human Rights, France is signatory (UNESCO); The Convention on Human Rights and Biomedicine, signed in Oviedo on 4<sup>th</sup> of April 1997, France is signatory, The UNICEF International Convention on Children's Rights, France is signatory; The Universal Declaration of Human Rights, France is signatory, the International Covenant on Civil and Political Rights, France is signatory.

I. PRELIMINARY REMINDER of the statement by the President of the ICC:

**The President of the International Criminal Court, Judge EBOE-OSUJI, Chile, on the occasion of the human rights said:**

*"Today, the International Criminal Court (" ICC "or" the Court ") joins people around the world to mark Human Rights Day, commemorating the adoption of the Universal Declaration of human rights on December 10, 1948 and its 70th anniversary this year.*

*The Universal Declaration of Human Rights proclaims indisputable rights, to which everyone has a fundamental right as a human being.*

*As we commemorate Human Rights Day, remember the important role the ICC plays in this universal system that has been set up to effectively protect human rights.*

*Founded by the Rome Statute, **the ICC is the first permanent court to prosecute people accused of serious crimes which deeply shock the human conscience. Outrages upon personal dignity, sexual violence, slavery and other crimes must not go unpunished. When national courts refuse or are unable to genuinely investigate atrocity crimes, the ICC can and has to intervene.***

## **II. Legal basis of the request:**

### **INTERNATIONAL LAW IN EFFECT**

Having regard the Treaty of Versailles of June 28, 1919;

Considering Article 6c and 7 of the Statute of the Nuremberg Tribunal;

Having regard to the 73rd GENERAL ASSEMBLY OF THE UNITED NATIONS;

Having regard to the ILC 1996;

Having regard to the Universal Declaration on Bioethics and Human Rights ART. 5, 6 § 1. 2. 3, 7, 9;

Having regard to the Convention on Human Rights and Biomedicine, signed in Oviedo on April 4, 1997 ART. 2;

Having regard to the Nuremberg Code in particular its articles 1 and 2;

Considering the UNICEF International Convention on the Rights of the Child its articles 28, 29, 32, 37;

Considering the Universal Declaration of Human Rights its articles: 3, 5, 9, 12, 13, 17, 18, 20, 26, 27, 28, 30 ;

Seen the ICCPR | International Covenant on Civil and Political Rights its articles: 7, 8;

Seen the ECHR;

Having regard to regulation n ° 698/2019 UE, of 5.9

### **PREAMBLE**

#### **IN THE NAME OF THE RIGHTS OF THE PEOPLES AND TO RECALL**

According to the constitutional texts in effect

The Declaration of Human Rights and of the Citizen of 1789

"... Considering that ignorance, forgetting or contempt for human rights are the only causes of public misfortunes and government corruption "

"The goal of any political association is the conservation of the natural and imprescriptible rights of mankind. These rights are liberty, property, security, and resistance to oppression "

The Preamble to the French Constitution of October 27, 1946

"In the aftermath of the victory won by the free populations over the regimes which tried to enslave and degrade the human person, the French people proclaim once again that every human being, without distinction of race, religion or belief, has inalienable and sacred rights. He reaffirms solemnly the rights and freedom of mankind and of the citizen enshrined in the Declaration of the Rights of 1789 and the fundamental principles recognized by the laws of the Republic. "

#### **AIMING**

**VIOLATION OF FREEDOMS - VIOLATION OF FUNDAMENTAL RIGHTS - VIOLATION OF INVIOABILITY OF RESIDENCE- VIOLATION OF THE RIGHT TO PERSONAL AUTONOMY – CRIME AGAINST HUMANITY - BREACH OF HUMAN DIGNITY – SLAVERY (servitude) - GENOCIDE**

#### **Inalienable and inalienable rights**

#### **About France**

**Subject:** Complaint, forming part of the formal notice (Exhibit 1) for crimes against humanity, violation of human dignity, slavery, genocide and any other act, against the persons named above pages 3 and 4, and any other perpetrators involved in the infringements; Request that the coercive measures necessary to establish the facts, seizure of documents, files, emails, internal notes, minutes of conversations, etc. ; Also requests that any other person who contributed, directly or by passive complicity, to these crimes, and that any other person carrying facts beneficial to the establishment of the truth will be questioned

**Admissibility of the complaint:**

France is one of the signatory countries of all international conventions and recognizes the ICC; The ICC (International Criminal Court) has jurisdiction in view of the charges;

The complainant did not pursue any recourse in his country; state privilege law does not apply;

The French State was questioned beforehand (Exhibit 1) on the facts set out in this complaint and deliberately ignored the reasoned content of the inquiry, thus demonstrating its willingness not to engage any action in search of the truth;

The highest French courts refuse to rule in good law and are arbitrary;

The complaint is based on serious factual elements; any journalistic or conjectural commentary have been discarded;

As the acts of crime are of general concern to the civilian population, the applicant is directly concerned for the defence of the general interest and for himself;

International law provides for the absence of immunity for heads of state and their administrations in matters of crimes against humanity, genocide and all serious violations of international law;

The complaint is brought against individuals and not against States;

**Therefore, the complaint is admissible for the opening of an investigation.**

We wish to outline the following questions and facts:

**A- Questions:**

1 - is there really a pandemic? How dangerous is the virus? if so, why the definition of a pandemic has been amended and revised downward by the WHO by removing the last two criteria which are the number of serious illnesses and the large number of caused deaths, to trigger it, it was stated by the WHO that the death rate was no more deadly than a normal flu, at 0.14% throughout the world ? And this without getting into the controversy of the conflict of interest it may concern.

2 - Is the RT PCR test reliable? why was the RT - PCR test used and continues to be used, when it has been refuted by his peers (twenty-two scientists) and that a withdrawal request was filed for ten major scientific flaws, being of such scientific crudeness that the deliberate aim was and is always creating false positives?

3 - Do the cases of infections really exist or are they the result of the RT - PCR test, the nature of the infection never having been searched?

4 - For what purpose has the concept of asymptomatic infections been created, while the CDC in two different reports and that several scientists admit that the RT - PCR test is unable to detect the 2019-nCoV, the idea that people are ill without knowing it is a hoax according to immunology principles and that people are actually healthy?

5 - Are surgical or masks made out of fabric effective? If so, where are the studies? What is the purpose of obliging people to wear a mask, knowing that all studies from 1962 to 2021 show the ineffectiveness and dangerousness of masks for health?

6 - What is the purpose of these anti-Covid measures which impose confinements and curfews in deprivation of physical freedoms (is the virus dangerous only during certain time slots and only in certain work environments!?!), while all scientific studies show the ineffectiveness and the dangerousness of such measures causing incalculable damage by increasing deaths, suicides, psychological damage, destruction of social ties, business failures by thousands, in addition to the violation of human dignity, humiliation, etc., all this resting solely on the basis of the RT - PCR test?

7 - Is the virus of human origin? If so, why is there no prosecution, if it is established with certainty by scientists and studies that the virus is not a zoonosis?

8 - How can the leaders of the States, relayed by an exacerbated media propaganda, including the French media paid by the State (Exhibit 3) and for some, subsidized by Bill GATES, say they have "vaccines" against Covid-19, that they are effective, that they are safe, whereas the laboratories themselves refuse to guarantee them by exonerating themselves from any responsibility in the contracts signed with their sponsors? Does such an assertion not constitute criminal deception subjecting the population to widespread medical experimentation with false information and thus unenlightened, or even organized in order to amplify experiments on the human genome?

**The Secretary General of the United Nations Mr. Antonio GUTERRES has publicly declared**

*"Brandishing the pandemic as a pretext, the authorities in some countries have taken severe security measures and adopted emergency measures to suppress dissonant voices, abolish the most fundamental liberties, silence the independent media and hamper the work of non-profit organizations government officials, human rights defenders, journalists, lawyers, activists, health professionals, have been subject to arrests, prosecutions, intimidation and surveillance for having criticized the measures or the lack of measures ..., the restrictions serve as an excuse to undermine electoral processes, weaken the voices of opponents and suppress criticism, access to vital information has been hampered, while deadly disinformation has been amplified, by some leaders amongst others. "*

## **B- The facts:**

- **Principles applicable in law**

### **1- The perimeter of crime against humanity in international law**

While customary law determines the type of conflict required to designate a crime against humanity, its prohibition is necessarily a part of customary international law. (1)

Crime against humanity does not exist only through its codification; it fits in the international classification as a customary rule allowing it to interact more closely with the international morality that has developed since the 19th century. Crime against humanity is therefore not a frozen and imprisoned text offense. Its customary character allows it to evolve and adapt to changing mores in our society. Its conventional definitions then appear to be a concrete and limited application of what is covered by the customary offense of crimes against humanity.

The crime against humanity does not consist of an offense of its own, but of a series of offenses.

The very notion of the offense of a crime against humanity is therefore part of the moral satisfaction of a collective indignation, a moral gratification that must rely entirely on international crime law.

Crime against humanity falls essentially within the international classification as an offense of international criminal law. International criminal law, that is, the law which protects the interests of international community for which the great values of humanity are a customary right of origin. (2)

Thus in its article 7 of the ICC, **constitutes a crime against humanity, imprisonment or any other form of serious deprivation of physical liberty in violation of fundamental legal international provisions.**

(1) Jugement Dusko Tadic 7th of May 1997, § 623

(2) Jean-François ROULOT, Le crime contre l'humanité, l'Harmattan, p 178



## 2- Concerning current French legislation

The crime against humanity is incriminated in articles 211-1 and 212-1 of the criminal code with law n ° 92-684 of 22 July 1992 reforming the provisions of the criminal code relating to the repression of crimes and crimes against persons and amended by Law n ° 2004-800 of August 6, 2004. Articles 211-1 and 212-1 of criminal code respectively concern genocide on the one hand and other crimes against humanity on the other hand. These two articles define crimes against humanity in a broad sense.

According to section 211-1:

*"Constitutes a genocide, the fact, in execution of a concerted plan tending to the total or partial destruction of a national, ethnic, racial or religious group, or of a group determined on the basis of any other criterion arbitrary, to commit or cause to be committed, against members of this group, any of the following acts :*

- *intentional infringement of life;*
- *serious infringement of physical or mental integrity;*
- *submission to conditions of existence likely to lead to the total or partial destruction of the group;*

*(...)*

- *preventive measures against births;*
- *forcible transfer of children. "*

Then according to article 212-1 constitute the other crimes against humanity:

*"Also constitutes a crime against humanity and is punished by life imprisonment one of the following acts committed in execution of a concerted plan against a group of the civilian population in the part of a generalized or systematic attack:*

*1 ° Intentional infringement of life; (...)*

*4 ° Deportation or forcible transfer of population;*

*5 ° Imprisonment or any other form of serious deprivation of physical liberty in violation of the fundamental provisions of international law;*

*6 ° Torture; (...)*

*11 ° Other inhuman acts of a similar character intentionally causing great suffering or serious infringements of physical or mental integrity.*

### 3- The perimeter of slavery and servitude in international law

**According to customary IHL** (international humanitarian law)

Rule 94. Volume II, Chapter 32, Section H.

**Slavery and the slave trade in all their forms are prohibited. State practice establishes this rule as an applicable customary international law standard.**

The prohibition of "*slavery and the slave trade in all their forms*" is recognized in the Additional Protocol II as a fundamental guarantee for civilians and persons out of combat (3).

"Enslavement" was considered a crime against humanity in the Statutes of International Military Courts at Nuremberg and Tokyo (4).

"Enslavement" is also listed as a crime against humanity under the Statutes of the International Criminal Court and International Criminal Tribunals for the former Yugoslavia and Rwanda (5).

The prohibition of slavery, enslavement and the slave trade is an obligation to which it is impossible to derogate according to the International Covenant on Civil and Political Rights and according to the regional human rights conventions (6)

(3) Protocole additionnel II (1977), art. 4, par. 2, al. f) (adopté par consensus) (cité dans vol. II, ch. 32, par. 1772).

(4) Statut du TMI (Nuremberg) (1945), art. 6 (ibid., par. 1759); Statut du TMI (Tokyo) (1946), art. 5(c) (ibid., par.1787).

(5) Statut du TPIY (1993), art. 5, al. 1 c) (ibid., par. 1793); Statut du TPIR (1994), art. 3, al. 1 c) (ibid., par. 1794); Statut de la CPI (1998), art. 7, par. 1, al. c) (ibid., par. 1777).

(6) Pacte international relatif aux droits civils et politiques (1966), art. 8 (esclavage, traite des esclaves et servitude) (ibid., par. 1770); Convention européenne des droits de l'homme (1950), art. 4, par. 1 (esclavage et servitude) (ibid., par. 1766); Convention américaine relative aux droits de l'homme (1969), art. 6, par. 1 (esclavage, servitude et traite des esclaves) (ibid., par. 1771); Charte africaine des droits de l'homme et des peuples (1981), art. 5 (esclavage et traite des personnes) (ibid., par. 1774).

#### **Definition of slavery**

The Slavery Convention defines slavery as "*the state or condition of an individual upon which the attributes of property rights or some of them are exercised*".

The "enslavement" in the Statute of the International Criminal Court, namely "*the exercise on a person of any or all of the powers related to the right to property, including in the context trafficking in human beings, in particular women and children*"(7).

The Supplementary Convention on the Abolition of Slavery defines serfdom as "*the condition anyone who is required by law, custom or agreement to live and work on land belonging to another person and to provide that other person, in return for payment or free of charge, certain specific services, without being able to change its condition*"(8).

In the Pohl case in 1947, the United States Military Tribunal at Nuremberg ruled that "*servitude involuntary, even if mitigated by humane treatment, remains slavery*"(9).

(7) Statut de la CPI (1998), art. 7, par. 2, al. c) (ibid., par. 1777).

(8) Convention supplémentaire relative à l'abolition de l'esclavage, art. premier, al. 1 b). Voir Commission européenne des droits de l'homme, affaire Van Droogenbroeck c. Belgique (ibid., par. 1898), pour une application de cette définition.

(9) États-Unis, Tribunal militaire à Nuremberg, affaire Pohl (ibid., par. 1867) [notre traduction].

#### **4- Concerning current French legislation**

In France, it is open secrecy that senior officials of French state and foreigners use people in conditions of slavery, as we have seen for the former minister of Burundi and his wife on French territory, or the French ambassador in Ivory Coast accused of sexual assault on five people and recalled to Paris to avoid prosecution; these examples among many other cases that are hushed up.

Thus, despite the requests of the NATIONAL ADVISORY COMMISSION ON HUMAN RIGHTS to fill the legal vacuum urgently (Notification on the trafficking and exploitation of human beings in France of 18 December 2009) to the legislator, nothing has been done.

Only Law n ° 2001-434 of May 21, 2001, tending to the recognition of trafficking and slavery as that a crime against humanity, specifies:

*Article 1: "recognizes that the transatlantic slave trade as well as the slave trade in the Indian Ocean on one hand, and slavery on the other hand, perpetrated from the fifteenth century, in America and the Caribbean, in the Indian Ocean and in Europe against the African, Amerindian, Malagasy and Indian populations constitute a crime against humanity "*

Let us quote a slight corrective attempt by law n ° 2003-239 of March 18, 2003 for internal security which has not changed anything and law 4560, filed on February 22, 2017 (posted on February 24 2017 at 4 p.m.) which never saw the light of day.

**In fact France has been condemned by the ECHR twice on the subject, for those who have found courage to go through with their claim:**

##### **SILIADIN v. FRANCE of July 26, 2005, Application no.73316/01**

The ECHR notes that the application of Article 4 against slavery requires the authorities:

- 1 / to incriminate acts of slavery committed by individuals on its territory;
- 2 / that the state of slavery must be considered by the state or not of servitude depending on the circumstances particular to the cause;
- 3 / that an individual subjected to the state of servitude, has the right to see the author of the facts condemned criminally for slavery;
- 4 / otherwise, there is a violation of article 4 of the convention.

##### **C.N. ET V. v. FRANCE of 11 October 2012, Application no 67724/09**

Keeping a minor in servitude by her uncle and aunt: the authorities did not fight effectively against forced domestic labour.

## **5- The perimeter of the violation on human or individual dignity in international law**

According to customary IHL (international humanitarian law)

**Rule 90. Volume II, Chapter 32, Section D.**

**Torture, cruel or inhuman treatment and outrages upon personal dignity, in particular humiliating and degrading treatment are prohibited.**

**State practice establishes this rule as an applicable customary international law norm .**

### **The definition of inhuman treatment**

The elements of crimes in the Statute of the International Criminal Court define the term "inhumane treatment "such as inflicting" severe pain or suffering, whether physical or mental "(10).

The element that distinguishes inhuman treatment from torture is the absence of the criterion stipulating that the treatment must be inflicted with a specific purpose. The International Criminal Tribunal for the former Yugoslavia has used a broader definition, considering that inhuman treatment is treatment which "causes great physical or mental suffering or pain or which constitutes a serious attack on human dignity "(11).

(10) ICC Elements of Crimes (2000), definition of inhuman treatment as a crime (Statute of CCI, art. 8, par. 2, al. a) ii).

(11) TPIY, affaires Le Procureur c. Zejnil Delalić et consorts, jugement (cité dans vol. II, ch. 32, par. 1328) et Le Procureur c. Dario Kordić et Mario Čerkez, jugement (ibid., par. 1330).

### **Definition of outrages upon personal dignity, in particular humiliating and degrading treatment**

The notion of "*outrages upon personal dignity*" is defined in the elements of crimes of the Statute of the International Criminal Court such as subjecting a person to humiliating treatment or degrading or otherwise violating his or her dignity, to an extent sufficiently serious "*to be generally recognized as an attack on the dignity of the person* ".

The elements of crimes further specify that degrading treatment may also relate to deceased persons, and that the victim need not be personally aware of the humiliating or degrading nature of the treatment suffered (12).

The notion of "*degrading treatment*" was defined by the European Commission of Human Rights as a treatment or a punishment which "grossly humiliates the individual in front of others or pushes him to act against his will or his conscience "(13).

(12) ICC Elements of Crimes (2000), definition of outrages upon personal dignity, in particular humiliating and degrading treatment, as a war crime (ICC Statute, art. 8, para. 2, para. b) xxi) and art. 8, s.2, al. c) ii)).

(13) European Commission of Human Rights, Greek case (cited in vol. II, ch. 32, para. 1339).

