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# Swissmedic criminal claim – "Executive Summary" (2.0)

**"All things are poison, and nothing is without poison; it is but the dosage that makes a thing not poison."** (Paracelsus [1493-1541], Swiss physician, alchemist and philosopher)

**"Any person handling therapeutic products must take all measures necessary according to the state of the art to ensure that human or animal health is not endangered."** (Art. 3, Federal Act on Medicinal Products and Medical Devices, Therapeutic Products Act, TPA).

## 1. Initial situation

1 On 14 July 2022, 37 persons making a report and six private claimants directly harmed by mRNA "vaccinations" (all according to the rubric) reported a criminal offence against certain persons acting on behalf of Swissmedic (according to the rubric) and against persons unknown. They filed this report of a criminal offence to protect their own health and out of justified concern for the health of their fellow human beings. They did so because their health had either already been seriously damaged (private claimants) or was at least permanently threatened due to **[i.]** the unlawful authorisation of mRNA-based "COVID-19 vaccines" by Swissmedic, **[ii.]** the sustained lack of product monitoring by Swissmedic and, last but not least, **[iii.]** the sustained misleading product information provided by Swissmedic, and because this threat is still ongoing (private claimants and persons making a complaint).

2 As the facts have been confirmed continuously and unanimously since the submission of the report of a criminal offence on 14 July 2022 and have even worsened within the meaning of the report of a criminal offence, because Swissmedic still continues with its factually inaccurate and unlawful authorisation practice to this day, because it is still not taking adequate account of the risks it has created, and because the public prosecutor has not yet seen fit to open criminal proceedings against those responsible – in other words, because the original risk situation continues to exist – the 37 persons making a report and the 6 private claimants hereby submit a fully updated version of the report of a criminal offence.

3 This updated **report of a criminal offence version 2.0 (including the separate evidence report version 2.0)** takes into account the legally relevant evidence that has come to light between the end of June 2022 and 31 March 2023 and, where possible or where particularly relevant, the legally relevant evidence up to August 2023. In addition, this report of a criminal offence version 2.0 contains significant clarifications and additions to the legal section,

particularly with regard to the accusation of **forgery of a document by a public official (Art. 317 Swiss Criminal Code; hereinafter SCC)**, committed by responsible persons at Swissmedic. This report of a criminal offence version 2.0, together with the evidence report version 2.0, which has also been thoroughly updated and refined, replaces the original report of a criminal offence and evidence report of 14 July 2022 in their entirety.

## 2. Suspicion

4 In the present case, we are dealing with the **greatest danger to and violation of human health caused by medicinal products themselves and by misinformation from public officials in this regard that has ever occurred in the history of Switzerland.** The mRNA "vaccines" against SARS-CoV-2 infections, which are largely ineffective and pose an above-average risk to human health, have been proven to pose a far greater threat to the healthy population than the SARS-CoV-2 pathogen itself, against which these "vaccines" were supposed to protect.

5 Swissmedic, or the persons acting on its behalf, are primarily responsible for the violation of human health already caused by mRNA-based substances and for the ensuing threat. By law, Swissmedic is tasked with protecting the health of the Swiss population against ineffective or harmful medicinal products. According to the Swiss Therapeutic Products Act (TPA), it is obliged, on the one hand, to ensure that only high-quality, safe and effective therapeutic products are placed on the market. On the other hand, it must protect consumers of therapeutic products against fraud in this context (Art. 1 TPA). Other clear legal obligations as well as these were repeatedly and significantly not fulfilled by those acting on behalf of Swissmedic to the detriment of the injured persons making a report, which is why they have been under urgent suspicion from December 2020 until today,

- given that they, in the context of authorisation, manufacture and batch testing (N 1257 ff.) and import (N 1267 ff.), repeatedly breached the **due diligence requirements under therapeutic products law** (Art. 86 para. 1 lit. a TPA in conjunction with Art. 3 TPA [general due diligence] and Art. 7 TPA [manufacturers' due diligence]).(N 1251 ff.)
    - by granting a "temporary" marketing authorisation for various mRNA-based preparations reserved only for special emergency situations in accordance with Art. 9a TPA for various mRNA-based preparations without need, maintaining them permanently and extending their scope of application to all age groups, although it was already adequately proven at the time of the initial authorisation that a COVID-19 infection was neither "life-threatening" nor "debilitating" for the healthy population under 65 years of age within the meaning of the Therapeutic Products Act (and that

even for those over 65 years of age a conspicuous mortality rate could only be established during short phases in 2020 – albeit without any evidence of a causal link with SARS-CoV-2 (ER N 1540 ff., 1576 ff., 1597 ff.),

- by granting this de facto emergency authorisation under Art. 9a TPA without actual need, maintaining this de facto emergency authorisation permanently and extending its scope of application to all age groups, although suitable alternative treatment protocols were already available in the course of 2020 (N 1104 ff.),
- by granting – within the meaning of the TPA – the authorisation of the mRNA "vaccines" under "temporary authorisations" in accordance with Art. 9a TPA despite the lack of sufficient proof of effectiveness (N 296 ff., 376 ff., 498 ff, 688 ff.), despite massive indications of risk (N 186 ff., 319 ff., 388 ff., 526 ff.) and despite the absence of a life-threatening or debilitating disease for the population as a whole (N 744 ff.),
- by **massively undercutting** the already very low **safety requirements** applicable to the procedure under Art. 9a TPA, **outside of the scope of their dutiful discretion** instead of respecting the mandatory and otherwise usual requirements of the ordinary authorisation procedure under the guise of "pandemic authorisations" (N 857 ff., in particular N 992 ff.), thereby creating additional risks to public health that had never before been posed by a medicinal product,
- by, instead of carrying out a comprehensive risk-benefit analysis (N 807 ff.) and immediately revoking the authorisations or at least allowing the granted authorisations to expire, renewing their decision to act at the end of 2022 (i.e. having long since been against their better judgement) and perpetuating the new, still experimental mRNA therapy/prophylaxis from 2023 in the sole interest of the manufacturers as a new platform for broad-based use by means of allegedly "ordinary" authorisations (N 1131 ff.),
- by not only permanently withholding key information from the public and the medical profession on the minimal to non-existent protective effect of the mRNA "vaccines" and on the actual risks of side effects, but also by permanently and systematically disseminating misleading information on these issues (N 1187 ff.),

