

Til ordførere i Trøndelag,

Idag, 17.mai 2021, er jeg dypt bekymret for demokratiet vårt, og for at Grunnloven og menneskerettighetene brytes pga tiltak mot sars cov 2/ covid19.

Jeg ber deg lese vedlegget med stort alvor. Her er et utdrag:

**We demand you to provide evidence of the following;**

SARS-CoV-2 inoculations/"vaccines" has been thoroughly tested, to ensure safety to all recipients.

SARS-CoV-2 inoculations/"vaccines" protect from SARS-CoV2 infection.

SARS-CoV-2 inoculations/"vaccination" are not causing more harm than good, and are not causing significant adverse events, are not causing severe adverse events and are not causing death to recipients of the inoculations/"vaccines".

SARS-CoV-2 inoculations/"vaccinations" has not caused or led to thousands of deaths of recipients of the inoculation "vaccine" serum product .

Should you fail, refuse or neglect to so within 14 days of the date of this Notice of Liability, it will be taken as your first fault.

**In the absence and/or refusal of your reply and answers to the above paragraph 20 within the time stipulated, that your silence is validly taken as your assent, agreement and acknowledgement;**

(a) Your contribution and participation, whether directly or indirectly, consciously or unconsciously, to the SARS-CoV2 program makes you complicit to having caused and causing harm, significant and serious adverse injuries/events and even deaths, loss and

(b) You are legally and lawfully liable and culpable for your own actions, as well as your actions in conjunction with others, regarding the SARS-CoV-2 inoculation/"vaccination" and lockdown programs, and

(c) We believe you are at risk of being liable if you do not take appropriate action to attempt, to abate or prevent harm, injuries and/or loss to men, women, children, new and expectant mothers and their babies or the people.

(d) All indemnities, warranties, legislation and protections afforded you in relation to damages and injuries caused the common people, recipient victims of the SARS-CoV-2 inoculations/"vaccines", are waived and voided, and you acknowledge your personal liability, culpability, vulnerability and accountability for every injured party of a SARS-CoV-2 inoculation/"vaccination".

Bes journalført.

Mvh  
Birgit Sætre, Hamar

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<https://tutanota.com>



## **NOTICE OF LIABILITY FOR NON-CONSENT & INJURY**

**TO:**

- 1.) Erna Solberg, the woman, acting as «Statsminister» of the country commonly known as «Norge».
- 2.) Bent Høie, the man, acting as «Helse- og omsorgsminister» of «Helse- og omsorgsdepartementet»
- 3.) Monica Mæland, the woman, acting as «Justis- og beredskapsminister» of «Justis- og beredskapsdepartementet»
- 4.) Nikolai Astrup, the man, acting as «Kommunal- og moderniseringsminister» of «Kommunal- og moderniseringsdepartementet»
- 5.) Linda Hofstad Helleland, the woman, acting as «Distrikts- og digitaliseringsminister» of «Kommunal- og moderniseringsdepartementet»
- 6.) Guri Melby, the woman, acting as «Kunnskaps- og integreringsminister» of «Kunnskapsdepartementet»
- 7.) Kjell Ingolf Ropstad, the man, acting as «Barne- og familieminister» of «Barne- og familiedepartementet»
- 8.) Jan Tore Sanner, the man, acting as «Finansminister» of «Finansdepartementet»
- 9.) Torbjørn Røe Isaksen, the man, acting as «Arbeids- og sosialminister» of «Arbeids- og sosialdepartementet»
- 10.) Henrik Asheim, the man, acting as «Forsknings- og høyere utdanningsminister» of «Kunnskapsdepartementet»
- 11.) Abid Raja, the man, acting as «Kultur- og likestillingsminister» of «Kulturdepartementet»
- 12.) Iselin Nybø, the woman, acting as «Næringsminister» of «Nærings- og fiskeridepartementet»
- 13.) Frank Bakke Jensen, the man, acting as «Forsvarsminister» of «Forsvarsdepartementet»
- 14.) Ine Eriksen Søreide, the woman, acting as «Utenriksminister» of «Utenriksdepartementet»
- 15.) Knut Arild Hareide, the man, acting as «Samferdselsminister» of «Samferdselsdepartementet»
- 16.) Olaug Vervik Bollestad, the woman, acting as «Landbruks- og matminister» of «Landbruks- og matdepartementet»
- 17.) Dag-Inge Ulstein, the man, acting as «Utviklingsminister» of «Utenriksdepartementet»

- 18.) Tina Bru, the woman, acting as «Olje- og energiminister» of «Olje- og energidepartementet»
- 19.) Sveinung Rotevatn, the man, acting as «Klima- og miljøminister» of «Klima- og miljødepartementet»
- 20.) Odd Emil Ingebrigtsen, the man, acting as «Fiskeri- og sjømatminister» of «Nærings- og fiskeridepartementet»
- 21.) Jørn Sigurd Maurud, the man, acting as «Riksadvokat» of «Den høyere påtalemyndighet»
- 22.) Bjørn Guldvog, the man, acting as «Helsedirektør» of «Helsedirektoratet»
- 23.) Espen Nakstad, the man, acting as «Assisterende helsedirektør» of «Helsedirektoratet»
- 24.) Olav Valen Slåttebrekk, the man, acting as «Assisterende helsedirektør» of «Helsedirektoratet»
- 25.) Linda Granlund, the woman, acting as «Divisjonsdirektør folkehelse og forebygging» of «Helsedirektoratet»
- 26.) Johan Georg Torgersen, the man, acting as «Divisjonsdirektør kvalitet og forløp» of «Helsedirektoratet»
- 27.) Sissel Husøy, the woman, acting as «Divisjonsdirektør helseøkonomi og kompetanse» of «Helsedirektoratet»
- 28.) Helen Brandstorp, the woman, acting as «Divisjonsdirektør analyse og samfunn» of «Helsedirektoratet»
- 29.) Jan Arild Lyngstad, the man, acting as «Divisjonsdirektør digitalisering og helseregistre» of «Helsedirektoratet»
- 30.) Nina Aulie, the woman, acting as «Direktør stab for virksomhetsstyring» of «Helsedirektoratet»
- 31.) Karin Straume, the woman, acting as «Fagdirektør» of «Helsedirektoratet»
- 32.) Svein Lie, the man, acting as «Fagdirektør» of «Helsedirektoratet»
- 33.) Jan Mathisen, the man, acting as «Fagdirektør» of «Helfo»
- 34.) Camilla Stoltenberg the woman, acting as «Direktør» of «Folkehelseinstituttet»
- 35.) Gun Peggy Knudsen, the woman, acting as «Assisterende direktør» of «Folkehelseinstituttet»
- 36.) Knut-Inge Klepp the man, acting as «Områdedirektør» of «Folkehelseinstituttet»
- 37.) Geir Bukholm, the man, acting as «Områdedirektør» of «Folkehelseinstituttet»
- 38.) Ninia Margrethe Johnsen, the woman, acting as «Fungerande områdedirektør» of «Folkehelseinstituttet»
- 39.) Trygve Ottersen, the man, acting as «Områdedirektør» of «Folkehelseinstituttet»

- 40.) Unni Agedal the woman, acting as «Direktør» of «Folkehelseinstituttet»
- 41.) Gunhild Wøien, the woman, acting as «Stabssjef» of «Folkehelseinstituttet»
- 42.) Preben Aavitsland, the man, acting as «Overlege» of «Folkehelseinstituttet»
- 43.) Audun Hågå, the man, acting as «Direktør» of «Legemiddelverket»
- 44.) Karen Marie Ulshagen. the woman, acting as «Områdedirektør» of «Legemiddelverket»
- 45.) Sønneve ØInes, the woman, acting as «Områdedirektør» of «Legemiddelverket»
- 46.) Sayeh Ahrabi, the woman, acting as «Områdedirektør» of «Legemiddelverket»
- 47.) Dag Rasmussen Jordbru, the man, acting as «Områdedirektør» of «Legemiddelverket»
- 48.) Steinar Madsen, the man, acting as «Medisinsk fagsjef» of «Legemiddelverket»
- 49.) Sigurd Hortemo. the man, acting as «Overlege» of «Legemiddelverket»
- 50.) Robert Cornels Nordli, the man, acting as «Ordfører» of «Arendal kommune» in «Agder fylke»
- 51.) Gyro Heia, the woman, acting as «Ordfører» of «Birkenes kommune» in «Agder fylke»
- 52.) Sigbjørn Åge Fossdal, the man, acting as «Ordfører» of « Bygland kommune» in «Agder fylke»
- 53.) Jon Rolf Næss, the man, acting as «Ordfører» of « Bykle kommune» in «Agder fylke»
- 54.) Svein Arne Haugen, the man, acting as «Ordfører» of « Evje og Hornnes kommune» in «Agder fylke»
- 55.) Arnt Abrahamsen, the man, acting as «Ordfører» of « Farsund kommune» in «Agder fylke»
- 56.) Torbjørn Klungland, the man, acting as «Ordfører» of « Flekkefjord kommune» in «Agder fylke»
- 57.) Ove Gundersen, the man, acting as «Ordfører» of « Froland kommune» in «Agder fylke»
- 58.) Inger Haldis Løite , the woman, acting as «Ordfører» of « Gjerstad kommune» in «Agder fylke»
- 59.) Beate Skretting, the woman, acting as «Ordfører» of «Grimstad kommune» in «Agder fylke»
- 60.) Margrethe Handeland, the woman, acting as «Ordfører» of « Hægebostad kommune» in «Agder fylke»
- 61.) Gro Anita Mykjåland , the woman, acting as «Ordfører» of «Iveland kommune» in «Agder fylke»
- 62.) Jan Oddvar Skisland, the man, acting as «Ordfører» of «Kristiansand kommune» in «Agder fylke»
- 63.) Per Sverre Kvinlaug, the man, acting as «Ordfører» of «Kvinesdal kommune» in «Agder fylke»
- 64.) Einar Holmer-Hoven , the man, acting as «Ordfører» of «Lillesand kommune» in «Agder fylke»