## **6- Concerning current French legislation**

The Constitutional Council establishes the "*safeguarding of the dignity of the human person against any form of enslavement and degradation*" on the first paragraph of the 1946 Constitution's preamble (14):

*"In the aftermath of the victory won by the free populations over the regimes which tried to enslave and degrade the human person, the French people proclaim once again that every human being, without distinction of race, religion or belief, has inalienable and sacred rights "*

**The principle of dignity requires, according to the formula of the Constitutional Council, to safeguard the human person "*against any form of enslavement or degradation*".**

**Dignity implies that the person remains in control of their body and of themselves, which implies that he is not alienated or enslaved for purposes foreign to himself.**

**In addition,**

*"The original political doctrine which establishes the Penal Code was formulated under the Constituent. She rests on the inseparable nature of the dimensions of freedom and security which guarantee the common good and are guaranteed by a set of rights and duties addressed to the rulers and the ruled. In this meaning, the Declaration of the Human Rights and of the Citizen and the Constitution on the one hand, the Criminal Code on the other, are to be considered as the two complementary aspects of the institutionalization of the public order. The first accomplishes it "in full" by the statement of the fundamental interests and values that the state must guarantee, the second does so "in hollow" by the definition of the infringements which call for a social sanctions and forms thereof. "(15)*

This observation illustrates the need, for criminal law, to repress behaviour aimed at disturbing, by any means, good order, safety, sanitation, tranquillity, morality, public as well as the dignity of the human person.

**Public order** in French administrative law is the ideal social state characterized by:

*"Good order, security, public health and tranquillity", public morality and the dignity of the human person.* (16)

(14) (CC 94-343 / 344 DC) [https://www.conseil-constitutionnel.fr/decision/1994/94343\\_344DC.htm](https://www.conseil-constitutionnel.fr/decision/1994/94343_344DC.htm)

(15) Lascoumes Pierre, Depaigne Anne. Catégoriser l'ordre public : la réforme du code pénal français de 1992. In: Genèses, 27, 1997. pp. 5-29. doi : 10.3406/genes.1997.1445

(16) Arrêt CE, 1995, Commune de Morsang-sur-Orge

- Application to the facts

#### A. Preliminary to the facts

While it is indisputable that there is a virus (sars-cov 2), however it has been deliberately overestimated in its dangerousness **"to establish fear"** and restrictions on fundamental rights for the population, such as revealed by the letter of the scientific committee headed by Mr. Jean-François DELFRAISSY published in "The Lancet":

Immune evasion means we need a new COVID - 19 social **contract § 3. "Hence, it is time to abandon fear based approaches based on seemingly haphazard stop-start generalized confinement as the main response to the pandemic »**Lancet Public Health 2021 Published Online February 18, 2021 [https://doi.org/10.1016/S24682667\(21\)00036-0](https://doi.org/10.1016/S24682667(21)00036-0) (Exhibit 4)

This same person, Mr. Jean-François DELFRAISSY, who since H1N1 has been working on questions of genome modification - see in this regard the 2016 report (Exhibit 5) - and sits as President of CCNE who advises the President of the French State and submits report No. 133 of September 192019 on genome modification by stating "to insist on the encouragement that it is necessary to provide research laboratories using new targeted modification genome techniques, regardless of the relative ease of their implementation, **to develop experimental approaches**" (Exhibit 6) and this, shortly before the triggering of a declaration of state health emergency (creation of a new right that did not exist before) and the deprivation of fundamental rights, the imprisonment of the civilian population.

**Former Minister of Health Agnès BUZYN, in place during the Covid crisis, and her husband Yves LEVY, are linked to pharmaceutical companies to promote vaccines.**

She was paid by the Genzyme laboratory, (a subsidiary of Sanofi) then by the Bristol Meyers Squibb (BMS) and Novartis laboratories.

She has served as an Advisory Board at BMS and at Novartis! She was at the same time a member of the board of directors and vice-president of the National Cancer Institute.

BMS, Novartis, Pierre Fabre and Schering - Plow (subsidiary of Merck) also funded between 2005 and 2011 the Robert Debré association, headed by Agnès BUZYN.

**The minister's husband, Yves LEVY has spent his entire career in vaccines. He combines the post of director of INSERM with that of president of Avesian, scientific director of the vaccine program of the National Agency for Research on AIDS and Viral Hepatitis (ANRS), Director of Vaccine Research Institute (VRI) and is the main sponsor of several ongoing vaccine trials, and **delivers the famous P4 laboratory in Wuhan with the following statements** (Exhibit 7):**

*"Inserm's European and international influence, based on high-value partnerships strategy remains one of our major objectives (....) 2018 to start the signing of a framework agreement **between the France Médecine Génomique 2025 plan** and **the Genomics England program** (....) while to inaugurate the high biosafety laboratory P4 in Wuhan, cooperation in prevention and control of emerging infectious diseases will continue. New scientific programs around the themes of artificial intelligence and the silver economy, the **Franco-Chinese collaboration should be based on research conducted by Inserm** (...) announced the creation and deployment of a worldwide Inserm network (....) **the French state will provide a budget of one million euros per year over 5 years to support scientific cooperation in this area around the Wuhan P4**"*

**This corresponds to the 2025 genomic program of the French government to become according to their say "Yves Lévy affirmed this during the delivery of the Plan France Médecine Génomique 2025, it was handed over on the 22 June 2016 to Prime Minister Manuel Valls, by Yves Lévy, CEO of Inserm and President of the Alliance National for Life and Health Sciences (Aviesan). This ambitious plan, steered and supported by the State, aims to position France in the leading pack of major countries **engaged in genomics medicine** within ten years. (...) In April 2015, the Prime Minister sent a mission letter to the President of Aviesan, to examine the conditions necessary to allow the use of whole genome sequencing in clinical practice (...) If it responds to a public health issue in diagnostic terms, prognostic and therapeutic, the **France Genomic Medicine Plan 2025 also aims to develop a national medical and industrial sector in genomic medicine and export this know how.**"**

This gave rise to the establishment of "REACTing (REsearch and ACTION targeting emerging infectious diseases) "by Inserm and its Aviesan partners ((partners in Africa, Asia and Polynesia), including the Pasteur Institute), working on: H5N1 and H1N1 influenza, SARS, Mers - Co, Chikungunya, Ebola and Zika, research agency **headed by Prof. Yazdan YAZDANAPANAH, member of the Covid - 19 scientific committee with Jean - François DELFRAISSY and funded by pharmaceutical laboratories Gilead Sciences, Pfizer, Johnson & Johnson, MSD** (Exhibit 8).

**Other observations: We may be surprised at the judicial suffocation by the French State concerning the Institute Pasteur on mers-cov virus trafficking in 2015, the loss of 2,349 TUBES SARS (sars-cov) and 10 missing EBOLA virus tubes, except considering that its chairman of the board of directors is Christian VIGOUROUX, section president of the State Council and the ex officio members representing the Minister of Research, Budget, Health. (Exhibit 9)**

**That in 2015 Chinese researchers from Wuhan PARTNENAIRES and working under the leadership of Pasteur's research confessed to "working on a chimera for introducing a bat protein in sars-cov called SHCO-14 molecule capable of striking the human species and attacking the respiratory system "(Exhibit 10).**

**That the former Minister of Health Agnès BUZYN, during her mandate, just before the Covid crisis, has by Article 17 of Bill 2187 on bioethics of July 2019, attempted to remove the ban in the public health code and the civil code, to create transgenic embryos (Exhibit 11), parliamentarians raised: "Why do you want to relax this absolute ban? It seems to me that the answer to this question is to be found in the "genetic scissors" technique, scientifically referred to as CRISPR - Cas9. (...) It enables the implementation, at cell level, of protein-based genetic scissors that automatically mutate DNA sequences without injection of external DNA. In other words, this technique allows you to introduce one gene instead of another, or delete some. (...) Genetic scissors create mutations easily and at a ridiculous cost (...) This now well-known technique is revolutionizing the manufacture of GMOs. Monsanto has one license to use to create genetically modified seeds. At the end of 2018, in China, it enabled the birth of the first "GMO babies". The researcher has just been sentenced to three years in prison. (...) **Removing, even partial, of the chimeric and transgenic ban would allow CRISPR - Cas9 to pass officially from agricultural seed to humans. The new law could therefore pave the way for the industrialization of the genetic modification of human embryos at a speed never before attained****

**(....) Considering that this technique has no potential medical significance for treating human beings human beings already born, it is difficult to see what finality could result from this authorization to liberalize research, if not the possibility of producing genetically modified human beings "(Exhibit 12).**

The experimental vaccines which are used are mRNA (this will remain to be demonstrated), with the possibility of modifying Human DNA, confirmed by Tal ZAKS Chief Medical Officer of Moderna, who admits that mRNA modifies DNA or the genetic code, as well as several eminent doctors, Kate SHEMIRANI, expert in health and well-being of "Sons of Liberty Media", his colleague Dr Kevin CORBETT Professor associate, cellular and molecular medicine (Exhibits 13 and 13a).

Bill Gates has stated this himself, in "Human Genome 8 and mRNA Vaccine" (Exhibit 14) and confirmed by a study in 2006 in which 76 researchers finalized the sequence of genome 8 *"This region includes genes influencing brain size and the immune system"* (Exhibit 15).

After these new discoveries, it is more understandable to know why the Pasteur Institute has declared to WHO the genetic sequence CTCCTTTGTTGTGTTGT for the detection of SARS - CoV - 2 (Exhibit 16), which, in fact, corresponds to Chromosome (Genome) 8 of Homo Sapiens (data from the National Centre American Information on Biotechnology, United States National Library of Medicine).

However, the National Academy of Medicine has a special status of public legal entity under the direct protection of the President of the French Republic (sic), whose decisions, directly impact the lives of citizens, become effective immediately without prior authorization (article 110 of Law No. 2013-660 of July 22, 2013) and does not hesitate, in violation of international and national law, to demand by recommendations:

*"Generalized vaccination of all French people"*

*"Generalized vaccination of professions in contact with public*

*"The vaccine pass"*

*"Preferably use RT - PCR tests"*

*"A mass screening program in communities, antigenic and serological tests TRODs, RTLAMP, confirming the positive results by RT - PCR "*

*"Self-test on 15 years and over"*

(Exhibit 17)



**Finding:**

**This type of formulation has never been used before being experimental, and preliminary studies are not published, or even non-existent.**

Safety testing before placing on the market has been abandoned. To date, there is no information available, neither for scientists nor for the public, relating to the precise and exact composition of these experimental pharmaceutical engineering products, no more than likely short and long-term side effects, mild or debilitating, or even fatal.

**However, in the report** *"Vaccines and Related Biological Products Advisory Committee October 22, 2020 Meeting Presentation, CBER Plans for Monitoring COVID - 19 Vaccine Safety and Effectiveness"* by the FDA administration, Steve Anderson, PhD, MPP Director, Office of Biostatistics & Epidemiology, CBER declared:

*"FDA Vaccine Surveillance: Pre - licensure Pharmacovigilance Planning DRAFT Working list of possible adverse event outcomes \*\*\* Subject to change \*\*\*"*

*Guillain - Barré syndrome; Acute disseminated encephalomyelitis; Transverse myelitis; Encephalitis / myelitis / encephalomyelitis / meningoencephalitis / meningitis / encephalopathy; Seizures / seizures; Stroke; Narcolepsy and cataplexy; Anaphylaxis; Acute myocardial infarction; Myocarditis / pericarditis; Autoimmune disease; Deaths; Pregnancy and birth outcomes; Other acute demyelinating diseases; Non - anaphylactic allergic reactions; Thrombocytopenia; Disseminated intravascular coagulation; Venous thromboembolism; Arthritis and arthralgia / joint pain; Kawasaki disease; Multisystem Inflammatory Syndrome in Children; Vaccine enhanced disease "*

**So here is the impressive provisional list of serious side effects and risk of death related to products of experimental pharmaceutical engineering, which has completely disappeared to give way to deceptive and criminal speech and official documentation (Exhibit 18).**

The only information known to date in France is that given by these same laboratories involved, for which we no longer count condemnations of billions of euros, even prison sentences exempt, for extortion, bribes, false declarations, false studies, deceit, threats, etc.,(Exhibit 19).

**The campaign of "tests" and "vaccination" is thus constitutive, irrefutably, of a medical experimentation,** since its innovative character means that strictly no one can know the consequences for the populations who would be subject to this experiment and that it is widely scientifically documented that many "vaccines" produce multiple side effects and debilitating or fatal or even unknown vaccine accidents such as presently the case.

**Medical experiments are framed in international criminal law by the Nuremberg Code and the strictest interpretation conventions:** a number of doctors have thus been sentenced to death in 1947 for violating the principles of this Code, internationally recognized since that time as falling under customary law. (17)

(17) Trials of War Criminals Before the Nuremberg Military Tribunals Under Control Council Law No. 10, Washington, U.S. Government Printing Office, 1949-1953

**It is worth remembering that for a long time, leaders who abused their power, have always tested the submission and humiliation of the population, starting with the imposition of distinctive sign:**

**During the slave trade, the slave of the French colonies in the 18th century was obliged to wear a mask.**

HAL Id: dumas - 00408168 <https://dumas.ccsd.cnrs.fr/dumas-00408168> Submitted on 29 Jul 2009

**In 1941** (note G 78 of December 15) **the Germans Nazis imposed the yellow star; the French police, police stations in the Paris region**, proceeded to the material distribution of the stars, have implemented repressive measures in the event of non-compliance with the wearing of the star. The 11<sup>th</sup> December 1942, the French government required Jews to use red ink to write the words "Jew" on their ID card and food card.

**The yellow or red mark, established from the 13th century in France, Germany, England ... Also many sovereigns in France** (Philippe Auguste, Louis IX, Philippe III, Philippe le Bel, Louis X, Jean le Bon) **the popes** (Innocent III, Alexander IV, Innocent IV) **imposed on the Jews the wearing of signs distinctive clothing:** yellow or red rouelle (small piece of fabric), hat, red cape. Yellow (colour of sulphur) and red (colour of fire) were indeed in the Middle Ages colours linked to the devil, the Evil One, therefore to the betrayal (yellow robe of Judas).

<https://www.reseaucanope.fr/cnrd/ephemeride/1184#:~:text=Il%20est%20%C3%A0%20noter%20que,et%20leur%20%20feed%20card>

**History repeats itself over and over again because we let it happen, because we turn our heads ...**

**The mask, imposed today under penalty of a fine or imprisonment if it is refused to wear, is the symbol of obedience in order to perpetuate fear and submission in the population to control the population and impose a totalitarian and dictatorial state. This context, decidedly reiterated, authorizes the manipulation of the individual, in particular that the body which is sacred, be reified for, against the background of eugenics, serving genomic issues ready to sacrifice the Sacred for the benefit of political interests, financial, military, even to the point of recreating the Human in the image of the ideology correlative of the transhumanism imposture of the sorcerer's apprentices who have been planning for a long time to modify human DNA with "transforming" RNA, as will be demonstrated below.**

## B. The application

### 1. The abuses of the president and the executive

Since the publication of Law n ° 2020-290 of 23 March 2020 of emergency to deal with the epidemic of covid-19, ordinances, decrees, extension laws were applied without any power having been able to question the unconstitutional nature of these measures, in violation of the right international and conventions.

See formal notice (Exhibit 1).

We can see from reading the decision of the Constitutional Council n ° 2020-808 DC of 13 November 2020 (17), relating to the law authorizing the extension of the state of health emergency, that the Constitutional Council refuses to censor the said law, while:

- The government used the procedure of blocked votes (article 44, paragraph 3 of the Constitution), thus preventing the adoption of an amendment reducing the confinement period (amendment which had been adopted in the first vote).
- Decisions endorsed by Parliament thanks to the obedient presidential majority, through accelerated procedures and via the system of blocked votes thus gagging the voice of the people normally carried by Parliament. Some opposition MPs have called this type of action a "coup d'état barely disguised "
- Decision to make the wearing of a mask compulsory in all circumstances for children (October 2020) and adults (from summer 2020), whether the individuals are sick or not. However, no scientific study demonstrates the usefulness of the mask in the event of an epidemic.

The Scientific Committee did not see fit to analyse masks in order to verify whether the measurement on the contrary, was not harmful to citizens.

The members of the executive did not present any scientific studies showing that the use of the mask was useful and safe.

Some women had to give birth in France wearing a mask against their will, which can be qualified as an act of torture.

- Thus the executive, at the instigation of the president, has continuously flouted the constitutional bloc since the beginning of the crisis by neutralizing the parliament and the judicial institutions which are constantly entrenched behind the excuse of the state of emergency and to please his minister; thus State Council which is chaired by the Prime Minister, declares in an ordinance combining multiple cases - according to the same response to the formal notice formulated by the scientific committee prior to this decision (Exhibit 2) - "*the scientific committee cannot be sued, its opinion is only advisory, it does not impact people's lives*". However, by this decision the State Council issues its ordinance illegal since being contrary to the law: "The judge cannot without violating the provisions of the Constitution, encroach on a reserved domain of the legislator or the executive power and interfere in the regulations or legislation "; Recall that the former members of the executive are retrained in the State Council (19).

It should also be remembered that the Constitutional Council was caught in a big remuneration scandal by the state, of personal enrichment (18), hence its complacency with power.

(18) <https://www.conseil-constitutionnel.fr/decision/2020/2020808DC.htm>

(19) See formal notice page 17 § 2 scandales juridiques (Pièce 1)

**Establishment of a Scientific Committee and the Analysis, Research and Expertise Committee (CARE), whose members almost all have professional and financial links of interest with the pharmaceutical industry and whose operation is against the law.**

- **Violation of articles 16 and 24 of the constitution:** By creating a defence council reserved in times of war while we are in times of peace, so as not to be accountable for decisions and impose dictatorial measures.

- **Violation of individual liberty and of the principle of safeguarding the dignity of the human person against all forms of enslavement and degradation:**

Example in this sense: forcing non-sick people to wear a mask whose ineffectiveness and danger to health has long been recognized by the scientific community.

- **Violation of the freedom to move, to come and go:** in this sense **the state is guilty of arbitrary detention towards citizens in times of peace.** Citizens who contravene a measure of confinement are verbalized.

- **Willingness to isolate citizens who are "positive" for the test when they are not sick: is akin to sequestration measures.** The state intends to punish people who violate the "Quarantine" with a fine up to 10,000 euros and proceed to forced isolation.

- **Violation of the general principle of the right to lead a normal family life:** By prohibiting going to visit a loved one in EHPAD (retirement home), restricting the possibility of attending funerals and forbid any possibility of reuniting with family

- **Violation of the freedom to conduct a business and unequal treatment:** small and medium-sized companies (P.M.E.), namely traders, self-employed workers, entire sectors of arts and creativity, catering, clothing sector, aesthetics sector, tourism sector, events sector, etc ... In short, all non-civil servants (excluding food businesses, pharmacy, newspapers and tobacco) suffer from these draconian and deadly measures. Many judicial liquidation proceedings are expected with all the serious consequences of social nature. The measures imposed are not lifted despite the people's appeal to do so.

- **Violation of the right to demonstrate and to assemble:** violence against demonstrators or outright ban on demonstrating, even sequestration.

- **Violation of the right to education:** extortion by blackmail to consent to the RT - PCR testing, under penalty of being excluded.