- of having failed to fulfil the obligation to monitor the product after marketing authorisation (so-called "pharmacovigilance") in a manner that was proportionate to the risks involved (N 1151 ff.), and instead seriously and permanently violated the **obligation to provide notification of side effects under therapeutic product law** (Art. 87 para. 1 lit. c TPA) (N 1364 ff.),
- of having seriously violated the **prohibition on the advertising of medicinal products under therapeutic product law** (Art. 87 para. 1 lit. b TPA) (N 1385 ff.),

- of having fulfilled the relevant **elements of the Criminal Code (** N 1457 ff.) with respect to the undesirable side effects (death, damage to health) that were foreseeable from the authorisation studies and then occurred after authorisation,
- of having knowingly and persistently **misled** both the public and medical professionals in a criminal manner **about facts that are essential for the risk-benefit assessment when making a vaccination decision** (in particular: **forgery of a document by a public official, Art. 317 SCC,** N 1198 ff., 1427 ff.; see also ER N 1964 et seq., in particular N 2111 et seq.).

## 3. Criminal acts performed by Swissmedic

### 3.1. Initial authorisation that breaches the law and duties

6 The breaches of the law and duty of due diligence objected to here essentially consist of the fact that the authorised persons acting on behalf of **Swissmedic** provisionally authorised mRNA medicinal products for preventive purposes "on a temporary basis" within the meaning of Art. 9a TPA, although Swissmedic must have been aware of countless risk factors as early as **December 2020**, each of which would have individually stood in the way of granting a "temporary" authorisation until the corresponding risk factors had been thoroughly clarified and eliminated under normal circumstances. The following should be emphasised at this point (for information on **many** other risk factors, see N 1291 ff.):

- The mRNA COVID-19 vaccines are based on the same mode of action as **gene therapies** and have therefore been categorised by regulators such as Swissmedic and the European Medicine Agency (EMA) as well as by the manufacturers themselves as an "**Advance Therapy Medicinal Product" (ATMP)** (N 529 ff., N 1422; ER N 19 ff., N 28 ff.), which poses a particular risk for the following reasons:
  - Until the end of 2020, mRNA technology had only been used in cancer patients at the pre-mortem stage, i.e. only to combat an existing life-threatening disease, but had never before been used purely prophylactically **to immunise an entire healthy population** (N 186 ff.; ER N 62, N 67 ff.). Compared to all other medicinal products that have been authorised to date, either on an ordinary or "temporary" basis, the authorisation of this mRNA technology as an alleged "vaccine" for healthy people is **completely unprecedented and therefore represents a considerable risk**.
  - The mRNA technology used here is characterised by the fact that the **production process of the actual immunising active substance** (active pharmaceutical ingredient = the spike protein) **is transferred into the human body**. The end product of this internal "vaccine production" is completely unknown in terms of dosage and

quality. To date, there is still not sufficient empirical data available to show that the body's own production of the spike protein can be controlled: **(1) quantity** of endogenous production (ER N 51 ff.); **(2) duration** of spike production (ER N 77 ff.); **(3) location** of production in the body (affected organs; ER N 45 ff.); **(4) quality** of the proteins produced (ER N 54 ff.); and with regard to **(5) effectiveness and safety** of the active substance produced for a healthy population treated purely prophylactically (N 191 ff.; N 195 ff.; ER N 32 ff.; 51 ff. 62 ff.). The administration of a substance that proves to be uncontrollable with regard to all pharmaceutically relevant parameters must by definition be deemed an **experiment on humans** (N 843 ff.).

  - Both the Federal Office for the Environment (FOEN; N 528) and Swissmedic (N 529 f.) were aware of the particular problems associated with mRNA substances and recognised that these mRNA active substances are **gene-modified organisms** (GMOs/GMMOs) and **Advanced Therapy Medicinal Products** (ATMPs). In doing so, they implicitly recognised that both the Gene Technology Act (GTA, SR 814.91; see Art. 5 para. 2) and Art. 260$^{bis}$ SCC (N 1407 ff.) must be observed and that, above all, the authorisation of these products **following the simplified authorisation procedure** (Art. 9a TPA) would have been **ruled out** (N 200 ff.; ER N 73 ff., N 872 ff.).
- In addition, Swissmedic abandoned the requirements for a **standardised dosage** of the (mRNA) preparations authorised for injection that are otherwise mandatory for all other medicinal products. For example, Swissmedic accepted an **mRNA content per dosage in an arbitrarily wide range of 37% – 126% of the amount of active substance formally declared by the manufacturer**, disregarding the most basic standards (N 225 ff.; ER N 174 ff.). Swissmedic thus accepted the corresponding risks of a high proportion of **non-intact mRNA** and a considerable risk of **genotoxicity and carcinogenicity**. The same applies to other **toxic impurities** such as nitrosamine and benzene (N 231 ff.).
- The manufacturing process for the mRNA products actually administered ("**manufacturing process 2**" with plasmid DNA) differed fundamentally from the manufacturing process used for the products authorised by Swissmedic ("**manufacturing process 1**") and the general public only became aware of this at the end of 2023 (while Swissmedic had known since the end of 2020). The products administered from manufacturing process 2 show a **scandalously high level of bacterial self-replicating DNA impurities** (so-called "plasmids"), such that all products made according to manufacturing process 2 should be regarded as "never authorised" as a consequence. However, Swissmedic tolerated this additional massive risk factor without informing the public and without suspending the mRNA authorisations (N 828; ER N 190, N 207 ff.).