- 65.) Even Tronstad Sagebakken , the man, acting as «Ordfører» of «Lindesnes kommune» in «Agder fylke»
- 66.) Jan Kristensen, the man, acting as «Ordfører» of «Lyngdal kommune» in the «Agder fylke»
- 67.) Per Kristian Lunden, the man, acting as «Ordfører» of «Risør kommune» in «Agder fylke»
- 68.) Jonny Liland, the man, acting as «Ordfører» of « Sirdal kommune» in «Agder fylke»
- 69.) Marianne Landaas, the woman, acting as «Ordfører» of «Tvedestrand kommune» in «Agder fylke»
- 70.) Steinar Kyrvestad, the man, acting as «Ordfører» of «Valle kommune» in «Agder fylke»
- 71.) Kjetil Torp ,the man, acting as «Ordfører» of «Vegårshei kommune» in «Agder fylke»
- 72.) Nils Olav Larsen , the man, acting as «Ordfører» of «Vennesla kommune» in «Agder fylke»
- 73.) Bjørn Gunnar Baas, the man, acting as «Ordfører» of «Åmli kommune» in «Agder fylke»
- 74.) Inger Lise Lund Stulien, the woman, acting as «Ordfører» of «Åseral kommune» in «Agder fylke»
- 75.) Mona Murud , the woman, acting as «Ordfører» of «Alvdal kommune» in «Innlandet fylke»
- 76.) Astrid Skomakerstuen Ruste. the woman, acting as «Ordfører» of «Dovre kommune» in «Innlandet fylke»
- 77.) Kamilla Thue, the woman, acting as «Ordfører» of «Eidskog kommune» in «Innlandet fylke»
- 78.) Lillian Skjærvik, the woman, acting as «Ordfører» of «Elverum kommune» in «Innlandet fylke»
- 79.) Line Storsnes, the woman, acting as «Ordfører» of «Engerdal kommune» in «Innlandet fylke»
- 80.) Linda Mæhlum Robøle, the woman, acting as «Ordfører» of «Etnedal kommune» in «Innlandet fylke»
- 81.) Kristin Langtjernet, the woman, acting as «Ordfører» of «Folldal kommune» in «Innlandet fylke»
- 82.) Anette Musdalslien, the woman, acting as «Ordfører» of «Gausdal kommune» in «Innlandet fylke»
- 83.) Torvild Sveen, the man, acting as «Ordfører» of «Gjøvik kommune» in «Innlandet fylke»
- 84.) Randi Eek Thorsen, the woman, acting as «Ordfører» of «Gran kommune» in «Innlandet fylke»
- 85.) Rune Grenberg, the man, acting as «Ordfører» of « Grue kommune» in «Innlandet fylke»
- 86.) Einar Busterud. the man or woman, acting as «Ordfører» of «Hamar kommune» in «Innlandet fylke»
- 87.) Margrethe Haarr, the woman, acting as «Ordfører» of «Kongsvinger kommune» in «Innlandet fylke»
- 88.) Mariann Skotte, the woman, acting as «Ordfører» of «Lesja kommune» in «Innlandet fylke»
- 89.) Ingunn Trosholmen, the woman, acting as «Ordfører» of «Lillehammer kommune» in «Innlandet

fylke»

- 90.) Bjarne Eiolf Holø, the man, acting as «Ordfører» of «Lom kommune» in «Innlandet fylke»
- 91.) Marte Larsen Tønseth, the woman, acting as «Ordfører» of «Løten kommune» in «Innlandet fylke»
- 92.) Knut Arne Fjelltun, the man, acting as «Ordfører» of «Nord-Aurdal kommune» in «Innlandet fylke»
- 93.) Rune Støstad, the man, acting as «Ordfører» of «Nord-Fron kommune» in «Innlandet fylke»
- 94.) Lise Selnes, the woman, acting as «Ordfører» of «Nord-Odal kommune» in «Innlandet fylke»
- 95.) Ola Tore Dokken, the man, acting as «Ordfører» of «Nordre Land kommune» in «Innlandet fylke»
- 96.) Runa Finborud, the woman, acting as «Ordfører» of «Os kommune» in «Innlandet fylke»
- 97.) Linda Døsen, the woman, acting as «Ordfører» of «Rendalen kommune» in «Innlandet fylke»
- 98.) Arne Fossmo, the man, acting as «Ordfører» of «Ringebu kommune» in «Innlandet fylke»
- 99.) Anita Ihle Steen, the woman, acting as «Ordfører» of «Ringsaker kommune» in «Innlandet fylke»
- 100.) Eldri Siem, the woman, acting as «Ordfører» of «Sel kommune» in «Innlandet fylke»
- 101.) Edel Kveen, the woman, acting as «Ordfører» of «Skjåk kommune» in «Innlandet fylke»
- 102.) Nils Amund Røhne, the man, acting as «Ordfører» of «Stange kommune» in «Innlandet fylke»
- 103.) Even Moen , the man, acting as «Ordfører» of «Stor-Elvdal kommune» in «Innlandet fylke»
- 104.) Anne Hagenborg, the woman, acting as «Ordfører» of «Søndre Land kommune» in «Innlandet fylke»
- 105.) Marit Hougsrud, the woman, acting as «Ordfører» of «Sør-Aurdal kommune» in «Innlandet fylke»
- 106.) Ole Tvette Muruteigen, the man, acting as «Ordfører» of «Sør-Fron kommune» in «Innlandet fylke»
- 107.) Knut Hvithammer, the man, acting as «Ordfører» of «Sør-Odal kommune» in «Innlandet fylke»
- 108.) Bjørnar Tollan Jordet, the man, acting as «Ordfører» of «Tolga kommune» in «Innlandet fylke»
- 109.) Erik Sletten, the man, acting as «Ordfører» of «Trysil kommune» in «Innlandet fylke»
- 110.) Merete Myhre Moen, the woman, acting as «Ordfører» of «Tynset kommune» in «Innlandet fylke»
- 111.) Vidar Eltun, the man, acting as «Ordfører» of «Vang kommune» in «Innlandet fylke»
- 112.) Haldor Ødegård, the man, acting as «Ordfører» of «Vestre Slidre kommune» in «Innlandet fylke»
- 113.) Stian Olafsen, the man, acting as «Ordfører» of «Vestre Toten kommune» in «Innlandet fylke»

- 114.) Harald Sve Bjørndal, the man, acting as «Ordfører» of «Vågå kommune» in «Innlandet fylke»
- 115.) Ola Cato Lie, the man, acting as «Ordfører» of «Våler kommune» in «Innlandet fylke»
- 116.) Bror Helgestad, the man, acting as «Ordfører» of «Østre Toten kommune» in «Innlandet fylke»
- 117.) Jon Halvor Midtmageli, the man, acting as «Ordfører» of «Øyer kommune» in «Innlandet fylke»
- 118.) Odd Erik Holden, the man, acting as «Ordfører» of «Øystre Slidre kommune» in «Innlandet fylke»
- 119.) Ole Erik Hørstad, the man, acting as «Ordfører» of «Åmot kommune» in «Innlandet fylke»
- 120.) Kari Heggelund, the woman, acting as «Ordfører» of «Åsnes kommune» in «Innlandet fylke»
- 121.) Odd Jørgen Nilssen, the man, acting as «Ordfører» of «Aukra kommune» in «Møre og Romsdal fylke»
- 122.) Hanne-Berit Brekken, the woman, acting as «Ordfører» of «Aure kommune» in «Møre og Romsdal fylke»
- 123.) Ingrid Ovidie Rangønes, the woman, acting as «Ordfører» of «Averøy kommune» in «Møre og Romsdal fylke»
- 124.) Eva Hove, the woman, acting as «Ordfører» of «Fjord kommune» in «Møre og Romsdal fylke»
- 125.) Harry Valderhaug, the man, acting as «Ordfører» of «Giske kommune» in «Møre og Romsdal fylke»
- 126.) Knut Sjømæling, the man, acting as «Ordfører» of «Gjemnes kommune» in «Møre og Romsdal fylke»
- 127.) Bernt Brandal, the man, acting as «Ordfører» of «Hareid kommune» in «Møre og Romsdal fylke»
- 128.) Eldbjørg Larsen, the woman, acting as «Ordfører» of «Herøy kommune» in «Møre og Romsdal fylke»
- 129.) Tove Henøen, the woman, acting as «Ordfører» of «Hustadvika kommune» in «Møre og Romsdal fylke»
- 130.) Kjell Neergaard, the man, acting as «Ordfører» of «Kristiansund kommune» in «Møre og Romsdal fylke»
- 131.) Torgeir Dahl, the man, acting as «Ordfører» of «Molde kommune» in «Møre og Romsdal fylke»
- 132.) Yvonne Wold, the woman, acting as «Ordfører» of «Rauma kommune» in «Møre og Romsdal fylke»
- 133.) Olav Myklebust, the man, acting as «Ordfører» of «Sande kommune» in «Møre og Romsdal fylke»
- 134.) Svein Roksvåg, the man, acting as «Ordfører» of «Smøla kommune» in «Møre og Romsdal fylke»

