



# FIGU TIME SIGN

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## Organ for free, politically independent views and opinions on world affairs

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**At the frequently expressed request of the Zeitzeichen readership, excerpts of various important issues from the most recent contact reports are to be published in Zeitzeichen on an ongoing basis for the orientation of recipients, as well as, if possible, old and new facts concerning worldwide malicious contact. Lies, deceit, slander, and assassination attempts against BEAM led controversies.**

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## A fax-letter supplement

... thank you for your answer. It is very important that people are informed about what is happening. It is the truth. This war is solely the responsibility of the American government with its shadow government, planned it and implemented it insidiously. It is not just a war for Russia where it is about NATO expansion to the east. Putin acted because atrocities were increasingly committed by fascists in recent months and he could no longer stand by and watch this genocide. The western media did not publish it. It was like a war of aggression with murder troops. Against their own people.

Question for Billy:

What about Russia's accusations that there are laboratories in Ukraine where biological weapons are produced? Is it true? These laboratories are said to have been financed by American intelligence services.

Besides, it is not told in the Western media that the Ukrainian military itself bombs apartment houses, apartment blocks and urban facilities in cities like Kiev etc. and blames it on the Russian military. There is so much lying, twisting of facts and acceptance of lies by the Western world in this war that it is impossible to understand.

How did the fascist propaganda movement in Ukraine come into being? Who is responsible for it?

Kind regards  
B.

Love to Billy!

**(On this, Billy and the FIGU are generally neutral).**

## **Organ donation/trafficking or the undignified evisceration of the victims...**

*Brigitt Keller, 15.3.2022*

The Federal Council and Parliament want to introduce an objection solution for organ donation. Anyone who does not wish to donate organs after their death should now have to state this. The people will vote on this proposal on 15 May 2022.

For current reasons, the following is a short compilation of facts and my own thoughts on the subject, because this extremely explosive topic has been occupying me for many years. The very incomplete fragments may, in the best case, inspire other people to do their own research and to get smart; after all, we are all potentially affected at some point.

### **A brief explanation of terms at the outset:**

#### **Post-mortem donation 'after death':**

A person is considered dead when brain death is established, i.e. when the brain can no longer take over the regulation of life-relevant functions such as breathing and the cardiovascular system and these must be maintained artificially. This must be determined by two doctors independently of each other.

#### **Living donation:**

During life, organs can be transferred from one living body to another living body. For example, a kidney or part of the liver or pancreas can be donated.

The living donation in the circle of the family or among very close friends is justifiable and comprehensible in my eyes.

There are countries, including neighbouring countries, in which the objection rule already applies, i.e. everyone becomes an organ donor who has not expressly expressed his or her objection; otherwise the consent rule applies, which is still the case in Switzerland today. In other words, if one wishes to become an organ donor, one must make an unequivocal declaration of intent by means of an organ donor card or the relatives must give their consent to the removal of the organs.

You are not allowed to determine who gets the organs, that is why the Eurotransplant foundation was set up. There, the data of all patients waiting for a transplant are collected, as well as the data of the donated organs from the countries Belgium, Germany, Croatia, Luxembourg, the Netherlands, Austria, Slovenia and Hungary.

In Switzerland, there is a foundation called Swisstransplant. This is not only a national network, but also works closely with various transplant organisations abroad. The foreign organisations are used when no suitable recipient for an organ can be found in Switzerland. Conversely, Swisstransplant also receives offers from foreign cooperation centres.

In these centres the suitable recipient for a donor organ of the member countries is determined by computer according to medical criteria. In addition, there is the Transplantation Act and the Tissue Act, both of which form the 'legal framework' for organ and tissue donation. The willingness to donate in Germany, for example, is relatively low compared to other countries, not least due to the publicity of manipulation scandals. However, as far as is known, these are only isolated cases and not the rule.

One thing must be clear to you in advance, **dead people can not donate organs**. As soon as a person is dead, his organs become unusable. This means that the body must be kept alive by means of machines during the entire organ removal or explantation process. In the past, a person was considered dead when his heart stopped beating and his breathing stopped. **In 1986, brain death was invented**. The criteria for determining when a person is brain dead are not uniformly regulated in different countries. During the removal of organs, the still living person is neither anaesthetised nor given painkillers. He gets

merely administered sufficient muscle relaxants so that he is out of action in an emergency and can no longer stir. How can we know if a person no longer feels pain when he is cut open and disemboweled in the process of dying? We don't.

Do we want to do that to a loved one, put them on the rack in their final hours? Do we want that for ourselves? You can assume that no transplant surgeon has an organ donor card.

In all organ donation cards there is talk of organ removal after death, unfortunately this is a misconception that very few people think about. The prerequisite for organ removal is a construction based on 'law and order' of brain death invented for this purpose according to the motto: 'As dead as necessary, as alive as possible' (Prof. Franco Rest).

Pim van Lommel, a Dutch cardiologist and scientist, has written an exciting book on brain death, cardiac death, clinically dead, etc.: 'Endless consciousness', new medical facts on the near-death experience: "The heart has stopped, breathing has ceased. The diagnosis is: clinically dead. Can you still perceive anything in such a state?" Yes - says cardiologist Pim van Lommel. Because millions of people who survived such a phase report near-death experiences. Van Lommel illustrates his research with many testimonials. His findings are spectacular and call into question the usual explanatory models: because even when the brain is demonstrably no longer functioning, people can experience a clear consciousness - a realization that forces us to rethink life and death.

Michael Coors, Professor of Theological Ethics at the University of Zurich, mentions in a paper on the subject numerous studies which refute the definition of brain death, because the whole organism continues to function as a whole even after the death of the brain. However, this remains medically controversial. In view of this, Coors tends to view brain death as a grey area between life and death: "It's a highly individual decision as to when one considers oneself dead."

According to an ARD documentary, 30% incorrect brain death diagnoses are made.

On March 9, 2022, an article appeared in Ktipp magazine under the headline: 'A quarter of organ donors still showed signs of life'.

In it, Dr. Martin Stahnke, a German anesthesiologist at the University Hospital in Dusseldorf, describes his hair-raising experiences during the removal of organs, which he witnessed in the course of his profession. "About a quarter of the organ donors still showed signs of life." Initially, he didn't take those vital signs seriously. He assumed that brain death had been confirmed and that the donors no longer felt anything. However, the doctor experienced time and again that brain-dead donors did not simply lie motionless on the operating table. They showed reactions - especially to the incision with which the body is opened to remove one or more organs. The pulse and blood pressure of the supposedly dead person rose rapidly at that moment. Organ donors declared dead secreted stress hormones in high doses. It soon became clear to Stahnke: organ donors are noticing something. In 1997 the anaesthetist quit. Today he is vice president of the interest group 'Critical Education on Organ Transplantation.'

It is even more delicate when errors are added: According to the German 'Ärztezeitung', an evaluation of 58 brain death protocols from 2001 to 2005 showed that the brain death diagnosis could not be confirmed in 16 donors declared brain dead. In 5 of them, spontaneous respiration or brain activity was still detected. A study by the German Organ Donation Foundation found a similar rate of errors, with researchers evaluating 70 of 224 brain death protocols as flawed. There were simple date errors, but also serious mistakes. In some cases, brain death diagnosis was performed even though the organ donor had been given sleeping pills. Such agents can fake brain death. A nurse from Germany also has her say in this article. She also experienced how, during organ removal, warm, uninjured bodies began to sweat when the skin was cut. For the nurse, these were 'nightmarish experiences'. She quit her job for ethical reasons. For the woman, the brain death concept of official medicine is questionable. Stahnke gave the organ donors painkillers. In this way he wanted to make sure that they did not suffer pain during organ removal, because he too does not consider severely brain-damaged people, so-called 'brain dead', to be dead. "These people are dying, the heart is beating, the lungs are bringing oxygen into the body, and they are showing reactions."

Of many reports and books on the subject, the following book is also very in depth and insightful:

### **Organ Transplant**

Trend-setting or aberration of the zeitgeist?

The brain death concept is examined historically and scientifically-phenomenologically: it is inherently contradictory and untenable. People with brain failure are seriously ill living people. Organ removal is the killing of a dying person for the sake of others. The ethical dimension of this monstrosity is examined. What modalities regulate organ donation? What arguments are used to defend 'brain death'? What does 'organ donation' mean, what awaits the donor, what awaits the recipient? There is massive advertising instead of legally compliant information! What can the relatives expect? Is living donation so harmless? What is the connection with commercial and criminal organ procurement? Can organs from animals be a solution? How must structures be fundamentally changed in order to re-establish trust? How must a lege artis carried out education for each potential donor, before filling out an 'organ donor card', be carried out? Is organ transplantation forward-looking or an aberration of the zeitgeist? These and many other issues that have been silenced in public discourse are discussed. It is a critical book on a topical subject: it analyses the aspects that must be discussed in any correct clarification.

Paolo Bavastro, MD, specialist in internal medicine and cardiology, was head of an internal medicine department until 2003. For 30 years he has been involved in ethics, including living wills and transplantation medicine. He is a frequent lecturer. About 200 publications, books and book contributions. Since 2002 holder of the Cross of Merit on Ribbon.

### **Determination of brain death**

The invention or construction of brain death is intended to resolve a paradox. This consists in the fact that, on the one hand, one may not remove organs from a living person, but the organs of a dead person are worthless. Thus, brain death was invented, in which the person is supposedly irreversibly damaged, but still alive. Brain death is determined by means of brain death diagnostics, an extremely barbaric procedure. The most important requirements are two clinical examinations, between which there must be at least twelve hours. These include tests that can kill the patient. "My son underwent clinical brain death diagnosis three times," reports Renate Focke, whose son was in a serious traffic accident in 1997. "A clinical examination includes stimuli with instruments, the application of pain stimuli by the examiner piercing the nasal septum with a needle, and by flushing four-degree cold water into the ears." It stands to reason that such 'stimuli' are unlikely to do an ICU patient any good and may further destabilize him, even more so if the procedures are performed two to three times.

Along with the ordeal of piercing the nasal septum comes that of pouring four-degree cold water into the ear canal. This is not just any 'stimulus'. For the brain this is the signal that the person has fallen into ice-cold water - because otherwise the ear canal would not be filled up. Since this is often accompanied by loss of balance and orientation, it is a shock to the brain. Ice-cold water in the auditory canal is therefore also involved in the shock that people experience when they fall into ice-cold water. People with pre-existing conditions can suffer 'malignant heart rhythm disorders', says emergency physician Professor Manfred Blobner about the dangers of ice accidents. And it is a pre-damaged person who is involved in an accident. By stimulating the parasympathetic nervous system, breathing can also be brought to a standstill and the blood circulation and heart activity can also be brought into a state of shock.

Now comes the most interesting test, which is the 'apnea test', which is related to the 'waterboarding' makes the drowning experience perfect - 'waterboarding' for the severely injured, so to speak. Here they 'test' whether the patient continues to breathe without artificial respiration. The brain-injured patient is deprived of artificial respiration for up to ten minutes in order to determine whether he begins to breathe on his own," reports the mother concerned, Renate Focke, in a report on "the hidden side" of organ donation. "According to doctors, this examination clearly impairs the possible recovery of a brain-injured patient and can even cause the patient's death." Depending on how these 'examinations' are conducted and configured, we are moving very close to murder here. Because as we all know, the brain suffers irreparable damage after only a few minutes without oxygen. If one waits up to ten minutes to see if spontaneous respiration sets in after the artificial respiration has been discontinued, this means that the brain is being allowed to die. A patient who has been deprived of air for up to ten minutes three times in a row can of course easily be diagnosed with 'brain death'. Brain death could 'result from treatment errors' or even be 'deliberately induced' in the case of 'threshold patients', warned Dr Achim Jaeckel of the German Medical Forum.

If the brain is not damaged by this (for example, because breathing starts in time), another important license to kill may be missing, namely the 'zero line' on the electroencephalogram (EEG) - i.e. the 'proof' that the brain is no longer working. In addition to the above-mentioned examinations, the EEG - the recording of brain waves - is the official licence to cannibalise. The EEG is prescribed, for example, if between the described clinical

tests are less than twelve hours. But of course, an EEG can also be used independently to prove brain death. If the doctors can show an EEG with a zero line in the course of the ordeals described above (or afterwards), they have the green light and essentially only have to persuade the relatives to agree to the removal of the organs, as long as this is still necessary and not per se everyone becomes an organ donor by law if they do not revoke this in time. Most of the time it is quite easy to put pressure on the 'not yet' bereaved with moral arguments. The person is not yet dead. He is only killed by the removal of the organs: "The organism dies during the operation (explantation) as part of the saline flushing of the circulatory system," once said the brain researcher Prof. Dr. Detlef Linke from Bonn. "There are philosophers who have called this murder." Not only philosophers. Renowned doctors like British cardiologist and lecturer Dr. David Evans also say bluntly, "Organ harvesting is murder." And that's because 60 percent of the supposedly brain-dead could regain consciousness.

The exciting thing now is that EEGs keep disappearing. "At some point we were sent out of the room, they wanted to derive an EEG," recalled afterwards the concerned mother Renate Greinert (who, by the way, wrote a harrowing book about organ donation and the death of her son).