- **Initial animal studies** – a mandatory prerequisite for clinical phase 2 and 3 trials and a key safety element – had not been carried out by the manufacturers at all or not to a sufficient extent, but they already showed disquieting results, for example with regard to the **accumulation of toxic lipid nanoparticles** (N 212 ff., N 251 ff., N 258 ff.).
- The subsequent **studies on humans, on the basis of which the "temporary" authorisations were granted at the end of 2020,** had only run for **two months** (instead of the usual 12–24 months) and were then **de facto discontinued by the manufacturers** by **disbanding the control groups and were largely stripped of their medium and long-term significance** (N 247 ff., N 275 ff.).

7 Despite this alarming initial situation from a safety perspective, within the meaning of Art. 1 and Art. 3 of the Therapeutic Products Act, and despite numerous other circumstances that increased the risk, the first authorisation of the mRNA "vaccines" was well and truly rushed through by Swissmedic. The applications for authorisation were "reviewed" and approved in just 63 calendar days (an ordinary procedure would take 330 days, a procedure for "temporary" authorisation usually takes 140 days), whereby important, mandatory, milestones were simply omitted (N 1024 ff.; see also N 916 ff.; 963 ff.; 992 ff.; 1021 ff.).

8 **As a result, these "temporary" authorisations within the meaning of Art. 9a TPA mean in actual fact that the entire Swiss population participated without their knowledge in the riskiest and largest clinical experiment ever to be conducted** in Switzerland (and, by extension, the whole world). **And this experiment has not been terminated to date** (regarding the experimental character N 843 ff.).

## 3.2. Perpetuation of illegal authorisations that breach the law and duties

### 3.2.1. Disregard for all additional indications of risk

9 Without adequately addressing this immense risk created by **Swissmedic** itself (through the "temporary" authorisation) and without at the very least informing the public of all the risks, Swissmedic proceeded unperturbed in **June 2021** to extend its authorisations to adolescents aged 12 and over. This occurred although, in addition to all the other facts up to mid-June 2021 which increased the risk and were therefore legally relevant, (for information on **many** other risk factors, see N 1298), it was known

- that regulatory authorities such as Swissmedic were **flying completely blind due to a lack of strict batch testing** and thus a lack of sufficient quality controls (N 321 f.),
- that the dose authorised for adolescents was **two times** (Comirnaty) or **five times** (Spikevax) **higher than the recommended dose**, meaning that Swissmedic accepted

an additional and again completely unnecessary risk among adolescents (N 323 f.), an age group that was at no time seriously at risk during the pandemic year 2020 – i.e. just from COVID-19 without having been "vaccinated",

- that according to ***Pfizer**'s Post Marketing Pharmacovigilance Report*, a total of **42,086 side effects and over 1,200 deaths** had been reported **for Comirnaty** alone by February 2021 – i.e. within two and a half months (N 325 ff.; ER N 469), which should have led to the **immediate termination of the trial** (N 354 ff.),
- that according to this damning Pfizer report, as many as 13% of breastfed infants were affected by side effects (N 328; ER N 474) and even Pfizer had identified a **negative impact on male fertility** as a potential risk (N 333 f.; ER N 477 ff.),
- that, according to global adverse event reports, the **alarm threshold of 50 deaths had already been exceeded by a factor of 150** by June 2021 (N 341 f.),
- that the **COVID-19 "vaccines"** had already proven in May 2021 to **be significantly more dangerous than the flu, swine flu and measles vaccines**– that were commonly administered up to that point – in view of the large numbers of adverse event reports (N 364 ff.).

10 **Even these scandalous alarm bells did not prompt Swissmedic to seriously question the wrong path it had taken.** Swissmedic neither limited the number of authorisations nor informed the public about the risks identified. Swissmedic did not even feel compelled to improve its own purely passive pharmacovigilance by recording the side effects identified in Switzerland. Instead, **at the end of 2021**, Swissmedic took the step of extending the authorisations to a third dose ("booster") and to **children aged five and over**, even though this youngest age group was not seriously at risk at any time during the pandemic year 2020 – i.e. from COVID-19 alone without having been "vaccinated" – and although by this point among other things (for information about **many** other risk factors, see N 1305) it was also known,

- that even representatives of the pharmaceutical industry were openly describing mRNA injections as what they really are – a form of gene therapy (N 389 f.),
- that the **toxic spike protein** produced in the body of the vaccinated person is present in the body for much longer and in a much higher concentration (ER N 51 ff., N 77 ff., N 1168) than originally stated by Swissmedic and the manufacturers, which can lead to a number of serious side effects (including death) (N 391 ff.),
- that **data** had been **falsified** and risk signals concealed in the context of the **Comirnaty authorisation study (Pfizer/BioNTech)** (N 397 ff.), which should have led to the immediate withdrawal of the study,

- that **Pfizer/BioNTech** had presented an alarming interim report *(PSUR*) at the end of August 2021, according to which **46 cases** had ended **fatally in the clinical trials** and **5,069 cases (1.6%)** had already ended **fatally** in the so-called **"postmarketing phase"** (N 406), which under normal circumstances should have led to an immediate revocation of the marketing authorisations,
- that Pfizer had **delivered 7 batches with a massively increased number of adverse event reports to Switzerland** – an alarm bell that should have led Swissmedic to immediately **warn the population and even to recall the batches** (N 413), but this has not yet happened,
- that **at least 60 deaths** were recorded of children in Switzerland, the EU and the USA for Comirnaty and Spikevax alone (N 438 f.), which means that the absolute **alarm threshold of 50 deaths was clearly exceeded** in this target group alone, which is in no way at risk from SARS-CoV-2, **which should have led to the immediate suspension of this authorisation extension at least, if not the suspension of all mRNA authorisations**,
- that **more than 2,000 premature births and stillbirths** following mRNA injections had already been reported in the USA and the EU alone (N 473 ff., in particular N 478),
- that a worrying trend was already evident in Switzerland in 2021, namely a **conspicuous and persistent death rate in <u>younger</u> age groups a short time after "vaccination activity"** (N 494, N 765 and N 774),
- that the mRNA "vaccines" (Comirnaty and Spikevax) had received **60 times as many reports of serious side effects** and **20 times as many reports of deaths <u>per million doses administered</u>** in comparison with the influenza vaccines by the end of 2021 (N 427 ff., in particular N 429 f.).