- **Violation of the right to personal autonomy by extortion by blackmail with the consent of the RT - PCR testing and vaccine use under penalty of being excluded, imposition of a mask:**

Example in this sense: the fundamentals of the right to respecting private life, a principle of autonomy that everyone can lead their life as they see fit, including putting themselves physically or morally in danger which gives rise to subjective identity through the free disposal of the body, subject to international conventional law ECHR.

- **Violation of the freedom of worship** by refusing the holding of masses in the Churches of France while believers need appeasement.

- **Violation of freedom of expression:** blacklisting of any scientific opinion that does not comply with the will of the "defence council": which may lead to professional radiation, police custody, prison sentences, fines.

- **Violation of the international and national Habeas Corpus**

## 2. The scientific committee

This Scientific Committee produced no less than 38 opinions and 10 notes (Exhibit 20). It asked that some notes are "imposed"; only 3 were not followed up. Its notices and notifications also reveal that the committee knew that the RT PCR test was unreliable because it recommended reducing the number of amplification cycles from 45 to 40 "which does not change anything", the committee also noting "*it is impossible culturing a person's test*" as well as for the serology-based test (antibody tests), although it is discouraged from the outset by a WHO publication as having an error rate of 50%. The committee also reveals that "the rate of circulation of the virus in France is weak" and yet this committee headed by Mr. Jean-François DELFRAISSY, not elected, and acting in the law (Exhibit 21), has a power that exceeds common law, which can in no way allow him to be in a regime of irresponsibility, given that he indirectly decides of the future of the Nation, of the population, while, paradoxically, it has no legitimacy to issue (objective) opinions about the decisions to be taken concerning the health of the citizens, considering his numerous financial and professional interests with the pharmaceutical laboratories in question (Exhibit 22)

In order to try to hide their links of interest, some members do not hesitate to change their first name as is the case for Mr. Yazdan YAZDANAPANAH, **member of said committee and director of REACTing created by the Plan France Médecine Génomique 2025** in charge of research on the genome human (see P. 13 and 14), who also calls himself Yazda, Zazda; this makes it possible to put the sums into perspective, he received 3000 euros on a personal basis under a real name and surname, while it appears that the amounts paid by the pharmaceutical industries are in fact 133,698 euros, not counting the contracts not declared. Therefore it is impossible to know the importance of the links and amounts paid by pharmaceutical industries.

**Thus, despite the committee's own findings that should have prompted a change in health policy, confinement, curfew, mask wearing, RT PCR tests, antibody test, the "vaccine" which name is a misnomer, the health protocols, whose court decisions have been influenced, even imposed on its recommendations, in all illegality,** since there is no record or minutes of the sessions of a Covid-19 scientific committee proposing to the government measures adapted to a supposed health crisis. Similarly, no list of the experts is available, contrary to the law and regulations.

**Unthinkable for a body that is supposed to provide informed advice, the scientific committee does not rely on studies other than those provided by the pharmaceutical laboratories and the foundation of the inaccurate modelling work carried out by Professor Neil Ferguson (Exhibit 23).**

Mr. DELFRAISSY has been involved in all the conflict of interest scandals, from H1N1 to Hepatitis C, to "Remdisivir", the common point of these scandals being the Gilead laboratory, to which for twenty years, Mr. DELFRAISSY grants everything that the aforementioned laboratory asks for and by participating even in the meetings as (Board).

Finally, Mr. DELFRAISSY confirms in a letter sent to the ex-commission of inquiry which was dissolved by the executive, that there are indeed links between himself and the laboratories, but that he does not see any problem. (exhibit 24)

### 3. The dangerousness of SARS-COV-2, its existence and origin.

#### A. Dangerousness

It is recalled that the following causes of mortality have never triggered such a disproportionate plan (no confinement, no mask):

- In France, seasonal influenza affects 2 to 8 million people and causes 10,000 to 15,000 deaths.
- Worldwide, seasonal flu causes 290,000 to 650,000 deaths per year.
- In France, the "rotavirus" gastroenteritis epidemic affects 300,000 people, including 160,000 severe cases.
- Worldwide, the gastroenteritis epidemic affects 700 million people and causes 800,000 deaths per year, including 500,000 children under 5 years of age.
- In France, 25,600 deaths are attributed to an infectious pathology. They represent 5% of the of all-cause mortality.
- In France, each year, 30,000 deaths are linked to domestic accidents.
- In France, each year, 80,000 deaths are linked to air pollution.
- In France, **an average of 600,000 deaths per year** are caused by all causes.

To date, the number of deaths "**supposed**" to be directly linked to covid-19 is about 103,000; at the same time, 650,000 deaths from other diseases were reported.

**The factors to be taken into account in order to target potential "patients" are well known to all physicians. These include individuals with co-morbidities and of very advanced age** (average age of deaths in France assumed to be covid-19: **82 years**). **However, no distinction was made between citizens at risk and other citizens in order to adapt the measures.**

**The median age of Covid-19 deaths in most Western countries is over 80 years - that is 84 years in Sweden and 82 years in France** (which is the median age of general deaths).

**Only about 4 percent of deceased did not have severe preconditions** (Exhibit 25)

Furthermore, it should be noted that the overall case fatality rate for SARS-COV2 is approximately **0.07%** for all ages combined.

**Thus, a WHO publication on the study by John P.A. LOANNIDIS, a worldwide renowned medical epidemiologist specialist concluded : infection fatality rate of COVID-19 inferred from seroprevalence data" *The infection fatality rate is within the range of a normal influenza wave*" / Publication: Bulletin of the World Health Organization; Type: Research Article ID: BLT.20.265892 Published online: 14 October 2020 (Exhibits 1 and 26).**

**Stanford professor John P.A. LOANNIDIS published a new study on March 26, 2021. In this paper, he corrected downward the infection mortality rate (IFR) found in a previous study: Infection fatality rate of COVID-19 inferred from seroprevalence data Reconciling estimates of global spread and infection fatality rates of COVID-19, the corrected value being 0.23%, or a survival of 99.77%; An overview of systematic evaluations "The global infection fatality rate is approximately 0.15% with 1.5 to 2.0 billion infections in February 2021." This means that of all the people infected people in the world - including all different age groups and all previous diseases - on average 99.85% survive / Bull World Health Organ. 2021 Jan 1; 99(1): 19–33F. Published online 2020 Oct 14. doi: 10.2471/BLT.20.265892 PMID: PMC7947934 ; First published: 26 March 2021 <https://doi.org/10.1111/eci.13554> (Exhibit 27).**

**According to the Sentinelles network** of June 20, 2021 concerning covid-19, influenza and other respiratory viruses all together, there are 30 cases per 100 000 inhabitants in general practice and 1 case per 100 000 inhabitants in general practice for covid-19 alone, which is much lower than for acute diarrhea (Exhibit 27a)

**According to Lothar Wieler, President of the German Robert Koch Institute (RKI), the figures for influenza are also in this rang also fall within this range. The probability of dying from influenza is 0.1 to 0.2%, said Lothar Wieler, president of RKI, on February 27.** Unfortunately, Lothar Wieler did not explain whether he was talking about the IFR - Infection Fatality Rate - or the CFR - Case Fatality Rate. The CFR is the proportion of patients with a particular disease (cases) who die from that disease, while the IFR is the proportion of deaths among all patients infected, including all asymptomatic and undiagnosed persons. (Exhibit 28).

**Similarly, a recently published study, February 08, 2021 by Fenton Lynda, Gribben Ciara, Caldwell David, Colville Sam, Bishop Jen, Reid Martin, White Jane, Marion Campbell, S Hutchinson, C Robertson, M Colhoun Helen, Wood Rachael, M McKeigue Paul, A McAllister David, RISK OF HOSPITALISATION WITH COVID-19 AMONG TEACHERS COMPARED TO HEALTHCARE WORKERS AND OTHER WORKING-AGE ADULTS. A NATIONWIDE CASE-CONTROL STUDY, shows "Over the entire study period, the cumulative incidence (i.e., risk) of hospitalization with COVID-19 remained less than 1% for teachers, health care workers, and working-age adults in the general population" / doi:<https://doi.org/10.1101/2021.02.05.21251189> (Exhibit 29).**

Thus, according to Professor LOANNIDIS, the mortality and dangerousness regarding Covid-19 does not exceed 0.05% or even 0.03% and none of his studies have been denied by his peers or even by the WHO.

Finally, it is noted that, all over the world, the mortality rate related to covid-19 has been purely artificially manufactured by including all the pathologies in its account; thus in France, on several occasion, the president of the social affairs commission, the permanent commission of the National Assembly, asked the Minister of Health:

"I do not return to the polemical question of the mask and the question of leprosy, **what can you tell me on the invisible excess mortality that is obscured by covid-19**, I think of cancer, cardiovascular disease and others, **we have death certificates that I have seen in the city hall where I belong, namely very old people who have died of cancer but marked covid-19, but these patients never had the covid-19, it is the doctor who marked covid-19, we don't know why, but there is an excess mortality that exists in the medical certificates**, I asked the question to Mr. Salomon " Jérôme Salomon, the 'Mr. Coronavirus' of the government ", but *he told me he would look into that?*" (Exhibit 30).

It is clearly established the fabrication of false death certificates with the complicity of certain people in the name of covid-19; moreover, influenza no longer exists in France, the mortality rate being 0; **thus all the people who died of cancer, lung problems, old age or other pathologies are declared deceased from covid-19.**

**We will not dwell on the interpretation of the invisible "over-hospitalizations" linked to covid-19, France employs the same pattern of lies, modifying the standard governing intensive care: "beds to accommodate patients with multi-organ failure, requiring respiratory assistance" re-expressed since covid-19 into "beds to accommodate patients with multi-organ failure, requiring respiratory assistance, patients placed in intensive care or under continuous monitoring"; Thus, the number of people hospitalized in intensive care was artificially inflated for covid-19. Let's take this example: a person with sepsis is on continuous monitoring, do you count this as intensive care case with covid 19, thus justifying a hospital overload ? In France the answer is : yes !**

## B. Its existence

As specified in the notice, pages 9 and 10, no scientific document in the world proves that "SARS-COV-2" has been purified, "no EM photo", no peer-reviewed paper with the purified "SARS-COV-2" genome, no evidence that "the virus" causes "Covid-19"; no record of "SARS-COV-2" isolation from an unadulterated sample; no record to support the theory that the so called " virus SARS-COV-2" causes "Covid-19" symptoms.

The Director of the European Centre for Disease Prevention and Control, Andrea AMMON, admitted not having documentation, even for the ECDC methodology, to prove that a virus exists, much less evidence of SARS-COV-2 (Exhibits 1 and 31).

Thus the KOCH postulate protocol failed, confirmed by the French scientific committee *"It is not possible to culturing the virus, so how can we identify what we have not been able to study?"* (Exhibit 32).

## C. Its origin

As explained in the formal notice (Exhibit 1 page 16), it was established with certainty after the publication of the entire work of Li Meng Yan which was under the supervision of **Dr. Leo Poon and Professor Malik Peiris, Supervisor**, at the University of Hong Kong (WHO Reference Laboratory), **co-director of the of the joint HKU-PASTEUR research centre** between the University of Hong Kong and **the Institut Pasteur, based on the research conducted by INSERM France**, an important partner of the General French Consulate in Hong Kong and Macao, working on zc45 and cxc21 at the Chinese Military Institute:

**The change of co-director of the HKU-Pasteur research centre took place on July 3, 2020, with Professor Malik Peiris resigning from his position, letting his place to his successor and collaborator Professor Leo Poon who is responsible for research in Wuhan.** (Exhibit 10a)

A researcher at Inserm and Pasteur declared anonymously that he had discovered during a study 4 acidic aminos:

*The first 3 are old corona strains, but the 4th is a furin proteolysis insertion absent from all sars-cov viruses ever studied;*

*After reviewing the chronology of sars-cov2 publications on zc45 and cxc21 of military origin, the first isolation is RATG13 stopped at sequence 675 of which there is no information other than a statement of faith on its origin.*

*The work of Li Meng Yan is confirmed by SCIENCE REVIEW Enhancing host cell infection by sars-cov2 by Margaret Kielan journal 370(6518):765-766 NOVEMBER 13, 2020, in which we learn that sars-cov2 has a second receptor that can connect to neuropilin 1 which is a human neuropilin contrary to the sars-cov of 2003 ;*

*It is this second receptor that has increased the contagiousness (this is called a gain of function);*

*Therefore, it is unlikely that the sequence descends from RATG13 stopped at sequence 675 given the insertion of the 4 acidic aminos at sequence 680, in particular the 4th **which is similar to human genetic engineering and not zoonosis**".*

- It is noted that all patents in correspondence since 2003 are in the name of the Institut Pasteur and the CDC for sars-cov. In these patents we find the modification of sars-cov1 into sars-cov2 as well as the insertion protein.



**Another observation: The French State has hushed up a multitude of legal cases concerning the Institut Pasteur and has hidden any situation that could have endemic repercussions for the French or foreign population.**

It turns out that Institut Pasteur was the subject of an unsuccessful preliminary investigation in 2016 following Article 40 report from the French National Drug Safety Agency (ANSM). What outcome?

In 2015, a scientist from Korea at the Pasteur Institute smuggled three tubes of the MERS coronavirus, a deadly virus; the viruses were supposedly destroyed discreetly without declaration to the authorities (?!);

In 2014 the Pasteur Institute lost, supposedly, 2 349 SARS TUBES (sars-cov) by hiding it from the ANSM (French National Drug Safety Agency) for two months (?!);

An inventory discrepancy at the Pasteur Institute of 10 missing EBOLA virus tubes was noted (?!);

However, from 2014 to 2016 an Ebola crisis took place in West Africa and particularly in Sierra Leone (?!).

Thus on simple declarations of faith, the Pasteur Institute tells us, that the traffic of deadly viruses MERS - coronavirus, has stopped and the virus has been destroyed; and that concerning the 2 349 tubes of SARS (sars-cov) that have probably been lost and the 10 tubes of EBOLA virus missing from the inventory, they do not know what had happened this in violation of all national and international biosafety rules!?

The fact of hiding all these situations which can have a serious repercussion and by the use of lies manipulating the population to maintain a persistent doubt, as this is the case especially since the beginning of this "health crisis" is particularly legitimately worrisome. When Institut Pasteur claims to be innocent, several pieces of evidence lead us to consider that the Institut Pasteur is indeed at the origin of Sars-Cov2, alias Covid-19, implying the need for a rigorous investigation:

**On November 17, 2020, Rossana Segreto and Yuri Deigin, specialists in Microbiology and Biotechnology, conclude in a study** (National Library of Medicine of the United States National Institutes of Health): "The genetic structure of SARS-CoV-2 **does not exclude a laboratory origin; The structure of SARS-CoV-2 and the furin cleavage site could be the result of genetic manipulation.** Bioessays. 2020 Nov 17: 2000240. doi: 10.1002/bies.202000240 PMID: 33200842 (Exhibit 9a)

On March 29, 2021 the great professor and researcher Steven C. Quay, a specialist in the fields of :Immunology, Molecular Biology, Genetics, Microbiology, Biotechnology, Biochemistry; Has practiced at MIT, collaborated with several Nobel Prize winners; worked on RNA at Natestch, was the inventor of the inventor of the RNAi intellectual property; Recognized by his peers among the top 1% of scientists in the world for productivity and citation impact, with over 300 publications, more than 10,000 published citations, an h-index of 53 and an h10-index of 164 10,000 citations to published works, an h-index of 53 and an h10-index of 164, **concludes in a study of which he is known for outstanding results with the highest degrees of expertise:**

*"A Bayesian analysis concludes beyond a reasonable doubt that SARS-CoV-2 **is not a natural zoonosis but rather a laboratory derivative**" / <https://doi.org/10.5281/zenodo.4642956> (Exhibit 9a)*

**The conclusion is that all of the world's leading scientists are coming to the same conclusion about the origin of sars-cov2, namely that it is of human origin.** In France several scientists have implied to accuse the Pasteur Institute. There cannot be so many coincidences, given the patents, the links between Wuhan, the institute and the French state, the hidden events concerning the traffic of deadly viruses, the loss of thousands of tubes and inventory defects, all of which constitute elements that are incriminating for Institut Pasteur, beneficiary of a judicial hushing up of the investigations with the complicity of the French government very much involved in the 2025 genomics program, which began in 2015 (see pages 13 and 14) (Exhibit 9).

#### 4. The RT-PCR test and its consequences

The RT-PCR test was only intended to give the illusion, through a fraudulent process of manipulation of statistics used as an input to the anti-Covid strategy, to multiply the number of cases of infected people, in reality people in good health, to establish fear, mistrust, abandonment of one's rights, denunciation in order to proceed with a generalized experimentation on the populations concerning the human genome. This experimentation is forbidden by law in most countries.

This is a fact and it cannot be contradicted in view of the scientific and "ad probationem" elements, the attempts in France to modify the law on this subject.

As indicated in the formal notice on pages 11 and 12:

A PCR test cannot differentiate a simple contamination from an infection;

A PCR test cannot be used as a relevant test for covid-19;

A positive PCR test is not always a positive PCR test;

**The PCR test of Prof. Dr. Christian DROSTEN recommended by the WHO 2019 (2019-nCoV)** has been peer-reviewed and is the subject of a request for withdrawal of publication on Eurosurveillance, pointing out **10 major scientific flaws** at molecular and methodological level: consequences of false positive results so gross that it is a matter of malicious intent.

A positive PCR test, at a threshold of 35 cycles of amplification or more (as in most laboratories in the United States and Europe, including France), the chances of a person being infected are less than 3%.

The probability of a person receiving a false positive is 97% or more;

The potential reliability of the PCR tests performed depends, from the outset, on the threshold of amplification cycles they contain, so that up to the limit of 25 cycles, the reliability of the test will be about 70%, but most countries have deliberately amplified it between 34 and 45 to create false patients.

There is no unadulterated culturing that we know of that would allow us to assess the reality of a person's infection after the test.

There is no scientific data to suggest that low levels of viral RNA by RT-PCR are equivalent to infection, unless the presence of infectious viral particles has been confirmed by laboratory culturing methods;

Covid-19 tests that show false positives are increasingly likely, in the current epidemiological climate, with substantial consequences for personal, health and business systems.

With as many scientific doubts, expressed by experts in the field, which are the ones that count here, the reliability of such tests, ignoring the parameters of their performance and in the absence of a diagnosis by a physician, in the sense of the existence of an infection and a risk, one would never be able to determine that a person was a carrier of SARS-CoV-2, nor that the person was exposed to a high risk.

**A claim contrary in the light of current sufficient scientific evidence is a deceit to conceal a mass crime against the population, in order to use them as human guinea pigs without their informed consent** (Exhibits 1 and 33).

## 5. Masks and their consequences

Masks are mandatory for both sick and non-sick individuals, adults and children. However, no scientific study demonstrates the usefulness of the mask in case of an epidemic.