"Besides, they were waiting for a team of neurosurgeons. The 20-minute brain wave measurement took an hour and a half". Whereby the question is why the relatives have to leave the room for the taking of an EEG. And lo and behold, "That EEG no longer exists, but there is a rapidly recorded EKG in Christian's file." Unfortunately, this is not an isolated case. Renate Focke also experienced something similar. Her son Arnd had a serious accident in the autumn of 1997 and had to be ventilated at the scene of the accident. The hospital diagnosed him with 'severe craniocerebral trauma'. It was only several years after the removal of the organs and hundreds of nightmares later that Mrs Focke had the strength to request the files from the clinic and work through them: "In many dreams I relived that he had not been buried properly, that his body was floating in an aquarium or that his body had disappeared from the grave." On reviewing the files, she found that the two clinical examinations referred to had been carried out not twelve hours apart, but just under three hours apart. Because of the insufficient waiting time, there should now have been an 'apparative examination' (usually an EEG). Although a report from the clinic also mentioned a "zero-line EEG, which was allegedly performed on my son," Focke said. "However, in the decisive document, the brain death protocol, no zero-line EEG is listed. Nor were there any EEG recordings in the files." According to the brain death protocol, the organ removal "should not have been performed at all!"

This means, however, that without proper proof of 'brain death' the person is not even dead according to the disputed definition of 'brain death'. To remove the organs from a living person can hardly be called anything else but murder.

But Focke discovered other irregularities. According to an expert opinion, her son still had too much anaesthetic in his blood after a first (curative) operation. Since the anaesthetic alters the brain's functions, an assessment of brain death is not yet possible. The removal of the organs was nevertheless carried out without further assessment. From the so-called 'anaesthesia protocol' of the explantation, the shocked mother was finally able to learn that her son was given drugs for 'muscle paralysis', but no anaesthesia and no painkillers - and that, although the 'brain death' had apparently not been sufficiently documented. Which even then no one would know if the brain could still feel severe pain. "When organs were removed, there was always reddening of the skin, sweating, a rise in blood pressure and defensive movements when the body was incised," Ms Focke reported. "These are signs of pain in other surgeries, only in 'brain-dead' organ donors are they considered meaningless reactions. The idea that my son was explanted alive with no regard for pain sensations that might still be present, without general anaesthesia, is unbearable." The muscle relaxants only cause the patient to be unable to move when in pain.

### **Conclusion**

But what sense does it make to let one patient die or not prevent dying in order to save another? Medically, of course, none. The only difference is the money: the horrendous sums that flow for transplantations: "The market of the transplantation and pharmaceutical industry is worth billions of euros," writes the non-fiction author Richard Fuchs. The market for so-called 'immunosuppressants' alone, which suppress the rejection of the foreign organ, is worth 1.6 billion euros a year. The flat rates per case for transplants in 2011 would have been between 18,000 and 215,000 euros, depending on the organ and the effort involved. "It is not uncommon for further transplantations to occur due to rejection."

Organ trafficking is said to be the largest black market in the world. It is said to bring in more than the trade in women, children and drugs.

In a nutshell: organ donation, which more and more Swiss citizens and citizens of other countries are being urged to do, is nothing more than a nightmare for the donors and their relatives. They are largely at the mercy of transplant medicine. Every donor is potential cattle for slaughter. (Several passages of these remarks are based on reports of Gerhard Wisnewski on this subject. Although he is said to have conspiracy theories concerning other topics, many of his researches are based on facts).

Another factor that should not be underestimated is the personality changes that may occur after transplantation. The human being is a complex immunological whole and not a collection of interchangeable components. To have an organ from another person in one's body for the rest of one's life, i.e. a part of a deceased person who has lived, felt and suffered with it before, can have far-reaching consequences. There are many reports about this in books and on the internet.

According to Dr. med. Petra Wiechel (FMH), chief physician and specialist in general medicine (DE) and expert in biological medicine, 60% of physicians today do not even want to report that they have a patient who would be a transplant donor. That is why in Germany all large hospitals have a transplantation officer (in other countries interested in transplantation it may be similar). This person gets an allowance of 7000 euros per transplant patient in the sense that he reports that organs are available here. **"We know today that dying is a beautiful and important and normal process for everyone.** People who have been declared brain dead by a panel are not yet lifeless. I.e. we register sweating, we register perceptions of this body from which organs are being removed. It's not just about one organ, it's statistically about much, much more."

Another very bad and sinister chapter is international organ trafficking. It is classified as transnational organised crime (TOC). I do not want to go into this, as it would lead too far. Only I give to consider, as long as organs are transplanted 'legally' with us, this trade also continues to flourish unhindered, because if the organ transplantation were forbidden, the terrible, greatest suffering causing organ trade would have no more future. See also: Human Trafficking- heute.net

Admittedly, there are people who benefit so much from a transplant that their life continues to be of a very high quality for many years, even though they have to take a large number of medications every day for the rest of their lives. But there are, and I can confirm this from my own experience, very, very many transplanted people whose life after one or even several transplantations is one long path of suffering.

**Those who thought that organ transplantation was an act of humanity should think about what is really behind it.**

***Finally, a conversation excerpt between Bermunda of the Pleiadian Federation and 'Billy' Eduard Albert Meier, BEAM; 791st contact, Sunday, January 23, 2022, 9:56 p.m.***

*Billy* Let me ask you a question, if you don't mind, because I really don't know. Do you guys on Erra or elsewhere do organ transplants from one human to another or from dead to living?

*Bermunda* But no, that is not possible with us, because all the dignity of a person speaks against such a thing, because the dignity of man is inviolable for us. It is respected, protected and preserved in every way. This is stated in our directives and obliges all directive order. All our peoples profess this and therefore they will never violate this directive and respect it as a human right, as the basis of all human dignity. This also includes peace and justice with regard to man himself and his life, which also guarantees his fundamental right as an independent being and may never be violated. This fundamental right is bound up with the fact that no executive power and jurisdiction may ever be applied as a directly valid right against life and limb, and therefore also not against organs; consequently, it is opposed to the removal of organs, regardless of whether or not there is still life in them. The basic values of the human being and his body as well as his organs are summarized in the following values, as I can read the corresponding directive here on the device and translate it for you:

1. Direct value: Every human being is fully protected and invulnerable in his body and life, therefore he is also protected in his human dignity, which also includes the dignity of his body, his internal organs and of its external organs of the body.

2. The body and all its organs are as precious as life itself, and this is to be protected and kept inviolable in dignity, be the body still alive or abandoned by the BEING of the living.

3. Dignity is given even if he is ill, even if he cannot be active, because he is worthy and all-time dignified because he is a human being.

4. The dignity of a human being is inviolable in body and life in all things, and dignity must never and under no circumstances be violated, for it is as precious as the body and life itself, in the state of life and death. This means, then, if I may explain the whole thing in a little more detail, that the human body must never, ever be injured unless it is a question of preserving it fully intact, consequently, in this case, every surgically necessary precaution is taken to preserve the health of the whole body and all its organs.

*Billy* So in terms of your directives, the meaning is, if I understand the whole thing correctly, that in any case no transplantation of a foreign organ into a body may take place.

*Bermunda* That is correct. But there is - if I may explain this in a simple way for the explanation - the possibility of a transplantation in such a way that from the body's own substance a correspondingly necessary organ is grown, if I may say so for the sake of understanding, which can then be transplanted. Our directives therefore explicitly forbid the transplantation of organs foreign to one's own body, which also includes blood, as well as other fluids, which, however, are still largely unknown to earthly medicine for insertion into a living body.

*Billy* Aha, this was mentioned before, however I don't remember in which context. Anyway, there was also talk about earthly magnetic field, which is not constant and wanders, thus most different phenomena manifest, like compasses go crazy - like e.g. at Bermuda Triangle or Japanese Devil-Sea etc. In addition I still remember that there was talk about the fact that the corresponding organs, however, are grown beforehand depending on the possible need before they have to be used in an emergency.

*Bermunda* That is correct, that is our procedure and our practice. Our directives, however, forbid the removal of any organs from the deceased, for this is not only barbarous and unaesthetic, and therefore intolerable in every respect, but in purely human terms it means nothing else than desecration of the dead, what you on earth call desecration of corpses. Such an action triggers a perception and a psychic sensation which corresponds to an evil form of an ugliness and is unworthy of a human being. Only beings to whom ugliness appears callistic (beautiful), because they are barbaric in themselves, are able to see something valuable in the act of desecration of the dead, and this regardless of whether they are the performers of the desecration of the dead or the beneficiaries or recipients of the organs that are removed from the corpses.

*Billy* And - well, how did you Plejaren get into growing human organs and transplanting them?

*Bermunda* As I know the history of our development in this regard, our path - explained in simple terms - led via the early recognition of the properties of artificial methods for growing complex organ models from stem cells.

*Billy* This tells me a lot and at the same time nothing, because I only understand station, because I am neither medical researcher, nor anything else of organ models or stem cells etc. understand. When I consider the whole thing, then I only realize that you or your ancestors did not desecrate corpses, but immediately from stem cells organs ...

*Bermunda* ... That was indeed our path of development. It never led via desecration of the dead, that is, not via the removal and transplantation of organs from the deceased. That is truly an act of barbarism and effective desecration of the dead.

*Billy* I can understand that so far, when I look at everything from your point of view. But we live here on earth, and there it looks a little bit different, because there came no ball, by which on this world the people have come away better sense and besides from the erroneous and confused faith in a dear God, have become more clever and independent. So, in such a way that the earthlings could have come to the crux of the matter, precisely in relation to the organ model with the stem cells, in order to avoid the desecration of corpses, if they could have come to the cultivation of organs from the stem cells.

## **This doctor's alarming observations are enough to stop COVID vaccination in the U.S.**

*uncut-news.ch, March 11, 2022*



A post by 'A Midwestern Doc' does not get the attention it deserves. Based on the observations of this one doctor alone, vaccinations should be stopped immediately

On March 5, 'A Midwestern Doctor' (which I abbreviate to 'AMD') published a long Substack article meticulously recording his observations of adverse events associated with the COVID vaccine. This is very rare, as most doctors are too busy to do such an analysis. Based on the observations of this one doctor alone, the rates of critical events are high enough to warrant that the vaccines should be stopped immediately due to safety concerns.

### **Background**

AMD must hide his/her identity or he/she will be fired. That's how the medical system is set up: Speak out against the system and you lose your job. Period.

So for simplicity's sake, I'll assume AMD is a man.

The SARs documented by AMD come in part from his own patients, but for the most part from people AMD knows directly. So no more than a step away: a direct friend of a direct friend.

The results of his analysis (from the 'Conclusions' section of the article):

Critical vaccine injury: 41

Severe vaccination damage: 39

Significant reactions: 32

In the history of AMD, there have been no critical injuries with all other vaccines combined. Zero.

### **But the most important part was this statement:**

When between 10 and 100 critical injuries are reported to the FDA for a drug, they typically consider taking it off the market or issuing a black box warning. So it seems to me that these vaccines are not held to the standard of adverse event reporting that we expect.

In other words, based solely on the data collected directly by AMD, the vaccine exceeds the cut-off date.

### **The numerator and the denominator**

AMD used not only his own patients, but also friends of his friends.

AMD's cases were split: 60% of patients reported to him with their stories and 40% were seen by him.

How sure is he that every single case was related to the vaccine? In half of the cases there was an extremely strong temporal correlation or other factors, so he is very sure that there is a causal relationship. For the other half of the cases, causality is extremely likely.

Since his sample only includes his friends' direct friends, he conservatively estimates the 'denominator' in his case to be less than 100,000 (the average person has about 150 to 250 friends, so this is quite conservative). Due to overlap, it will be fewer, but again, we're not talking about an exact number, just a rough technical estimate.

AMD's extended circle of friends in our calculation consists of a mix of vaccinated and unvaccinated individuals. Since he is a physician, his proportion of vaccinated patients will be higher than others, so our extrapolation may be too high.

Let's extrapolate that to a population of 200 million people over the age of 18 who can get vaccinated. We would have to multiply his numbers by 2000 to get a lower bound on the number of expected events. This is not entirely accurate because the AMD group is older, and adverse events do not occur in the older group to the same degree as in the younger group. So again, I'm not trying to get a super precise estimate as this is not necessary as we will soon see.

So our rough estimate is  $41 \times 2000 =$  at least 82,000 estimated critical events caused by the vaccine. This is within a factor of 2 of the minimum of 150,000 deaths I previously estimated for the vaccine (using more than a dozen different methods). So it seems correct that our estimate was conservative. And our rough extrapolation is also within the numbers previously obtained, so it serves as a rough accuracy check that the numbers reported by AMD were 'reasonable'.

The comparison with our 10 to 100 critical events stop condition results in:  $82'000 \gg 10$  to 100

The stop condition for the vaccine is met not only by the direct observations of AMD (even adjusting for a factor of 2 for causality doubt), but also by our conservative (and very rough) estimate of the total number of critical events in the US. QED.

Finally, I want to clarify that I am not claiming that we can extrapolate a single anecdote to an entire population to get an accurate rate estimate. I am only claiming that the observations of AMD alone justify a vaccination stop and that any extrapolation of this figure to the whole population based on reasonable assumptions shows that the stop condition is far exceeded.