11 Instead of finally suspending the mRNA authorisations, carrying out an in-depth analysis of the decisions taken, telling the public the truth about the risks that can actually be identified and improving the reporting system for recording vaccination side effects in line with these risks, Swissmedic continued to maintain all "temporary" authorisations in 2022. This occurred although, in addition to all the existing facts with risk and legal relevance (for information on **<u>many</u>** other risk factors, see N 1311), it was known

- **that mRNA products belong to the group of ATMP high-risk products because "they contain nucleic acid, regulate gene expression and, as 'biologically active material' (i.e. RNA), are treated in the same way as genetically modified organisms (GMOs)",** which even Swissmedic recognised (N 529 ff.),
- that for this reason alone and also in accordance with Art. 12 para. 5 lit. c and lit. e of the Ordinance of the Swiss Agency for Therapeutic Products on the Simplified

Authorisation of Medicinal Products and the Authorisation of Medicinal Products in the Notification Procedure (*Verordnung des Schweizerischen Heilmittelinstituts über die vereinfachte Zulassung von Arzneimitteln und die Zulassung von Arzneimitteln im Meldeverfahren*; VAZV, SR 812.212.23), a **temporary authorisation under Art. 9a TPA was unlawful from the outset** (see 530, N 916 ff., N 992 ff.),

- that almost four million adverse reactions to all COVID "vaccines" had already been reported worldwide (Switzerland, EU, USA) by May 2022 (N 538 ff.), with Comirnaty and Spikevax alone accounting for **over 1.7 million reports**, including **464,971 serious** adverse reactions and **20,886 deaths** (N 548 ff.), exceeding the **alarm threshold of 50 deaths** worldwide **over 400 times** at that time, and that these figures continued to rise (N 562 ff.),
- that an alarming interim report on Comirnaty had once again been published by Pfizer/BioNTech ("PSUR No. 3") (N 595 ff.), from which it emerged
  - that **under 50-year-olds** were **excessively subject to side effects**, i.e. a population group only minimally affected by COVID-19 (N 597 ff.),
  - that **guidance** on the safe use of Comirnaty for **pregnant women**, breastfeeding mothers and other patient groups **was still lacking** (N 605 ff.),
  - that there had been **massive differences in quality** between the individual batches and that **many dangerous batches** had once again been delivered **to Switzerland** (N 608 ff.),
- that despite Swissmedic's statements that the mRNA "vaccines" had no effect on pregnancy, there were reports, without taking underreporting into account, of **2,135 stillbirths after vaccination with Comirnaty** and **798 stillbirths after vaccination with Spikevax** as well as **5,055 <u>miscarriages</u> after all COVID-19 "vaccines"** by May 2022 in the EU and the USA alone (N 636 f.), with the manufacturers still openly admitting in 2022 that, **due to a lack of corresponding studies, "the safety profile of the vaccine in pregnant or breastfeeding women is not known"** (N 631 ff.),
- that there was **a historic decline in live births amounting to 8.5%** across the world (N 639 ff.) and also across **Switzerland in 2022**, for which **mRNA injections** remain **the only plausible cause** after excluding all other hypotheses (N 644 f.),
- that, according to a study on male fertility published in June 2022, **sperm concentration 150 days after the second "vaccination" was still 15.9% below the initial value** (N 649 ff.), which means that not only female fertility but also male fertility might be significantly negatively affected by the "vaccination",
- that an in-depth analysis of the *FSO* data by Professor Konstantin Beck revealed a **conspicuous and persistent mortality rate** in **<u>all</u> age groups a short time after "vaccination activity"** (N 663 ff.),

- that based on the FSO data in Switzerland, there has been a significant increase in a wide variety of disease diagnoses, especially within age groups not threatened by COVID-19 in any way **(damage to the nervous system: +29%; cancer diagnoses: +48%; pregnancy complications: +25%; pulmonary embolism, cardiac arrest, stroke and cerebral infarction in 0 to 14-year-olds: +125%)** since the start of the "vaccination campaign" (N 664 ff.),
- that, according to several autopsy results, the **"vaccine" spike protein** was proven to be **the cause of death** and that, contrary to Swissmedic's official statements, it is not only detectable **in the human body** for a short time, but for **up to nine months** (N 669 ff.),
- that the occurrence of **myocarditis** in connection with a COVID-19 mRNA injection, which can be fatal in the worst cases, is, according to a study from Basel that has now been peer-reviewed, much **more frequent** and **up to 800 times more frequent** than officially reported by the regulatory authorities (N 674 ff.),
- that with **VAIDS** , a serious side effect that has been suspected to exist for a long time and has been increasingly recognised since 2022 has become apparent, which constitutes **damage to the immune system**, **which can lead not only to an increased onset of autoimmune diseases and cancer, but above all to an increased onset of infectious diseases – and, in particular, also to a greater susceptibility to COVID-19 infections ("Long COVID")** (N 677 ff.),
- that by 1 March 2022, at least **128 peer-reviewed publications on heart problems, 216 peer-reviewed publications on life-threatening coagulation disorders (thromboses, etc.) and six peer-reviewed publications on possible deaths as a result of COVID vaccinations** have been published (N 685 f.; ER N 1245 ff.).

12 With the "temporary" authorisation of the mRNA "vaccines", Swissmedic therefore accepted an **unprecedented and steadily increasing risk** to public health. At best, this could only have been justified by the fact that it could have averted an unprecedented threat (from SARS-CoV-2) and in doing so outweighed the exceptionally high risk associated with the mRNA "vaccines". This is clearly not the case.