- 135.) Jan Ove Tryggestad, the man, acting as «Ordfører» of «Stranda kommune» in «Møre og Romsdal fylke»
- 136.) Jim Arve Røssevoll, the man, acting as «Ordfører» of «Sula kommune» in «Møre og Romsdal fylke»
- 137.) Ståle Refstie, the man, acting as «Ordfører» of «Sunndal kommune» in «Møre og Romsdal fylke»
- 138.) Margrethe Svinvik, the woman, acting as «Ordfører» of «Surnadal kommune» in «Møre og Romsdal fylke»
- 139.) Odd Jostein Drotninghaug, the man, acting as «Ordfører» of «Sykkylven kommune» in «Møre og Romsdal fylke»
- 140.) Ingrid Waagen , the woman, acting as «Ordfører» of «Tingvoll kommune» in «Møre og Romsdal fylke»
- 141.) Knut Erik Engh, the man, acting as «Ordfører» of «Ulstein kommune» in «Møre og Romsdal fylke»
- 142.) Lena Marie Landsverk Sande, the woman, acting as «Ordfører» of «Vanylven kommune» in «Møre og Romsdal fylke»
- 143.) Geir Inge Lien, the man, acting as «Ordfører» of «Vestnes kommune» in «Møre og Romsdal fylke»
- 144.) Sølvi Dimmen, the woman, acting as «Ordfører» of «Volda kommune» in «Møre og Romsdal fylke»
- 145.) Stein Aam, the man, acting as «Ordfører» of «Ørsta kommune» in «Møre og Romsdal fylke»
- 146.) Eva Vinje Aurdal, the woman, acting as «Ordfører» of «Ålesund kommune» in «Møre og Romsdal fylke»
- 147.) Peter Talseth, the man, acting as «Ordfører» of «Alstahaug kommune» in «Nordland fylke»
- 148.) Knut Andreas Nordmo, the man, acting as «Ordfører» of «Andøy kommune» in «Nordland fylke»
- 149.) André Kristoffersen, the man, acting as «Ordfører» of «Beiarn kommune» in «Nordland fylke»
- 150.) Britt Helstad, the woman, acting as «Ordfører» of «Bindal kommune» in «Nordland fylke»
- 151.) Ida Maria Pinnerød, the woman, acting as «Ordfører» of «Bodø kommune» in «Nordland fylke»
- 152.) Eilif Kristian Trælnes, the man, acting as «Ordfører» of «Brønnøy kommune» in «Nordland fylke»
- 153.) Sture Pedersen, the man, acting as «Ordfører» of «Bø kommune» in «Nordland fylke»
- 154.) Nils Jenssen, the man, acting as «Ordfører» of «Dønna kommune» in «Nordland fylke»
- 155.) Terje Bartholsen, the man, acting as «Ordfører» of «Evenes kommune» in «Nordland fylke»

- 156.) Marlen Rendall Berg, the woman, acting as «Ordfører» of «Fauske kommune» in «Nordland fylke»
- 157.) Trond Kroken, the man, acting as «Ordfører» of «Flakstad kommune» in «Nordland fylke»
- 158.) Bjørn Magne Pedersen, the man, acting as «Ordfører» of «Gildeskål kommune» in «Nordland fylke»
- 159.) Ellen Schjølberg, the woman, acting as «Ordfører» of «Grane kommune» in «Nordland fylke»
- 160.) Lena Arntzen, the woman, acting as «fungerende Ordfører» of «Hadsel kommune» in «Nordland fylke»
- 161.) Britt Kristoffersen, the woman, acting as «Ordfører» of «Hamarøy kommune» in «Nordland fylke»
- 162.) Harald Lie, the man, acting as «Ordfører» of «Hattfjelldal kommune» in «Nordland fylke»
- 163.) Paul Asphaug, the man, acting as «Ordfører» of «Hemnes kommune» in «Nordland fylke»
- 164.) Elbjørg Larsen, the woman, acting as «Ordfører» of «Herøy kommune» in «Nordland fylke»
- 165.) Ivan Haugland, the man, acting as «Ordfører» of «Leirfjord kommune» in «Nordland fylke»
- 166.) Håkon Lund, the man, acting as «Ordfører» of «Lurøy kommune» in «Nordland fylke»
- 167.) Hugo Bongard Jacobsen, the man, acting as «Ordfører» of «Lødingen kommune» in «Nordland fylke»
- 168.) Sigurd Stormo, the man, acting as «Ordfører» of «Meløy kommune» in «Nordland fylke»
- 169.) Lillian Rasmussen, the woman, acting as «Ordfører» of «Moskenes kommune» in «Nordland fylke»
- 170.) Rune Edvardsen, the man, acting as «Ordfører» of «Narvik kommune» in «Nordland fylke»
- 171.) Hanne Davidsen, the woman, acting as «Ordfører» of «Nesna kommune» in «Nordland fylke»
- 172.) Geir Waage, the man, acting as «Ordfører» of «Rana kommune» in «Nordland fylke»
- 173.) Inger Monsen, the woman, acting as «Ordfører» of «Rødøy kommune» in «Nordland fylke»
- 174.) Elisabeth Mikalsen, the woman, acting as «Ordfører» of «Røst kommune» in «Nordland fylke»
- 175.) Rune Berg, the man, acting as «Ordfører» of «Saltdal kommune» in «Nordland fylke»
- 176.) Karl-Erling Nordlund, the man, acting as «Ordfører» of «Sortland kommune» in «Nordland fylke»
- 177.) Aase Refsnes, the woman, acting as «Ordfører» of «Steigen kommune» in «Nordland fylke»
- 178.) Hans Gunnar Holand, the man, acting as «Ordfører» of «Sømna kommune» in «Nordland fylke»
- 179.) Gisle Hansen, the man, acting as «Ordfører» of «Sørfold kommune» in «Nordland fylke»

- 180.) Jan Helge Andersen, the man, acting as «Ordfører» of «Træna kommune» in «Nordland fylke»
- 181.) Berit Hundåla, the woman, acting as «Ordfører» of «Vefsn kommune» in «Nordland fylke»
- 182.) Andre Møller, the man, acting as «Ordfører» of «Vega kommune» in «Nordland fylke»
- 183.) Remi Solberg, the man, acting as «Ordfører» of «Vestvågøy kommune» in «Nordland fylke»
- 184.) Torhild Haugann, the woman, acting as «Ordfører» of «Vevelstad kommune» in «Nordland fylke»
- 185.) Susan Berg Kristiansen, the woman, acting as «Ordfører» of «Værøy kommune» in «Nordland fylke»
- 186.) Frank Johnsen, the man, acting as «Ordfører» of «Vågan kommune» in «Nordland fylke»
- 187.) John Danielsen, the man, acting as «Ordfører» of «Øksnes kommune» in «Nordland fylke»
- 188.) Marianne Borgen, the woman, acting as «Ordfører» of «Oslo kommune»
- 189.) Kjetil Slettebø, the man, acting as «Ordfører» of «Bjerkreim kommune» in «Rogaland fylke»
- 190.) Osmund Våga, the man or woman, acting as «Ordfører» of «Bokn kommune» in «Rogaland fylke»
- 191.) Odd Stangeland, the man, acting as «Ordfører» of «Eigersund kommune» in «Rogaland fylke»
- 192.) Frode Fjeldsbø, the man, acting as «Ordfører» of «Gjesdal kommune» in «Rogaland fylke»
- 193.) Arne-Christian Mohn, the man, acting as «Ordfører» of «Haugesund kommune» in «Rogaland fylke»
- 194.) Bjørn Laugaland, the man, acting as «Ordfører» of «Hjelmeland kommune» in «Rogaland fylke»
- 195.) Jonas Skrettingland, the man, acting as «Ordfører» of «Hå kommune» in «Rogaland fylke»
- 196.) Jarle Nilsen, the man, acting as «Ordfører» of «Karmøy kommune» in «Rogaland fylke»
- 197.) Sigmund Rolfsen, the man, acting as «Ordfører» of «Klepp kommune» in «Rogaland fylke»
- 198.) Stian Giil Bjørsvik, the man, acting as «Ordfører» of «Kvitsøy kommune» in «Rogaland fylke»
- 199.) Magnhild Eia, the woman, acting as «Ordfører» of «Lund kommune» in «Rogaland fylke»
- 200.) Jarle Bø, the man, acting as «Ordfører» of «Randaberg kommune» in «Rogaland fylke»
- 201.) Stanley Wirak, the man, acting as «Ordfører» of «Sandnes kommune» in «Rogaland fylke»
- 202.) Asbjørn Birkeland, the man, acting as «Ordfører» of «Sauda kommune» in «Rogaland fylke»
- 203.) Jonas Andersen Sayed, the man, acting as «Ordfører» of «Sokndal kommune» in «Rogaland fylke»

- 204.) Tom Henning Slethei, the man, acting as «Ordfører» of «Sola kommune» in «Rogaland fylke»
- 205.) Kari Nessa Nordtun, the woman, acting as «Ordfører» of «Stavanger kommune» in «Rogaland fylke»
- 206.) Irene Heng Lauvsnes, the woman, acting as «Ordfører» of «Strand kommune» in «Rogaland fylke»
- 207.) Gerd Helen Bø, the woman, acting as «Ordfører» of «Suldal kommune» in «Rogaland fylke»
- 208.) Andreas Vollsund, the man, acting as «Ordfører» of «Time kommune» in «Rogaland fylke»
- 209.) Sigmund Lier, the man, acting as «Ordfører» of «Tysvær kommune» in «Rogaland fylke»
- 210.) Marte Eide Klovning, the woman, acting as «Ordfører» of «Utsira kommune» in «Rogaland fylke»
- 211.) Tove Elise Madland, the woman, acting as «fungerende Ordfører» of «Vindafjord kommune» in «Rogaland fylke»
- 212.) Monica Nielsen, the woman, acting as «Ordfører» of «Alta kommune» in «Troms og Finnmark fylke»
- 213.) Gunda Johansen, the woman, acting as «Ordfører» of «Balsfjord kommune» in «Troms og Finnmark fylke»
- 214.) Toralf Heimdal, the man, acting as «Ordfører» of «Bardu kommune» in «Troms og Finnmark fylke»
- 215.) Rolf Laupstad, the man, acting as «Ordfører» of «Berlevåg kommune» in «Troms og Finnmark fylke»
- 216.) Ronald Wærnes, the man, acting as «Ordfører» of «Båtsfjord kommune» in «Troms og Finnmark fylke»
- 217.) Helga Pedersen, the woman, acting as «Ordfører» of «Tana kommune» in «Troms og Finnmark fylke»
- 218.) Marit Alvig Espenes, the woman, acting as «Ordfører» of «Dyrøy kommune» in «Troms og Finnmark fylke»
- 219.) Alf Normann Hansen, the man, acting as «Ordfører» of «Gamvik kommune» in «Troms og Finnmark fylke»
- 220.) Anita Karlsen, the woman, acting as «Ordfører» of «Gratangen kommune» in «Troms og Finnmark fylke»
- 221.) Marianne Sivertsen Næss, the woman, acting as «Ordfører» of «Hammerfest kommune» in «Troms og Finnmark fylke»
- 222.) Kari-Anne Opsal, the woman, acting as «Ordfører» of «Harstad kommune» in «Troms og Finnmark fylke»