### **What other doctors see**

AMD surveyed its peers to see if they made the same observations.

30% confirmed this and 70% said they either didn't see anything at all and/or didn't want to talk about it. He attributes the 70% who see nothing to not being aware of the possibility that the vaccines could be unsafe, so any adverse reactions are immediately suppressed and discarded; they don't register.

Even if we reduce our calculation of 82,000 by 70% because we assume that the rates found by AMD are inflated, the number of critically injured people (24,600) is still well above the threshold at which we stop the study, and that's really all I wanted to show.

### **Pfizer's Phase 3 clinical trial**

AMD pointed out that a high rate of anaphylaxis was quickly noted when the injections were administered. He asked, "How did the clinical trial not determine that?"

Indeed. Anaphylaxis was not mentioned at all in the report on the phase 3 trial, although it is life-threatening.

It was also not mentioned in the 6-month follow-up study. This study would have included the responses of the placebo cohort that received the vaccine.

The incidence of anaphylaxis is 2.47 events per 10,000 doses, so that approximately 10 events should have been observed in the fully vaccinated treatment group (44,000 doses) and a similar number of events in the placebo group that was vaccinated.

Thus, an average of 21 anaphylaxis events should have occurred, but none were reported. It is extremely unlikely that this is a coincidence.

How does Pfizer explain that? This is a rhetorical question, of course, because no one is going to ask them that question, and they don't have to answer it. That's just the way it is in medicine. You are not allowed to ask such questions. That's 'science'. We teach our children to believe everything the drug companies tell them and not to ask questions.

### **Another 'highlight**

This comment at the very end of AMD's article deserves special mention:

Or as another commenter here wrote: I was a nurse in the Midwest last year after the introduction of gene therapy. I was a case manager doing discharge planning. I saw 10-12 side effects a day. Everything you said and more. 2 cases of amnesia (one was a healthy anesthesiologist). 1 girl in her twenties with blood in her tears had to leave that job.

A girl with blood in her tears?!?! When was the last time you saw that?

### Notes

In its report, AMD intentionally worded the cases vaguely to protect patient confidentiality.

### Reader feedback

This commentary on the events in Melbourne, Australia mirrors what was described in this article. It states, "Doctors are very concerned about what they're seeing from vaccinations, but they're keeping quiet to save their jobs." This makes perfect sense. A doctor's first duty is to his family. I see this time and time again. For that reason, the doctors I talk to are silent. I don't blame them. Another reader wrote this:

Steve,

I love your work. The midwestern doctor is right. I am a practicing pediatric ophthalmologist in the Southeast and have experienced several catastrophic side effects of vaccinations. I have been sounding the alarm to my friends and colleagues for over a year. Most of them think I'm crazy.

It started last year around March when I went into a patient's prep room to have a mother sign a consent form. She apologized to me that she was having difficulty writing because she had recently suffered a stroke. I told her I was glad she was here and then asked her if she knew what caused it. "It was that shot," she said. She was in the hospital that night. I then went to the hospital and told my doctor the story. She then told me that her friend's daughter (39) had died of a pulmonary embolism a month after the shot. I told this to one of my partners who said his friend was in the hospital with myocarditis after getting a shot.

I also know of a doctor in a nearby practice who died of a heart attack at the age of 52. According to his practice manager, he had recently been vaccinated.

I also know of 3 breast cancer diagnoses after vaccinations as well as transverse myelitis and brain stem glioma. All had been vaccinated, but I cannot say that the vaccinations were the cause.

The son-in-law of a good friend of my parents died suddenly of a heart attack at the age of 39. He too had recently been vaccinated.

In my own practice I have 3 patients with side effects, one with increased intracranial pressure. Almost immediately after the second Pfizer dose, the patient started having headaches. I saw the child about a week later and he had swollen optic nerves.

A second patient had uveitis about 2 weeks after the first dose.

A third patient had a 'spontaneous' vitreous hemorrhage within 2 weeks of a dose. I also know of a few other...

When I mention this to most doctors, they just look at me with blank stares. I have been ridiculed, reprimanded and threatened just for sharing my observations with doctors.

This must be stopped immediately.

### Summary

Based on the number of observations from this one doctor alone, vaccines should be stopped immediately. AMD is not an isolated data point. He discovered that 30% of his colleagues observe similar things. I can also personally attest that AMD is hardly an isolated incident after confidential conversations with other physicians (who fear retaliation such as loss of medical license if they speak out). The doctors I know have never had to report an event to VAERS in the past and have had between 20 and 1000 cases to report this year. They don't want to talk to the FDA about what they are seeing because they don't want their license revoked.

As the case of AMD shows, the medical community makes it impossible for these doctors to speak freely and say what they know. Doctors are forced to hide in the shadows to tell their story, or simply remain silent.

Gone are the days when colleagues had open, friendly discussions to resolve conflicts. The medical community now uses fear and intimidation techniques to silence any scientific dissent. In Canada, for example, an entire university has ganged up against Dr. Byram Bridle to discredit him for speaking out. Would any of the faculty at the University of Guelph argue with him? Of course they wouldn't! Not a chance. Some facult-

members of the faculty even signed the joint faculty letter denigrating him without even having read the document he had written. In their opinion, Professor Bridle was wrong, and they didn't even have to bother to understand his point of view. In California today, the legislature is trying to further empower medical boards to revoke the license of any doctor who speaks out against vaccines. It is a top down dictatorship where the medical boards hold all the cards. They are accountable to no one. They are not questioned. In many cases, the doctors who are disbarred don't even know who is investigating them, and they are not allowed to question the authorities on the record. So the authorities cannot be held accountable for their actions.

Although the evidence is clear that these vaccines are harmful and should be abolished, we as a society are doing the opposite today by mandating vaccines that people either get vaccinated or get fired. We demand that doctors like AMD keep their mouths shut.

There is now even a US government form to report any doctor who questions the official narrative. Basically, the government is asking us to act as spies and help them eliminate people who don't agree with the official narrative.

Someone is not telling you the truth here, and it's not a Midwestern doctor. You should be angry. Very angry. This is unforgivable.

Unfortunately, no public health official in America wants to talk about it, and neither will the mainstream press.

*SOURCE: THIS DOCTOR'S ALARMING OBSERVATIONS ARE SUFFICIENT TO HALT THE COVID VACCINES IN THE US*

Source: <https://uncutnews.ch/die-alarmierenden-beobachtungen-dieses-arztes-reichen-aus-um-die-covid-impfung-in-den-usa-to-stop/>

## **Warning against conspiracy theories**

*Kai Amos, 16.11.2020*

Conspiracy theories are generally defined as the attempt to explain an event, condition, etc. by inventing it by a mostly small (elitist) group with a mostly illegal or illegitimate purpose for the benefit of the group.

Nowadays the word conspiracy theory is used inflationary like the word Nazi. This is especially done by the left. It is noticeable that especially those are described as conspiracy theorists who criticize communism (= the left ideology). The refugee policy of Angela Merkel serves as an example. But also other groups.

Since the outbreak of the Corona pandemic everything has become worse and more extreme and everyone who warns about Corona is immediately a conspiracy theorist, Nazi, etc.. On the other hand, the Corona deniers are uncritically told what they want to hear and their postulates are irresponsibly disseminated in the media without giving them a second thought.

Ptaah and Billy have explicitly stated in their contact conversations in general, but also specifically (most recently on the subject of Corona), that conspiracy theories are absolute nonsense and should not be taken at face value.

Conspiracy theorists and their followers claim that the conspirators publicly announce their conspiracies, whereby this would be confirmed by Billy and Ptaah. This would also be so in contact talks or in articles by Billy etc..

Furthermore, they say, supposedly it is necessary to study the media of the conspiracy theorists to find out the truth. Of course you can do that, but it is nonsensical, because to read the rest of the nonsense because of maybe one correct sentence of the conspiracy theorists is a waste of time. One might as well study the FIGU writings to maybe find that one mistake. Even if a conspiracy theorist says a sentence that Billy or Ptaah might also say, that doesn't mean that Billy and Ptaah and FIGU confirm the conspiracy theory or even spread it.

Nevertheless, the FIGU is irresponsibly and reality-denyingly accused of spreading conspiracy theories or that the FIGU, Billy and Ptaah confirm conspiracy theories in their conversations.

This is absolute nonsense and a smear on Billy, Ptaah and the FIGU.

In the 756th contact report of 9/28/2020, Ptaah again explicitly says that Billy is being maligned as the originator of conspiracy theories because he is spreading the truth. And Billy says in the same contact report again explicitly that conspiracy theories are nonsense.

Conspiracy theories are often spread by people who are either mentally ill and degenerate, who can't or won't perceive reality, or by people who are simply frauds and want to rip people off with their muddle-headed pamphlets.

Having dealt with conspiracy theories myself, I know that conspiracy theories are nonsense.

Therefore, I can only recommend to everyone: "Stay away from conspiracy theories!" If you come across conspiracy theories (books, articles, internet, etc.) that are not immediately recognizable as conspiracy theories, put them aside as soon as you realize that they are conspiracy theories.

Conspiracy theories are a waste of time, not worth the paper/internet it's printed on. It only makes you confused and sick in the head and promotes fears and paranoia.

## **New bill for compulsory vaccination from the age of 18 - also for pregnant women**

*By Oliver Schubert March 5, 2022 Updated: March 5, 2022 8:02 a.m.*

More than 150 MPs are calling for every citizen over the age of 18 who has lived in Germany for at least six months to be vaccinated against Corona. GERMANY, 49-PAGE MOTION



Friso Gentsch/dpa/Illustration/dpa.

The federal government is planning to introduce compulsory vaccination from the age of 18, and with it further deep encroachments on the rights of citizens. Pregnant women are not excluded.

In a 49-page motion, more than 150 members of the German Bundestag demand that every citizen over the age of 18 who has lived in Germany for at least six months must be vaccinated against COVID. Those who refuse to do so could face fines of up to 2500 euros. The bill, which is to be debated in the Bundestag on 17 March, does not provide for the imprisonment of refusers. However, changes to the text are still possible until then. The regulation is initially limited until 31 December 2023, "in order to limit the burdens associated with the vaccination obligation".

In the draft 'Act for the education, counselling and vaccination of all adults against SARS-CoV-2' (SARSCovImpfG), states that COVID-19 is one of the most contagious communicable diseases. People are considered fully vaccinated if they have received two vaccinations and a booster. The rationale for the compulsion, which is scheduled to take effect Oct. 1, 2022, is that existing vaccination rates are insufficient "to stem the expected very rapid and sharp increase in disease incidence." An estimated 6.5 million to 10 million adults are unvaccinated to date, according to the printed document. In addition, the health system should not be overburdened. This is despite the fact that this danger has never existed, but that around 9,000 intensive care beds have been cut in German hospitals over the past two years.

In order to achieve the 'protection of public health and vulnerable groups' as well as a return to the predictability of public and private life, the introduction of the law is intended to contribute to 'sustainably increasing basic immunity in the population'. To this end, the vaccination campaign is to be expanded once again as a first step. For the first time, all adults are to be personally contacted and informed by their health insurers about counselling and vaccination options. Based on this, it is planned to make vaccination compulsory.

These measures are intended to 'reach all members of society'. This means that adults who have been habitually resident in the Federal Republic of Germany for at least six months are obliged to have proof of vaccination or convalescence from 1 October 2022 and to present this proof on request to the competent authority. Irrespective of this, these persons are obliged to provide this proof from 1 October onwards on request of their health insurance fund or

of their insurer with whom they have private health insurance or of their medical care provider.

### **Amendments possible at any time without the consent of the Bundesrat**

The law also empowers the government to make changes at any time. Without the consent of the Federal Council, it may make new regulations regarding vaccination, convalescence or testing, 'provided that these deviating requirements are advantageous for the persons concerned in each case'. Among other things, the government may change the intervals between individual vaccinations. The number and possible combinations of individual vaccinations may be changed and new vaccines introduced. The duration of the convalescence status may also be changed.

Minors and people who 'cannot be immunised with one of the approved (...) vaccines' are exempt from compulsory vaccination. Even for pregnant women, vaccinations are provided for after the first trimester of pregnancy. At the same time it is said:

Depending on the state of medical science, vaccination against SARS-CoV-2 is carefully recommended under certain circumstances according to medical judgment.

Once again, the Basic Law would be restricted if the law were passed, as Article 2 (right to physical integrity) would be undermined. In order to give the government extensive leeway, it also interferes with the Social Code, because health insurance companies will in future be allowed to store the vaccination status of their insured persons in patient files. This would open the door to the introduction of a central vaccination register.

*Click here for the draft law.*

**(Note: <https://dserver.bundestag.de/btd/20/008/2000899.pdf>)**

Source:

*<https://www.epochtimes.de/politik/deutschland/neuer-gesetzentwurf-fuer-impfpflicht-ab-18-jahren-auch-fuer-pregnant-a3744774.html>*



*An article by Ralf Wurzbacher, 04 March 2022 at 10:21 Cover photo: Carlos\_Navarro/ Shutterstock*

On March 16, the mandatory vaccination of hospital and nursing home employees will come into force. As things stand, the health system is facing a further bloodletting of staff, while the workforce is already on its last legs - to the benefit of hospital managers and investors, and to the woe of patients. The employees threatened with dismissal, however, do not want to leave the field without a fight and are mobilizing together against the cutbacks. Sebastian Garbe from the initiative 'Klinik Personal steht auf' explains in an interview with the NachDenkSeiten why this is devoid of all logic and reason and is causing a great deal of anger among those affected. Ralf Wurzbacher spoke with him.