#### 3.2.2. Absence of a "life-threatening or debilitating" disease

13 "COVID-19" is not and has never been a "life-threatening or debilitating" disease that threatens the public at large, this being *the* key prerequisite for the "temporary" authorisation (see also N 1292, N 1300, 1307, 1313; in detail: ER 1576 ff., N 1583 ff.)

- With an infection fatality ratio (IFR) of 0.15%–0.20%, COVID-19 was already discernibly **no more dangerous than moderate influenza** at the end of 2020; there was **no**

**historically conspicuous excess mortality** in relation to the overall population and **hospitals were never overcrowded** (N 752 ff., N 767).

- Even in 2021, when the vaccination was rolled out on a large scale, there was **no historical excess mortality** according to the official FSO methodology (N 774), the **hospitals never reached over 80% capacity** (N 776) and "Delta" was a variant that corresponded to a normal **mild case of influenza** in terms of the danger it posed (N 771 ff.).
- In 2022, it was obvious that COVID-19 was **not the "pandemic of the century"** (N 782 and N 784 f.), that despite the **massive manipulation of the COVID "case numbers" in hospitals** which was made public, the health care system was never overloaded (N 786 ff.), and that the IFR for "Omikron" **was** only **0.001–0.002%, i.e. at least 50 times lower than the IFR for normal influenza** (N 780 f.).

### 3.2.3. No benefits from ineffective to harmful mRNA injections

14 In view of the above, Swissmedic authorised a highly experimental and dangerous medicinal product to prevent a disease that poses no greater threat to the population as a whole than influenza does. The only remaining "lifeline" for Swissmedic would therefore be to prove that the target group comprising older and previously ill people, who were initially at somewhat higher risk, had at least been protected against SARS-CoV-2 in a reasonably effective manner. But this is also far from being the case. The "vaccination" clearly failed to achieve the "high" levels of effectiveness required by the end of 2020 (N 1293):

- The "vaccinations" should have protected against serious (fatal or debilitating) diseases. However, the authorisation studies (still ongoing, but without the control group; N 275 f.) primarily investigated whether the "vaccinations" protect against headaches, coughing, suffering a fever and other trivial side effects in combination with a positive PCR test result (N 297 f.).
- Up to 100% of the reported figures on the effectiveness relate only to such **minor side effects** and are based on calculations that in no way reflect reality. Instead, one can assume that the **effectiveness comes in at a low, single digit percentage, if at all** (N 299 ff.).
- **Not a single study has even come close to proving that it offers protection against serious illness**. The few cases analysed fall within the range of statistical chance (N 305 ff).
- "Vaccinations", however, would have had to "immunise" for the long term (N 1097), which was not an achievable goal given the "booster vaccinations" (508) that were planned from the outset.

- The "vaccinations" undoubtedly offered no protection against the transmission of SARS-CoV-2 either (N 309 f.) and were therefore simply unsuitable for "pandemic control".

15 In 2021 and 2022, this lack of effectiveness manifested itself in an obvious way (N 1299, N 1306, N 1312):

- In February 2021, there were already **signs** that **the mRNA injections** were largely **ineffective** because the most common side effects included the "vaccination" being ineffective and contracting the COVID disease itself (N 317).
- To date, **no effective proof of effectiveness** for immunisation has been provided by the manufacturers, nor **has protection against transmission been proven in any way** (N 498 ff., N 688 ff., N 723 ff.).
- With regard to the **"booster", a negative effect was observed early on,** as the transmission time was not shortened but extended (N 696 f.).
- There has also been **an increased number of cases of illness and death worldwide**, which correlates **with the start of the "vaccination campaign"** in 2021 (and not with the start of the "pandemic" in 2020), which clearly indicates **that the mRNA injections were not effective** (N 708 ff., N 782 f.).

#### 3.2.4. Omission of the most elementary safety and effectiveness tests

16 To make matters worse, Swissmedic had not based its decision on the strictest legal requirements for the ordinary authorisation of medicinal products, but had allegedly issued "temporary authorisations" in accordance with Art. 9a TPA. However, under the guise of an alleged "pandemic", Swissmedic had undermined even the minimum requirements of Art. 9a TPA. The "pandemic authorisation" of the mRNA "vaccines" granted in the case at hand deviates from the ordinary authorisation in all key safety aspects in a way that increases the risk, and even falls below the authorisation hurdles of the simplified and temporary authorisation. Accordingly, the authorisation of the mRNA "vaccines" was **accompanied by** a **blatant omission of the most elementary safety and effectiveness tests, thus posing the greatest of possible risk** to the **health of the Swiss population** (see N 857 ff., in particular N 992 ff.).

#### 3.2.5. Swissmedic blocked effective alternative treatments

17 Another complication is that Swissmedic has not yet authorised more effective and less harmful treatments that have been known about for a long time, such as treatment with Ivermectin or other suitable approaches (N 1110 ff.; 1115 ff.) for the treatment of COVID-19. **In doing so, Swissmedic has deliberately sidelined the authorisation requirement**

**of a lack of alternative treatment methods (see Art. 9a para. 1 lit. c TPA) and thus actively blocked demonstrably more effective protection against COVID-19 (than the mRNA "vaccinations").**

### 3.2.6. Benefit-risk analysis – Clearly a negative profile

18 Any serious analysis carried out in accordance with the law and common practice to determine the net benefit of mRNA-based COVID-19 vaccines for the entire population would have had to take into account at the end of 2020 and in the following years the verifiable facts summarised above (N 6 ff., N 9 ff.) and presented in detail in the evidence report. Such an analysis would obviously have shown that Swissmedic had authorised a medicinal product on the Swiss market with a **devastatingly negative benefit-risk profile** (see also Benefit-risk analysis: N 807 ff.; ER N 1835 ff.):

19 Swissmedic's plan to authorise the mRNA "vaccines" for all adults in Switzerland from December 2020 must be seen as an **experimental project posing a significant, unprecedented risk.** At the same time, it was clear from the outset that the mRNA "vaccines" were **not effective** – a fact that has become increasingly evident over time. An unprecedented risk, which has since already demonstrated its impact in the form of a large number of serious side effects, was and is therefore not offset by any proven benefit. This consideration alone should have long since led to the compelling conclusion that the mRNA "vaccines" should never have been authorised and that the authorisations that were nevertheless granted represent a **massive breach of the law and of due diligence on the part of Swissmedic**.