- 223.) Eva Danielsen Husby, the woman, acting as «Ordfører» of «Hasvik kommune» in «Troms og Finnmark fylke»
- 224.) Dag Sigurd Tor Brustind, the man, acting as «Ordfører» of «Ibestad kommune» in «Troms og Finnmark fylke»
- 225.) Svein Atle Somby, the man, acting as «Ordfører» of «Karasjok kommune» in «Troms og Finnmark fylke»
- 226.) Mona Pedersen, the woman, acting as «Ordfører» of «Karlsøy kommune» in «Troms og Finnmark fylke»
- 227.) Hans Isak Olsen, the man, acting as «Ordfører» of «Kautokeino kommune» in «Troms og Finnmark fylke»
- 228.) Torbjørn Larsen, the man, acting as «Ordfører» of «Kvæfjord kommune» in «Troms og Finnmark fylke»
- 229.) Eirik Losnegaard Mevik, the man, acting as «Ordfører» of «Kvænangen kommune» in «Troms og Finnmark fylke»
- 230.) Bernt Eirik Isaksen Lyngstad, the man, acting as «Ordfører» of «Kåfjord kommune» in «Troms og Finnmark fylke»
- 231.) Hege Beate Myrseth Rollmoen, the woman, acting as «Ordfører» of «Lavangen kommune» in «Troms og Finnmark fylke»
- 232.) Sigurd Kvammen Rafaelsen, the man, acting as «Ordfører» of «Lebesby kommune» in «Troms og Finnmark fylke»
- 233.) Stein Thomassen, the man, acting as «Ordfører» of «Loppa kommune» in «Troms og Finnmark fylke»
- 234.) Dan-Håvard Johnsen, the man, acting as «Ordfører» of «Lyngen kommune» in «Troms og Finnmark fylke»
- 235.) Bengt Magne Luneng, the man, acting as «Ordfører» of «Målselv kommune» in «Troms og Finnmark fylke»
- 236.) Bernth Sjursen, the man, acting as «Ordfører» of «Måsøy kommune» in «Troms og Finnmark fylke»
- 237.) Knut Inge Store, the man, acting as «Ordfører» of «Nesseby kommune» in «Troms og Finnmark fylke»
- 238.) Jan Olsen, the man, acting as «Ordfører» of «Nordkapp kommune» in «Troms og Finnmark fylke»
- 239.) Hilde Anita Nyvoll, the woman, acting as «Ordfører» of «Nordreisa kommune» in «Troms og Finnmark fylke»

- 240.) Aina Borch, the woman, acting as «Ordfører» of «Porsanger kommune» in «Troms og Finnmark fylke»
- 241.) Sigrun Wiggen Prestbakmo, the woman, acting as «Ordfører» of «Salangen kommune» in «Troms og Finnmark fylke»
- 242.) Tom-Rune Eliseussen, the man, acting as «Ordfører» of «Senja kommune» in «Troms og Finnmark fylke»
- 243.) Ørjan Albrigtsen, the man, acting as «Ordfører» of «Skjervøy kommune» in «Troms og Finnmark fylke»
- 244.) Geir Varvik, the man, acting as «Ordfører» of «Storfjord kommune» in «Troms og Finnmark fylke»
- 245.) Pål Kasper Gabrielsen, the man, acting as «fungerende Ordfører» of «Sør-Varanger kommune» in «Troms og Finnmark fylke»
- 246.) Jan-Eirik Nordahl, the man, acting as «Ordfører» of «Sørreisa kommune» in «Troms og Finnmark fylke»
- 247.) Helga Pedersen, the woman, acting as «Ordfører» of «Tana kommune» in «Troms og Finnmark fylke»
- 248.) Helene Berg Nilsen, the woman, acting as «Ordfører» of «Tjeldsund kommune» in «Troms og Finnmark fylke»
- 249.) Gunnar Wilhelmsen, the man, acting as «Ordfører» of «Tromsø kommune» in «Troms og Finnmark fylke»
- 250.) Wenche Pedersen, the woman, acting as «Ordfører» of «Vadsø kommune» in «Troms og Finnmark fylke»
- 251.) Ørjan Jensen, the man, acting as «Ordfører» of «Vardø kommune» in «Troms og Finnmark fylke»
- 252.) Olav Jørgen Bjørkås, the man or woman, acting as «Ordfører» of «Flatanger kommune» in «Trøndelag fylke»
- 253.) Frode Revhaug, the man, acting as «Ordfører» of «Frosta kommune» in «Trøndelag fylke»
- 254.) Kristin Furunes Strømskag, the woman, acting as «Ordfører» of «Frøya kommune» in «Trøndelag fylke»
- 255.) Borgny Kjølstad Grande, the woman, acting as «Ordfører» of «Grong kommune» in «Trøndelag fylke»
- 256.) Odd Jarle Svanem, the man, acting as «Ordfører» of «Heim kommune» in «Trøndelag fylke»
- 257.) Ole Laurits Haugen, the man, acting as «Ordfører» of «Hitra kommune» in «Trøndelag fylke»
- 258.) Arve Hitterdal, the man, acting as «Ordfører» of «Holtålen kommune» in «Trøndelag fylke»

- 259.) Hege Nordheim-Viken, the woman, acting as «Ordfører» of «Høylandet kommune» in «Trøndelag fylke»
- 260.) Ida Stuberg, the woman, acting as «Ordfører» of «Inderøy kommune» in «Trøndelag fylke»
- 261.) Bjørnar Buhaug, the man, acting as «Ordfører» of «Indre Fosen kommune» in «Trøndelag fylke»
- 262.) Elisabeth Helmersen, the woman, acting as «Ordfører» of «Leka kommune» in «Trøndelag fylke»
- 263.) Anita Ravlo Sand, the woman, acting as «Ordfører» of «Levanger kommune» in «Trøndelag fylke»
- 264.) Bente Estil, the woman, acting as «Ordfører» of «Lierne kommune» in the «Trøndelag fylke»
- 265.) Trond Hoseth, the man, acting as «Ordfører» of «Malvik kommune» in «Trøndelag fylke»
- 266.) Jorid Oliv Jagtøien, the woman, acting as «Ordfører» of «Melhus kommune» in «Trøndelag fylke»
- 267.) Kjersti Kjenes, the woman, acting as «Ordfører» of «Meråker kommune» in «Trøndelag fylke»
- 268.) Sivert Moen, the man, acting as «Ordfører» of «Midtre Gauldal kommune» in «Trøndelag fylke»
- 269.) Arnhild Holstad, the woman, acting as «Ordfører» of «Namsos kommune» in «Trøndelag fylke»
- 270.) Stian Brekkvassmo, the man, acting as «Ordfører» of «Namsskogan kommune» in «Trøndelag fylke»
- 271.) Amund Hellesø, the man, acting as «Ordfører» of «Nærøysund kommune» in «Trøndelag fylke»
- 272.) Geir Arild Espnes, the man, acting as «Ordfører» of «Oppdal kommune» in «Trøndelag fylke»
- 273.) Oddbjørn Bang, the man, acting as «Ordfører» of «Orkland kommune» in «Trøndelag fylke»
- 274.) John Einar Høvik, the man, acting as «Ordfører» of «Osen kommune» in «Trøndelag fylke»
- 275.) Per Olav Tyldum, the man, acting as «Ordfører» of «Overhalla kommune» in «Trøndelag fylke»
- 276.) Ola Øie, the man, acting as «Ordfører» of «Rennebu kommune» in «Trøndelag fylke»
- 277.) Vibeke Langli, the woman, acting as «Ordfører» of «Rindal kommune» in «Trøndelag fylke»
- 278.) Isak Veierud Busch, the man, acting as «Ordfører» of «Røros kommune» in «Trøndelag fylke»
- 279.) Hans Oskar Devik, the man, acting as «Ordfører» of «Røyrvik kommune» in «Trøndelag fylke»
- 280.) Ole Morten Balstad, the man, acting as «Ordfører» of «Selbu kommune» in «Trøndelag fylke»
- 281.) Gunn Iversen Stokke, the woman, acting as «Ordfører» of «Skaun kommune» in «Trøndelag fylke»
- 282.) Arnt Einar Bardal, the man, acting as «Ordfører» of «Snåsa kommune» in «Trøndelag fylke»

- 283.) Anne Berit Lein, the woman, acting as «Ordfører» of «Steinkjer kommune» in «Trøndelag fylke»
- 284.) Ivar Vigdenes, the man, acting as «Ordfører» of «Stjørdal kommune» in «Trøndelag fylke»
- 285.) Rita Ottervik, the woman, acting as «Ordfører» of «Trondheim kommune» in «Trøndelag fylke»
- 286.) Jens Arne Kvello, the man, acting as «Ordfører» of «Tydal kommune» in «Trøndelag fylke»
- 287.) Pål Sverre Fikse, the man, acting as «Ordfører» of «Verdal kommune» in «Trøndelag fylke»
- 288.) Tom Myrvold, the man, acting as «Ordfører» of «Ørland kommune» in «Trøndelag fylke»
- 289.) Vibeke Stjern, the woman, acting as «Ordfører» of «Åfjord kommune» in «Trøndelag fylke»
- 290.) Hallgeir Kjeldal, the man or woman, acting as «Ordfører» of «Bamble kommune» in «Vestfold og Telemark fylke»
- 291.) Tor Peder Lohne, the man or woman, acting as «Ordfører» of the «Drangedal kommune» in «Vestfold og Telemark fylke»
- 292.) Erik Skjervagen, the man or woman, acting as «Ordfører» of «Fyresdal kommune» in «Vestfold og Telemark fylke»
- 293.) Jon Sanness Andersen, the man, acting as «Ordfører» of «Færder kommune» in «Vestfold og Telemark fylke»
- 294.) Bengt Halvard Odden, the man, acting as «Ordfører» of «Hjartdal kommune» in «Vestfold og Telemark fylke»
- 295.) Elin Gran Weggesrud, the woman, acting as «Ordfører» of «Holmestrand kommune» in «Vestfold og Telemark fylke»
- 296.) Are Karlsen, the man, acting as «Ordfører» of «Horten kommune» in «Vestfold og Telemark fylke»
- 297.) Grunde Wegar Knudsen, the man, acting as «Ordfører» of «Kragerø kommune» in «Vestfold og Telemark fylke»
- 298.) Bjørn Nordskog, the man, acting as «Ordfører» of «Kviteseid kommune» in «Vestfold og Telemark fylke»
- 299.) Erik Bringedal, the man, acting as «Ordfører» of «Larvik kommune» in «Vestfold og Telemark fylke»
- 300.) Siri Blichfeldt Dyrlund, the woman, acting as «Ordfører» of «Midt-Telemark kommune» in the «Vestfold og Telemark fylke»
- 301.) Halvor Homme, the woman, acting as «Ordfører» of «Nissedal kommune» in «Vestfold og Telemark fylke»
- 302.) Bjørg Tveito Lundefaret, the woman, acting as «Ordfører» of «Nome kommune» in «Vestfold og Telemark fylke»