Sebastian Garbe, born 1978, is a specialist nurse for anaesthesia and intensive care medicine in the anaesthesiological intensive care unit of the University Hospital Tübingen (UKT) in Baden-Württemberg. He is a co-founder of the initiative 'Klinik Personal steht auf' (Clinic Staff Stands Up), which advocates a free vaccination decision for employees in hospitals, health care and nursing facilities and against a threatened occupational ban for those who are entitled to be vaccinated as a result of the facility-specific vaccination obligation that will come into effect on 16 March.

*Mr Garbe, a countdown is ticking on the website of the initiative 'Klinik Personal steht auf', which you co-founded. Its end, March 16, marks the beginning of the so-called institution-related vaccination obligation for employees of hospitals, health care and nursing facilities. If it is implemented, you warn, 'thousands of employees' will face a de facto ban from their jobs. Can you give a more precise figure for the possible loss of staff?*

We conducted a survey in our groups and were also surprised to find that around 90 percent of our colleagues who are now still unvaccinated want to take time off. Some of those who do not work directly on patients are looking for jobs outside the areas affected by compulsory vaccination, medical staff are looking for their fortune abroad or thinking about retraining, yet others are even accepting a three-month block on unemployment benefits, insofar as this is legally enforceable at all, and are waiting for better times.

*Meaning: The determination not to be bent is great?*

Apparently so. It has to be said that all colleagues who are still unvaccinated have very personal reasons for not being vaccinated. In addition, there are colleagues who, as twice vaccinated or boosted, do not want to be further boosted because of a negative vaccination experience or a Covid 19 disease they have nevertheless experienced. And then there are colleagues in training who are not admitted to the examination and are therefore already looking for alternative training outside the health system.

*A letter addressed two weeks ago to Minister-President Winfried Kretschmann (Greens) from those affected with the demand to refrain from compulsory vaccination was signed by 'well over 6000' employees from all over Baden-Württemberg. Is it possible to estimate how many of them could be lost to the health system?* That is difficult to estimate. If you take our survey with more than 300 participants as a yardstick, clearly more than half of the signatories in Baden-Württemberg could lose their jobs. Nationwide, however, the losses will certainly run into the thousands. All colleagues who have so far steadfastly stood up for their personal decision, after all the pressure and after all the threats, exclusions and defamation, will also accept the personal and economic disadvantages of an exemption. We know that many will take legal action against their exemption. They are all about personal risk assessment and that the care for clients ends where their own health is at risk. I myself am prepared to endure a lot, the tests, the wearing of a mask, in order to protect patients and myself. That has also been sufficient and effective so far. If working in the medical sector as an unvaccinated person is as irresponsible as politicians like to claim, then we wonder how all of us, staff and patients alike, have survived the last two years without any significant number of virus transmissions from staff to patients.

*Are you speaking here for your direct professional environment, the University Hospital in Tübingen?*

In my intensive care unit, there were no transmissions from staff to patients, nor vice versa. Our hygiene concept was planned highly professionally from the very beginning and was implemented very conscientiously. The concept was also successfully applied at other locations. After the first news from China and Bergamo, we immediately began to purchase protective equipment and had no significant bottlenecks throughout the entire pandemic. Our task force repeatedly reviewed the current measures and adjusted them.

*How many of your team are still unvaccinated?*

I'm one of six unvaccinated out of about 140 colleagues. I have recovered without symptoms, detectable with an antibody test. Because of my asymptomatic condition I do not have a positive PCR test, which is why I have never been granted a convalescent status. After everything I have seen and experienced, I will not be vaccinated against this virus. I don't see myself as part of the at risk group. Even when my significant other's children became mildly ill with the Omicron variant, I did not contract it. There is no logical or *medical reason for me to choose vaccination over my natural immunization.*

*And that's how your comrades-in-arms see it?*

The members of our networking group have largely had antibodies determined and many have been surprised to find that they are naturally immunized. Others were sick with Delta or Omicron, where I do not know of any case where a complete recovery did not occur within three weeks and this without burdening the health care system in the slightest.

*The advocates of compulsory vaccination say that the aim is to prevent the vulnerable groups from being endangered. From this point of view, anyone who refuses the injection is acting without solidarity. You don't put on the shoe?*

As already mentioned: Infections within the clinics from staff to patients are almost impossible because of the high safety standards. The absurdity of the argument lies above all in the fact that vaccination does not produce sterile immunity and that vaccinated persons can become carriers of the virus again. The infection rates of vaccinated and unvaccinated people are becoming increasingly similar. It shows

now even a correlation between hospitalization rates and vaccination rates. We see many vaccinated and boosted colleagues falling ill with Omikron in particular. The vaccination actually does not bring any advantage to them.

The best protection is simply natural immunization. If one compares vaccinated and recovered persons, the latter are not only protected longer themselves according to current data. They also protect their environment better because they have mucosal immunity in the upper respiratory tract, which the vaccinated lack due to the route of administration of the vaccine. Consequently, people who have recovered from an initial infection are less likely to transmit the virus than those who have been vaccinated. Even Germany's chief virologist Christian Drosten has stated that it is important to build up this mucosal immunity in the long term.

*Has head of government Kretschmann commented on the objections in your letter?*

Not yet. He only let us know that he will pass on our request to the Ministry of Social Affairs, as the so-called experts would be sitting there. On the other hand, Petra Krebs, member of the Green Party in the Stuttgart state parliament, let us know in a friendly letter that she fully supports compulsory vaccination and even advocates compulsory vaccination in general. In doing so, she refers to the same, clearly refutable data that the Federal Minister of Health, Karl Lauterbach, repeatedly uses. The same unreflective answer also came from Andreas Stoch of the SPD.

*Kretschmann's Bavarian counterpart Markus Söder (CSU) had flirted with suspending compulsory vaccination in the meantime, but has rowed back again and now wants to implement the law in stages. Does this mean that your last hope for a relenting attitude on the part of the political leaders has vanished?*

No. We will not stop demanding an evidence-based and logical approach to the assessment of Corona and vaccination on the part of politicians. After all, that is what we keep taking to the streets in our thousands for. However, we are concerned that we will not be able to reach the public, because this is prevented in various ways. We lack an open and ideology-free discourse between doctors, statisticians and other experts and politicians. For example, I wonder why the virologist Hendrik Streeck, whose assessment of the situation largely supports our view of things, is not really being heard. Streeck sits on the German government's Corona Expert Council. How can it be that his word as an expert carries no weight?

*You don't have an answer for that?*

I don't think that the federal and state governments realize what consequences their actions, especially this vaccination campaign, will have for our health care system and society as a whole. Medicine belongs in the hands of doctors and not in those of politicians and pharmaceutical companies. The pressure on critical physicians must stop and the media must stop allowing only line-loyal experts to speak.

*You mentioned it: From a medical point of view, compulsory vaccination defies all logic, because it offers vulnerable groups no protection against infection. What explanation do you have for the fact that politicians still want to stick with the instrument?*

From my own professional experience with unvaccinated intensive care patients, I can confirm that vaccination against the alpha variant and, to a lesser extent, also against the delta variant was effective. As far as the later Corona variants are concerned, the data are rather against it. I see the government caught in a bubble. It has failed and continues to fail to inform itself outside its bubble and to question its own projections. We see every day that their figures and forecasts are not correct.

*Even if the federal government does not give in, 16 March does not have to mean the end of the career for all those affected. Are the mills of German bureaucracy perhaps grinding so slowly that they can be used to gain time and the politicians can ultimately abandon the wrong path? In Great Britain, the government has just cancelled the compulsory vaccination of nursing staff, which was actually due on 1 April. With Omikron, the step has been taken care of, according to London. In Austria, too, the general obligation to vaccinate is hanging in the balance.*

We'll have to wait and see. In any case, we'll be prepared if there are actually layoffs. For example, we will demand an examination of the individual's ability to be vaccinated. This must be done by an allergist, who can then also be held personally liable in the event of side effects. We will not tire of standing up for our health protection. To this end, we are prepared to pull out all the medical and legal stops.

Do you see any provisions on the part of politicians to counter the threat of staff losses if massive numbers of people really are made redundant?

Politicians and clinics are acquiring staff from outside Europe, from the Philippines, Iran or Iraq. These people are supposed to plug the holes that compulsory vaccination would create in the German health care system. These people are then not available in their home countries. This procedure is

selfish, reprehensible in the extreme, and shows the true esteem in which native nurses are held: namely, none at all.

*After all, they clapped for you and your ilk from the balcony ....*

It is simply inconceivable that we should be treated so shabbily after all the privations of the past two years. Yes, they applauded for us, that was well-intentioned, but it seemed helpless. Nevertheless, they continue to feed us with low wages, which even a ridiculous care bonus does not change. Our work-life balance is abysmal, work is getting more and more compressed, the quality of care is getting worse and worse because of more and more rounds of cuts, and with Corona it has all gotten worse. We intensive care nurses take over the entire ventilation and sedation management, intracranial pressure management, dialysis, parameter optimisation, evaluate laboratory values and adjust the equipment so that the critically ill can recover in an optimal setting. We also take care of the relatives and train young interns. And now, as a thank-you, they want to kick us out because we refuse a vaccination that makes no sense and is not as safe and harmless as they always claim. And once we're gone, the big whining starts, about a nursing shortage. Politics has lost all trust with me. Just you see how quickly just tens of billions of euros can be loosened for weapons of war. But to provide people with good medical care is at the bottom of the agenda.

*How much has the clinic routine changed for you just by being unvaccinated?*

I'm no longer allowed in the canteen, some of my colleagues talk badly about me behind my back. It happens rather rarely that someone tells me their opinion to my face, because I like to counter with questions about the current study situation. But there are also a lot of colleagues who show solidarity and want to support us in our cause.

*The case of the health insurance company ProVita, whose boss warned of a massive under-reporting of vaccination complications after analysing the accounting data of eleven million insured persons, caused a stir recently. The man has since been fired without notice. Do you see any evidence in your work that he might be right in his account?*

I cannot judge that from my direct experience. However, colleagues in cardiology have reported a significant increase in the number of patients with myocarditis and various thromboses, especially in younger people. However, a connection with the vaccination was not seen in each of the cases by the responsible physicians.

*Are there already imitators of your initiative, in Baden-Württemberg or elsewhere in Germany?*

Yes, I know that there are initiatives like ours in every federal state that have emerged independently of one another. We are in the process of networking with each other in order to gain importance nationwide.

*What are your main demands?*

At the top of the list: Away with compulsory vaccination, instead a free vaccination decision for all. We demand measures to counteract the division in society, especially in the health care system. We finally need transparent data on the Corona figures, on the effectiveness and side effects of vaccinations and on contraindications. We demand the recognition of antibodies and T-cell immunity as proof of recovery and the abolition of the three-month recovery status for the unvaccinated. And of course, we advocate for more staff and investment to stabilize and optimize our health care system. We want to provide high-quality work again!

*What is planned for the near future?*

We will continue to expand our initiatives. On 7 March, a large demonstration of the health sector will take place in Tübingen. Data analysts, doctors and professionals will speak there. Health education belongs back in the responsibility of evidence-based medicine. Science and research must once again be based on correct data and analyses and a broad discourse. Measures and therapies must be regularly reviewed and adapted. We stand for a better health care system and everyone is invited to support us, because everyone can become a patient tomorrow and will then be happy to have competent and motivated staff accompanying them in their illness.

*What does your further path look like?*

I would like to keep my job and practice high-quality intensive care medicine. I don't like to leave that to an ailing system that turns experienced staff out the door and thus further exacerbates the situation in the healthcare system. If they don't want me in Germany any more, I will

I might have to go abroad or retrain for another job. Like many colleagues, I am prepared for the worst case scenario. One thing is certain, however: if compulsory vaccination comes into force, I will never be available to the German healthcare system again.

Source : <https://www.nachdenkseiten.de/?p=81515>

## **Dr. Robert Malone: On the Front Lines of Vaccines**

*uncut-news.ch, March 4, 2022, Updated: March 2, 2022*

More safety problems, fraud and lack of effectiveness continue to plague federal agencies The truth about COVID deaths is coming to light The Epoch Times.

Hospitals receive payment for screening every patient for COVID, every COVID diagnosis and every 'COVID death', and every time they use Remdesivir and mechanical ventilation. This is a great article that I am very happy to link to. It goes into great detail about the history and misconduct of our government and hospitals. This article is a must read.

So let's celebrate our victories!



Senate GOP votes to overturn Biden's vaccine rule for health care workers. The Hill March 2, 2022.

Senate Republicans voted Wednesday to scrap President Biden's vaccination mandate for healthcare workers, rebuking the administration.

Senators voted 49 to 44 in favor of the GOP's attempt to block the provision - a vote they were able to force under the Congressional Review Act.