It is noted that scientific studies point out the absence of benefits or the harmfulness of wearing a mask, even for professionals, and even prohibit its use as a means of respiratory protection, as explained in the formal notice on page 13, in addition to the new studies in examples below. Studies have been initiated from 1962 to today concerning all types of masks:

- The "N95 (ffp2)" respirator is capable of filtering particles greater than or equal to 0.3 microns in 50% or 95% of cases. Human coronaviruses measure between 0.1 and 0.2 microns, i.e. one to two times smaller than the size limit intercepted by the mask" / Sheng Wu Hua Xue Yu Sheng Wu Wu Li Xue Bao (Shanghai) **2003 juin**; 35 (6): 587-91. Morphology and morphogenesis of severe acute respiratory syndrome virus (SRAS) PMID: 12796822 and Analytical size exclusion chromatography Pandemic H1N1 Hemagglutination assay Fragmentation Aggregation Process analytical techniques Received 6 June 2016, Revised 23 August 2016, Accepted 25 August 2016, Available online **26 August 2016**.

<https://doi.org/10.1016/j.chroma.2016.08.056>

- "*Two types of N95 respirator half-masks and 2 types of surgical masks were subjected to Virus MS2 aerosols (...) The results indicate that N95 certified respirators do not necessarily provide adequate protection against viruses, which is considerably smaller than the most penetrating accepted in particle size of 300 nm used in the certification tests (...) The effectiveness of surgical masks is far less than that of N95 respirators for MS2 virions easily penetrate the surgical masks. Performance tests conducted with surgical masks questioned with 300 nm latex spheres or bacterial particles may underestimate the penetration of nanosized virions.*" / Do N95 respirators provide 95% protection level against airborne viruses, and how adequate are surgical masks? - doi:10.1016/j.ajic.2005.08.018

- "*Surgical masks induce deoxygenation during major operations and reveal a decrease in arterial pulse oxygen saturation (SpO2)*" / Preliminary report nonsurgical mask induced deoxygenation during major surgery (Journal Neurocirurgia, **April 19, 2008** - PMID 18500410);

- "*Face mask use in health care professionals has not been shown to provide benefits with respect to colds or transmission of colds*" / Use of surgical face masks to reduce the incidence of the common cold among health care workers in Japan: a randomized controlled trial (American Journal of Infection Control, **February 12, 2009** - PMID 19216002);

- *The surgical mask was excluded from the respiratory protection devices against viruses and bacteria as they have no efficacy in either inhalation or exhalation (...) The fact of washing any mask, removes all its effectiveness against viruses and bacteria (...) The prolonged wearing of the mask in humid conditions by breathing or air, forms fungal spores of Aspergillus and Penicillium, production of toxins, is therefore dangerous to health*" / (INRS Institut national de recherche et de sécurité)

HST PR 46 221, **4th quarter 2010**, France;

- *None of the studies established a conclusive relationship between mask use and protection against influenza infections*" / The use of masks and respirators to prevent transmission of influenza: a systematic review of the scientific evidence (Journal of Influenza & other respiratory viruses, **21 December 2011**, PMID:22188875);

- "Laboratory-confirmed viruses were significantly higher in the mask-wearing group (....) The penetration of masks by particles was close to 97% (....) the moisture retention, mask reuse and poor filtration may lead to risk of infection" / A cluster randomised trial of cloth masks compared with medical masks in healthcare workers (British Medical Journal, **April 22, 2015** PMID: 25903751);
- "Respiratory acidosis develops when the air inspired and exhaled from the lungs is not properly exchanged between carbon dioxide in the body and oxygen in the air" / What to know about respiratory acidosis (Medical News Today, **December 3, 2018**, Article 313110);
- "Face masks should not be worn by healthy individuals to protect themselves from a respiratory infection, as there is no evidence to suggest that face masks worn by healthy individuals are effective in preventing people from becoming ill" / Medical Masks (Journal of the American Medical Association, **March 4, 2020**);
- "Wearing masks outside of health care facilities offers little or no protection against Infection" / Universal Masking in Hospitals in the Covid-19 Era (The New England Journal of Medicine, **April 1, 2020**, PMID:32237672);
- "Surgical masks and cotton masks appear to be ineffective in preventing dissemination of SARS-CoV2 from coughs of patients with COVID-19 in the environment and the external surface of masks » /Effectiveness of Surgical and Cotton Masks in Blocking SARS-CoV-2: A Controlled Comparison in 4 Patients (Annals of Internal Medicine, **April 6, 2020**) ;
- "Most healthcare professionals develop headaches associated with N95 masks, or an exacerbation of pre-existing headaches." / Headaches Associated With Personal Protective Equipment - A Cross-Sectional Study Among Frontline Healthcare Workers During COVID-19 (Journal Headache, **April 12, 2020**, PMID:32232837);
- "**Overall Ineffectiveness of the Mask for Controlling Covid-19 Disease** / Effectiveness of Adding a Mask Recommendation to Other Public Health Measures to Prevent SARS-CoV-2 Infection in Danish Mask Wearers, A Randomized Controlled Trial **18 November 2020**;
- "Masks do not prevent infections" / The Lancet, February 2, 2021;
- SARS-CoV2, Surgical masks, homemade masks and face shields generate significant leakage streams that have the potential to disperse virus-laden fluids and particles over several meters (...) which can present major hazards (...) They all exhibit intense retroactive sprays upon breathing or coughing (....). It is important to be aware of these jets, to avoid a false sense of security when standing next to or behind a person wearing this type of mask" / Face Coverings, Aerosol Dispersion and Mitigation of Virus Transmission Risk (University of Edinburgh Received 10 November 2020; revised 2 December 2020 and 12 January 2021; accepted 12 January 2021. Date of publication 20 January 2021; **date of current version 22 February 2021** Digital Object Identifier 10.1109/OJEMB.2021.3053215);

**It is still useful to recall that:**

- Mask manufacturers label the boxes of personal respiratory protection masks with the following or equivalent:

*"This is not a medical device.*

*This product does not protect against viral or infectious contamination."*

**This means that the mask does not protect against SARS-COV2 (the supposed Covid-19 disease) or any flu in general.**

**These facts about masks are known to governments and especially the French one since 2010, the only usefulness of these masks when we know the results of scientific studies, by imposing it by force by financial coercion and the threat of a prison sentence to all those who refuse to wear it, is to test the submission of its population to annihilate it by fear, to humiliate it in order to test how far the population can be enslaved, in addition to putting the health of the population in danger (Parts 1 and 34), until the acceptance of the sanitary passport by blackmail to be able to access a place or a service, in order to later prepare the acceptance of the obligation of mass "vaccination".**

**The following fact, which is based on quantum mathematics, cannot be questioned:** "a stone of 1 or even 2 cm will always pass through a 3 cm hole, so a mask that can only hold 0.3 microns will let through a particle of 0.1 or 0.2 microns".

**That at the peak of the supposed epidemic (i.e. in April 2020), masks were banned from sale in pharmacies.**

**Today, a citizen who does not wear the mask is liable to a €135 fine, a €1,500 fine in the event of a repeated offence and risks a six-month prison sentence and a €3,750 fine in the event of a fourth time offence.**

**A recent study of April 20, 2021 concerning sar-cov2 shows indisputably: face mask N95; surgical mask; hypercapnia; hypoxia; headache; dyspnea; physical effort; MIES syndrome**

*"Prolonged mask use by the general population could lead to relevant effects and consequences in many medical fields."*

by Kai Kisielinski , Paul Giboni , Andreas Prescher, Bernd Klosterhalfen , David Graessel, Stefan Funken, Olivier Kempfski et Olivier Hirsch, based on randomized studies

Cabinet privé, 40212 Düsseldorf, Allemagne ; Cabinet privé, 22763 Hambourg, Allemagne ; Institut d'anatomie moléculaire et cellulaire (MOCA), Wendlingweg 2, 52074 Aix-la-Chapelle, Allemagne ; Institut de pathologie, Hôpital de Dueren, Roonstrasse 30, 52351 Dueren, Allemagne ; Institut des neurosciences et de la médecine, Forschungszentrum Jülich, 52425 Jülich, Allemagne ; Cabinet privé, 47803 Krefeld, Allemagne ; Institut de physiopathologie neurochirurgicale, Centre médical universitaire de l'Université Johannes Gutenberg de Mayence Langenbeckstr. 1, 55131 Mayence, Allemagne ; Département de psychologie, FOM Université des sciences appliquées, 57078 Siegen, Allemagne.

"Mask-induced exhaustion syndrome (MIES): falls and fatigue ( $p < 0.05$ ), a clustered co-occurrence of respiratory failure and O<sub>2</sub> drop (67%), N95 mask and CO<sub>2</sub> increase (82%), N95 mask and O<sub>2</sub> drop (72%), N95 mask and headache (60%), respiratory problems and overheating (88%), but also overheating and humidity (100%) under the masks" / Editor Academic Editor: Paul B. Tchounwou Int. J. Environ. Res. Public Health 2021, 18 (8), 4344;

<https://doi.org/10.3390/ijerph18084344> Received: 20 March 2021 / Revised: 15 April 2021 / Accepted: 16 April 2021 / Published: April 20, 2021

## 6. The vaccine passport and its consequences

### A- The vaccine passport

Since 2016 Bill GATES has been working on digital identity by incorporating a nano particle in collaboration with the WHO.

Thus ID2020 Microsoft corporation has created with its partners GAVI and the Vaccine Alliance a program to provide digital identification with vaccines.

Executive Vice President Peggy Johnson, Business Development, Microsoft Corporation and Dr. Seth Berkley CEO, GAVI, the Vaccine Alliance said following the trials in Africa:

*"This program is to verify that people received the vaccine, not to track them."*

This precision of negation "not to trace them" necessarily implies the possibility of doing so.

**The initial proposal for "vaccine passports" was first published on April 26, 2018 by the European Commission.**

The initial roadmap (published in early 2019) to implement the proposal of the European Commission. The plan was to have a legislative proposal issued by 2022, in Europe.

**The language in this roadmap is such as:**

"Countering vaccine hesitancy", "unexpected outbreaks", support for the authorization of "innovative vaccines including for emerging health threats". Stating that "the manufacturing industry of vaccines" has a "key role", it lists "improving EU manufacturing capacity", strengthening "existing partnerships" and strengthening "existing partnerships" and "collaboration with international actors and initiatives" and refers to the initiatives" and refers to the World Summit on vaccination held in 2019.

**The participants and agenda of this summit are also telling:**

The summit was held on September 12, 2019, in Brussels, Belgium, just 3 months before the outbreak of COVID-19, It was organized by the European Commission in cooperation with the WHO.

**The summit was structured around three roundtables entitled:**

- In Vaccines We Trust
- The magic of science
- Vaccines protect everyone, everywhere

Participants at the summit included political leaders, high-level representatives from ministries of health, the United Nations, leading academics, health professionals and scientists and scientists, non-governmental and private sectors.

The roundtables included Dr. Seth Berkley, CEO of GAVI, Nanette Cocero, Global President of Pfizer Vaccines, the Global Vaccine Alliance, an organization that has received huge amounts of money from the Bill & Melinda Gates Foundation; and Joe Cerrell, executive director of the Bill & Melinda Gates Foundation for Global Policy and Advocacy and ID2020 Microsoft corporation partners.

Dr. Astrid Stuckelberger is a world-renowned scientist, researcher and teacher at the Faculty of Medicine of the University of Geneva and Lausanne, and an international expert in various fields related to health and public health, recognized as a pioneer in the synthetic analysis of science involved in new models of epi-genetic preventive medicine and disease reversibility - she has published 10 books currently translated and over 170 scientific articles, policy reports, government reports from the European Commission or UN- has denounced the suspicious activities of Bill Gates and GAVI by stating:

*"The rules under which countries collaborate with the WHO practically put the WHO in charge of all rules and formal edicts and announcements - **Gates just being there as an executive board member as an Executive Board as an unofficial state member, to make decisions that affect the entire world.**"*

**Key documents distributed included reports on:**

- Pandemic Influenza Preparedness Planning
- A Pandemic Influenza Exercise for the European Union
- Avian and Pandemic Influenza Preparedness Planning
- Pandemic Influenza Preparedness and Response Planning
- Towards pandemic influenza vaccine sufficiency in the EU
- A "public-private partnership" on European pandemic vaccines

**In all these documents, the objective of strengthening collaboration with the pharmaceutical industry was highlighted many times and also the message that a global pandemic was now inevitable.**

**Pandemic planning was clearly highlighted at this summit meeting.**

**On December 02, 2020, WHO is issuing a request for proposals on:**

*"Certification of smart vaccination on behalf of covid-19 vaccine with anticipated applicability to other vaccines. **Along with WHO, a number of agencies, including UNICEF, GAVI, ITU, and the EC's DG HEALTH,** are contributing to this initiative to create a multisectoral consortium focused on joint learning and to support the use of finalized specifications and standards for digital vaccination certificates build to link national and cross-border digital systems (...) The Smart Vaccination Certificate consortium will bring together experts to focus on defining specifications and standards for a digital vaccination certificate.*

**Thus, mass surveillance is mentioned in points 4 and 5, regardless of the fact that "data would be limited and shared appropriately"; "There is no 'one size fits all' or "one solution for all"; "this is a pretext in the name of health, the WHO and the pharmaceutical companies, as well as Bill Gates deciding what is good for people (Exhibit 35).**

**What they envision is a complete COVID ecosystem, a future where every aspect of life is monitored and regulated according to the whims and fancies of these Pharma Overlords. Examples of some of the projects:**

**Microchip COVID Pentagon:**

"Pentagon scientists have created a microchip that they want to inject into the body to detect the coronavirus in the body even before symptoms appear. They have also created a They have also created a filter to extract the virus from the blood. "

**Corporate health seal:**

"Celebrities like Lady Gaga and Robert De Niro are using Covid-19 to promote an expensive "WELL Health-Safety Seal" that will certify your business location as COVID-19 free.

**No Vaccine No Pay:**

"A controversial No Vaccine No Pay order has been issued by the health authorities in the Indian state of Jharkabad which was forced to be withdrawn after the reaction of employees."

**Or again:**

**Bill Gates Funds Invisible Quantum Tattoo Hidden In Coronavirus Vaccine For Storing Vaccination**

**History:** "Quantum Tattoo; Researchers have shown that their new dye, which consists of crystals called quantum dots, can remain under the skin for at least five years, where it emits near-infrared light that can be detected by a specially equipped smartphone.

**Flying Syringes - Bill Gates Wants To Release Genetically Modified Mosquitoes To Inject You With**

**Vaccines:** "Bill Gates' proposed and funded a project to create genetically modified mosquitoes that inject vaccines into people when they bite them, he awarded \$100,000 to Hiroyuki Matsuoka of Jichi Medical University in Japan."

**There is also a project for COVI PASS:**

"Biometric RFID-enabled coronavirus digital health passports to monitor almost every aspect of citizens' lives in the name of strengthening public health management through military-grade technology.

**A similar project called Trust Stamp:**

"A Bill Gates-funded vaccination-based digital identity program implemented by Mastercard and GAVI, will soon link your biometric digital identity to your vaccination records."

**The Indian government is considering launching a mandatory digital health card based on Bill Gates' concept, as part of the program "One Nation One Health Card"**

**QR code passports:**

"Britain may soon roll out the QR-based Coronavirus Freedom Passport to determine if you are COVID-19 innocent. If you test positive for COVID-19, you may be banned from entering pubs, schools and workplaces."



## Project Commons:

"The Rockefeller Foundation and the Clinton Foundation have developed a series of COVID applications that will closely monitor post-Covid life.

CommonHealth, COVIDcheck and CommonPass.

They will collect, store and monitor your health data, based on which the applications will decide whether you are eligible to travel, study, go to the office, etc."

## Health Pass:

"**France, by forced vote introduced** the "health pass" on 11 May 2021 at 18:28 rejected by parliament, then modified on 12 May 2021 at 01:11, the government reorganizing a vote to accept;

Which makes access to large gatherings or certain venues conditional on the presentation of a negative virological test, or proof of vaccination or proof of recovery from contamination by any combination.

*"The Prime Minister may, by decree:*

1° - Regulate or, in certain parts of the territory in which active circulation of the virus has been observed, prohibit the movement of persons and vehicles, as well as access to means of public transport and the conditions for their use and, for air and sea transport only, to prohibit or restrict the movement of persons and restrict the movement of persons and means of transport.

*- the Prime Minister may require persons wishing to travel to or from French territory, Corsica territory, Corsica or one of the communities mentioned in Article 72-3 of the Constitution, **to present the result of a virological screening test that proves that they are not contaminated by covid-19, proof of administration of a vaccine against covid-19 or a document attesting their recovery from a covid-19 infection;***

2° - *Regulate the opening to the public, including the conditions of access and presence, of one or more categories of establishments open to the public as well as places of assembly.*

*- The temporary closure of one or more categories of establishments open to the public as well as meeting places.*

3° *Without prejudice to Articles L. 211-2 and L. 211-4 of the Internal Security Code, regulate gatherings of people, meetings and activities on the public highway and in places open to the public.*

**Thus, France is introducing by force and extortion of uninformed consent, compulsory "vaccination" and the RT PCR test, or serological test for its population, regardless of the health risk, against the will of the individual and its descendance, regulating no-rights zones for those who refuse the "vaccine" or the RT PCR test.**

All of this has one thing in common, the plan to chip the human race through Microsoft corporation's ID2020 digital identification program, created in partnership with GAVI and the Vaccine Alliance whose Chief Medical Officer Tal ZAKS, MD, said:

*The human body is a piece of software, and to change the human genome, you only need to change one line of code" (Exhibit 36).*

- This is how we discover, on the basis of an intercepted and revealed human intelligence report that Bill Gates had offered a \$10 million bribe for a coronavirus vaccination program to the Nigerian House of Representatives.

- Similarly, Pfizer is accused by Brazil and Argentina of trying to fraud them. Pfizer has requested in a "pre-contract" an additional indemnity for the civil cases, stating that the pharmaceutical company would not be liable for rare adverse drug effects or for its own acts of negligence, fraud or malice. This includes those related to company practices, if Pfizer sent the wrong vaccine or made mistakes in manufacturing.

Pfizer has requested that governments pledge sovereign assets as guarantee - which could include federal bank reserves, embassy buildings or military bases, to relinquish sovereignty of foreign assets in favour of Pfizer as security for payment, and to set up a guarantee fund and to set up a guarantee fund with amounts deposited in a foreign account, for the purpose of providing for future litigation. According to these unilateral conditions, only the States would be liable. Brazil and Argentina also reveal that the WHO attempted the same practices (Exhibit 37).

- During a trial it was discovered that Pfizer paid bribes in offshore accounts to French ministers and presidential aides to influence public health decisions. The current President Emmanuel MACRON has been questioned on the subject regarding his links with pharmaceutical laboratories, notably Pfizer, and he refused to answer (Exhibit 38).