- 303.) Gry Fuglestveit, the woman, acting as «Ordfører» of «Notodden kommune» in «Vestfold og Telemark fylke»
- 304.) Robin Martin Kåss, the man, acting as «Ordfører» of «Porsgrunn kommune» in «Vestfold og Telemark fylke»
- 305.) Bjørn Ole Gleditsch, the man, acting as «Ordfører» of «Sandefjord kommune» in «Vestfold og Telemark fylke»
- 306.) Beate Marie Dahl Eide, the woman, acting as «Ordfører» of «Seljord kommune» in «Vestfold og Telemark fylke»
- 307.) Kjell Abraham Sølvørød, the man, acting as «Ordfører» of «Siljan kommune» in «Vestfold og Telemark fylke»
- 308.) Hedda Foss Five, the woman, acting as «Ordfører» of «Skien kommune» in «Vestfold og Telemark fylke»
- 309.) Steinar Bergsland, the man, acting as «Ordfører» of «Tinn kommune» in «Vestfold og Telemark fylke»
- 310.) Jarand Felland, the man, acting as «Ordfører» of «Tokke kommune» in «Vestfold og Telemark fylke»
- 311.) Anne Rygh Pedersen, the woman, acting as «Ordfører» of «Tønsberg kommune» in «Vestfold og Telemark fylke»
- 312.) Jon Rikard Kleven, the man, acting as «Ordfører» of «Vinje kommune» in «Vestfold og Telemark fylke»
- 313.) Sara Hamre Sekkingstad, the woman, acting as «Ordfører» of «Alver kommune» in «Vestland fylke»
- 314.) Ole André Klausen, the man, acting as «Ordfører» of «Askvoll kommune» in «Vestland fylke»
- 315.) Siv Høgtun, the woman, acting as «Ordfører» of «Askøy kommune» in «Vestland fylke»
- 316.) Trygve Skjerdal, the man, acting as «Ordfører» of «Aurland kommune» in the «Vestland fylke»
- 317.) Morten Storebø, the man, acting as «Ordfører» of «Austevoll kommune» in «Vestland fylke»
- 318.) Per Lerøy, the man, acting as «Ordfører» of «Austrheim kommune» in «Vestland fylke»
- 319.) Marte Mjøs Persen, the woman, acting as «Ordfører» of «Bergen kommune» in «Vestland fylke»
- 320.) Trine Lindborg, the woman, acting as «Ordfører» of «Bjørnafjorden kommune» in «Vestland fylke»
- 321.) Anne Kristin Førde, the woman, acting as «Ordfører» of «Bremanger kommune» in «Vestland fylke»

- 322.) Sammy Olsen, the man, acting as «Ordfører» of «Bømlo kommune» in «Vestland fylke»
- 323.) Anders Vatle, the man, acting as «Ordfører» of «Eidfjord kommune» in «Vestland fylke»
- 324.) Mette Heidi Bergsvåg Ekrheim, the woman, acting as «Ordfører» of «Etne kommune» in «Vestland fylke»
- 325.) Stian Herøy, the man, acting as «Ordfører» of «Fedje kommune» in «Vestland fylke»
- 326.) Harald Rydland, the man, acting as «Ordfører» of «Fitjar kommune» in «Vestland fylke»
- 327.) Kjetil Høgseth Felde, the man, acting as «Ordfører» of «Fjaler kommune» in «Vestland fylke»
- 328.) Leidulf Gloppestad, the man, acting as «Ordfører» of «Gloppen kommune» in «Vestland fylke»
- 329.) Hallvard Oppedal, the man, acting as «Ordfører» of «Gulen kommune» in «Vestland fylke»
- 330.) Kjell Eide, the man, acting as «Ordfører» of «Hyllestad kommune» in «Vestland fylke»
- 331.) Petter Sortland, the man, acting as «Ordfører» of «Høyanger kommune» in «Vestland fylke»
- 332.) Ola Teigen, the man, acting as «Ordfører» of «Kinn kommune» in «Vestland fylke»
- 333.) Torgeir Næss, the man, acting as «Ordfører» of «Kvam kommune» in «Vestland fylke»
- 334.) Hans Inge Myrvold, the man, acting as «Ordfører» of «Kvinnherad kommune» in «Vestland fylke»
- 335.) Ivar Kvalen, the man, acting as «Ordfører» of «Luster kommune» in «Vestland fylke»
- 336.) Audun Mo, the man, acting as «Ordfører» of «Lærdal kommune» in «Vestland fylke»
- 337.) Karstein Totland , the man, acting as «Ordfører» of « Masfjorden kommune» in «Vestland fylke»
- 338.) Kjetil Eikefet, the man, acting as «Ordfører» of «Modalen kommune» in «Vestland fylke»
- 339.) Lars Fjeldstad, the man, acting as «Ordfører» of «Osterøy kommune» in «Vestland fylke»
- 340.) Knut Harald Frøland, the man, acting as «Ordfører» of «Samnanger kommune» in «Vestland fylke»
- 341.) Arnstein Menes, the man, acting as «Ordfører» of «Sogndal kommune» in «Vestland fylke»
- 342.) Gunn Åmdal Mongstad, the man or woman, acting as «Ordfører» of «Solund kommune» in «Vestland fylke»
- 343.) Alfred Bjørlo, the man, acting as «Ordfører» of «Stad kommune» in «Vestland fylke»
- 344.) Gaute Straume Epland, the man, acting as «Ordfører» of «Stord kommune» in «Vestland fylke»
- 345.) Per Kjøllesdal, the man, acting as «Ordfører» of « Stryn kommune» in «Vestland fylke»

- 346.) Olve Grotle, the man, acting as «Ordfører» of «Sunnfjord kommune» in «Vestland fylke»
- 347.) Linn Therese Erve, the woman, acting as «Ordfører» of «Sveio kommune» in «Vestland fylke»
- 348.) Kåre Martin Kleppe, the man, acting as «Ordfører» of «Tysnes kommune» in «Vestland fylke»
- 349.) Roald Aga Haug, the man, acting as «Ordfører» of «Ullensvang kommune» in «Vestland fylke»
- 350.) Hans Petter Thorbjørnsen, the man, acting as «Ordfører» of «Ulvik kommune» in «Vestland fylke»
- 351.) Hege Eide Vik, the woman, acting as «Ordfører» of «Vaksdal kommune» in «Vestland fylke»
- 352.) Roy Egil Stadheim, the man, acting as «Ordfører» of «Vik kommune» in «Vestland fylke»
- 353.) Hans-Erik Ringkjøb, the man, acting as «Ordfører» of «Voss herad» in «Vestland fylke»
- 354.) Tom Georg Indrevik, the man, acting as «Ordfører» of «Øygarden kommune» in «Vestland fylke»
- 355.) Hilmar Høl, the man, acting as «Ordfører» of «Årdal kommune» in «Vestland fylke»
- 356.) Håkon Tolsby, the man, acting as «Ordfører» of «Aremark kommune» in «Viken fylke»
- 357.) Lene Øistesø Winger Conradi, the woman, acting as «Ordfører» of «Asker kommune» in «Viken fylke»
- 358.) Gudbrand Kvaal, the man, acting as «Ordfører» of «Aurskog-Høland kommune» in «Viken fylke»
- 359.) Lisbeth Hammer Krog, the woman, acting as «Ordfører» of «Bærum kommune» in «Viken fylke»
- 360.) Monica Myrvold Berg, the woman, acting as «Ordfører» of «Drammen kommune» in «Viken fylke»
- 361.) John-Erik Vika, the man, acting as «Ordfører» of «Eidsvoll kommune» in «Viken fylke»
- 362.) Hans Kristian Solberg, the man, acting as «Ordfører» of «Enebakk kommune» in «Viken fylke»
- 363.) Oddvar Garaas, the man, acting as «Ordfører» of «Flesberg kommune» in «Viken fylke»
- 364.) Merete Elisabeth Høntorp Gandrud, the woman, acting as «Ordfører» of «Flå kommune» in «Viken fylke»
- 365.) Jon-Ivar Nygård, the man, acting as «Ordfører» of «Fredrikstad kommune» in «Viken fylke»
- 366.) Hans Kristian Raanaas, the man, acting as «Ordfører» of «Frogn kommune» in «Viken fylke»
- 367.) Anders Østensen, the man, acting as «Ordfører» of «Gjerdrum kommune» in «Viken fylke»
- 368.) Heidi Granli, the woman, acting as «Ordfører» of «Gol kommune» in «Viken fylke»
- 369.) Anne-Kari Holm, the woman, acting as «Ordfører» of «Halden kommune» in «Viken fylke»