Although no Democratic senator voted with Republicans to repeal it, GOP senators were able to get it through the Senate due to the absence of Democrats. Six Democratic senators missed the vote.

But efforts to repeal the rule are running into headwinds. The CRA provides for a fast-track procedure in the Senate, but there is no green light for the same procedure in the House of Representatives.

Democrats assume Biden would veto the bill if it landed on his desk.

"If the bill passes, it won't find a majority in the House and President Biden would veto it," said a Senate Democratic aide.

Thank you Senators for doing the right thing and voting for this success.

Yes, the House of Representatives will likely reject this measure, and even if they don't, President Biden would veto it. But given that the vaccinated transmit the virus in as great a number, if not greater, than the unvaccinated, what is the point of mandatory vaccinations for health care workers? Well, there's no point, is there?

Even more, at the height of the pandemic - back when we didn't know what the virus was - unvaccinated health care workers put their lives on the line. They did their jobs, some died. Most acquired natural immunity. They all did what they could to protect their patients. Now we have a mismatched vaccine that doesn't stop transmission, has a high side effect profile, and doesn't prevent disease or death. And for some reason, our government mandates that these health care workers take the vaccine against their will. That's not right.

Isn't it up to each of us whether we take the vaccination or not? Where there is a risk, there must also be a choice.

It's certainly not the federal government's job to mandate that.

## **Correction, Mr President: It's a deadly pandemic that affects even the vaccinated.**

*By Clayton Fox, RealClearInvestigations March 2, 2022*

Startling evidence comes from California, Georgia and Illinois, where one-third of the people who died from COVID had been vaccinated - even some who had received a third booster shot. In the absence of publicly available federal data, the three states provide some of the best numbers on the impact of a pandemic that has already claimed 950,000 lives after vaccination.

Some health experts say these deaths were predictable. After all, early reports of the Pfizer, Moderna and Johnson & Johnson vaccines promised efficacy rates of over 90% - not perfection. So even if a significant percentage of the population is vaccinated, vaccinated people will still die. And the vaccines were developed to combat one strain of the virus before the delta and omicron variants emerged, suggesting that the new flagella may have played a major role in the vaccines' disappointing efficacy....

Yet the available state and other statistics suggest just that - at least when measured against the original Biden standard that the vaccinated 'won't die': Fully vaccinated and/or vaccinated deaths as a percentage of total deaths are substantial and appear to be gradually increasing in recent months, at least in several states.

Of the eight states that released detailed, so-called 'breakthrough' death data on the vaccinated, RealClearInvestigations found that Massachusetts - with a remarkable rate of 75% fully vaccinated - had the highest percentage of vaccinated deaths: 55% from January 1 to February 12, 2022.

Also, a recent, less comprehensive CDC report notes that among those 18 years or older in 25 U.S. jurisdictions, there were about 7 million COVID cases and 95,000 deaths among the unvaccinated from the beginning of April through the end of December 2021, compared with about 3 million cases and 23,000 deaths among the vaccinated. The fact that one in five deaths occurred among the vaccinated suggests that protection is weaker than the public has been led to believe, according to the study....

At least it seems clear that this is not a pandemic of the unvaccinated. One question that remains to be answered is whether public health officials had a duty to be more open about the limitations of vaccines.

So not only do the vaccinated spread the disease as often or even more often than the unvaccinated, but the vaccinated also die from COVID-19. You can argue about the numbers, but it doesn't really matter when you know that the death rate among the vaccinated is significant. The vaccines are not working as promised.

Biden's words last fall should ring false in Americans' ears:

"The unvaccinated are in for a winter of serious illness and death. For themselves, their family, and the hospital that will soon overwhelm them."

Well, that didn't happen.

Not only did that not happen, but remember how Biden promised on the campaign trail that he would not mandate the vaccine?

You know, when President-elect Joe Biden said this:



A reporter asked, "Should vaccinations be mandatory?"

"No, I don't think they should be made mandatory, I wouldn't call for them to be made mandatory, just like I don't think masks need to be mandatory nationwide..."

So Biden was lying. Remember, this is the president.

Another preprint paper just published confirms that the synthetic mRNA contained in the vaccines does not degrade and continues to produce protein.

In vitro characterization of SARS-CoV-2 protein translated from Moderna mRNA-1273 vaccine In medRxiv, by Timothy Veenstra, Elisha Injeti, Bradley Pauley doi:

<https://doi.org/10.1101/2022.03.01.22271618>

Interestingly, the authors of this article contacted Moderna and Pfizer-BioNTech and asked about the amount of protein expressed and the duration of expression in the preclinical tests. They received the following response:

In communications with Moderna and Pfizer-BioNTech about the proteins expressed by their synthetic mRNA vaccines, the medical information group of the two companies indicated that they did not study the protein dynamics in cell culture for more than 48 hours after transfection. Due to the proprietary status of the protein, they did not want to disclose information about the type of protein expressed.

And there you have it. The FDA has never required Moderna and Pfizer-BioNTech to analyze the duration or amount of protein expressed in cell culture after 48 hours prior to injection into humans. Let alone conduct a thorough evaluation in non-clinical animal models or humans.

It goes on to say:

Cell lysates and supernatants were analyzed by Western blotting to determine the size of the protein expressed by the mRNA of the Spikevax vaccine (which has not been previously reported in the literature). Cell lysates and supernatants collected at 1, 3, 6, 12, and 24 hours and at 5, 9, and 15 days were analyzed for the presence of Spikevax-synthesized protein by ELISA and Western blotting. The Western blotting assay using a mouse monoclonal antibody from R&D Systems revealed three conspicuous bands with a molecular weight of approximately 180 kD (Figure 2), which were most evident in the cell lysates 24 hours after infection with the vaccine. The three bands with different molecular weights could be due to different post-translational modifications (most likely glycosylation) occurring during processing of the proteins expressed by the mRNA vaccine.

SARS-CoV-2 protein expression was detectable in cell lysates within 6 hours of treatment of cells with the vaccine (Figure 2). Protein levels peaked at 24 hours and remained detectable for 5 days. After 12 days, no SARS CoV-2 spike protein was detectable in the NIH 3T3 cell lysates. The cell supernatants contained no detectable vaccine-induced protein.

This work reconfirms that the mRNA in these genetic vaccines is not rapidly degraded once inside the cells and that the Moderna vaccine continues to produce protein in this in vitro model for up to 12 days after transfection. It should be noted that only two cell lines were tested.

#### **Reminder:**

Natural mRNA is normally degraded within 45 minutes and no more than a few hours. The fact that this synthetic mRNA does not degrade quickly is extremely worrying. Especially since we also know that synthetic mRNA is immunosuppressive.

The cell publication cited below also confirms that the vaccine mRNA is not degraded and the spike protein is much more abundant in the lymph nodes than in the lymph nodes of the COVID-19 patient:

The observed extensive presence of vaccine mRNA and spike protein in the GCs (lymph node germinal centers) of vaccinated LNs up to two months after vaccination contrasted with the rare foci of viral spike protein in the LNs of COVID-19 patients.

The two papers together confirm the findings that synthetic mRNA is not degraded.

It is not normal for synthetic mRNA to migrate to other parts of the body and continue to produce proteins.

This is a new development that the FDA must now address.

According to the CDC, lymph nodes can still be swollen enough to show up on a mammogram up to six weeks after vaccination. For this reason, many doctors advise waiting six weeks after vaccination before getting a mammogram.

Consider that the synthetic mRNA that produces the spike protein is still found in the germinal centers of the lymph nodes at least two months after vaccination.

A coincidence? I don't think so. In any case, I think that lymph node swelling and mRNA that is not degraded and has migrated to other regions, including the lymph nodes, need to be studied now. It is high time that more studies are done on the safety of these vaccines.

At the very least, these vaccines should not be given to children, and they should not be prescribed until we know they are safe.

*SOURCE: ON THE VACCINE FRONTLINES*

Source : <https://uncutnews.ch/dr-robert-malone-an-der-front-der-impfstoffe/>

**The following article was not kept neutral, why the names were removed by me, and if necessary, supplemented to a nameless change, so that altogether a neutral statement resulted.**

Billy

**Sent:** Monday, 07 March 2022 16:12

**From:** "Natural Scientists Initiative" <info@natwiss.de>

**Subject:** NatWiss | Lay down your arms! Peace logic instead of war logic



## **Put down your weapons! Peace logic instead of war logic!**

Call against the war and to the demonstrations for peace and disarmament

NatWiss condemns the attack against the country under war, which is unjustifiable and violates the rules of international law, with incalculable victims and damage. At the same time we do not forget that in the run-up to the war warnings and proposals were ignored, principles of war avoidance and peacekeeping were disregarded. The knowledge about the causes of war and peace solutions must be used to stop the acts of war and to avoid further spirals of escalation. Therefore we demonstrate for peace and against any militarism!

In this war, everyone stands to lose, no matter who is declared the 'victor' on the rubble and graves. The main victims are the people, the dead, the wounded and the fugitives. The consequences also affect the population and people all over the world. It loses international law, the European peace order and civil society. The damage and costs of war destroy the conditions for sustainable peace and the solution of global problems: Poverty and hunger, displacement and flight, environmental destruction and climate change. A nuclear war would be the end of humanity: No Future!

Sacrifice is also the truth. War propaganda dominates on all sides. The overheated echo chamber of war indignation erases earlier knowledge that is needed for the future. Hardly any questions are asked about how the catastrophe came about, who drove the spiral of escalation over decades. Is it only the man declared a demon who started the war, or is it also NATO, which after winning the Cold War expanded across all borders to the threshold of war? Those who have undermined peace with rearmament and military interventions, and broken international law themselves, are poor advisors for peaceful solutions. Driven by the arms industry, which makes money from war, these forces have long been pushing for a 'turning point' in geopolitical power struggles and a further rearmament of NATO, making the world more insecure. With the start of the war, even military spending, which had risen sharply in recent years, increased and doubled and now alone exceeds pre-war spending. Fighting armament with even more armament is just as unsustainable as countering climate change with air conditioning.

Against forgetting, it is the duty of science to activate the knowledge of war and peace for the ending of war and the prevention of further wars:

1. We say no to economic wars, arms supplies or military actions that have fueled the spiral of escalation leading up to and in this war, and reject sanctions that affect populations worldwide.
2. We support humanitarian aid for refugees and victims of violence, as well as the development of links with civil society and peace movements around the world to mobilize movements to end war.
3. We oppose the attempts to force a total war in all areas of society and to support authoritarian structures of militarism, obedience to war and prohibition of thinking with civil society and its civil principles for human coexistence and conflict resolution.
4. It is the forces pushing for war that belong in the dock, not the peace forces, who have been shouting "Lay down your arms!" and warning against war since Bertha von Suttner, more urgently than ever.
5. The logic of war against each other must be replaced by the logic of peace with each other: de-escalation, diplomacy, immediate cessation of hostilities, withdrawal of weapons, negotiation and mediation between the parties to the conflict, protection and strengthening of international law, creation of a global peace architecture involving all states.
6. Instead of a turning point for armament and war, the world needs a turning point for disarmament and peace, for common security in the house of the world, for sustainability and the solution of the global problems on our planet.

**We call to demonstrate together for these goals.**

*Natural Scientists' Initiative Responsibility for Peace and Sustainability (NatWiss)*

## **Cardiologist looks at released Pfizer documents and is totally disgusted**

*uncut-news.ch, March 11, 2022*

New documents about Pfizer's Corona vaccine have been released. This happened after doctors, professors and journalists filed a Wob request. The British Daily Express writes of a 'shocking revelation'. A judge in the US state of Texas ordered the FDA to disclose documents that Pfizer had submitted during the approval process. This is the first time that Pfizer's clinical trial data on the Corona vaccine has been made available to the public.

When Pfizer applied to the FDA for approval, the vaccine manufacturer knew that nearly 158,000 cases of adverse events had occurred after vaccination. Pfizer asked the FDA to keep the documents under wraps for 75 years.

Cardiologist and internist Afshine Emrani looked at the first documents that were released and, in his own words, he felt very sick. "Unless I'm completely mistaken, it's a scandal that the media isn't reporting this," he wrote on Twitter. It was also revealed this week that the Biden administration has given the media \$1 billion to spread propaganda about the Corona vaccines.

Ninety days after the vaccine was administered, Pfizer declared it 'safe' and had it approved in a rush po at the CDC and FDA. Are '1223 deaths and 42,000 cases of side effects in 90 days' safe? Ask the cardiologist.

"This data was withheld from the public, and it took a judge to obtain it. Why? Imagine you want to take medication for diabetes or blood pressure and you have to go to court to find out if it's safe because you can't trust the authorities!" said Emrani.

Complicating matters further is that some of the information is blacked out. "For example, we don't know how many people were vaccinated in those 90 days, so we can't calculate percentages," Emrani says.

"It makes me very sad," the cardiologist said.

**Table 1. General Overview: Selected Characteristics of All Cases Received During the Reporting Interval**

	Characteristics	Relevant cases (N=42086)
Gender:	Female	29914
	Male	9182
	No Data	2990
Age range (years): 0.01 -107 years Mean = 50.9 years n = 34952	≤ 17	175 <sup>a</sup>
	18-30	4953
	31-50	13886
	51-64	7884
	65-74	3098
	≥ 75	5214
	Unknown	6876
Case outcome:	Recovered/Recovering	19582
	Recovered with sequelae	520
	Not recovered at the time of report	11361
	Fatal	1223
	Unknown	9400

a. in 46 cases reported age was <16-year-old and in 34 cases <12-year-old.