#### *3.2.6.1 New risks created by Swissmedic: maximum*

20 The residual risk from "COVID-19" that may have still existed at the end of 2020 was perfectly manageable by conventional means among the general population up to the age of 65 (N 1110 ff.; 1115 ff.) and could have been safely managed without new active substances based on mRNA. In view of this low initial risk, Swissmedic should have applied a very restrictive risk tolerance to new medicinal products in order to fulfil the legal requirements of Art. 1, Art. 3 and Art. 7 TPA. **Swissmedic should have rejected medicinal products with increased risk potential from the outset in order to avoid jeopardising public health with new risks.**

21 **However, by authorising mRNA-based COVID-19 vaccines, Swissmedic actually created new risks that were far greater and far more uncontrollable than COVID-19 itself** (see Benefit-risk analysis: N 807 ff.; ER N 1835 ff.).

#### *3.2.6.2 Flawed modelling study: "14.4 million deaths prevented"*

22 Official bodies and numerous media outlets opposed the statements mentioned above on the fatal benefit-risk ratio of COVID-19 "vaccinations" by publishing a "modelling study" in September 2022. This caused a worldwide sensation because it allegedly provided proof that the COVID "vaccines" had prevented 14.4 million deaths during the "pandemic".

23 An analysis of this study can be found in the evidence report which shows that it was based on false and manipulated data and was written by authors harbouring obvious conflicts of interest. This study, which is based on model calculations that can be manipulated almost at will, is not suitable as evidence that meets legal standards and proves the alleged positive benefit of COVID-19 vaccinations (N 851 ff.; ER N 1370 ff.). Instead, it is in stark contradiction to all the risks that had long since materialised by the end of 2022, based on real figures, and the continuing lack of genuine proof of effectiveness.

### 3.2.7. Continuing despite an obviously negative benefit-risk ratio

24 However, instead of finally carrying out a comprehensive benefit-risk analysis after two years of illegal "temporary" "pandemic authorisations" (see N 807 ff.) and immediately revoking the authorisations granted, or at least allowing them to expire, those responsible at Swissmedic took the completely opposite decision at the end of 2022. First, **they tacitly extended the illegal authorisations in practice** and, from 2023, continued with the new, still experimental **mRNA therapy/prophylaxis in the sole interest of the manufacturers as a new platform** for widespread use by means of supposedly "ordinary" authorisations (N 1131 ff.). However, the requirements for the renewal of these "temporary" authorisations, and indeed for the granting of supposedly "ordinary" (Art. 9 and Art. 11 TPA) authorisations, were not even remotely met, which meant that those acting on behalf of Swissmedic were in much more serious breach of their duty of care under Art. 3 TPA and Art. 7 TPA than before.

25 **All authorisation orders or breaches of duty from the end of 2022 are to be seen as an independent, new offence with an independent, new decision to commit an offence**. In terms of criminal law, these new offences are particularly relevant because all the facts relating to the assessment of effectiveness and safety, both in qualitative and quantitative terms, were much clearer at the end of 2022 than at the end of 2020. By the end of 2022 at the latest, Swissmedic should have recognised that the manufacturers of these mRNA-based substances would never again be able to provide the legally required evidence regarding controllability of production, effectiveness and safety **(objective impossibility**; see also N 1122 ff.; for more details: ER N 1835 ff., in particular N 1930 ff.; 1935 ff.).

### 3.3. No product monitoring proportionate to the risks

26 From the beginning until the present day, **Swissmedic** has also **failed to take any adequate risk reduction measures** to minimise the risk to the population as a whole posed by these mRNA "vaccines", which are authorised in contravention of the law and of recognised rules of good manufacturing practice. **In particular, Swissmedic failed to ensure rigorous product monitoring** (N 1151 ff. with further omissions; see also N 1296, N 1302, N 1308 and N 1314):

- Despite the negative experiences with Pandemrix in 2009/2010, Swissmedic made do with a completely passive reporting system for market surveillance (N 1154 ff.), which can in no way be considered to cover the risks adequately and is clearly insufficient for such a **new and high-risk medicinal product** that is still in the human trial stage (clinical phase III). **Instead, the mRNA "vaccines" should have been subjected to active monitoring (pharmacovigilance) from the outset, as if under study conditions. That would have been reasonable.**
- However, Swissmedic did not even enforce the passive reporting system in a legally adequate way; in Switzerland, **only about 10% of all side effects** have been **reported at all**. This **massive underreporting** makes it impossible for Swissmedic and the public to identify the full extent of the devastating consequences (N 1159 ff.).
- At the end of 2020 and the beginning of 2021, Swissmedic approved the almost complete discontinuation of the authorisation studies, thereby relinquishing the central monitoring tool for examining effectiveness and safety without needing to do so (N 1174 ff.; see also N 275 ff.).
- It is likely that Swissmedic also failed to ensure rigorous batch testing from the outset (N 1184 with reference to N 321 f.), which did not ensure in any way that the quality of the experimental mRNA medicinal products was examined independently of the manufacturers.