- 370.) Pål Terje Rørby, the man, acting as «Ordfører» of «Hemsedal kommune» in «Viken fylke»
- 371.) Petter Rukke, the man, acting as «Ordfører» of «Hol kommune» in «Viken fylke»
- 372.) Syver Leivestad, the man, acting as «Ordfører» of «Hole kommune» in «Viken fylke»
- 373.) Paul Johan Moltzau, the man, acting as «Ordfører» of «Hurdal kommune» in «Viken fylke»
- 374.) Mona Vauger, the woman, acting as «Ordfører» of «Hvaler kommune» in «Viken fylke»
- 375.) Saxe Frøshaug, the man, acting as «Ordfører» of «Indre Østfold kommune» in «Viken fylke»
- 376.) Morten Lafton, the man, acting as «Ordfører» of «Jevnaker kommune» in «Viken fylke»
- 377.) Kari Anne Sand, the woman, acting as «Ordfører» of «Kongsberg kommune» in «Viken fylke»
- 378.) Knut Martin Glesne, the man, acting as «Ordfører» of «Krødsherad kommune» in «Viken fylke»
- 379.) Gunn Cecilie Ringdal, the woman, acting as «Ordfører» of «Lier kommune» in «Viken fylke»
- 380.) Jørgen Vik, the man, acting as «Ordfører» of «Lillestrøm kommune» in «Viken fylke»
- 381.) Harald Tyrdal, the man, acting as «Ordfører» of «Lunner kommune» in «Viken fylke»
- 382.) Ragnhild Bergheim, the woman, acting as «Ordfører» of «Lørenskog kommune» in «Viken fylke»
- 383.) Theodor Bye, the man, acting as «Ordfører» of «Marker kommune» in «Viken fylke»
- 384.) Sunni Grøndahl Aamodt, the woman, acting as «Ordfører» of «Modum kommune» in «Viken fylke»
- 385.) Hanne Tollerud, the woman, acting as «Ordfører» of «Moss kommune» in «Viken fylke»
- 386.) Hans Thue, the man, acting as «Ordfører» of «Nannestad kommune» in «Viken fylke»
- 387.) Grete Sjøli, the woman, acting as «Ordfører» of «Nes kommune» in «Viken fylke»
- 388.) Tore Haraldset, the man, acting as «Ordfører» of «Nesbyen kommune» in «Viken fylke»
- 389.) Truls Wickholm, the man, acting as «Ordfører» of «Nesodden kommune» in «Viken fylke»
- 390.) Inge Hallgeir Solli, the man, acting as «fungerende Ordfører» of «Nittedal kommune» in «Viken fylke»
- 391.) Hanne Opdan, the woman, acting as «Ordfører» of «Nordre Follo kommune» in «Viken fylke»
- 392.) Jan Gaute Bjerke, the man, acting as «Ordfører» of «Nore og Uvdal kommune» in «Viken fylke»
- 393.) Karoline Fjeldstad, the woman, acting as «Ordfører» of «Rakkestad kommune» in «Viken fylke»

- 394.) Kirsten Orebråten, the woman, acting as «Ordfører» of «Ringerike kommune» in «Viken fylke»
- 395.) Viel Jaren Heitmann, the woman, acting as «Ordfører» of «Rollag kommune» in «Viken fylke»
- 396.) Ståle Grøtte, the man, acting as «Ordfører» of «Rælingen kommune» in «Viken fylke»
- 397.) René Rafshol, the man, acting as «Ordfører» of «Råde kommune» in «Viken fylke»
- 398.) Sindre Martinsen-Evje, the man, acting as «Ordfører» of «Sarpsborg kommune» in «Viken fylke»
- 399.) Anne Kristine Norman, the woman, acting as «Ordfører» of «Sigdal kommune» in «Viken fylke»
- 400.) Anne-Grethe Larsen, the woman, acting as «Ordfører» of «Skiptvet kommune» in «Viken fylke»
- 401.) Eyvind Jørgensen Schumacher, the man, acting as «Ordfører» of «Ullensaker kommune» in «Viken fylke»
- 402.) Tom Anders Ludvigsen, the man, acting as «Ordfører» of «Vestby kommune» in «Viken fylke»
- 403.) May-Liss Sæterdalen, the woman, acting as «fungerende Ordfører» of «Våler kommune» in «Viken fylke»
- 404.) Knut Kvale, the man, acting as «Ordfører» of «Øvre Eiker kommune» kommune in «Viken fylke»
- 405.) Solveig Vestenfor, the woman, acting as «Ordfører» of «Ål kommune» kommune in «Viken fylke»
- 406.) Ola Nordal, the man, acting as «Ordfører» of «Ås kommune» kommune in «Viken fylke»
- 407.) And yet to be named man or woman, acting as yet to be named role

**Hereinafter:** Respondents/Libellees

**FROM:**

**BIRGIT SÆTRE** sui juris, **woman**, hereby claiming all rights and remedies reserved

**Hereinafter:** Claimant/Libellant

## **NOTICE TO RESPONDENTS/LIBELLEES**

This document and attachments are presented with honorable and peaceful intentions and are expressly to provide you with due process for your benefit and a good faith opportunity to state a verified claim. It is not Claimant/Libellant's intention to harass, intimidate, offend, conspire, coerce, cause anxiety, alarm or distress.

This legal and lawful Notice of Liability is designed to be used as evidence in court if needed and intends to enlighten you and protecting you from attracting civil and criminal liability in relation to you action and all omissions in relation to the alleged SARS-CoV-2 (alleged) pandemic and the measures that have/are being taken worldwide to allegedly control its spread and effect.

## PREAMBLE

**WHEREAS**, it appears there is a worldwide agenda threatening the whole of the earth and its life giving resources to the livelihood of all life forms, sentient beings, living men, women, sons and daughters their life, health, vitality and procreative abilities through electronic AI control that connects billions upon billions of wireless infrastructure, systems, programs, devices, structures, equipment, objects, artificial intelligence (AI), artificial entities, without limits, to a so-named cloud-based “**Internet of Things**” (**IoT**), and thus exposing them and the entire earth to unprecedented levels of injurious and unnatural electromagnetic radiation and fields of every kind; and,

**WHEREAS**, it appears this same worldwide agenda also causes trespass, injury, bodily harm, and damages and threatens free will, autonomy, sovereignty and medical decision of the living men, women, sons and daughters by melding man with AI components that data-mine, track, trace, surveil, limit, and control, without limits. These electronic medical and experimental devices consist of infrared temperature guns, PCR tests, viral testing, contact tracing, smart masks, masks, injectables, ingestables, embeddables, wearables, inoculations, vaccines, experimental mRNA/DNA gene editing/modifying technologies, bioengineered materials, micro-chip implants, chipping, RFID, ID2020, identification technologies, nano-technologies, micro-needling, advanced polymers, hydrogels, luciferase dye, without limits, to a so-named cloud-based “**Internet of Bodies**” (**IoB**); and,

**WHEREAS**, it appears the so-named “**Internet of Things**” (**IoT**) and the “**Internet of Bodies**” (**IoB**) agendas are designed to work synergistically and are found to be injurious to all living things when exposed to its multiple vectors of harm, the chemical, electromagnetic, metals, toxins, medical, biomedical, biotechnologies, bioengineering components, products, procedures and programs associated with these agendas, which henceforth shall be referred to as the so-named **IoT & IoB**; and,

**WHEREAS**, it appears the so-named IoT & IoB agenda and parts thereof do cause trespass, transfect, violate, assault, tort, harm, injury and possible death to the physical body, original genome, genetic integrity, genetic health, reproductive health, health, vitality, well-being, emotional, mental and psychological health, and etheric bodies of the men, women, sons and daughters, the vulnerable, ill, disabled, and targeted, as well as create other forms of harm, injury and trespass by breach of safety, privacy, security, cyber-security, surveillance, data and biometric harvesting, harassment and targeting by weaponized technology; and,

**WHEREAS**, it appears the so-named IoT & IoB agenda was/is masterminded, designed, developed, created, sponsored and promoted by international and national government agencies, in particular, the so-named “United Nations” (UN) and branches of it, but not limited to these, the so-named “International Telecommunications Union” (ITU), “United Nations Educational, Scientific and Cultural Organization” (UNESCO), “World Health Organization” (WHO), “World Economic Forum” (WEF), “The North Atlantic Treaty Organization” (NATO), “European Union” (EU), which shall henceforth be collectively referred to as the so-named UN et al.; and,

**WHEREAS**, it appears the so-named IoT & loB agenda is also known as the so-named “Agenda 21”, “Agenda 2030”, “Fourth Industrial Revolution”, “Internet of Everything”, “ID2020”, “5G IoT”, “AI-5G-IoT”, “Blockchain City”, “Global City”, “Smart IoT”, “Smart City”, “Smart Grid”, “Centralized Cloud”, “The Cloud”, “Sustainable City”, “Sustainable Development”, “New Urban Agenda”, “Asgardia”, “Artificial Intelligence”, “AI is the New Green”, “AI Singularity”, “Artificial Superintelligence” (ASI), “Trans-humanism”, “Technocracy”, “One World Government”, “New World Order”, “The Green New Deal”, “Geospatial Intelligence Singularity” (GEOINT); and,

**WHEREAS**, it appears the so-named UN et al.’s universal “Agenda 2030’s” sustainable development and sustainable cities involve deploying wirelessly accessible ID related chipping, dye-enhanced, tracking, tracing, gene-editing/modifying technologies, inoculations, vaccinations, the so-named “Telehealth”, “Telemedicine”, “Commons Project”, “Common Trust Network”, “World Economic Forum”, wireless deployment infrastructures of all kinds, and aerosolized plasma field projections of all kinds will all serve as integrated parts into a whole referred to as the so-named IoT & loB, which do give rise to harm of trespass and injury of all kinds for all living sentient creatures, men, women, sons and daughters, and the whole of the earth; and,

**WHEREAS**, it appears as part of the so-named loB, the gene-editing/modifying technologies, inoculations, injections, vaccinations, experimental medical and biomedical products, procedures, and programs, also known as “Korona sertifikat” “Vaccination Credential Initiative” (VCI), “Daily Pass”, “Freedom Pass”, “Green Pass”, “Passport Certificate”, “Digital Vaccination Passport”, “Vaccination Record Passport”, “Vaccine Passport”, “CommonPass”, “CommonHealth”, “Health Passport”, “Vaccine Certificate”, “Immunity Passports”, “Immunity Certificate”, “Digital Health ID”, “Digital Health Pass”, “Digital Health Credential”, without limits, are designed to interconnect with the so-named IoT; and,

**WHEREAS**, it appears the so-named World Health Organization (WHO) acknowledges and accepts there are health consequences, morbidity, disease and death related to complications from vaccines and injury from radio-frequency radiations, and other waveforms and vibrations, without limits, as found listed in the ICD-10 Code Book the, “**International Statistical Classification of Diseases and Related Health Problems**”; and,

**WHEREAS**, it appears if any man or woman has full knowledge of a potential harm, whether or not caused directly by the man or woman and is endowed the ability and or duty to act upon the said knowledge in a way to avoid the potential harm but fails to undertake said actions, is liable for the inevitable harm caused, and or may be found negligent where there is a duty of care; and,

**WHEREAS**, it appears that there is no bond of record in existence, nor any source of indemnification regarding the so-named IoT & loB which is considered causing tort, damage and harm of all kinds; and,

**WHEREAS**, it is a fundamental principle of law that nobody is above the law including, but not limited to, all government actors; and,

**THEREFORE** I, Claimant/Libellant, do hereby issue and serve by delivery, this instant contractual **NOTICE OF LIABILITY FOR NON-CONSENT & INJURY** to the above named and unnamed Respondents/Libellees as the situation requires.