Source : <https://uncutnews.ch/kardiologe-sieht-sich-freigegebene-pfizer-dokumente-an-und-ist-total-angewidert/>

## 2G and human dignity

31 Aug. 2021 17:01, Hamburg, 28 Aug. 2021, by Dagmar Henn

The pressure from politics is growing stronger and stronger to enforce a rule under private law that only allows vaccinated and recovered people to lead a semi-normal life. In this way, all the progress made in recent decades in the fight against discrimination is kicked down the road.



2G and human dignity Source: [www.globallookpress.com](http://www.globallookpress.com) © Axel Heimken

Since Corona, life has been a hurdle race, and the hurdles, lest the whole thing become too easy, are regularly set differently. The latest invention in this context is called '2G' and is the further development of the already deeply illogical '3G' from spring. Illogical because the assumption that vaccinated people have weaker protection than vaccinated people contradicted all experience with other diseases and has now also been refuted by studies on Corona.

But studies that do not originate from the RKI or contradict the assumptions of German policy have problems getting noticed. This has also been the case for a long time, whether it is a question of the usefulness of masks, the transmissibility of respiratory pathogens in the open air or the illnesses of vaccinated persons.

So 2G is now supposed to be the new solution. Then, so the promise goes, pubs and even clubs will be allowed to open without having to comply with the restrictions known as 'hygiene rules'. According to politicians, this is possible and legal. This means excluding non-vaccinated people, even if they have tested negative. The core of this new model is that the state and politicians wash their hands of it; they only suggest that one could make use of the right of domicile ...

A café operator in Hamburg told the press: "In winter without a terrace, I have to decide for the 2G regulation - whether I want it or not, otherwise I can't survive. This is probably how many people who run such businesses feel. So it is only an apparent will; in reality it is constraints set by politics that lead to the implementation of this rule.

This is of course pleasant for those politically responsible. After all, the background of these attempts to enforce 2G through the back door is by no means protection against infection, but rather the attempt to force the hitherto unvaccinated to vaccinate by means of not-so-named punitive measures, by locking them out of life as far as possible.

At the same time, it is pretended that none of this is a problem and that it is completely compatible with human rights. This becomes problematic at the latest at the moment when shops that cover daily, essential needs also adopt this rule. This is not stated in such a way, but the material incentive is strong, especially for the discounters, i.e. those shops where the poorer parts of the population get their supplies - with 2G the restrictions on the number of customers present would fall and thus sales would increase. It will only be a matter of time before the first Aldi or Lidl bars unvaccinated people from shopping.

This is, after all, a question of domestic law, they say, and there is freedom of design. This ignores the fact that there was a long and arduous political debate about whether house rights and freedom of contract actually take precedence over human dignity. This dispute ended in the creation of the General Equal Treatment Act (AGG), which largely placed human dignity above private law.

Whereby the whole handling of Corona has already triggered a flood of factual discrimination, which has not been dealt with anywhere so far. For example, the hygiene rules for doctors' surgeries not only led to the fact that (even and especially in winter) patients no longer gathered in the waiting room, but in the queue outside, which incidentally deprived those people who could not stand in the queue for long, access to medical care. Which was only exacerbated by the fact that many doctors then discovered that vaccinating was more profitable than normal business.

To arrange the conditions in such a way that basically only the healthy can go to the doctor, actually contradicts not only the requirements of the AGG, but already those of simple reason. But even there we are far from the end of the line - there are already doctors who refuse to treat non-vaccinated people. In this case, we are very quickly talking about failure to provide assistance.

But back to the creeping introduction of 2G. The Tagesschau commented on the issue as follows: "Legally permissible would be the fundamental rights restrictions of entrepreneurs beyond that only if they are necessary to protect the lives and health of others." There it is on the table, the buck stops here.

Of course, 'protection of life and health' is now defined in a highly irrational way. This becomes clear as soon as one converts the incidence figures to the actual situation. A current incidence of 75 means no more than that out of 1000 tested people not even one has tested positive, which does not mean that he or she is ill or infectious. And this is as true for the unvaccinated as for the vaccinated (although recent studies suggest that the vaccinated may be far more infectious than the unvaccinated).

Because one in 1000 might be contagious, 999 are massively restricted in their living conditions? And prevented from contact with others who are supposedly protected by their vaccination? This is simply attributing a non-existent characteristic to 999 on the basis of a false blanket statement. But that is discrimination.

Let's take another fact for comparison, where the 'protection of life and health' is also affected. According to a 2019 study by the German Youth Institute, the incidence of violent crime among male adolescents between the ages of 14 and 18 is between just under 900 and 1000, which means that around one in 100 adolescents became conspicuous as a result of a violent act. If one would apply the same yardstick here as with Corona, discotheques would have only female audience. Why isn't that happening? Because it is discrimination; in this case of the other 99 out of 100 who are not prone to violent behavior.

Necessary is the word that needs to be looked at more closely here. This is because it again belongs to the measures of proportionality and states that there is no milder means to achieve the desired goal. The reason for the trick of relegating the decision for 2G to the realm of private law is precisely because of this point. It is not the mildest means. The executors, precisely those deciding under private law, are deliberately deceived by the authorities by being persuaded that it is all right. It is not. Because the AGG prohibits arbitrary discrimination, but the necessity of 2G is not provable.

Of course, at the moment the courts of this republic wave through everything, no matter how much it violates the given law. This was shown by the rulings on the bans on demonstrations. However, even if the courts ignore it, it doesn't change the political effect. By propagating 2G

barriers against discrimination are torn down, which were laboriously erected in long disputes. Protection of life and health' must not be an argument without limits. There must be a weighing up with human dignity, also in the area of private law. If a discotheque decided not to admit, for example, all Syrians and Afghans under 30, there would rightly be a wave of indignation, even if the incidence of violent crime in this case is at least ten times higher than the Corona incidence among the unvaccinated. It is the rights of others that must not be curtailed. Even if one wants to pretend with all one's might that a danger of infection emanates exclusively from the unvaccinated (which is demonstrably false), even here, with a tenfold increase in the current incidence, at least 99 out of 100 would remain who pose no threat to life and health.

But if the rights of a comparatively large group of the population are allowed to be curtailed so massively on such a weak basis, and if official bodies even call for this to be done ever more loudly, what argument can be used to prevent discrimination against other groups of people on the basis of a similar argument?

What is happening here is a rollback to complete arbitrariness. It is simply not possible to break through legal principles on such a broad scale without causing lasting damage. That would be true even if the argument for it were coherent. That it is not, only makes it worse.

For many years now, there have been repeated efforts to privatise risks, particularly in the health sector. For example, demanding higher health insurance premiums from smokers or overweight people, while completely ignoring the fact that stress, the compulsion to eat cheaply triggered by poverty, and many other factors that are far beyond the individual control of those affected play a major role in this (for example, the stress level of the mother during pregnancy). The planned treatment of the unvaccinated is also a door opener in this respect. If this is swallowed by society without contradiction, other justifications for other discriminations will follow.

Half-discriminated is just as unacceptable as half-pregnant. And if you light up any stadiums in rainbow colors a hundred times...

Source : <https://de.rt.com/meinung/123324-2g-und-die-menschenwuerde/>

## **The last bastion of freedom**

### **An open letter from scientists encourages the unvaccinated and affirms the human right to bodily self-determination.**

*from Rubicon's world editorial office, by Angela Durante*

Researcher Dr. Denis Rancourt and several other Canadian scientists have written an open letter in support of those who have decided against COVID-19 vaccination. The group emphasizes the voluntary nature of this medical treatment, as well as the need for informed consent and an individual risk-benefit assessment. They reject the pressure that health authorities, media and social media, and fellow citizens place on the unvaccinated. Maintaining control over our physical integrity means defending the last frontier that still protects our civil liberties.

#### **Open letter to the unvaccinated**

You are not alone! As of July 28, 2021, 29 per cent of Canadians have not received a COVID-19 vaccination, and another 14 per cent have received only one dose to date. In the U.S. and European Union, less than half of the population is fully vaccinated, and even in Israel, which Pfizer says has 'world laboratory', a third of people are completely unvaccinated. Politicians and the media have taken a one-size-fits-all view, scapegoating the unvaccinated for the problems that have arisen after eighteen months of fear-mongering and lockdowns. It is time to set some things right.

It is perfectly reasonable and legitimate to oppose inadequately tested vaccines for which there is no reliable scientific basis. You have the right to control your body and to refuse medical treatment if you think it is right. You have the right to say 'no' when your dignity, integrity and bodily autonomy are violated. It is your body, and you have the right to choose freely. You have the right to fight against the mass vaccination of your children at school.

You are right to question whether free and informed consent is even possible under the circumstances. Long-term effects are unknown. Possible hereditary effects...

The effects of vaccination are unknown. The deregulation of natural immunity caused by vaccination is unknown. Possible harms are not known because reporting of adverse events is delayed, incomplete and inconsistent from country to country.

You are being targeted by the mainstream media, government social engineering campaigns, unfair regulations and policies, colluding employers, and social media mobs. You are being told that you are the problem now and that the world cannot be made right unless you get vaccinated.

You are made a scapegoat by propaganda and put under pressure by those around you. Remember: There is nothing wrong with you.

You are falsely accused of being a factory for new SARS-CoV-2 variants, when in fact, according to leading scientists, your natural immune system creates immunity to multiple components of the virus. This boosts your protection against a variety of virus variants and prevents further spread to others.

They are right to demand independent, peer-reviewed studies that are not funded by multinational pharmaceutical companies. All of the peer-reviewed short-term safety and efficacy studies were funded, organized, coordinated, and supported by these for-profit companies; and none of the study data was published or made available to researchers who do not work for these companies.

You are right to question the preliminary results of the vaccine trials. The claimed high values of relative efficacy are based on a small number of 'infections' that were only very vaguely determined. The trials were also not blinded, meaning that the people administering the injections knew or could infer whether they were injecting the experimental vaccine or the placebo. This is not an acceptable scientific methodology for vaccine studies.

You are right in your call for a diversity of scientific opinion. As in nature, we need a polyculture of information and its interpretations. And we don't have that right now. The decision not to take the vaccine creates room for reason, transparency and accountability. You're right to ask, "What comes next when we give up sovereignty over our own bodies?"

Do not be intimidated. You demonstrate resilience, integrity, and determination. You are coming together with like-minded people, making plans to help each other, and standing up for the scientific accountability and freedom of expression that are essential for society to thrive. We are among the many who stand with you.

Angela Durante, PhD  
 Denis Rancourt, PhD  
 Claus Rinner, PhD  
 Laurent Leduc, PhD  
 Donald Welsh, PhD  
 John Zwaagstra, PhD  
 Jan Vrbik, PhD  
 Valentina Capurri, PhD

Editorial note: This text first appeared under the title 'Letter to the unvaccinated'. It was translated by Max Stadler from the Rubicon volunteer translation team and proofread by the Rubicon volunteer proofreading team.

Source : <https://www.rubikon.news/artikel/die-letzte-bastion-der-freiheit>

## **And he was right! Nobel Laureate Warns Vaccines Promote Development of More Deadly COVID Variants**

*uncut-news.ch,*

Luc Montagnier, a French virologist and winner of the 2008 Nobel Prize in Medicine for his discovery of the human immunodeficiency virus (HIV), recently highlighted the dangers of COVID-19 vaccines. Montagnier discussed the issue in an interview with Pierre Barnérias of Hold-Up Media earlier this month, translated from French into English exclusively for RAIR Foundation USA.

The vaccines do not stop the virus, the prominent virologist argues, but do the opposite - they 'feed the virus' and facilitate its evolution into stronger and more transmissible variants.

tions. These new virus variants are more resistant to vaccination and can have greater health effects than their 'original' versions.

In the interview, Professor Montagnier described the coronavirus vaccination program as a 'unacceptable mistake'. Mass vaccination is a 'scientific and medical error', he said.

"The history books will show that, because it's the vaccination that creates the variants." Montagnier explained that "there are antibodies generated by the vaccine" that force the virus, "find another solution" or die. This is how the variants are produced. It is the variants that 'are a production and a result of inoculation'.



Montagnier explains that the mutation and strengthening of the virus occurs through the phenomenon known as antibody-dependent enhancement (ADE). ADE is a mechanism that increases the ability of a virus to enter cells and cause disease aggravation. ADE occurs when antibodies produced during an immune response recognize and bind to a pathogen, but are unable to prevent infection. Instead, these antibodies act like a 'Trojan horse', allowing the pathogen to enter the cells and exacerbate the immune response.

In America, the routinely recommended vaccines do not cause ADEs. If they did, they would be withdrawn from circulation. Phase III clinical trials of new vaccines are designed to detect common or severe side effects before the vaccine is approved for use. It usually takes 2 to 4 years to determine if a vaccine is safe, but with the COVID-19 vaccines, manufacturers needed about six months or less for testing.