- Dr. Philippe DOUSTE-BLAZY, former Minister of Health, is on the Board of Directors of Quercis Pharma" which holds licenses for important patents concerning the thromboembolism (thrombosis), cancer and Covid-19 symptoms on experimental treatments" and owns HAMLET "which specializes in other activities ancillary to financial services, excluding insurance and pension funds", whose turnover has increased by 800% in one year and one of the members of its board of directors is none other than Bill GATES, a close friend (Exhibit 39).

- The CEOs of Pfizer and GlaxoSmithKline (GSK) have had private meetings with all the former ministers of health and the Minister of Health and the French Minister of Social Security for years (Exhibit 40).

Thus, the director of GILEAD participated in a defence council with the scientific committee in presence of the French president Emmanuel MACRON, to influence the decisions to be taken on the health crisis and had chloroquine banned outright in favour of "Remdesivir" (supplied by GILEAD), of which the French state has acquired millions of doses. It was revealed today that this was the biggest financial and criminal scam of the moment, given the dangerousness of Remdésivir", all this happened under the stupefied gaze of Professor Didier Raoult, who decided to leave the scientific committee (Exhibit 41).

## **B- its consequences**

**It is clear that the main goal of the forced "vaccination" is to achieve a standardization of the wearing of a digital identity by each citizen. Indeed, it will be possible to control access rights to different places (restaurants, stores, train stations, etc.) done automatically, which will open up a huge market, that of connected objects, so tasty that it is capable of turning computer scientists into virologists!**

**This will also allow the introduction of a digital currency already prepared by the progressive suppression of cash as revealed by the Public Action 2022 committee (CAP22 report), an idea launched by the former European Commission President Jean-Claude Juncker in December 2018, and as implied by European Commission President Ursula von der Leyen, whose patents CRYPTOCURRENCY SYSTEM USING BODY ACTIVITY DATA WO/2020/060606 and 20200097951 are owned in all countries of the world by Bill GATES, Microsoft Technology Licensing, LLC (Exhibit 42).**

**Therefore:**

**By criminalizing individuals who are potential carriers of a disease or virus;**

**By criminalizing individuals who refuse the test or the experimental "vaccine";**

**By prohibiting free movement;**

**By creating no-go zones;**

**By creating zones of forced isolation against the will of those who refuse the test and/or the vaccine;**

**By subjecting the right to work and all others to an experimental test or "vaccine" (product of experimental pharmaceutical engineering);**

**The individual is reduced to the will of others (authoritarian caste) against his will and loses de facto his personal autonomy and his ability to think and choose for himself.**

**Even if in the past, it has been defined that slavery was linked to money, this is not the main argument for its qualification, in fact:**

**According to its semantic definition, slavery is the fact of:**

**\* For a social group, to be subjected to an economic and political regime that deprives it of all freedom, forced to perform the most arduous economic functions without any other compensation than food and lodging, thus it can be considered that the fact of working against remuneration while the political group takes everything away from you to the point where you are no longer able to provide for your most basic needs, which are food and shelter, is slavery".**

**\* But also, condition of those who are under a tyrannical domination; enslavement, servitude: To keep a people in slavery.**

**\* Close dependence of one on something or someone who imposes a subjection, a constraint.**

**Thus the individual, no longer master of his choices, being subject to the will of others to obtain rights on condition to be submissive, no matter if it represents a danger for his health, his life, his descendants, is indeed a victim of a return to total servitude. "It is slavery. »**

**How to qualify this status if not slavery.**

## 7. The supposed vaccine and its consequences

### A- LIMINARIES concerning the marketing of the supposed "vaccine"

According to Mrs. Catherine FRADE, Doctor of Pharmacy, and former Director of International Regulatory Affairs in the pharmaceutical industry.

In the field of medicine (including vaccines), the pharmaceutical act of "releasing" the finished product (authorised product intended for sale) is the final stage of control that precedes the availability of these products to the of these products to the population.

The following **four Covid-19 vaccines** are available:

Vaccine from **BioNTech/Pfizer** laboratory; vaccine from **Moderna** laboratory; vaccine **Astra Zeneca** laboratory; vaccine from **Janssen** laboratory.

**A Marketing Authorisation** ( Authorisation de Mise sur le Marché, AMM in French) **is granted when a product has proven its quality, efficacy and safety with a positive benefit/risk ratio** (i.e. it presents more benefits than risks).. **Obtaining the marketing authorization (AMM) is the essential condition for selling a drug, including vaccines.**

**The 4 marketing authorizations that are issued are so-called conditional authorizations, valid for one year, because they were obtained on the basis of incomplete data**

**The studies concerning these 4 vaccines are therefore still ongoing.**

**All the studies submitted at the time of demanding the marketing authorization are summarized in the EPAR (European Public Assessment Report). This schedule, which "extends from 2021 to at least 2024" depending on the Covid-19 vaccine, is defined in the « annexes" of the conditional marketing authorization and in the published EPARs.**

The BioNTech/Pfizer vaccine received this European conditional marketing authorization on December 21, 2020. And, the deadline for filing "confirmation" of efficacy, safety and tolerability of this vaccine is "December 2023".

The Moderna vaccine obtained this conditional marketing authorization on January 6, 2021. The deadline for submitting "confirmation" of efficacy, safety, and tolerability of the vaccine is set for at least "December 2022".

Astra Zeneca's vaccine was granted conditional marketing authorization on January 29, 2021. The deadline for submitting "confirmation" of the vaccine's efficacy, safety, and tolerability is set for "March 2024".

The Janssen vaccine obtained this conditional European marketing authorization on March 11, 2021. The deadline for submitting. The deadline for submitting "confirmation" of efficacy, safety, and tolerability of the vaccine is "December 2023".

However, to date, another deadline has been set for these 4 "vaccines"; it no longer concerns only the clinical trials in progress, but also the "proof of quality for the active substance and finished product", itself, that is to say: the intrinsic quality (the core) of the product sold and administered to millions of individuals.

**Moreover, the published official documents also underline the incomplete proof of evidence concerning "quality", "active substance" and "excipients", of the "manufacturing process", of the "reproducibility of the batches", marketed, etc...**

**Thus, the deadline for submitting additional evidence concerning the "quality" of the "active substance" and the "finished product" is set for**

"July 2021" for BioNTech/Pfizer; "June 2021" for Moderna; "June 2022" for Astra Zeneca; "August 2021" for Janssen.

**Accordingly, in view of these non-exhaustive reasons:**

**\* in particular, the content of paragraph "E. » Specific obligation relating to post-authorization measures concerning the conditional marketing authorization", extracted from Annex II of the marketing authorization, corresponding to each of these 4 vaccines against Covid-19.**

**\* Insufficient evaluation of the clinical trials (studies conducted in humans (female and male)) but also the quality of the active substance, of the excipients, some of which are new, of the manufacturing process, the batches released and administered to human beings in several countries of the world. These new excipients, which must be considered as new active ingredients, and thus be the subject of a complete assessment file similar to that required for a new active ingredient.**

**\* In addition, the change in the commercial name of one of these "vaccines" (experimental pharmaceutical engineering product), in particular the "vaccine", of the Astra Zeneca laboratory, which could not be considered only as a cosmetic arrangement of the product image with a marketing aim (gaining new public confidence, boosting sales). It would not answer the questions raised about the quality, effectiveness and safety of the product. These usual techniques are used to disguise (hide) certain undesirable characteristics of the product concerned; a technique that has already been used to present other drugs in the best light.**

**Thus, the basis of the marketing authorization that was granted to these vaccines against Covid-19 by the European Medicines Agency (EMA) are illegal;**

**In the sense that they do not meet the minimum criteria which are to prove their quality, efficacy and safety with a positive benefit/risk ratio (i.e. it presents more benefits than risks), and without getting into the conflict of interest controversy to those whom it may concern, especially the Mediator scandal that killed several thousands of people, of which the ex-French judge Eva Joly and Mrs. Rivasi, member of the European Parliament, had obtained the opening of an investigation by the European Anti-Fraud (OLAF) against the European Medicines Agency (EMA) on the management of the Mediator.**

**In addition, there is the deception and lies in the official speech, which only seeks to present these products as being effective and safe, and without reservations; even though the formulas and manufacturing processes of these "vaccines" do not even seem to be totally stabilized and known yet since they are in an experimental phase until 2024 (Exhibit 43).**

## Why the EMA is not responding to the number of very serious cases of side effects

According to EudraVigilance, the "vaccination" balance sheet as of June 19, 2021, shows 600,000 cases of severe adverse effects. In addition, an increase of 10,000 serious cases over 7 days has been observed, i.e. representing 1.67% in a single week.

As of June 21, 2021, the number of deaths recorded is 23,276. Over 18 days, the number of deaths has increased by 2,200 additional deaths, which represents an increase in deaths equivalent to 9.46% over less than three weeks.

These findings should have led responsible authorities including the EMA Director Emer Cooke to urgently suspend all experiments on the population of an experimental product.

The number of deaths after vaccination is multiplied by 50 / EMA figures

Is there an interaction between Emer Cooke executive director of the EMA appointed on November 20, 2020 and shortly after responsible for the approval of these supposed vaccines, while she was a member of the board of the European Federation of Pharmaceutical Industries and Associations (EFPIA) for 7 years, a lobbying organization of the largest European pharmaceutical companies whose members include: Pfizer, AstraZeneca, Novartis, Johnson & Johnson, Merck, Bayer, Gilead, GSK, Lilly, MSD, Novartis, Roche, Sanofi all with interests related to the covid-19 vaccine.

Of the EMA's total budget for 2021, which amounts to 385 million euros, 330 million euros, or 86%, come from the pharmaceutical companies involved

Emer Cooke said, "The EMA remains *'firmly convinced'* that the benefits of the vaccine outweigh the risks of potential side effects. (Exhibit 43a)

Now,

**A recent study published in The Lancet demonstrates** on the basis of four studies published in scientific journals (on the Pfizer-BioNTech BNT162b2 mRNA vaccination,<sup>2</sup> the Moderna-US National Institutes of Health [NIH] mRNA-1273 vaccination,<sup>3</sup> the AstraZeneca- Oxford ChAdOx1 nCov-19 vaccination,<sup>4</sup> and the Gamaleya GamCovidVac [Sputnik V] vaccination)<sup>5</sup> and three studies reported by the US Food and Drug Administration (FDA) (on Pfizer-BioNTech,<sup>6</sup> Moderna-NIH,<sup>7</sup> and Johnson & Johnson [J&J] Ad26. COV2.S vaccines):

"the vaccination very "random" and even "misleading" on the efficacy results of the vaccines either 1.3% for the AstraZeneca-Oxford, 1.2% for the Moderna-NIH, 1.2% for the J&J, 0.93% for the Gamaleya, and 0.84% for the Pfizer-BioNTech vaccines" for the general population (...) disparate studies, including uncoordinated primary endpoints (...) do not meet public health requirements.

**"COVID-19 vaccine efficacy and effectiveness - the elephant (not) in the room" / The Lancet**

Published: April 20, 2021 DOI:[https://doi.org/10.1016/S2666-5247\(21\)00069-0](https://doi.org/10.1016/S2666-5247(21)00069-0)

(Exhibit 44)

**These are not potential benefit/risk side effects or deaths, as Ms. Emer Cooke claims, but an impressive number of real, serious and exponential cases; we are with a denial, a lie on her part, and even a conflict of interest.**

**To establish a 95% effectiveness rate on the basis of the laboratories' press releases alone does not appear to be serious, just as the political decisions taken on these uncertain bases do not appear to be any more serious.**

## B- The supposed "vaccine"

The official discourse of pharmaceutical laboratories, politicians, media, drug agencies, is:

*"mRNA does not modify the DNA, the human genome. RNA does not integrate into DNA; it does not remain in the cell permanently, because the cell destroys RNA quickly and it is fundamentally different from DNA, but above all it cannot go in the other direction. There is no risk of changing the genome of a person. The vaccine is safe; it is effective; there is no risk."*

**This claim is misleading and criminal:**

**The covid-19 vaccine mRNA standardized in its name is deceptive, because it is not "messenger", it is a TRANSFORMING RNA. This deliberate ambiguity of designation benefits the vaccine designer, making him think that the only RNA that exists in the cytoplasm is mRNA.**

However, **Dr. Didier Raoult**, infectious disease specialist and professor of microbiology, has stated publicly: "we know that this is false since 1989, that it can go in both directions"; **Affirmation confirmed by the eminent Dr. Tadeusz Nawrocki**, researcher and professor in the fields of embryology, molecular genetics and cytogenetics. He has 30 scientific publications in cytogenetics, molecular genetics, medical anthropology, odontology, stomatology and biophysics. specialist in HLA and **pioneer** in RNA with **Mirko Beljanski**, Molecular Biologist,

*"We have known this since 1975 following the work of Nobel Prize winner Temin Howard Martin on reverse transcriptase on viruses, namely to convert RNA into DNA".*

*"In 1970 Beljanski Mirko brought the proof that an RNA can cause a stable and hereditary genetic transformation, in 1971 he discovered the reverse transcriptase of the RNA of escherichia COLI into DNA, in 1977 and 1980 the pr S.K. DUTTA demonstrates the reverse transcriptase of the RNA in DNA of the mushroom neurospora, which can then be incorporated into the genome of a bacterium.*

*"RNA the first works were initiated by the Nobel Prize Severo Ochoa in 1959 for the synthesis of RNA"*

### **TRANSFORMING RNA MADE BY LABORATORIES**

*"They can either cling to the DNA or be transcribed into DNA*

*This DNA in turn can be detached from the transforming RNA that served as a matrix and incorporates it into the genome of the host cell becoming free and active, it can also remain bound to the RNA protecting it and remaining in an inactive state.*

### **M RNA RNA/DNA**

*"M RNA is a reflection of chromosomal DNA, M RNA can be found in host DNA."*

### **TDT (terminal deoxynucleotidyl transferase)**

*"Enzyme that forms DNA segments that will disrupt cellular DNA, **with great mutagenic potential**, detected in most genetically engineered vaccines with the consequence of genetic recombination caused by such vaccine. If this one has not been correctly deprived of its reverse transcriptase and the gene coding it, the viral reverse transcriptase, **can then convert the delivered RNA into DNA which will integrate into the target genome of human cells, the precautionary principle was simply disregarded.** (Exhibit 45).*

As explained on page 14, confirmed by Tal ZAKS, MD, Chief Medical Officer of Moderna, who admits that "mRNA modifies DNA or the genetic code", as well as several prominent physicians, Kate SHEMIRANI, health and wellness expert of "Sons of Liberty Media", her colleague Dr Kevin CORBETT Associate Professor, aggregated in Cellular and Molecular Medicine (Exhibits 13 and 13a),

Bill Gates himself stated in "Human Genome 8 and mRNA Vaccine" (Exhibit 14) and confirmed by a 2006 study of 76 researchers who finalised the genome 8 sequence:

*"This region includes genes influencing brain size and the immune system"* (Exhibit 15).

**Confirmed by a study** in National Academy of Sciences of the United States of America (PNAS) dating from 25 May 2021 by Liguozhang, Alexsia Richards, Inmaculada Barrasa, Stephen H. Hughes, Richard A. Young and Rudolf Jaenisch - Whitehead Institute for Biomedical Research, Cambridge, MA 02142; HIV Dynamics and Replication Program, Cancer Research Center, National Cancer Institute, Frederick, MD 21702; Department of Biology, Massachusetts Institute of Technology, Cambridge, MA 02142

*"Reverse-transcribed SARS-CoV-2 RNA can integrate into the genome of cultured human cells and can be expressed in patient-derived tissues"* / PNAS 25 May 2021 118 (21) e2105968118;

<https://doi.org/10.1073/pnas.2105968118> (Exhibit 46)



## C- Its consequences

In fact, in the legal sense of the term, the terminology "vaccine" cannot be used. It is a product of experimental pharmaceutical engineering.

Indeed, as written on page 15, this type of vaccine formula has never been used before and preliminary studies are not published, and even non-existent.

There is no information available to scientists or the public on the precise and exact composition of these experimental pharmaceutical engineering products, nor on the possible short- and long-term benign, disabling or even lethal side effects.

**This "vaccine" campaign is thus an irrefutable medical experimentation directly on human beings;**

Its innovative nature leads to the fact that no one can know the consequences for the populations that will be subjected to this experimentation;

- That it is widely documented scientifically that many vaccines produce multiple side effects and disabling or fatal vaccine accidents;
- That several studies show that since the covid-19 vaccination strategy, an exponential rate of deaths is linked to the said experimental vaccination;
- That this rate of death in a few months exceeds the rate of death from vaccination in 20 years;
- That the death rate from the vaccination strategy will have caused more deaths than Covid-19 itself (Exhibit 47).
- That the deceit relating to "variants", (mutagenic principle of any type of corona), amplified by the experimental pharmaceutical engineering product has a high mutagenic potential (TDT); **variant that is in this case denied by the Indian Ministry**. No. 16(1) /2020-CLES - 3 on B.1.617 "Indian Variant" on 12 May 2021 (Exhibit 48)
- **That several recent studies show the dangers of the Spike protein used in some supposed vaccines** (experimental pharmaceutical engineering product), and that the pharmaceutical companies are well aware of this, namely:

*"Blood clots, brain inflammation, heart attacks and potential risks to breastfed babies and fertility" ;*

*"Spike protein accumulates in organs and tissues, including the spleen, bone marrow, liver, adrenal glands and in fairly high concentrations in the ovaries.";*

"Could Spike Protein in Moderna, Pfizer Vaccines Cause Blood Clots, Brain Inflammation and Heart Attacks" / SARS-COV-2 mRNA Vaccine (BNT162, PF-07302048) 2.6.4 Overview of Pharmacokinetic Test PFIZER CONFIDENTIAL; Circulating SARS-CoV-2 Vaccine Antigen Detected in the Plasma of mRNA-1273 Vaccine Recipients <https://doi.org/10.1093/cid/ciab465> Published: 20 May 2021; (Exhibit 49)

**And as demonstrated by the case of the Baby who passed away on 2021-03-20 of thrombotic thrombocytopenic purpura as a result of breastfeeding from his mother who had received the supposed vaccine, the report establishes "no history other than the vaccine"/ From the 5/21/2021 release of VAERS data: This is VAERS ID 1166062 (exhibit 50)**

**This example is not an isolated one:**

**The Director of Evidence-based Medicine Consultancy Ltd and EbMC Squared CiC commissioned by the public alerted the MHRA** (Medicines and Healthcare Products Regulatory Agency), an executive agency of the Department of Health and Social Care which acts on behalf of ministers to protect and promote public health and patient safety, in a report prepared following the scientific data "*Urgent preliminary report of Yellow Card data up to 26th May 2021*" of the severe and fatal effects associated with the covid-19 vaccination, states:

*"We have enough data now accumulated to have a good overview of the adverse side effects (...) I would therefore like to draw your attention to the high number of deaths and side effects attributed to the covid-19 vaccine, which were reported through the yellow card system between 4 January 2021 and 26 May 2021. A total of 1,253 deaths and 888,196 ADR (256,224 individual reports) were reported during this period (...) five main relevant categories:*

- A. Haemorrhagic, coagulant and ischaemic ADR*
- B. Side effects and Immune system reaction*
- C. Pains associated with ADR*
- D. Neurological adverse side effects*
- E. ADR involving loss of sight, hearing, speech or smell*
- F. Pregnancy-related adverse side effects"*

***Ischaemic adverse side effects:***

*Death (438) 'sudden death' likely to have occurred as a result of haemorrhagic, thromboembolic or ischaemic events. Given the severeness of this ADR, we felt it was justifiable to include it pending a request for information (FOI) to clarify the cause of death of these 438 individuals.*

*13,766 haemorrhagic, coagulant and ischaemic ADRs were identified - 856 were fatal. Government reports highlighted the occurrence of cerebral venous sinus thrombosis, apparently accounting for 24 deaths and 226 ADRs up to 26 May 2021. However, our analysis indicates that **thromboembolic adverse side effects** were reported in almost all cases:*

*Vein and artery, including large vessels such as the aorta, and in every organ, including other parts:*

*Brain, lungs, heart, spleen, kidneys, ovaries and liver, with consequences. The categories most frequently affected by this type of ADR were:*

*Nervous system (152 deaths, mainly due to brain haemorrhage and clots), respiratory (with 103 deaths, mainly by (pulmonary thromboembolism) and cardiac categories (81 deaths).*

**Immune system related adverse side effects:**

As of 26 May, a total of 54,870 ADRs and 171 deaths fell into this category, which included the second most common cause of post-vaccination death after "bleeding, clotting and ischemic ADRs".