## **SITUS**

### **Governing Law**

This instant Contract, hereinafter known as the “Contract”, initiated by Respondents/Libellees, is created pursuant to the signatory’s right of contract. The terms “you”, “your”, and “yours” refers to each Respondent/Libellee named and additional Respondents/Libellees yet to be named in the Contract individually and collectively.

### **Restriction of Jurisdiction**

You agree that the Contract shall not be deemed to be subject to the laws of the Federal Government, any State, political subdivision thereof, nor any other legal fiction, procedural process, political construct, nor any other jurisdiction, real or imagined, unless such election is voluntarily made in writing by the Claimant/Libellant or his/her agents(s). You agree that no person(s) shall have powers, interest or authority to amend, alter, modify or terminate the Contract without the expressed written consent of the Claimant.

### **Joining the Contract**

It is agreed that a joinder fee shall be established in the amount of 20 million NOK, of a party not named herein, which attempts to impair this Contract or stultify any of the parties thereto; and that this fee shall be due from said party.

### **Guarantees & Waiver of Benefits**

Guarantees for this instant action are the 1611 King James Bible, The Common Law and Law Merchant, the Uniform Commercial Code, case law, Constitutional Oaths of Office, and in reference to “den norske Grunnloven”, US agencies, the United States Constitution and The Bill of Rights. Sworn oaths are made exclusively upon the 1611 King James Bible and all specific Bible references made in this Contract reflect this and are used for jurisdictional purposes.

## **NOTICE**

### **PLAIN STATEMENT OF FACTS**

1. Living men, women, sons, and daughters are the highest jurisdiction of law on Earth.
2. The Living men, women, sons, and daughters do not give consent to release control of their bodies, sovereignty, autonomy, natural rights, intent and will to any entity, organization, authority figures that give rise to harm.
3. The Living men, women, sons and daughters do not give consent to allowing their bodies for unholy manipulation or medical perversions of any kind, the DNA, cellular, tissue, whole body, mind and spirit manipulation that comes from exposures to harmful medical vectors and procedures, vaccine material, electromagnetic radiation of all kinds, infrared temperature guns, insertion, swabbing, rubbing, ingesting, injecting, embedding, micro-needling, tattooing of any chemicals, gels, hydrogels, polymers, metals, adjuvants, preservatives, genetic materials of animal, human, viral, microbes, without limits, are all strictly forbidden and goes against the nature of man, common law, laws of creation, nature’s law, laws of nature, God’s laws.

4. The Common Law is the highest jurisdiction of man-made law and jurisprudence for the men and women sojourning on the landmass commonly referred to as earth.
5. The Law Merchant is tied to the Common Law and is the highest jurisdiction of man-made law for the men, women, sons and daughters sojourning on the landmass commonly referred to as earth concerning commerce and associated contracts, bills, commercial instruments, jurisprudence et al.
6. The Uniform Commercial Code is code accepted or partially accepted by agreement of the various jurisdictions regarding commercial contracts, commercial instruments, transactions, et al.
7. The Common Law reflects the Laws as recorded in the group of books commonly referred to as The Holy Bible and is verified by Sir William Blackstone in his published "Commentaries on the Laws of England" which were instrumental to the Founding Fathers in the framing and establishing of several country's jurisprudence.
8. *There are references to a higher jurisdiction in many countries' laws, including but not limited to; The Laws of Nature and of Nature's God, endowed by their **Creator** with certain unalienable Rights, appealing to **the Supreme Judge of the world** for the rectitude of our intentions, with a firm reliance on the protection of **Divine Providence**.*
9. **The so-named Monarchs of the United Kingdom of Great Britain & Northern Ireland past and present must swear an oath to uphold and defend the laws as recorded in the letters patent 1611 King James Bible and the Common Law.**
10. If any Respondent/Libellee has sworn an oath of office to support and or defend a higher jurisdiction, the Constitution, the Claimant/Libellant hereby accepts their oath of office.

When it is proven, by tacit agreement or otherwise, that the so-named IoT & IoB agendas being implemented worldwide specific to the actions taken by the US Federal Communications Commission (FCC) et al., and proven tacitly or otherwise that the said agendas are assaults on the men, women, sons and daughters, and proven tacitly or otherwise that the said agendas are performing biomedical and or medical experimentation on men, women, sons and daughters without their full knowledge or informed consent, and without a medical license, are assaults on their real and other properties, are assaults by utilizing weaponized equipment, are a violation of personal information and privacy via data mining and non-consensual surveillance, are an endangerment to wild and domestic livestock, pollinating insects which affect agriculture/food supply, are a violation of the right(s) of privacy, safety, wellbeing, liberty, right to equitable contracts, and proven tacitly or otherwise that the said agendas and the various "legal" actions used to implement them are contrary to, and a collateral or direct attack upon, the United States Constitution and the common law of the people of earth, **there may be grounds for a Grand Jury indictment for treason**

## **CONDITIONAL ACCEPTANCE OF OFFERS TO CONTRACT**

### **Binding Contract**

This *International Commercial Claim/Lien Within the Admiralty Private Agreement and Disclosures, Notice of Liability*, with all attachments comprises a **binding contract** between Respondents/Libellees and the Claimant/Libellant for the purpose of establishing the honorable terms of the seller/buyer relationship you proposed, and eliminating faulty assumptions. It is referred to herein as the "Contract" although it is an inland claim which, when perfected, will constitute a lien against the parties as described hereunder. The terms "you," "your," and "yours" refer to each Respondent named and additional yet to be named respondents in the Contract individually and collectively.

### **Agreement & Waiver of Rights**

*If you agree with all of the terms of the Contract, you need not respond.* Your silence will constitute your agreement and acceptance of all of the terms, statements and provisions hereunder as your complete

understanding and agreement with the Claimant/Libellant and your waiver of any and all rights, remedies and defenses of protest, objection, rebuttal, argument, appeal and controversy for all time. You agree that your agreement, having been granted knowingly, voluntarily and with full disclosure, settles all matters finally and forever, and cannot be withdrawn.

### **Disagreement & Failure to Respond**

You may disagree with any of the terms of the Contract by stating a verified claim with particularity (see *Stating a Claim* below). You and the Claimant/Libellant agree that a response which is *not* verified, or a response from a third-party agent lacking first-hand knowledge of the facts, will constitute your “failure to respond” as defined herein. If you fail to respond or state a claim by the indicated *Effective Date*, which is fourteen (14) days from the Respondents/Libellees date of this Contract, the Contract will become **binding** and fully enforceable in the admiralty venue as a maritime lien subject to levy, distraint, distress, certificate of exigency, impound, execution and all other lawful and/or commercial remedies.

### **Offer of Immunity—Stating a Claim**

You may respond with a point-by-point rebuttal of the Contract sworn to be true, to which you attach certified factual evidence. In the event you decline this good faith Offer of Immunity, you agree with all terms, facts, statements and provisions in this Contract and your obligations hereunder.

### **Administrative Remedy Under Verified Seal**

The Contract constitutes the Claimant/Libellant’s administrative remedy pursuant to your offer(s) to allow so-named IoT & IoB to be deployed, enforced, trespassed and or made operational. If you fail to respond, or fail to state a verified superior claim by the *Effective Date* as described, you agree that the Claimant/Libellant has exhausted his/her administrative remedy (his/her procedure to negotiate a satisfactory mutual settlement) and has stated a claim upon which relief can be granted.

### **Opportunity to Exhaust Your Administrative Remedy**

If you fail to respond or state a verified claim by the *Effective Date* as described, you agree that you have failed to, and are forever barred from (“estoppel”), exhausting your administrative remedy, and therefore can never seek judicial intervention regarding the Contract now or at any time in the future.

### **Joining the Contract**

You and the Claimant/Libellant agree that the joinder fee for any party not currently named on the Contract, seeking the privilege of joining the Contract, is hereby established at 10 million NOK per each attempt/event of impairment. It is agreed that any party that fails to timely pay a legitimate Bill for Damages caused by Respondent’s actions or inaction described in this Notice agrees to a right of lien having been created and perfected against that party.

### **Terms of Response**

As with any administrative process, you may rebut the statements and claims in the Contract by executing a verified response, point-by-point with evidence that is certified to be true and in affidavit form, correct and complete, to be received by Claimants/Libellants no later than 17:00 on the *Effective Date*.

### **Non-performance**

The terms “non-performance” and “failure to perform” are defined to mean failure to perform any obligation under this Contract on or before the *Effective Date* including, but not limited to, “failure to respond” to this Contract as that term is defined herein, failure to exhibit evidence of a superior claim upon request, purporting an unverified statement to be a claim, failure to verify a claim within twenty-four (24) hours of demand, failure to honor a pre-existing and or superior claim, and any other failure to perform an obligation under the terms and provisions of the Contract.