According to the University of Cambridge, ADE occurs during infections with the SARS-CoV-1, MERS, HIV, Zika, and dengue viruses, as well as vaccinations.

Data from around the world confirm that ADE occurs in SARS-CoV-2, which causes COVID-19, Montagnier says. "You see it in every country, it's the same: The curve of vaccinations is followed by the curve of deaths. I'm watching this very closely, and I'm doing experiments at the Institute with patients who have corona after vaccination."

In the medical documentary 'Hold Up: Return of the Chaos', released in France on November 11, 2020, Montagnier rejected the then-pending COVID vaccine and said he would not get vaccinated. "My conscience tells me not to do it," he said. Montagnier also addressed his French colleagues, urging them to 'defend their [medical] titles as doctors and not as sheep~.

The film discusses the origins of the virus, criticizes harmful and irrational masking requirements as well as lockdowns, quarantines and the abuse of government overreach, and examines effective COVID treatments such as hydroxychloroquine. The video has been banned on YouTube, possibly because its makers accuse the World Economic Forum of using the pandemic to achieve world domination as part of a global plan known as the 'Great Reset'.

Montagnier has been a vocal critic of the mass vaccination campaign. In a letter to the president and justices of the Supreme Court of the State of Israel, which launched the world's fastest and most massive vaccination campaign, Montagnier called for its suspension:

**I would like to summarize the potential dangers of these vaccines in the context of a mass vaccination policy.**

1. Short-term side effects: These are not the normal local reactions that occur with any vaccination, but serious reactions that affect the life of the recipient, such as. e.g. anaphylactic shock in connection with a component of the vaccine mixture or severe allergies or an autoimmune reaction up to cell aplasia.

## 2. Lack of vaccine protection:

2.1 Induction of facilitating antibodies - the induced antibodies do not neutralize a viral infection, but on the contrary facilitate it, depending on the recipient. The latter may have already been exposed to the virus asymptotically. A small amount of naturally formed antibodies may compete with those induced by the vaccine.

2.2 The production of vaccine-induced antibodies in a highly exposed population leads to the selection of variants that are resistant to these antibodies. These variants may be more virulent or transmissible. This is what we are witnessing now. An endless race between virus and vaccine that will always end in the virus' favor.

3. Long-term effects: Contrary to the claims of messenger RNA vaccine manufacturers, there is a risk that viral RNA will be integrated into the human genome. This is because each of our cells has endogenous retroviruses that are able to convert RNA into DNA (reverse trans- kriptase). Although this is a rare event, its passage through the DNA of germ cells and its transmission to future generations cannot be excluded.

### **"Faced with an unpredictable future, it's better to abstain."**

Early last year, Montagnier convincingly argued that SARS-CoV2 can only be a genetically engineered coronavirus and that the vaccination strategy should therefore be based on this fact.

As reported by the French newspaper 'France Soir', in his television interview of 17 April 2020, Montagnier pointed to the presence of at least half a dozen mini-sequences of the HIV virus grouped together in a short section of the SARS-CoV2 genome. This observation was published by mathematician Jean-Claude Perez in February 2020 under the title 'Synthetic origin of Covid-19 and Evolution'. These mini-sequences, the researchers believe, may be exogenous information elements (EIA), meaning they may have genetic significance. They claim that this distinctive presence of concentrated EIAs associated with HIV, but also with the Yoeli Plasmodium parasite, the causative agent of malaria, would not be natural and would therefore require an appropriate strategy to develop a safe and effective vaccine. Montagnier and Perez explain the scientific challenges and complexities of developing vaccines against HIV and malaria, for which no vaccines yet exist to combat the infection.

Montagnier argues that the coronavirus escaped through an 'industrial accident' while Chinese scientists were trying to develop a vaccine against HIV in the laboratory of the city of Wuhan.

Back in April 2020, Montagnier urged people to reject vaccines against COVID-19 as soon as they become available because "instead of preventing infection, they would hasten infection." Today, emerging variants of SARS-CoV-2 that affect vaccinated people prove his point. In this case, mass vaccination could trigger a new, even deadlier pandemic wave.

The same thesis is put forward by the Belgian virologist Vanden Bossche, who also calls for a halt to mass vaccinations. He believes that if vaccinations are not stopped, they could lead to the development of ever stronger variants of the virus until a 'super virus' gains the upper hand and wipes out large numbers of people.

*SOURCE: NOBEL PRIZE WINNER WARNS VACCINES FACILITATE DEVELOPMENT OF DEADLIER COVID VARIANTS, URGES PUBLIC TO REJECT JABS*

*Source: <https://uncutnews.ch/und-er-hatte-recht-nobelpreistraeger-warnt-dass-impfstoffe-die-entwicklung-toedlicherer-covid-variants-beguenstigen/>*

## **Romania stops vaccine imports, closes vaccination centres and transfers vaccine stocks to other countries**

*uncut-news.ch,*

Romania stops importing vaccines, closes vaccination centres, transfers vaccine stocks to Denmark, Vietnam, Ireland, South Korea, etc. People don't want to be vaccinated. Instead of trying to force them, the government respects their will. An overview of the situation by headlines:

### **Romania to close 117 Covid vaccination sites - July 7, Associated Press:**

Falling demand for coronavirus vaccines in Romania has prompted authorities to close 117 vaccination centres and reduce the number of vaccinations to 371, health authorities said on Tuesday.

"Last week we re-evaluated the efficiency of the fixed vaccination sites. In about 80% of the fixed vaccination sites, less than 25% of the vaccination capacity allocated for each stream is vaccinated," the head of the national vaccination committee, Valeriu Gheorghita, told a press conference on Tuesday.

### **Romania stops most imports of Covid 19 vaccine, as people shun vaccinations - 'The Irish Times', 1 July 2021.**

Romania has halted imports of most Covid 19 vaccines after a slowdown in its vaccination campaign prompted the government to sell more than a million doses to Denmark and request an extension of the validity period of tens of thousands of expired injections.

### **Romania begins destroying expired COVID-19 vaccines as numbers decline - 'Romania Insider', 25 June:**

Romania may begin to destroy some of the COVID-19 vaccines it received earlier this year, as their expiration dates have passed, while the public's interest in vaccination has waned significantly. (Or, more likely, those who wanted it got it.) As a result, Romania now has a surplus of vaccines and will begin destroying some of the unused doses received earlier this year, as they will soon expire. About a week ago, authorities asked suppliers to deliver less COVID-19 vaccine than planned for the same reason.

### **Denmark buys 1.1 million doses of Pfizer from Romania - 'The Local', June 30**

Denmark bought 1.1 million doses of vaccine from the Romanian government, bringing vaccinations forward by two to three weeks.

In a press release Tuesday evening, Danish Health Minister Magnus Heunicke said the slow pace of vaccination in Romania has left the country with doses it cannot use.

### **Romanian PM doesn't want different rules for vaccinated and unvaccinated - Universulnet.com, August 28.**

Prime Minister Florin Citu said on Saturday he was not in favour of different rules applying to people in public places depending on whether they had been vaccinated with the Covid vaccine or not.

"I'm not a fan of separating the vaccinated from the unvaccinated and depending on which of them gets to go to the mall," he said.

"Last year, the malls were open when we didn't have a vaccine. It would be strange and absurd to close them now, when we have this solution in the form of a vaccine," he said during a visit to a vaccination centre in the northern town of Botosani.

*SOURCE: ROMANIA STOPS VACCINE IMPORTS, SHUTS DOWN VACCINATION CENTERS, TRANSFERS VACCINE STOCKS TO DENMARK, VIETNAM, IRELAND, S. KOREA, ETC.*

*TRANSLATION: RUMANIA DEȚINE LAS IMPORTACIONES DE VACUNAS, CIERRA LOS CENTROS DE VACUNACIÓN Y TRANSFIERE LAS EXISTENCIAS DE VACUNAS A OTROS PAÍSES*

*Source: <https://uncutnews.ch/rumaenien-stoppt-impfstoffeinfuehren-schliesst-impfzentren-und-verlagert-impfstoffbestaen-de-other-laender/>*

## **Draft law: compulsory vaccination advice for adults and compulsory proof of vaccination from the age of 50**

*By Susanne Ausic March 16, 2022 Updated: March 16, 2022 8:29 a.m.*

A new bill in the debate on compulsory vaccination provides for the introduction of compulsory vaccination advice. This would affect all persons aged 18 and over who are expected to stay in Germany for longer than six months, unless they provide proof of vaccination, convalescence status or inoculation capability. Exchange of blows in the German Bundestag on the subject of compulsory vaccination. The first reading will take place on 17 March. While the AfD calls for the abolition of compulsory vaccination in health professions and opposes a

general vaccination obligation, there are deputies who want to increase COVID vaccination readiness without any vaccination obligation at all.

Others, such as Federal Health Minister Karl Lauterbach (SPD), favour compulsory vaccination from the age of 18. The CDU/CSU advocates the introduction of a vaccination prevention law which, in addition to a vaccination register and an improved vaccination campaign, would, if necessary, provide for compulsory vaccination for certain age or occupational groups.

#### **Possible compromise: compulsory vaccination from the age of 50**

In addition, there is a draft bill for the 'introduction of compulsory vaccination advice for adults and age-related compulsory vaccination from the age of 50 onwards, subject to reservations against the SARS-CoV-2 coronavirus', which is already regarded by insiders as a possible compromise solution.

One of the leading members of parliament in favour of compulsory vaccination from the age of 50 is Professor Dr. Andrew Ullman, FDP member of parliament, infectiologist and city councillor of Würzburg. 'Bild am Sonntag' quoted him as saying: "Ideally, we won't need compulsory vaccination in the fall."

This is because the bill is primarily aimed at compulsory COVID vaccination advice for adults who do not yet have proof of vaccination or recovery, combined with compulsory COVID vaccination for people aged 50 and over. "Subject to an evaluation of the situation in autumn 2022", this should prevent severe COVID courses in the group classified as vulnerable as well as an overload of the health care system.

First of all, all adults who are expected to stay in Germany for more than six months should be contacted by 15 May and informed by their health insurers about counselling and vaccination options. By September 15, proof of the use of a medical vaccination consultation as well as proof of vaccination or convalescence must be provided. Pregnant women in the first trimester and persons who cannot be permanently or temporarily immunized with one of the approved and available COVID vaccines are exempt from this requirement.

If the infection situation then makes it necessary in autumn/winter 2022/23, a vote is to be taken in the Bundestag on compulsory vaccination from the age of 50.

#### **Obligation to provide proof by presenting the identity card**

If it is decided to make vaccination compulsory, the certificates of counselling will lose their validity one month after the decision is published in the Federal Law Gazette. They will then be replaced by an obligation to provide proof of vaccination, inoculation capability or convalescence status. For the latter, a positive Corona test must be at least 28 days and at most 90 days old. For verification purposes, the competent authority may then request proof by presenting an official photo ID.

As in the draft law on compulsory vaccination from the age of 18, the Federal Government is to be empowered here too, by ordinance without the consent of the Bundesrat, to impose different requirements on a vaccination certificate.

The provisions of the Directive shall regulate, for example, the time lapses between vaccinations or the timing of adjustments to the convalescent status.

#### **Substitute imprisonment and detention by operation of law excluded**

Before measures are taken to initiate a fine or administrative enforcement proceedings, the person concerned shall be informed of the possibility of vaccination counselling and vaccination. The person concerned shall be given the opportunity to provide proof within a reasonable period of time. At the same time, compulsory detention or imprisonment for enforcement purposes is excluded if an imposed fine cannot be recovered.

The bill states: "The responsible state authorities have assumed for a long time that compulsory vaccination would not be necessary and have communicated this accordingly. Against this background, the use of all available means of coercion to enforce compulsory vaccination would be 'perceived as particularly serious'.

The handling of the consultation obligation as well as the subsequent vaccination is to be handled by the health insurance companies.

According to the law, the regulation is to be evaluated quarterly and is limited until 31 December 2023. The proposal for compulsory vaccination from the age of 50 is considered by insiders to be a compromise solution, as it is highly questionable whether Federal Health Minister Karl Lauterbach will be able to mobilise enough members of the Bundestag for his favoured compulsory vaccination from the age of 18.

#### **Ullmann accuses Lauterbach of 'undermining traffic light agreement'**

At the 2022 FDP district party conference in Weibersbrunn on 12 March, Ullmann explained that he only shakes his head at the news when it reports exceeding infection figures. While it is correct that the numbers are rising, he rejects this kind of 'fear-information policy'.

Ullmann also criticized Lauterbach for talking about Germany being in a nationwide hot spot situation. "This is undermining the traffic light agreement we made," Ullmann said. He said the proposals in the draft law, while perhaps minor things would need to be readjusted, were perfectly adequate to deal with the pandemic. The basic measures for vulnerable groups are fixed; at the same time, everyone can wear the mask, get tested or vaccinated if they want to. These are sensible measures against the pandemic, he said. "But it doesn't need to be mandated by the state at this point," Ullmann said. He sees the motion he helped draft and the vaccination advisory requirement, which is in effect until September 15, as a 'bridge'. After that, he said, the Bundestag could still vote later, if necessary, on making vaccination compulsory from the age of 50.