**Pain-related adverse side effects** accounted for at least 157,579 (18%) in total. Many of these were arthralgias (joint pain - 24,902 adverse side effects) and myalgias (muscle pain - 31,168 adverse side effects), including fibromyalgia (270 adverse events), a long-term condition that causes pain throughout the body.

Congenital disorders (usually conditions present from birth), 11 cases of paroxysm were reported. Extreme pain disorder (PEPD), which is an extremely rare inherited condition caused by a mutation leading to dysfunction of voltage-dependent sodium channels.

Headaches have been reported over 90,000 times and have been associated with death by four people.

**Neurological adverse side effects:**

Neurological ADRs specifically involving paralysis, neurodegeneration and seizure side effects as follows: paralysis, paresis, neuropathy, incontinence, Guillain-Barre, Miller Fisher, multiple sclerosis; (neurodegeneration) encephalopathy, dementia, ataxia, spinal muscular atrophy, delirium, Parkinson's disease; epileptic seizure, convulsions;

Twenty-one percent (185,474) of the adverse side effects were classified as nervous system disorders. 1,992 ADRs involving convulsions and 2,357 ADRs involving some form of paralysis, including Bell's paralysis (626 ADRs), encephalopathy (18), dementia (33), ataxia (34), spinal muscular atrophy (1), Parkinson's disease (18), and delirium (504), may reflect a post-vaccination neurodegenerative disease pathology. Nervous system haemorrhages - 127 of 186 deaths were reported as nervous.

**Adverse drug reactions involving loss of sight, hearing, speech or smell:** There have been 4,771 reports of visual impairment, including blindness, 130 reports of impaired speech, 4,108 reports of impaired taste, 354 reports of impaired smell and 704 reports of impaired hearing.

**Adverse side effects during pregnancy:** Given that vaccinated pregnant women represent a small proportion of the vaccinated population, there appears to be a high number of pregnancy-related adverse side effects (307 adverse side effects), including **one maternal death, 12 stillbirths** (reported as 6 stillbirths and 6 deaths, but only 3 listed as fatal (?)), one neonatal death due to preterm birth and **150 spontaneous abortions**.

We have submitted a FOI request. This report is not exhaustive and analysis of the data is ongoing (...) the adverse side effects were not limited to any particular vaccine brand (AstraZeneca, Pfizer and Moderna) or type (mRNA and DNA)".

(Exhibit 51)

**According to an internal study by Health Human Services and Harvard, less than 1% of vaccine side effects are reported.**

**In France the facts are identical, on 29/04/2021 the ANSM counted 31,893 adverse side effects including many severe ones, including 632 deaths,** from which one death after vaccination in a 24 year old medical intern, for a total of 21,478,000 vaccinated people.

The proportion of severe cases among the undesirable side effects over one week is 34%! And 43% of severe cases among adverse side effects for Pfizer; Pfizer representing 73% of the vaccinated population!

Severe adverse side effects include, but are not limited to:

- Myocardial infarction, heart failure, heart rhythm disorders,
- Acute hepatitis,

- Thrombotic and haemorrhagic stroke, pulmonary embolism, haemorrhage, arterial limb ischemia, phlebitis (deep vein thrombosis)
- DIC (Disseminated Intravascular Coagulation) = severe clotting disorder leading to thrombosis and/or haemorrhage,
- Convulsions, facial paralysis,
- Acute respiratory distress syndrome ARDS,
- Severe allergic anaphylactic shock

Pfizer as of 29/04 (report non available on 22/04) 513 deaths, 4,380 (26%) severe cases.

Astra Zeneca as of 22/04 (report non available on 29/04) 98 deaths (having doubled within two weeks), 6 759 severe cases.

Moderna as of 29/04 (report not available on 22/04) 21 deaths, 815 severe cases  
Resulting in 632 deaths after vaccination !

There is no breakdown by age group of the deaths, nor tables with the delay of the deaths after vaccination !

### **In conclusion, ratio :**

Severe adverse side effects :  $4,380 + 6759 + 815 = 11,954 / 21,478,000$

The ratio is 5.7 severe adverse side effects per 10,000 vaccinated, i.e. 1 severe adverse side effects per 1,767 vaccinated !

1 case of severe adverse side effects for 1,767 vaccinated people is gigantic

Deaths  $632 / 21\,478\,000 * 100\,000$

2.9 deaths per 100,000 vaccinated, i.e.

1 death for every 34,000 people vaccinated. (Exhibit 52)

**Based on the study received: 2 June 2021 / Revised: 19 June 2021 / Accepted: 21 June 2021 / Published: 24 June 2021, the safety of COVID-19 vaccines:**

Based on 29 references with data accepted by the EMA.

"For every three deaths prevented by vaccination, we have to accept two (...) This lack of clear benefit should make governments rethink their vaccination policies." / Vaccines 2021, 9(7), 693; <https://doi.org/10.3390/vaccines9070693>

**"This amounts to saying that the benefit risk is twice as high in deaths from vaccinations compared to Covid-19"** (Exhibit 52a)

**We are very far from harmlessness, all the studies go against the declarations of the EMA director Emer COOKE, and since then we no longer count the number of cases of severe adverse side effects and deaths directly linked to the global mass "vaccination" strategy, which now amounts to several tens of thousands of deaths and hundreds of thousands of severe adverse side effects.**

**Thus, in the confidential reports of the pharmaceutical laboratories concerning the tests, it is explicitly notified not to have sexual intercourses, to be pregnant, or to want to have a child in order to avoid any transfer of the (experimental pharmaceutical engineering) product that could have serious adverse consequences, possibly leading to death.**

**Since the States and public health Agencies have been warned of the exponential number of very severe adverse side effects, deaths, stillbirths, and deaths due to breastfeeding transfers, and since the laboratories involved are perfectly aware of the deleterious situation, which is being confirmed worldwide, the number of deaths reaching the thousands, the figures being largely under-estimated, even manipulated, and in addition to the unknown latent effects, the strategy of imposing experimentation on human beings by inoculating them with experimental products is being pursued in conditions that can be qualified as genocide in the name of political and financial science.**

## 8. Treatment as a prerequisite for the supposed "vaccine" and its consequences.

The WHO has excluded many published epidemiological studies, despite having requested and received results of a leading epidemiological research team, presenting an alternative to experimental vaccines (experimental pharmaceutical engineering product) as a treatment.

The French executive, through the HAS (High Authority for Health), has purely forbidden any treatment whatsoever, including chloroquine, hydroxy-chloroquine, going so far as to reclassify the drug as a dangerous product, under penalty of disciplinary or even legal proceedings against anyone proposing such a treatment, with the obvious and very clear objective of imposing the experimental mass vaccination strategy.

From these intentions emerge two main socio-political and economic forces that constitute the main obstacle to incorporating a treatment into public health policies in the major regions of the world. These are:

- 1) the modern structure and function of what we will call "big science";
- 2) the presence of an active "Political-Economic Disinformation Campaign".

### "Big Science"

Also known as "Big RCT Fundamentalism", (RCT, randomized control trial ) Big Science reflects a radical shift in the practice of modern evidence-based medicine (EBM). Started before COVID, it has since rapidly evolved into the current system that more closely links the entities of "Big Pharma", "Big PHA's/Academic Health Centres" (AMC), "Big Journals", "Big Media" and "Big Social Media" in the public health system's efforts to guide patient care, research and policy.

The structure and function of "Big Science" in COVID-19 is more simply represented as follows:

- Only large, well-designed, arbitrarily defined RCTs (Big RCTs), usually conducted on North American or European shores, can "prove" the efficacy of a drug.
- Only Big Pharma / Big PHA / AMC have the resources / infrastructure to conduct Big RCTs. (Many equate Big PHA / AMC with Big Pharma, given the former's funding source).
- Only Big Pharma's Big RCTs or Big PHA / AMCs can publish study results in high-impact, high-income country medical journals (Big Journal).
- Only drugs supported by Big Journal publications are deemed to have "sufficient evidence" and "proven efficacy" to be subsequently recommended by Big PHAs.
- Only drugs recommended by the Big PHAs are covered by the "Big Media" or escape censorship on the "Big Social Media".

Conversely, recycled non-patient medicines such as ivermectin, chloroquine or hydroxychloroquine do not induce Big PHA or Big Pharma sponsors to conduct the mandatory Big RCT.

Given this structural handicap, many effective drugs, including ivermectin, chloroquine or hydroxychloroquine are therefore unable to ever meet the Big PHA standards for approval in such a system.

In the cases of ivermectin, chloroquine or hydroxychloroquine, they are considered, first by Big PHAs and then in the mainstream media and social media, as "unproven" because they lack "sufficient evidence" and are therefore heavily censored from public debate and awareness.

Mentions of ivermectin on mainstream social media led to the deletion of a popular Facebook group ("Ivermectin MD Team" with over 10,000 subscribers). In addition, all YouTube videos mentioning ivermectin in the treatment of Covid-19 were removed or demonetised, as well as locked Twitter pages. In addition, in the mainstream media, purveyors of "medical misinformation", of chloroquine or hydroxychloroquine have been purely demonised.

A health system structured to operate in this way is clearly vulnerable and overly influenced by entities with financial conflicts of interest. Moreover, since Covid, such systems have evolved to operate rigidly via binding decrees and widespread censorship.

This obstacle has been an enduring horror throughout the supposed pandemic, given the widespread deaths caused by the systematic refusal to use many rapidly identified, safe and effective drugs.

Moreover, for the first time in the careers of many doctors, those who seek to treat their patients with such therapies, based on their professional interpretation of existing evidence, are restricted by their employers or decrees "from above" under threat of administrative or judicial sanction, to pressure them in following protocols based primarily on the use of products of experimental pharmaceutical engineering given the misnomer of "vaccine".

In the case of ivermectin, chloroquine or hydroxychloroquine, the censor caste wilfully ignore the multiple expert meta-analyses published on RCTs (randomised controlled trials) involving thousands of patients, reporting evidence of consistent reductions in mortality, timeframe to clinical recovery and timeframe to viral clearance.

These improvements are seen consistently and repeatedly, regardless of the design, size or quality of the RCTs, and in a variety of centres and countries around the world. All studies were conducted without any identified conflicts of interest, the vast majority being double-blind, single-blind, quasi-randomised, open-label, combination therapy, etc.

In the absence of a credible explanation for the absence of even a weak recommendation for the non-use of ivermectin, chloroquine or hydroxychloroquine in the context of a generalized increase in mortality rates due to COVID-19, it is hypothesized that this can only be explained by the presence of an active disinformation campaign by entities with non-scientific and largely financial objectives dependent on the non-recognition of the efficacy of ivermectin, chloroquine or hydroxychloroquine.

## Active political-economic "disinformation" campaign

"Disinformation" campaigns are launched when independent science interferes with, or opposes to the interests of corporations or policy makers. Although fortunately rare, in some cases these entities will actively seek to manipulate science and distort the truth about scientific findings that jeopardise their profit or political objectives.

First developed by the tobacco industry decades ago, these deceptive tactics are as follows:

- **The Fake** : Conduct fake science and try to pass it off as legitimate research.
- **The Blitz** : Harass scientists who report results that are inconvenient for the industry.
- **The Diversion** : Fabricate uncertainty about science there where it is little or none exists.
- **The Screen** : Buy credibility through alliances with universities / professional societies.
- **The Solution** : manipulate government processes to influence policy inappropriately.

Many examples of misinformation tactics by companies and policy makers, particularly in the pharmaceutical industry, have been documented:

- **Georgia Pacific** publishes 'fake science' on the dangers of asbestos (The Fake)
- **Merck** manipulates science around Vioxx drug (The Fake)
- **The NFL** intimidating and discrediting scientists reporting a link between football and head injuries (The Blitz)
- **GlaxoSmithKline** tried to silence a scientist who exposed dangers of its drug Avandia (Blitz)
- **The American Chemistry Council** propagates uncertainty over the risks associated with formaldehyde (The Diversion)
- **Purdue Pharma** partners up with academic centres to hide dangers of opioids (The Screen)
- **Pfizer** pressures the FDA to downplay the risk of its animal drug causing high arsenic levels (The Solution)
- **AFSSA** French Agency for Food Safety in a report in favour of industry had concluded that "the risk to consumer health (...) is considered negligible ignoring and hiding all the scientific studies on the biggest health scandal in the world, the PFOA called C8 deadly and carcinogenic substance, Teflon. (The Fake) (Exhibit 53)

Most concerningly, ivermectin, chloroquine or hydroxychloroquine seem to face one of the greatest global financial and political oppositions in modern history:

Many large pharmaceutical companies and sovereign nations are selling billions of doses of vaccines.

The scale of the vaccine market is now growing exponentially due to the developing market for "booster shots" against rapidly emerging "variants".

Big Pharma is now promising investors to resort to price climbs on vaccines as COVID-19 moves from a "pandemic" to an "endemic".

**Disinformation** : the WHO panel rejects/ignores most of the available factual basis.

**Disinformation** : WHO panel avoids putting evidence concerning ivermectin to the vote.

**Disinformation** : the FDA has issued advisories exaggerating the dangers of ivermectin against the use of ivermectin, despite not having reviewed the trial data.

**Disinformation** : Unitaid's sponsor influences the reporting of the manuscript's conclusions.

**Disinformation** : the EMA (European Medicines Agency) falsely claims that effective treatments are unavailable.

Many Big Pharma/Big PHA fear that the potential of ivermectin, chloroquine or hydroxychloroquine as an alternative to vaccines will increase vaccine hesitancy and disrupt mass vaccination programs.

Opponents include large "philanthropic" sponsors with global vaccination goals.

**Disinformation:** The WHO group does not review prevention trials of ivermectin, chloroquine or hydroxychloroquine.

Many Big Pharma investments in innovative therapies (i.e. oral antivirals from Merck, Pfizer and Gilead) are in direct competition with ivermectin, chloroquine or hydroxychloroquine.

**Disinformation:** Merck publishes an article on its website, without supporting scientific evidence or named scientific authors, stating that: *"there is no evidence of mechanism of action, clinical efficacy or safety in COVID-19"*

**Disinformation:** a Merck general director argues against use in the Philippines, stating, *"The levels of evidence are not up to standard."*

Investment by Big Pharma (Astra-Zeneca) in a long-acting antibody product for the prevention and treatment of COVID-19, which competes with ivermectin.

Many of Big Pharma's monoclonal antibody products that compete with ivermectin, chloroquine or hydroxychloroquine.

The demand for Big Pharma's Remdesivir would rapidly reduce hospital admissions.

In the absence of a rational explanation for the above actions on behalf of the WHO, Merck, the FDA and Unitaid, we conclude that they are the result of an active campaign of misinformation, executed by both PLHIV, the media and the WHO directive group's recommendations and policies. The allegations of scientific misconduct in the writing of the WHO/United Research Team's meta-analysis manuscript are deeply troubling. They clearly represent a misinformation tactic to distort and diminish the claim of a large-scale benefit on mortality among several hundred patients for potential treatments.

**The conclusion is that:**

The concerns of many Big Pharma and Big PHA are that if ivermectin or chloroquine or hydroxychloroquine are approved as an effective treatment for COVID-19, **the EUAs for all vaccines would be revoked as required by rule.**



## Denial of treatment

In the absence of a rational explanation, the WHO, Merck, the FDA, Unitaid, the entire political-economic class of each state, Big Pharma / Big PHA, ruled out any possible treatment in favour of an experimental pharmaceutical engineering product (a supposed vaccine with EUA) and tried to impose a treatment under the name of Remdesivir, the dose of which was sold for between \$350 and \$3,400 for a treatment that is now being labelled the "Remdesivir scandal", finally forcing the WHO to advise against its use, underlining *"the possibility of significant adverse side effects, particularly for the kidneys"*.

The European Commission pre-ordered 70 million euros worth of doses, i.e. 345 euros per dose, for 200,000 doses of Remdesivir, on the basis of a simple study commissioned by the same protagonists declaring the drug to be effective against the mortality of covid-19. It should be remembered that the first studies carried out in the Wuhan hospitals were not satisfactory: *"showed no efficacy on mortality"*. Gilead therefore requested a new study, changing the aim "which no longer looked for efficacy on mortality", but for *"recovery time"*, which was immediately refuted by a multitude of studies indicating: *"no efficacy of the drug on mortality and recovery time 2 days less instead of the 5 days announced"*.

According to the European Treaty, the European Commission had neither the right nor the power to take such a decision on behalf of and for the States, as health matters are the sole responsibility of the States. This irresponsible rush to invest in this drug with taxpayers' money, which is at the same time subject to repressive measures, is an arbitrary abuse.

The cost of manufacturing Remdésivir is less than \$0.94 per dose, which is 420 times cheaper than the price actually paid by Brussels !?!

Gilead, which manufactures the drug, negotiated the order very well, especially when one knows that a country like Ukraine was able to benefit from a generic in September 2020 at \$20.45 per dose, allowing it to improve a turnover for up to 17% in the third quarter and a net profit of \$360 million.

Despite this techno-commercial deceit in order to dispose of the doses that the laboratory did not use in clinical trials conducted in Africa against Ebola with poor, and non-therapeutic efficacy, the European Commission claims that there is no scandal and that for the time being the European Medicines Agency (EMA) is maintaining its "conditional" marketing authorisation, despite having received the draft publication of a large-scale scientific study, the WHO-funded Solidarity trial which concludes: *"...appear to have little or no effect on hospitalised patients, either in terms of mortality, respiratory ventilator use or length of hospital stay"*. The Gilead laboratory had received the manuscript, according to a contractual obligation, before signing the order agreement. Gilead therefore knew that the Solidarity study concluded that the drug was ineffective; when it signed, it did not say anything about it, which could have been considered fraudulent under contract law, but the European Commission paid the money from the emergency aid fund (ESI) anyway.