### 3.4. Misleading information not proportionate to the risks

27 **Swissmedic failed** in particular to take the reasonable and completely necessary risk reduction measure of **providing the public with valid information and instead disseminated misleading or completely false information via prominent channels** (N 1187 ff. with **many** other examples; see also N 1296, N 1302, N 1308 and N 1314):

- Swissmedic informed the Swiss population about each authorisation by means of **media releases,** which contained a **whole range of misleading pieces of information** (N 1191; in detail ER N 1964 ff.). At the end of 2020, for example, Swissmedic

announced that the authorisation of Comirnaty had been granted following a "ordinary" procedure, which is a **blatant lie** that many people still believe to this day. Swissmedic also spread the idea that the vaccines had a high level of effectiveness, which had never been proven, and concealed the fact that many questions about quality, effectiveness and safety remained completely unresolved. The claim made at the end of 2021 is particularly reprehensible, namely that Comirnaty had shown "high clinical effectiveness in younger children", even though the clinical trials had shown only minimal therapeutic benefit for trivial side effects (such as sore throats/headaches). **Swissmedic thus exposed the section of the population that was at the least risk from COVID-19 to the risk of serious side effects and death in an unnecessary and completely misleading manner.**

- To date, Swissmedic has failed to explicitly draw the public's attention to the fact that the "mRNA technology" in question must be considered a procedure that carries particular risks (gene therapy, GMO, ATMP, see N 6), and that there is no way of knowing or controlling not only the dosage of the injected mRNA ("pro-drug"; N 225 ff.; ER N 174 ff.), but also the dosage, quality, production period and location of the spike proteins produced in the body ("active pharmaceutical ingredients"), which is why these highly experimental substances should have been tested **only to the highest safety standards** as part of an ordinary authorisation procedure (N 200 ff., N 526 ff., N 916 ff., N 1407 ff.; ER N 32 ff., N 45 ff., N 51 ff., N 62 ff.).
- In its **information for healthcare professionals**, Swisscare provided the doctors, who have a duty to explain the situation to their patients, and the patients themselves with all kinds of information that was obviously incorrect (N 1199; in detail ER N 2111 ff.). For example, they provided the advice that "no vaccine-related effects on female fertility, pregnancy, embryo-foetal development or the development of offspring have been identified", which is in stark **contrast to study results** and warnings from manufacturers and expert committees that were already available to Swissmedic at the end of 2020.
- Also **missing – despite thousands of reports having been received – are any references to serious side effects** such as "thromboembolic side effects", "herpes zoster (shingles)", "hearing loss/tinnitus", or "COVID-19 infections" ("vaccination failure"). This ongoing deception by means of **untruthful documents within the meaning of Art. 317 SCC** (for more detail see N 1427 ff.), not least supported by the other systematic acts of deception listed here, presumably led to flawed decisions to take the vaccine in millions of cases.
- Swissmedic also published **"FAQ"** directed at the public on its own website for a long period of time, which **contained countless pieces of misleading information on mRNA preparations**, although Swissmedic already had internal data at the end of 2020

which clearly indicated that its own "FAQ" were full of misleading information (N 1204 ff.; ER N 2240 ff.). In March 2023, for example, Swissmedic, as part of a response to the first question in the FAQ, claimed that the **vaccines were "shown to be *safe, effective and of high quality*"**. Swissmedic even explicitly denied that there were any serious side effects: "***so far there is no evidence of there being lasting negative consequences for individuals' health.***" This answer, like the entire official "FAQ", is symptomatic of the highest supervisory authority for drug safety in Switzerland pursuing a policy of permanent disinformation.

28 Swissmedic did not stop at issuing misleading media releases, misleading information for healthcare professionals and misleading information on its own website such as the "FAQ". **Swissmedic** also **continuously disseminated misinformation** about mRNA injections through numerous other channels (magazines, television, e-mail) – quite obviously with the aim of reassuring the Swiss population and ensuring a "willingness to be vaccinated" (see N 1208 ff.).

29 In addition to all that has been said so far, the mere **labelling of the mRNA-based preparations** as **COVID-19 "vaccines"**, per se, constitutes an independent act of deception of unprecedented proportions. According to Art. 2 lit. b of the Medicinal Products Licensing Ordinance (MPLO), medicinal products may only be authorised as **vaccines within the meaning of this ordinance** if they actually produce "**active or passive immunity**". With regard to COVID-19 vaccines, however, the opposite has been proven to be true. **Empirical data from numerous countries shows a correlation between the frequency of COVID-19 vaccination and susceptibility to COVID-19-related illnesses, hospitalisations and deaths.** That is to say, **the more COVID-19 vaccinations a person has, the greater their susceptibility to COVID-19 and the weaker their natural immune system** (see N 1095 f.; see also ER N 588 f., N 819, N 867, N 1291 ff., N 2248).

30 **Swissmedic has therefore not only caused enormous risks and dangers to the entire population, but it has also permanently kept the population in the dark about these very risks and dangers and given them a sense of false security. To this end, Swissmedic has also made use of official documents** (authorisation rulings, information for healthcare professionals and patient information) **and its own official website**.

### 4. Medical malpractice – lack of information, lack of reports

31 The effects of this consistent disinformation on Swissmedic's part largely continue to this day and touch on all the issues listed above that are relevant when making decisions:

1) **Danger of SARS-CoV-2** (reality: less dangerous than stated);

2) **Alternative treatment methods** (reality: were available);
3) **mRNA technology** (reality: pharmacologically uncontrollable preparation, high-risk technology GMO, ATMP);
4) **Manufacturing and testing standards** (reality: blatantly violated);
5) **Protective effect of the mRNA preparations** (reality: negative, not a "vaccination");
6) **Risk profile** (reality: historically high).

32 A large proportion of the population, who had only believed the official announcements, obviously only agreed to this mRNA vaccination on the basis of inadequate information regarding the 6 issues listed above that are relevant for decision-making. However, without proper information on all the facts relevant to the decision, consent can never be legally effective, which is why every mRNA vaccination carried out on the basis of inadequate information must be seen as bodily harm (for the requirements for valid consent, see N 1589 ff.).

33 But even the medical professionals who administered the vaccinations are by no means able to avoid taking responsibility by highlighting Swissmedic's misdemeanours. Instead, it is also necessary to examine the criminal liability of the **doctors responsible for managing and vaccinating** (in this case: the persons involved at the Insel Group), in particular if they did not provide any information or provided only completely inadequate information to the patients before administering **(Art. 86 para. 1 lit. a TPA in conjunction with Art. 26 TPA)** the mRNA "vaccines" (N 1226 ff.; N 1320 ff.).