The virologist Professor Hendrik Streeck, who is also a member of the government's Corona Expert Council, was sceptical. "As a doctor, it is less important to me how someone has achieved protection against a severe course, but rather whether he has one," he wrote in his statement of 14 March on the new Infection Protection Act to the Health Committee of the Bundestag. Someone who has been through an infection and in whom antibodies are detected would have a comparable protection against a severe course as a vaccinated person.

With regard to the Ukraine war and refugees who were vaccinated with vaccines approved by the WHO but not recognised in Germany, Streeck would like to see a simplification. For example, antibody tests could be approved as proof. The virologist also calls for an increase in nursing staff in order to be well prepared for the next autumn/winter season.

It is not yet clear when a vote on compulsory vaccination will take place, as agendas are only ever set on a week-by-week basis for sessions, according to a spokeswoman for the German parliament. *Source:*

<https://www.epochtimes.de/politik/deutschland/gesetzenwurf-impfberatungspflicht-fuer-erwachsene-und-nachweispflicht-ab-50-jahren-a3756642.html>

## **As of today: Partial vaccination obligation for nursing staff**

Epoch Times March 16, 2022 Updated: March 16, 2022 9:44 a.m.



Until Tuesday, nurses could still submit their vaccination or recovery records. Now the so-called institution-related vaccination obligation takes effect. But the implementation is partly handled differently. The institution-related vaccination obligation decided by the Federal Government applies since Wednesday for employees in care occupations.

They had until Tuesday to submit proof of vaccination or recovery, or a certificate stating that they cannot be vaccinated. Unvaccinated health workers could now face consequences. The authorities may impose fines, bans on activities and bans on entering the premises.

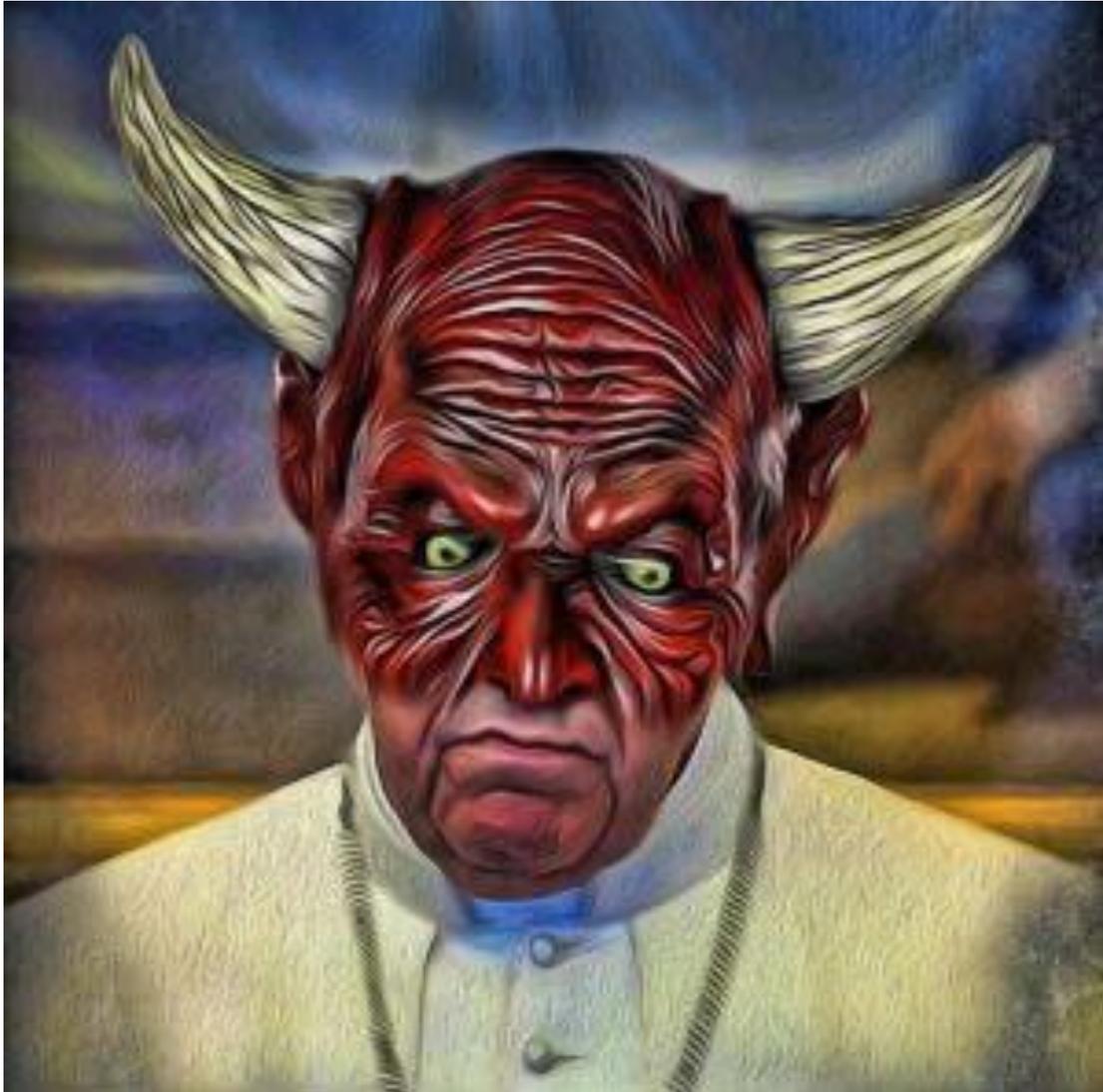
But the implementation of the partial vaccination obligation is handled differently in the federal states. In some parts of Germany, the health authorities are to check carefully whether people in homes and hospitals can still be cared for if unvaccinated employees are banned from entering. Furthermore, a lower level of Corona occupational health and safety is to apply in the future. To this end, the Cabinet wanted to pass an ordinance by the Ministry of Social Affairs on Wednesday. According to the ordinance, employers are to be able to determine for themselves how they assess the risk and which requirements will still apply in the company. On Thursday, the Bundestag was also to discuss for the first time motions for a general obligation to vaccinate. (dpa/mf)

*Source :* <https://www.epochtimes.de/gesundheit/ab-heute-teil-impfpflicht-fuer-pflegekraefte-a3759205.html>

## Only the 'syringe' paves the way to heaven

*15 March 2022 WiKa Fäuleton, Religion, Knowledge 9*

Dad can: I wonder if you're only able to grasp this if you're (still) in the church yourself. In any case, it is more than an intelligence test. It borders on a novel form of creed, according to which one has to believe, besides God, in the holy Catholic Church and now additively in the 'Fixe'. Whoever does not bow to this, for his bliss and entrance into paradise (ugs. heaven) it could be done. So and not differently is the board of directors of the faith corporation Vatican (Pope) to be understood, when he in the 'Causa syringe' summarily fires one of his managers, Bishop Daniel Fernández Torres.



This personnel matter was reported in this space: Puerto Rico Pope Francis fires anti-vaccine bishop ... [THE LIE]. This may pass most of the sheeple by without a trace, because they are in line with God and Pope, but it does leave a few uncomfortable questions. Regardless of the fact that the injection has become a matter of faith even among atheists, the issue is morality and ethics. These are virtues that only superficially play a role in the association. The practice looks different.

### **In what did the bishop's sacrilege consist?**

The poor man defended believers who, for reasons of conscience, did not want to comply with the obligation to vaccinate during the Corona pandemic. To do this, he resisted possible discrimination by refusing to sign a paper from the Puerto Rican Bishops' Conference stating that the unvaccinated should not participate in church activities. So no shots, no blessings, no sacraments, just harsh exclusion. How humane is that? So much recalcitrance cries out for a word of power, since the Vicar of God has recognized that only the fixed can promote beatitude. In front of a German labor court the pope would have gone boozing with it, but that is not competent for matters of God.

While the Vatican used to be known for condemning all kinds of substances and interventions in the human body, it has turned 180 degrees on this particular issue. The constant effort to gain and keep dominion over the 'human thing' (the body) is pervasive. This does not bode well. In former times one could still bring the last enlightenment to the apostate sheeple by means of pyres. Today, one argues under one's breath whether the fixe cannot have a similar effect.

### **But more Satan's spawn in the Vatican?**

It is useless to try to recount the history of the Vatican here. Such behavior shows, however, that the human and philanthropic component truly has no home in the Vatican. There all pretended hypocrisy helps nothing at all. You can recognize it quite well by the deeds and this persona is just another deed. No matter from which side you look at it, everything looks like the last twitch of this empire. Probably we are still lucky enough to witness the dissolution of this hostile and subjugating organization. It's crumbling faster and faster before our eyes. The Pope is doing his best.

Source : <https://qpress.de/2022/03/15/nur-die-spritze-ebnet-den-weg-in-den-himmel/>

### **The truth is more fascinating than you think.**

It demands complete openness and neutrality from you, as well as great courage to think in new ways. It is beautiful and at the same time brutal and hard, because it confronts you with the reality inside you, which you do not always like. But if you manage to let it penetrate you, you will gain more than you can imagine. You become freer and recognize the meaning of the great whole of which you are a living part.



*Image of a beam ship of the Plejaren, taken by BEAM.*

More: [www.figu.org/ch](http://www.figu.org/ch)

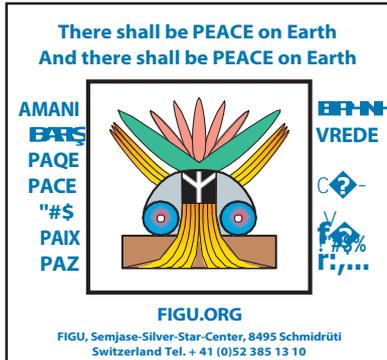
As well as other

groups:

Germany, Italy, England, America, Canada, Russia,  
Czech Republic, Australia, Japan and Poland etc.

Achim Wolf, Germany

## Spreading the right peace symbol



Das falsche Friedenssymbol – die heute weltweit verbreitete sogenannte <Todesrune>, die aus den keltischen Futhark-Runen resp. der umgedrehten Algiz-Rune fabriziert wurde – ist der eigentliche Inbegriff negativer Einflüsse und schafft zerstörerische Schwingungen hinsichtlich Unfrieden, Fehden und Hass, Rache, Laster, Süchte und Hörigkeit, denn die <Death rune> means for many people reminiscences of the NAZI time, of death and ruin, as well as ambitions concerning wars, terror, destruction of many human achievements and all necessary bases of life of every kind and worldwide strife.

It is really urgently necessary that the <death rune> as a false peace symbol, which creates discord and unrest, disappears completely from the earth world and that the ancient as well as correct peace symbol is thereby spread all over the earth and made world-famous, whose central elements reflect peace, freedom, harmony, strengthening of the life force, protection, growth and wisdom, have an uplifting effect and help very soothing and peaceful-positive vibrations to break through, which can effectively convey peace, freedom and harmony! We therefore address all sensible people

of the Earth, to all FIGU Interest Groups, FIGU Study Groups and FIGU National Groups, and thus to all reasonable and honest people striving for peace, freedom, harmony, justice, knowledge and evolution, to do and give their best to spread the correct peace symbol worldwide and to create enlightenment about the dangerous and destructive use of the <Death rune>, which in memory of the NAZI crimes collectively promotes in the minds and minds of the people loss of character, degeneracy and mischief, as this is unfortunately also extremely carried into the present time after the end of the last world war 1939-1945.

## Spreading of the Correct Peace Symbol

The wrong peace symbol - the globally widespread "death rune" which has been fabricated from the Celtic Futhark runes or inverted Algiz rune - is the actual embodiment/quintessence of negative influences and evokes destructive swinging-waves regarding unpeace and hatred, revenge, vice, addictions and bondage, because for many human beings the "death rune" means reminiscence (memories) of the Nazi era, of death and ruin as well as ambitions concerning war, terror, destruction of human achievements, livelihoods as well as global evil unpeace.

Therefore it is of the utmost necessity that the wrong peace symbol, the "death rune", disappears from the world and that the ancient and correct peace symbol is spread and made known all-over the world, because its central elements reflect peace, freedom, harmony, strengthening of the life power, protection, growth and wisdom, have a constructive and strongly soothing effect, and help peaceful-positive swinging-waves to break through.

Therefore we appeal to all FIGU members, all FIGU Interest Groups, Study Groups and National Groups as well to all reasonable human beings, who are honestly striving for peace, freedom, harmony, fairness, knowledge and evolution, to do, and give, their best to spread the correct peace symbol worldwide and to bring forth clarification about the dangerous and destructive use of the "death rune", which in memory of the Nazi crimes collectively furthers deterioration and neglect of character-"ausartung" and terribleness in the reflecting and striving of the human being, as this is still being extremely carried on after the end of the last world war 1939-1945 until the current time.

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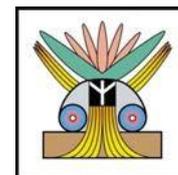
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Spirituality Peace Symbol

### Peace

True peace can only come about on earth among the world's population when every sensible and reasonable human being finally takes the first non-violent step towards it, in order then to take every further step in peace, deliberately and consciously, right up to the final consequence of achieving peace.

SSC, 10 September 2018, 16.43 h, Billy

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