On 15 July 2020, France grants a temporary authorisation for use (TAU) to Gilead for Remdésivir!

In August and September, the Commission ensures two deliveries to the States that requested them, including France!

What is the explanation that favours Remdésivir when it is recognised as ineffective, rather than ivermectin, chloroquine or hydroxy-chloroquine which have been purely banned by the political powers at the risk of generating a multitude of deaths throughout the world by refusing treatment in favour of a political-economic arrangement with Big Pharma / Big PHA?

The French scientific committee is headed by DELFRAISSY and YAZDANAPANAH, members in conflict of interest, working for the pharmaceutical companies involved. In an email between DELFRAISSY and FAUCY from (NIAID) in the USA, DELFRAISSY expresses his disagreement concerning Chloroquine claiming that there are no studies. This reiterated disagreement is relayed in a notification to Emmanuel Macron, President of the French Republic, the director of Gilead having unilaterally asked the President to remove Chloroquine in favour of its Remdésivir.

(Exhibit 54)

**Whereas :**

**According to the study Published on August 22, 2005, Chloroquine is a potent inhibitor of SARS coronavirus infection and spread** by Martin J Vincent, Éric Bergeron, Suzanne Benjannet, Bobbie R Erickson, Pierre E Rollin, Thomas G Ksiazek, Nabil G Seidah & Stuart T Nichol - Journal of Virology, Volume 2, Article Number: 69 (2005) 849 citations 33251 Altmetric,

All members of CDC or IRCM,

Special Pathogens Branch, Division of Viral and Rickettsial Diseases, Centres for Disease Control and Prevention, 1600 Clifton Road,

Atlanta, Georgia, 30333, USA and 2Laboratory of Biochemical Neuroendocrinology, Clinical Research Institute of Montreal, 110 Pine Ave West, Montreal, QCH2W1R7, Canada

Based on 26 references:

**Chloroquine is a potent inhibitor of the infection and spread of SARS coronavirus (sars-cov) "*Chloroquine, a relatively safe, effective and inexpensive drug used to treat many human diseases including malaria, amebiasis and human immunodeficiency virus, is effective in inhibiting the infection and spread of SARS CoV in cell culture. The fact that the drug has a significant antiviral inhibitory effect when susceptible cells were treated before or after infection suggests a possible prophylactic and therapeutic use."*** / Virology Journal 2005, 2:69 doi:10.1186/1743-422X-2-69 Received: 12 July 2005 Accepted: 22 August 2005 This article is available from: <http://www.virologyj.com/content/2/1/69> (Exhibit 55)

**However, the disinformation campaign : consisted of commissioning several manipulated, tissue culture studies in lung cells claiming that it could work in kidney cells, but not in lung cells, making it appear that chloroquine was ineffective by claiming "*Chloroquine does not inhibit sars-cov2*" in order to refute the evidence to the point that this is preposterous and intentional ; Thus, the protagonists of the disinformation made people believe that the virus was attacking the lungs, **forgetting to specify that it was a lung adenocarcinoma, in a word, Calu3 cancerous cells** "*It's like being in a remake of the film The Fugitive, where pharmaceutical laboratories tamper with the scientific data for the marketing authorisation of a drug, using a normal and cancerous liver*", **therefore the opposite interpretation could be taken which is "you have just proved that when viruses are present and Chloroquine is present, Chloroquine would allow the virus to attack a cancer cell with sar-cov2 and therefore it protects a normal cell with sar-cov2, because the receptors are different" this is a deliberate misinterpretation by the pharmaceutical companies.****

(Exhibit 56)

**The misinformation campaign** : in the Solidarity study, the study relied on manipulated data from the French Discovery study, which in turn relied on the British Recovery study by omitting to declare the chloroquine overdoses applied to declare it "ineffective", i.e. that patients with covid-19 were overdosed with chloroquine by 4 times the normal amount, resulting in deaths.

The data is incomplete, patchy and inconsistent with the complicity of the Chief Investigators who withheld information.

**A study received** - February 18, 2021; Accepted: March 02, 2021; Published: March 04, 2021 - **demonstrates without a doubt the overdose leading to the death of patients by overdose and concludes:**

By Valère Lounnas, Alexis Lacout, Xavier Azalbert, Christian Perronne ;

EMBL Heidelberg alumni, Heidelberg, Germany;

ELSAN Diagnostic Centre, Centre Médico-Chirurgical, 83 avenue Charles de Gaulle, 15000, Aurillac, France;

Toulouse School of Economics - TSE, Econometrics, France ;

Infectious Diseases Unit, University Hospital Raymond Poincaré, APHP, Versailles Saint Quentin University Garches, France ;

*"Hence, in the randomised Recovery trial, vulnerable patients with a moderate form of Covid-19 with a chance of cure may have suffered irreversible deterioration due to highly toxic HCQ overdose resulting in pulmonary shunting, with transfer to intensive care masking the potential benefit of HCQ (...) a number of toxic deaths are still to be elucidated (...) as HCQ overdose results in acute respiratory failure, as does Covid-19. " / Archives of Microbiology & Immunology 5 (2021): 176-181 (Exhibit 57)*

**A terrible conclusion that emerges from the examination of the facts. The protagonists of the manipulation and disinformation, with their cohort of paid accomplices, worked without the knowledge of the patients, not hesitating to deliberately use criminal procedures, even to the point of causing the death of these patients, which was tantamount to murder, in order to achieve their sole objective: to distort and denigrate all the studies in order to favour, and then impose:**

\* Remdesivir, expensive and ineffective, as a substitute for less expensive and more effective drugs;

\* An experimental pharmaceutical engineering product improperly called a "vaccine", which has not met the minimum safety requirements for conditional marketing authorisation.

**Thus in France under the intense lobbying of Reacting created by Inserm** and its Aviesan partners ((partners in Africa, Asia and Polynesia), including the Pasteur Institute and the State, as a stakeholder), working on : H5N1 and H1N1 influenza, SARS, Mers-Co, Chikungunya, Ebola and Zika, **a research agency directed by Prof. Yazdan YAZDANAPANAH, member of the Covid-19 scientific committee with Jean-François DELFRAISSY and financed by the pharmaceutical companies Gilead Sciences, Pfizer, Johnson & Johnson, MSD** and the active participation of **Jérôme SALOMON, the Director General of Health (DGS), Chloroquine was banned as well as the freedom to consider any other treatment, under penalty of sanction and prosecution by the Medical Council or the courts.**

**According to the study Published, May/June 2021 Review of the Emerging Evidence Demonstrating the Efficacy of Ivermectin in the Prophylaxis and Treatment of COVID-19** by Kory, Pierre MD; Meduri, Gianfranco Umberto MD; Varon, Joseph MD; Iglesias, José DO; Marik, Paul E. MD,

Drawing on data from peer-reviewed published studies, manuscripts published on pre-print servers, expert meta-analyses, and numerous epidemiological analyses of regions with ivermectin distribution campaigns:

**Namely, review of emerging evidence demonstrating the efficacy of ivermectin in the prophylaxis and treatment of COVID-19**

*"Meta-analyses based on **18 randomised controlled treatment trials** of ivermectin in COVID-19 found **large and statistically significant reductions in mortality, clinical recovery time and viral clearance time**. In addition, the results of numerous controlled prophylaxis trials **show significantly reduced risks of contracting COVID-19** with regular use of ivermectin. Finally, the numerous examples of ivermectin distribution campaigns **leading to rapid decreases in morbidity and mortality at the population level indicate that an oral agent effective in all phases of COVID-19 has been identified.**" / American Journal of Therapeutics: May/June 2021 - Volume 28 - Issue 3 - p e299-e318 doi: 10.1097/MJT.000000000000137*

**According to the study Published, 21 Jan 2021, Last revised: 19 May 2021 Sharp Reductions in COVID-19 Case Fatalities and Excess Deaths in Peru in Close Time Conjunction, State-By-State, with Ivermectin Treatments** by Juan J Chamie-Quintero Universidad EAFIT; Jennifer Hibberd University of Toronto; David Scheim US Public Health Service; Date Written: January 12, 2021

Based on 119 references :

**Strong reductions in COVID-19 fatalities and excess deaths in Peru in close time, state-by-state conjunction with ivermectin treatments** "On May 8, 2020, the Peruvian Ministry of Health approved ivermectin (IVM) for the treatment of COVID-19. A Nobel Prize-winning drug, IVM has been safely distributed in 3.7 billion doses worldwide since 1987. **It has shown large and statistically significant reductions in mortality and case severity in 11 clinical trials for COVID-19, three with randomised controls.** The indicated biological mechanism of IVM is the same as that of vaccine-generated antiviral antibodies - **binding to the viral spike protein of SARS-CoV-2, blocking viral attachment to the host cells.** (...) The analysis was performed using Peruvian public health data for all-cause deaths and for deaths from COVID-19 cases, as independently monitored for those aged 60 years and older (...) **Extraneous causes of mortality reduction were excluded. These large and net reductions in COVID-19 mortality after IVM treatment thus occurred in each of the Peruvian states, with particularly large reductions in close conjunction with IVM treatments in each of the nine MOT operating states."**

(Exhibit 58)

In February 2021, the British Ivermectin Recommendation Development (BIRD), held an international meeting of medical doctors, researchers, specialists and patients, following a process of guidelines development process in line with the WHO standard.

It reached a consensus recommendation that ivermectin, a verifiably safe and widely available oral drug, be immediately deployed rapidly and worldwide.

The BIRD recommendation was based in part on numerous well-documented studies that the use of ivermectin reduces the risk of contracting COVID-19 by more than 90% and reduced mortality by 68% to 91%.

A similar conclusion has also been reached by a growing number of expert groups from the United Kingdom (uk), Italy, Spain, and the United States(US), **and a group from Japan led by the Nobel Prize-winning discoverer of ivermectin, Professor Satoshi OMURA.**

Targeted refutations based on extensive research and data were shared with PVVIH / Aids over the past few months. These include the WHO and many individual members of its Guideline Development Group (GDG), the FDA and the NIH.

**However, these PVVIH / Aids continue to ignore and dishonestly manipulate the data to reach unsupportable recommendations against ivermectin treatment. (Exhibit 59)**

**The European Council had already pointed the finger at the WHO in 2010:**

**Remove your experts and advisors who have links or conflicts of interest with pharmaceutical companies**

The 2010 report of the Parliamentary Assembly of the European Council on the disastrous handling of H1N1 flu also said: "*The Assembly calls on the health authorities at international, European and national levels and in **particular to the WHO - that anyone exposed to the risk of conflicts of interest should be excluded from sensitive decision-making...***". **The experts from the countries that pushed for these totally heretical measures are either followers, ignorant or corrupted by the pharmaceutical. (Exhibit 60)**

**These findings further demonstrate the criminal intent:** All those who would like to benefit from therapeutic treatment against covid-19 are denied a treatment because of political and financial interests under pressure from certain influential entities, threatening the medicine of Hippocrates with administrative sanction, or even a prison sentence, regardless of the serious health consequences of the patients and their descendants, which can lead to death or irreversible consequences.

For the sole purpose, on one hand, of experimenting on the human genome on a planetary scale so that the EUA for all vaccines that would be revoked as required by the rule in case of treatment and, on the other hand, that politicians consolidate their power by reducing the rights and freedoms of their population in order to control and enslave them, the common points being money and madness.

As revealed in the French Senate Report No. 673 SÉNAT ORDINARY SESSION OF 2020-2021, by Véronique GUILLOTIN, Christine LAVARDE and René-Paul SAVARY, on the need to respond with efficiency, taking the example of Asia: "*Health crisis, disaster, natural or industrial: authorize contact tracing, tracking or geolocation applications, health passports, use of drones or thermal cameras video surveillance with facial recognition, allowing precise targeting of the individual and allows in real time measures or controls. Deactivation of transport tickets or bank accounts of persons violating a possible quarantine, or the use of reminder tools such as precise identification of persons, their geolocation and the cross-referencing of personal and even sensitive data (including medical data), the use of electronic bracelets to ensure compliance with the quarantine, in addition to other measures such as unannounced visits, surprise video calls, and of course dissuasive sanctions (fines and prison)*" (Exhibit 61)

**This report is clear:** The illusion of a return to our freedoms proceeds from the establishment of a dictatorship like the Chinese CCP (social credit) like the Chinese CCP (social credit), whose inventor Lin Junyue declared in April 2020 after Xi Jinping's visit to France on March 24, 2019: "*this generalized rating is the best way to manage a society (...) We need peace and stability, then we will think about human rights, (...) my hope is to export the system to other countries, like France (...) With the social credit, there would never have been the yellow vests.* (Exhibit 61a)

**Confirmed by Olivier VERAN, Minister of Health, as of July 2021: Mandatory self-testing to be confirmed by RT-PCR test, contact tracing, brigades authorized to perform tests; choice between isolation or vaccination, sanitary survey in all private places including the home, sniffer dogs for collective detection of an infection, the prefect being authorized to proceed to the forced isolation in case of refusal of the measures.**

In addition to these new liberticidal decisions, of violation of the private life, of violation to the autonomy, of habeas corpus, the NUREMBERG code, etc., a question arises: "if politicians claim that a sniffer dog is capable of detecting that a person is supposed to be contaminated with Covid-19, this implies that there is a synthetic product that can be detected identically in all people, introduced into the virus by man to obtain the same smell". Indeed, if there are some rare experimental studies, not randomized and validated studies, non-randomized and validated by peers, "the dog is able to detect cancer", on the other hand there is no studies that show that dogs are able to determine the origin of cancer, let alone much less the type of disease. In fact, according to scientists: "*The molecule sniffed by canines would be the same for all cancers.*"

(Exhibit 61b)

**This method is nothing more and nothing less than a scam, just like the RT-PCR test "disavowed by peers and requested to be withdrawn" , which would consist in saying that a person with a disease would potentially have Covid-19 in order to force him to take a test to be confirmed by RT-PCR in, the vaccine or be arbitrarily detained.**

**This is clearly the premise of a dictatorship.**

**Under Article 9 of UNESCO**

**Concerning Privacy and Confidentiality (medical or otherwise):**

The privacy of the persons concerned and the confidentiality of information affecting them personally should be respected. To the greatest extent possible, such information should not be used or disclosed for purposes other than those for which it was collected for or **for which consent was given,** in accordance with international law, including international human rights law.

**International law prohibits** the transmission of data without informing the person concerned, who has a right to object, **and prohibits mass surveillance.** (20)

(20) Les articles 10, 11 et 13 de la directive 95/46 CJUE 1° octobre 2015, aff. C-201/14, CJUE 1° octobre 2015, aff. C-230/14; CJUE, Gr.Ch., 6 octobre 2015, Maximilian Schrems c. Data Protection Commissioner, Aff. C-362/14 ; Cour. EDH, Gr. Ch., 4 décembre 2015, Zakharov c. Russie, Req. n°47143/06 ; Cour EDH, 5e sect., 12 janvier 2016, Szabo c. Hongrie, Req.n°37138/14

**As a result of the above, which may be supplemented if necessary, the elements in this complaint are not exhaustive**

**The pretext of a pandemic called "Covid 19" premeditated and activated from a fraud of the RT-PCR test in the conditions of its use and against the background of statistical, political and media manipulation, gave rise to disproportionate, liberticidal and deleterious measures imposed on the population by a restricted committee of individuals who have no legal legitimacy with regard to international law, the scientific community, conflicts of interest, and the precautionary principle:**

- **The imprisonment of the civilian population by house arrest:** forced confinement, curfew... under threat of punishment.
- **The obligation of derogatory self-attestation of exit:** under threat of sanction;
- **The imposition of the wearing of a mask, despite all the studies showing the uselessness of this measure and the harmful effects on physical and psychological health, which can be assimilated to submission and torture:** under threat of punishment and prison;
- **The excessive and senseless constraints concerning children, impacting their health and their psychological development despite studies and other observations after a year of observation on the effects of the virus showing the uselessness of these constraints:** under the constraint of exclusion from school, the responsibility of the death of their close relation being assimilated to psychological torture, etc... ;
- **The obstruction of Hippocratic medicine for early care:** under threat of administrative sanction or legal proceedings that could lead to prison sentences, police custody;
- **The obstruction of using certain drugs recognized as effective and low cost in favour of more harmful or ineffective products at exorbitant cost:** under threat of administrative sanction or legal proceedings that could lead to prison sentences, police custody
- **The Machiavellian strategy of rejecting all forms of care in favour of propaganda on the unfounded necessity of a "mass vaccination campaign" through the introduction of a health passport aiming at a total control of the populations by a dictatorship of the digital and physical**
- **The inoculation of an experimental pharmaceutical engineering product in contradiction with all precautionary principle and violating all conventional and legal texts prohibiting experimentation without the essential and informed consent of the adult or child, having led, or still leading, to death or life-long sequels;**
- **The extortion of consent in a general way by blackmail practiced at all levels:** by the sanction of exclusion, of differed right, of prohibition of circulation, of zone of no-right, etc...;
- **The lure of a return to freedom after "vaccination":** the supposed "vaccine" (an experimental pharmaceutical engineering product) does not guarantee anything, is not safe, does not prevent contaminations, does not authorize the abandonment of the wearing of the mask; the vaccinated subjects are more at risk for them and the others;
- **The harassment by state propaganda in the media and by advertisements in order to make the civilian population feel guilty about the people infected or supposedly dead by covid-19:** psychological torture and leading to suicides;
- **Violation of the international and national Habeas Corpus**

All the measures imposed pretexting this pandemic cannot escape an examination of the social, economic and health chaos, organized to test the limit of the submissiveness of the populations of a political, financial and ideological project that has nothing in common with a public health policy but aims, as confirmed by the Senate report cited (page 52) among other facts, to mass control and ultimately to the enslavement of the population, the degrading measures employed degrading measures based on the violation of physical and moral integrity of the people and not hesitating to use the mass crime by imposing the inoculation of a product of pharmaceutical engineering on an experimental basis for **unavowable reasons that will have to be brought to light during of a large-scale judicial inquiry which is turns out is unavoidable.**

We are astonished to note that no international authority has intervened and in this case the Court (ICC) in view of the complaints filed by several nationals of several countries in order to put an end to these crimes, in particular the complaint of the Italian judge, the association and the Israeli lawyers, the Chinese people living in the United States for genocide, the Canadian lawyer and many others while Tedros Ghebreyesus, director of the WHO, is already the subject of a complaint registered by the ICC on December 1, 2020, for crimes against humanity in Ethiopia, being charged of murder, arbitrary detention and torture, as well as other charges relating to the delivery of arms to Tigray using his position.