34 Based on the documents available to date, it is clear that, in the cases reported here, either **no clarification was provided at all,** or at best a five-minute explanation was documented, which is simply not adequate in view of the complexity of the mRNA "vaccines". Without informed consent, the "vaccination" was therefore carried out prematurely causing bodily harm or even death (N 1589 ff.; see also N 1358 ff.), which means that **offences under the Criminal Code** must also be considered.

35 In addition, an examination into whether medical professionals have committed a **violation of the prohibition on advertising medicinal products under therapeutic products law** (Art. 87 para. 1 lit. b TPA) must also be carried out, if misleading information (such as that on the Insel Group website) has been and continues to be disseminated (N 1398). In view of the massive underreporting, there is also a strong suspicion that a large number of doctors have breached their due diligence with respect to their **reporting obligations under therapeutic products law** (Art. 87 para. 1 lit. c TPA; N 1364 ff.).

## 5. Swissmedic out of control and acting to the detriment of the state and the population

36 By the end of 2022, the persons acting on behalf of Swissmedic as well as the medical professionals involved had had more than sufficient time and opportunity to recognise the overwhelming risks and dangers of mRNA technology described in this report of a criminal offence and to respond adequately. They have all been under an obligation for a long time to put an immediate end to this devastating experiment and to do everything they possibly can to inform the population about this immediately and to protect them from further danger. However, against their better judgement, they did not do so and continue to refrain from doing so, even though all the information made publicly available by Swissmedic (as the highest authority for the safety of medicinal products in Switzerland) is given maximum credibility by the law and even though lay people cannot identify Swissmedic's misconduct without making a significant effort and without the help of experts.

37 However, Swissmedic is not only violating Swiss law with its repeated and serious violations of the most fundamental duties of due diligence under therapeutic products law and standards for the protection of public health (illegal "pandemic authorisations" [N 857 ff.] and their continuation [N 1131 ff.], inadequate risk monitoring [N 1151 ff.] and misleading the public [N 1187 ff.]), which have been described in detail. In the absence of information about the special experimental nature of the substances in question and the risky mRNA technology per se, Swissmedic's actions and the administering of the mRNA injections are also in conflict with the provisions of mandatory international law (N 1211 ff.). Art. 7 of the UN Covenant on Civil and Political Rights (UN Covenant II; SR 0.103.2) stipulates that **"no one shall be subjected without his free consent to medical or scientific experimentation" – not even "in time of public emergency which threatens the life of the nation and the existence of which is officially proclaimed"** (Art. 4 para. 1 of the UN Covenant). Without the necessary information on all the risks and side effects relevant to making a decision, in particular on the experimental nature of the mRNA substances themselves, any injection of mRNA-based COVID-19 preparations based on Swissmedic's authorisations and their misinformation constitutes an act of "cruel, inhuman or degrading treatment or punishment" within the meaning of the UN Covenant and also within the meaning of Art. 10 para. 3 of the Federal Constitution (Cst.). There can never be any justification for violating this principle, which is mandatory under international and constitutional law, especially to the detriment of a large part of the population, as it lies at the heart of the human right to life (N 1214 ff.).

38 All in all, the mRNA-based COVID-19 vaccines have proven to be of **absolutely NO VALUE** for Switzerland, both from an epidemiological-medical and economic point of view and also

**have an unacceptably high potential for risk and damage**. What is particularly reprehensible is the fact that Swissmedic and the persons involved still **do not want to rectify** their misconduct **even after more than 3 years**, i.e. [i.] that they have converted the authorisations originally granted unlawfully for a limited period of two years into permanent or ordinary authorisations, [ii.] that they have not revoked any of the authorisations granted, and [iii.] that they have still not adequately informed the public about the danger this has created.

39 **In essence, this constitutes a total failure of the "Swissmedic safety system" – the highest authority responsible for the safety of medicinal products, which has virtually taken on a life of its own and is acting outside its legal mandate. The actual purpose of the Therapeutic Products Act, to protect the public from ineffective and harmful medicinal products, has been completely disregarded by Swissmedic and has been turned upside down. This specialised authority is unscrupulously deceiving all politicians, the media and the public about the concrete risk factors of mRNA technology that are well known, even though Swissmedic is well aware that the whole of Switzerland has blind faith in it and uncritically accepts Swissmedic's statements as the primary basis for any benefit-risk assessment in connection with the so-called COVID-19 "vaccinations".**

40 Without effective intervention across all authoritative channels, including parliamentary oversight from the Swiss Confederation (Art. 169 ff. Cst.), **the suffering of the Swiss population**, which is already immeasurable in too many individual cases, will be unnecessarily exacerbated. There is also the threat that those affected, the economy, health insurance companies and public budgets will suffer significant additional economic loses. However, there is also the threat of lasting, profound damage to the credibility of all the authorities involved here, including the entire Swiss Confederation.

41 Finally, in light of the renewed proclamation of an international health emergency (WHO: "Public Health Emergency of International Concern", Art. 12 International Health Regulations; Federal Council: "Special situation", Art. 6 EpidA), the threat looms that the dangerous mRNA preparations with negative effectiveness will once again be purchased and administered millions of times despite their unsuitability, which has been proven in a way that is more than transparent, and despite the established prevailing risks which this experimental technology poses of creating new pathogens and, once again, without carrying out the randomised, controlled long-term trials that are absolutely essential and without manipulating those trials.

42 For all these reasons, urgent coercive measures (searches of the Swissmedic premises, seizure of the mRNA "vaccines") must be taken immediately to protect against these illegal and high-risk mRNA injections. In addition, active measures must be taken at long last to ensure that the Swiss population, which continues to be misled, is informed about this multitude of problems in a complete and transparent manner.

43 In addition, the 37 persons making a report and the 6 private claimants reserve the right to **publish the updated version 2.0 of the report of a criminal offence, including the enclosures, in order to protect the public.**