We can understand the Court's concerns about the admissibility of countries that have not signed the Convention, the elements of proof ... However, the key issue of whether or not to initiate an investigation no longer even arises in view of the nature of the facts and the crimes reported in all countries, in view of the scandals that are being revealed, the abundant scientific literature available , the increasingly consensual intervention of the scientific and medical community that expresses itself without conflicts of interest and are threatened with sanctions... It is recognized that the Court (ICC) is competent, including in the case of non-signatory countries, to take action for crime against humanity or genocide.

We are not unaware that international bodies, such as the ECHR, have conflicts of interest and integrity with NGOs such as George SOROS and other foundations or Bill GATES trusts, undermining the judicial order; conflicts of interest and integrity recognized and admitted by the Council of Europe - Doc.15258 of April 08, 2021 - engaged to take measures to put an end to it.

George SOROS and Bill GATES' Microsoft have each paid 1.400.000 € between 2004 and 2013 and nearly 690,000 between 2006 and 2014.

The Council of Europe has set up a special fund to receive such extra-budgetary contributions (slush fund).

The ICC (International Criminal Court) received \$115,000 from SOROS' Open Society in 2017

WHO and the UN received \$530 million respectively in 2019.

The WHO (a private organization that should be controlled because of the influence it is granted) has received no less than \$3.6 billion, \$100 million for covid-19, \$279 million for the GATES Foundation's Institute for Health Assessment Measurement (statistics), Bill GATES, through his various tools, has become the largest provider of funds to the WHO (70%), which allows him to unilaterally influence the health and digital future of the entire world, in the financial industries, including pharmaceutical laboratories, propaganda media for its interests...

The director general of the WHO had declared: "there is no pandemic". After the injection of 50 million the day after his previous announcement, the Director General went back on his statements, announcing that: "covid-19 is a pandemic".

13.5 million dollars for the CDC from the Gates Foundation.  
(Exhibit 62)



**Mary Holland, Professor of Law at New York University, had already reminded us, during her speech on April 26, 2016 at the United Nations, the need to follow the law on vaccine policies that violate the Nuremberg Code.**

**It is extremely necessary that the International Criminal Court (ICC), the United Nations, the ECHR and the international community respect human rights including those related to vaccination.**

Since the Second World War, the international community has recognized the grave dangers of unintentional scientific and medical experimentation on human subjects.

**The world adopted the Nuremberg Code which states that:** "The voluntary consent of the human subject is absolutely essential". The International Covenant on Civil and Political Rights has also taken up this prohibition against involuntary experimentation in its 1966 text it states: "No one shall be subjected without his free consent to medical or scientific experimentation." This prohibition is now so universally recognized that some courts and researchers have considered this right to informed consent as a matter of customary international law.

One of the fundamental purposes of the United Nations, as set forth in Article 1 of the Charter, is to achieve international cooperation:

"To promote and encourage respect for human rights and fundamental freedoms for all".

**In other words, this right applies everywhere, whether or not the country in question has specific laws, just as customary norms now prohibit slavery, genocide, torture and piracy.**

**In 2005, UNESCO (Education Science and Culture), which addressed this issue, adopted the Universal Declaration on Bioethics and Human Rights with a consensus of 193 countries. The participating countries hoped that this Declaration, like the Universal Declaration of Human Rights would become a set of guiding principles. On the issue of consent, the Declaration states that any preventive medical intervention shall be carried out only with the free and informed consent of the person concerned, based on sufficient information. This declaration is an extension of the medical oath attributed to Hippocrates 2500 years ago, which says that physicians must work for the good for their patients and "first, never do harm", "Primum non nocere".**

**It also notes (in Article 2) that "the sole interest of science or society" must not prevail.**

**This precautionary principle in medicine leads directly to the idea that vaccination policies should only be recommended, not mandated.**

**Dr. Leo Alexander, the American chief medical consultant at the Nuremberg trials, warned in 1949 that:** "It is from insignificant beginnings that the values of an entire society can be overturned."

**He pointed out that long before the Nazis came to power in Germany, a change in medical culture had already occurred "paving the way for the adoption of a Hegelian utilitarian viewpoint" with literature dealing with euthanasia and the extermination of disabled people as early as 1931.**

**Individuals, for themselves and their minor children, should have the right to accept or refuse preventive medical interventions based on adequate information and free of coercion, such as threats of loss of economic or educational benefits.**

**Informed consent must be the default position because coercion not only undermines trust, but limits basic rights to life, liberty, physical integrity, informed consent, confidentiality and parental decision-making.**

**If we do not respect the first principles of the right to life, liberty and body integrity of persons, the right to free prior and informed consent in medicine, we could end up in predictable or even unknown disastrous situations.**

**President Eisenhower's farewell address:**

*"The potential for a disastrous rise to power exists and will persist. We must never allow to endanger our freedoms or our democratic process. We must take nothing for granted. Only an informed and alert citizen can force the massive industrial and medical machinery to respect our methods and goals so that security and freedom can thrive together. In keeping an eye on research and scientific discoveries, as it is our duty to do, we must also to do, we must also be alert to the equal and opposite danger of leading politics to become itself captive of a scientific and technological elite".*

**Let us remember that today: "The voluntary consent of the human subject is absolutely essential and it is an acquired right, as much for the adults, as for the children in age to express themselves, even if the parents have given their consent, they need to consent firstly".**

Disinformation: For some time, disinformation by some French and foreign media consists in making believe that France, through the Pasteur Institute, did not manufacture the Sars-Cov2, that Institut Pasteur has not been working with China since 2017 and that the idea of working on a Sars-Cov2 chimera Sars-Cov2 chimera is a fantasy, in addition to the fact that a campaign of denigration, search ,legal proceedings against Professor Raoult, a world-renowned professor of infectious diseases , of microbiology, has been led as well as against many other specialists.

In view of the above elements in the complaint and in the formal notice, such propaganda of disinformation to dismiss the responsibility of certain authorities in France in order to attribute this responsibility solely to China, cannot be retained, because here it is no longer a matter of coincidence, but of facts.

**If the international authorities, such as the ICC (International Criminal Court), decide to turn their heads, to refuse to see and understand, to not to intervene, then it will have failed in its mission to protect the people and in the idea of democracy.**

**It will be held responsible** for having allowed the project of a fanatical experimental ideology and total control by a minority of industrial and political actors who manipulate science according to the recurrent strategy of the "fabrication of ignorance" (asbestos, tobacco pesticides, estrogenic plastics, etc...) applied this time directly and unilaterally to humanity. **That from then on, the populations will be legitimate to engage any action aiming at putting an end to this tyrannical despotism by all necessary means as provided for by constitutional texts and by reference to international law which cannot be flouted by any interest whatsoever.**

**We trust in the impartiality of the International Criminal Court.**

**In agreement with the formal notice (Exhibit 1) for all the factual elements set out above, all others to be produced, inferred to be produced, deduced or supplemented, the exhibitor confidently persists in the ends of his request and files a complaint for crimes against humanity, violation of human dignity, enslavement, genocide and all other facts, against the persons named above on pages 3 and 4, and any other author, involved in the in the offences; Requests that the necessary coercive measures be ordered to establish the facts, the seizure of documents, files, e-mails, internal notes, minutes of conversations, etc. Requests that any other person having contributed, directly or through passive complicity, to these crimes, be questioned, and that any other person carrying facts beneficial to establishing the truth be heard.**

**Having regard to the Treaty of Versailles of June 28, 1919;**

**Having regard to Articles 6c and 7 of the Statute of the Nuremberg Tribunal;**

**Having regard to the 73rd GENERAL ASSEMBLY OF THE UNITED NATIONS;**

**Having regard to the ILC of 1996;**

**Having regard to the Universal Declaration on Bioethics and Human Rights ART. 5, 6 § 1. 2. 3, 7, 9;**

**Having regard to the Convention on Human Rights and Biomedicine, signed in Oviedo on April 4, 1997 ART. 2;**

**Having regard to the Nuremberg Code, in particular articles 1 and 2;**

**Having regard to the International Convention on the Rights of the Child of UNICEF in its articles 28, 29, 32, 37;**

**Having regard to the Universal Declaration of Human Rights in its articles: 3, 5, 9, 12, 13, 17, 18, 20, 26, 27, 28, 30;**

**Having regard to the International Covenant on Civil and Political Rights in its articles: 7, 8;**

**Having regard to the ECHR;**

**Having regard to the regulation n. 698/2019 EU, of 5.9**

**On the grounds of having deliberately violated: The Nuremberg Code, customary law opposable to States; The INTERNATIONAL COVENANT ON CIVIL AND POLITICAL RIGHTS, to which France is signatory. The Universal Declaration on Bioethics and Human Rights, to which France is signatory (UNESCO). The Convention on Human Rights and Biomedicine, signed in Oviedo on April 4, 1997, to which France is signatory; the International Convention on the Rights of the Child of UNICEF, to which France is signatory; the Universal Declaration of Human Rights, to which France is signatory.**

**Given the seriousness of the elements contained in this complaint, in order to avoid any coercion to see these elements buried, this complaint will be made public at the international level, also made known to foreign heads of state and other interested parties.**

The facts presented are verifiable, including on the basis of archived evidence; likewise, all the texts cited in reference can be verified by all.

Please accept, Mr. Prosecutor Karim Asad Ahmad KHAN, the assurance of our respectful consideration.

LEPILLER P. Secrétaire général



COHEN R. Directeur juridique



## LIST OF DOCUMENTS COMMUNICATED LATER, EXCEPT FOR PART 1

Note : Document translated into English from original French complaint

According to the information given by the ICC switchboard, the supporting documents will be deposited later directly by carrier on USB stick or HARD DISK at the ICC.

Date: June 28, 2021

By e. mail to: [otp.informationdesk@icc-cpi.int](mailto:otp.informationdesk@icc-cpi.int)

By international LRAR (registered mail with acknowledgment of receipt) RK 40 959 466 0 FR and by deposit

**ICC: Procureur Karim Asad Ahmad KHAN**

**For:**

Le CSAPE - Collectif des Syndicats et Associations Professionnels Européens ;

**Against:**

The President of the French Republic, Mr. Emmanuel MACRON ;

The Prime Minister, Mr. Jean CASTEX, head of the government;

The whole of the current government representing the executive;

The whole scientific committee led by Mr. Jean-François DELFRAISSY;

The Institut Pasteur in its President: Christian VIGOUROUX, President of section at the Council of State and the Members by right representatives of the Minister of Research, of the Budget, of Health, of the President of the National Center for Scientific Research

The Director General of the National Institute of Health and Medical Research, and Sanofi Pasteur.

The Minister of Health, Mrs. Agnès BUZYN ;

The Director General of Health, Jérôme SALOMON;

The President of the National Assembly, Mr. Richard FERRAND;

The National Academy of Medicine, Dr CHARPENTIER Bernard, 1st division, President

The council of medical doctors, Dr. Patrick BOUET ;

The council of nurses, Mr Patrick CHAMBOREDON;

The council of physiotherapists, Mr Pascale MATHIEU;

All the ARS (regional health agencies) whose names are listed;

All the school academies whose names are listed;

The Director General of WHO, Tedros Ghebreyesus (Geneva, Switzerland);

Dr. Christian Drosten (Berlin, Germany);

Bill Gates (Seattle, Washington, USA);

The European Commission in its president Ursula von der Leyen (Brussels, Belgium);

The European Medicines Agency (EMA) in its Director Emer Cooke (Amsterdam, Netherlands);

**Exhibit 1, consisting of:**

1.1 Formal notice addressed to the Prime Minister CASTEX, the Head of State and his government

Proof of receipt

1.2 Formal notice addressed by name to President FERRAND of the National Assembly

Proof of receipt

1.3 Formal notices addressed by name to each manager of the Regional Health Agencies (A.R.S.)

Proof of receipt

1.4. Formal notices addressed by name to each person in charge of the school board (Rectorat d'académie)

Proof of receipt

1.5. Formal notice addressed by name to the president of the council of medical doctors

Proof of receipt

1.6. Formal notice addressed by name to the president of the council of nurses

Proof of receipt

1.7 Formal notice addressed by name to the president of the council of physiotherapists

Proof of receipt

Exhibit 2:

Formal notice addressed to the President of the Scientific Council Mr DELFRAISSY

Letter in reply from Mr DELFRAISSY

Exhibit n° 3 :

The propaganda of the French media paid by the State and other subsidies

Exhibit n° 4 :

Letter of the scientific committee directed by Mr. Jean-François DELFRAISSY published in "The Lancet

Exhibit n° 5 :

DELFRASSY - H1N1 - genome modification - report 2016

Exhibit n° 6:

DELFRASSY - report n°133 of September 19, 2019 - development of experimental approaches on genome modification

Exhibit n° 7:

LEVY - hands over P4 lab in Wuhan with statements on partnership - Genomic Medicine 2025

Exhibit n° 8:

YAZDANAPANAH - pharmaceutical companies Gilead Sciences, Pfizer, Johnson & Johnson, MSD

Exhibit n° 9:

VIGOUROUX – State council - conflict of interest - flagrant denial of justice

Exhibit n° 9a:

Unquestionable studies on the origin of the virus not being zoonosis

Exhibit n° 10 :

Wuhan PARTNERS and Institut Pasteur - work on a chimera

Exhibit n° 10a:

Change of co-director of the research pole HKU-Pasteur professor Leo Poon responsible for research at Wuhan

Exhibit n° 11:

BUZYN - Minister of Health - bioethics - attempt to remove the ban on creating transgenic embryos

Exhibit n° 12:

Parliamentarians oppose to the attempt of Agnes BUZYN - transgenic embryos

Exhibit n° 13 made up of :

Experimental vaccines mRNA - Tal ZAKS - Moderna

Exhibit n° 13a - mRNA - SHEMIRANI, CORBETT

Exhibit n° 14:

Bill GATES - Human Genome 8 and mRNA Vaccine

Exhibit n° 15:

2006 study of 76 researchers who finalized the genome 8 sequence

Exhibit n° 16 :

Institut Pasteur - genetic sequence - Sras-CoV-2

Exhibit n° 17 :

Academy of Medicine - CHARPENTIER - recommendations in violation of international and national law

Exhibit n° 18:

Serious side effects - misleading and criminal speech and official documentation

Exhibit n° 19:

Pharmaceutical laboratories - convictions

Exhibit n° 20:

Scientific Committee - notifications

Exhibit n° 21:

Scientific Committee - DELFRAISSY - acting in violation of the law

Exhibit n° 22:

Scientific Committee - pharmaceutical companies - links of interest

Exhibit n° 23:

Scientific Committee - laboratories - Neil FERGUSSON - court decisions

Exhibit n° 24 :

DELFRAISSY - letter to ex-commission of inquiry - links of interest with laboratories

Exhibit n° 25:

Death of Covid-19

Exhibit n° 26 :

Publication of the WHO on the study of John P.A. LOANNIDIS

Exhibit n° 27:

LOANNIDIS - study March 26, 2021 - <https://doi.org/10.1111/eci.13554>

Exhibit n° 27a:

SENTINELLES Network

Exhibit n° 28:

Lothar WIELER - German Institute Robert KOCH

Exhibit n° 29:

February 08, 2021 - RISK OF HOSPITALISATION WITH COVID-19 - <https://doi.org/10.1101/2021.02.05.21251189>

Exhibit n° 30 :

Chairman of the social affairs committee - National Assembly - invisible excess mortality - Solomon

Exhibit n° 31:

AMMON - European Centre for Disease Prevention and Control - lack of evidence of virus

Exhibit n° 32:

French scientific committee - KOCH postulate protocol failed

Exhibit n° 33:

RT- PCR test - infection - cycles - deceit

Exhibit n° 34:

Masks - studies confirming absence of protection known by the French state

Exhibit n° 35:

WHO - Laboratories - Bill GATES - decisions for populations (in conflict of interest)

Exhibit n° 36 :

Tal ZAKS - Moderna - The human body is a software which to modify the human genome

Exhibit n° 37:

Pfizer - WHO - Brazil - Argentina - state stripping practices

Exhibit n° 38:

Pfizer - Laboratories - MACRON - links of interest

Exhibit n° 39:

DOUSTE-BLAZY - licenses, patents - thrombosis - companies - Bill GATES

Exhibit n°40:

Pfizer - GSK - French social security - private interviews

Exhibit n°41:

Gilead - Defense Council - MACRON - Remdésivir - resignation Prof. RAOULT

Exhibit n°42:

Bill GATES, Microsoft Technology Licensing, LLC - patents - digital currency

Exhibit n°43:

Conflicts of interest - controversies and scandals - experimental phase of "vaccines"

Exhibit n°43a:

Official EMA figure and link to pharmaceutical companies

Exhibit n°44:

THE LANCET - random and deceptive vaccination

Exhibit n°45:

Precautionary Principle Discarded - RNA and DNA - Possible Reverse Transcriptase

Exhibit n°46:

SARS-CoV-2 RNA reverse transcribed can integrate into the genome of human cells

<https://doi.org/10.1073/pnas.2105968118>

Exhibit n°47:

Death rate related to vaccination strategy will have killed more people than Covid-19 itself

Exhibit n°48:

Indian variant denied by Indian ministry.

Exhibit 49:

Spike Protein - Recipients <https://doi.org/10.1093/cid/ciab465> Published: 20 May 2021

Exhibit n°50:

Case of the deceased baby - VAERS ID 1166062

Exhibit n°51:

Adverse reactions - vaccines

Exhibit n°52:

Number of serious adverse side effects and deaths France

Exhibit 52a

Covid-19 Vaccine Safety/Benefit/Negative Risk

Exhibit n°53:

Misinformation Tactics by Industry and Policy Makers

Exhibit n°54:

Remdesivir - DELFRAISSY - FAUCY - Gilead - Pres. MACRON

Exhibit n°55:

Chloroquine - study - antiviral inhibitory effect - This article is available from :  
<http://www.virologyj.com/content/2/1/69>

Exhibit n° 56 :

Disinformation campaign - chloroquine - voluntary misinterpretation by laboratories.

Exhibit n°57:

Study - trials with overdose - death - Archives of Microbiology & Immunology 5 (2021): 176-181

Exhibit n°58 :

Peru study - Ivermectin - effective reduction in deaths.

Exhibit n°59 :

Ivermectin - PVVIH/AIDS continue to ignore and manipulate data

Exhibit 60:

The European Council had already pointed the finger at the WHO in 2010

Exhibit n° 61:

French Senate Report N° 673 SÉNAT SESSION ORDINAIRE DE 2020-2021 - Confirmation of liberticidal lasting measures

Exhibit n°61a:

(Social Credit), public statement by inventor Lin Junyue regarding France

Exhibit 61b:

Canine experimental study

Exhibit 62:

Conflicts of interest and/or corruption of international bodies

Subject to supplementation.

LEPILLER P. Secrétaire général



COHEN R. Directeur juridique



**CSAPE** - Collectif des Syndicats et Associations Professionnels Européens enregistré sous le n° 20210012  
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