### **Failure to Respond**

The term “failure to respond” means your failure by the *Effective Date* to respond to this Contract (silence) or “insufficiency of response” as that term is defined herein. You agree that failure to respond conveys your agreement with all of the terms and provisions of the Contract.

### **Insufficiency of Response**

The terms “insufficiency of response” and “insufficient response” are defined to mean a response which is received by the *Effective Date* and which fails to rebut any of the *established* terms, provisions, statements or claims in the Contract, or offers blanket denials, unsupported rebuttals, inapposite rebuttals such as “not applicable” or equivalent statements, declarations of counsel and or other third parties who lack first-hand material factual knowledge, and or any rebuttal which lacks verification or an equivalent level of risk or fails to exhibit supportive evidence certified to be true, correct and complete under full commercial liability. You agree that any such response is deemed to be legally and lawfully insufficient to rebut the established statements in the Contract, thereby conveying your agreement with all of the terms and provisions of the Contract.

### **Tacit Agreement**

You may admit to all statements and claims in the Contract by simply remaining silent. The parties herein agree that failure to respond or insufficiency of response as defined herein constitutes agreement with all terms, provisions, statements, facts and claims in the Contract.

### **Conditional Acceptance**

The offer(s) from Respondent(s) to implement the so-named IoT & IoB and their public, private, school, work, commercial, education, governmental and or military use and interconnection to the worldwide agenda, is the commencement of a contract negotiation, or meeting of the minds. The contract becomes binding upon unconditional acceptance or performance.

### **Performance and Acceptance of Offer to Contract under Reservation of Rights**

The Claimant/Libellant reserves the right not to be compelled to perform under any contractual agreement that has not been fully disclosed in the prescribed form as herein claimed.

### **Terms of Conditional Acceptance**

Claimant/Libellant, all rights and remedies reserved, hereby notice Respondents/Libellees that your offer to contract is formally conditionally accepted under reservation of all immutable and natural rights without prejudice, whether expressed or not, and upon full disclosure of any and all perils involved with the so-named IoT & IoB and upon a point-by-point rebuttal of the attached affidavit, to which you attach certified factual evidence sworn to be true.

Should a Respondent/Libellee fail to meet the requirements as defined in the section *Insufficiency of Response*, such failure shall constitute Respondent/Libellee’s full agreement with the following contractual terms in all jurisdictions:

1. The Claimant/Libellant does not consent to any part of the so-named IoT & IoB’s agenda that uses experimental medical or biomedical products, procedures and programs that use gene-editing/modifying technologies, infrared temperature guns or swab, wipe, inoculate, inject, vaccinate, insert, embed, ingest, tattoo, trace, track and surveil.
2. Furthermore, any of these actions, without limits, is considered a trespass and direct violation of the Claimant/Libellant’s full right to decide and choose medical procedures, application and ability to

control what goes in, on, and around one's own body, and that of the body or bodies under the Claimant/Libellant's trust, guardianship, and or ownership of property.

3. Furthermore, the Claimant/Libellant will consider these actions as an imminent attack, assault and endangerment to the safety, security, privacy, autonomy and well-being of the Claimant/Libellant and self-defense will be exercised to protect Claimant/Libellant's corporeal body, and the body or bodies under the Claimant/Libellant's trust, guardianship, and or ownership of property.
4. The Claimant/Libellant does not consent to any part the product, procedure and programs of the so-named IoT & loB's plans to microwave, chemical change, manipulate, electroporate, electrophorese the Claimant/Libellant's body and the body or bodies under the Claimant/Libellant's trust, guardianship, and or ownership of property their sub-atoms, atoms, molecules, RNA, DNA, genetic material, cells, organs, tissues, whole body systems, spirit, etheric and astral bodies.
5. The so-named IoT & loB product in part or in whole, must not be installed, deployed, and or made operational near the Claimant/Libellant's corporeal body, and the body or bodies under their ownership of property, private dwelling, school, workplace, and or public areas where the Claimant/Libellant may sojourn.
6. The Claimant/Libellant does not consent to the so-named IoT & loB's plans to deploy the products, procedure, and programs related to the COVID-19 vaccines including, but not limited to Comirnaty, COVID-19 Vaccine Moderna, Vaxzevria (previously COVID-19 Vaccine AstraZeneca), COVID-19 Vaccine Janssen, nose swabs, nasopharyngeal swabs for PCR test to diagnose people infected with "SARS-CoV-2"
7. The so-named WHO, responsible for implementing the "**International Statistical Classification of Diseases and Related Health Problems**" for morbidity coding, recognizes a list of exposures that are billable found in the index of the ICD and ICD-10 code book. In the code book are "complication" from the products "vaccines", and morbidity associated with exposures to "radiofrequency radiation".
8. In the case where the so-named IoT & loB products has already been installed/operational without express consent, any original service contract between government agencies, utility, industry, industry, seller, and or product company, without limits, the account holder contract is deemed to have been breached, and therefore offending parties involved are subject to lawful remedies for breach of that contract.
9. Respondents/Libellees accept full liability in their personal and corporate capacity for any and all harm or loss caused by the so-named IoT & loB products, for which remedy may be sought according to tort law, criminal law, strict liability, negligence and or ultra-hazardous activity.
10. Any component in whole or part of the so-named IoT & loB products if already installed/operational at or near the Claimant/Libellant's corporeal body and the body or bodies under their ownership of property, private dwelling, school, workplace and or public area of the Claimant/Libellant, COVID-19 vaccines Comirnaty, COVID-19 Vaccine Moderna, Vaxzevria (previously COVID-19 Vaccine AstraZeneca), COVID-19 Vaccine Janssen, nose swabs, nasopharyngeal swabs for PCR test to diagnose people infected with "SARS-CoV-2" from the date of Binding Administrative Judgement as defined herein must be disassembled and removed within 60 days from the date of Binding Administrative Judgment as defined herein.

11. Any component in whole or in part of the so-named IoT & IoB products, if already installed/operational, and not removed within the 60 days of the date of Binding Administrative Judgment as defined herein, may be removed by a bonded, licensed and insured contractor and or company and or professional(s) designated by the claimant with the agreement of the respondent , and all expenses accrued for the removal shall be charged to and solely held responsible for payout by the Respondents/Libellees.
12. No fees may be charged to the Claimant/Libellant for not accepting the so-named IoT & IoB products.
13. A fee schedule of NOK 1 000 000 per day for any so-named IoT & IoB products installed/operational at, in, on, or near the Claimant/Libellant's corporeal body, and body or bodies under their ownership of property, private dwelling, school, workplace, and or public area shall be due and payable from the Respondent/Libellee to the Claimant/Libellant, or to another recipient or organization if specified in writing by the Claimant/Libellant.
14. Aiding and abetting the implementation of the so named IoT & IoB products in part or in whole **is an act of trespass, treason, fraud, and violation against the Nuernberg Code of Ethics for human medical and biomedical experimentation, and the Hippocratic Oath, or other, an oath of promise to do no harm.**
15. There is no evidence to support a 'SARS-CoV2' medical emergency. Prevention and treatments for influenza like symptoms and illness should have been made available to all patients . To keep these treatments from sick people is causing unnecessary harm. When effective preventions and treatments are made available, there is no necessity for lockdown measures worldwide, such as wearing of masks, quarantining, mRNA gene therapy/vaccines etc
16. Most, if not all, of the mRNA gene therapies/vaccines are in clinical trials. They are experimental. There is evidence that there has been significant adverse events and death around the world and we fear the long term adverse repercussions may cause significant harms, injuries and loss.
17. Infringement of our inalienable rights and freedoms by so-called 'pandemic' laws are unnecessary, unfounded, unconstitutional, undemocratic, unlawful, illegal, criminal, and may incur liabilities on the enforcer and promoters for harm, loss and/or injury caused and must cease immediately. Civil actions may proceed immediately for damages caused by forced and/or coerced injections/vaccinations. Infringement of our inalienable rights and freedom, such as the wearing of masks, social distancing, travel and work restrictions, injections/vaccinations, microchipping, quarantining, remaining indoors, are unlawful.
18. Direct and indirect Censorship regarding SARS-CoV2 and related issues, whether under the guise of "fact checking", untrue or misleading media reporting, omissions, fabrications, outright lies and propaganda from governments, media, medical professionals, medical/drug companies and any other conspirators are to cease immediately or accept full liability and culpability for negligence, harm and injury caused to men and women.
19. If the acts are found to be unlawful and criminal, the crimes committed by individuals, corporations, governments, organizations, and men and women acting in whatever role or capacity regarding the above statements, are crimes against mankind. Failure to comply to this Declaration and Notice of Liability to immediately cease with all unlawful acts, criminal acts, crimes and offences against men and women by 31 May 2021 may result in criminal prosecution of all perpetrators, and/or civil action, relying upon each country's constitutions and criminal legislation as well as the Universal Declaration

of Human Rights, including but not limited to, continuing the application of the SARS-CoV-2 vaccination program. Those offenders committing unlawful acts and crimes against the people will be brought to justice expeditiously.

**20. We demand you to provide evidence of the following;**

SARS-CoV-2 inoculations/"vaccines" has been thoroughly tested, to ensure safety to all recipients.

SARS-CoV-2 inoculations/"vaccines" protect from SARS-CoV2 infection.

SARS-CoV-2 inoculations/"vaccination" are not causing more harm than good, and are not causing significant adverse events, are not causing severe adverse events and are not causing death to recipients of the inoculations/"vaccines".

SARS-CoV-2 inoculations/"vaccinations" has not caused or led to thousands of deaths of recipients of the inoculation "vaccine" serum product .

Should you fail, refuse or neglect to do so within 14 days of the date of this Notice of Liability, it will be taken as your first fault.

**21. In the absence and/or refusal of your reply and answers to the above paragraph 20 within the time stipulated, that your silence is validly taken as your assent, agreement and acknowledgement;**

(a) Your contribution and participation, whether directly or indirectly, consciously or unconsciously, to the SARS-CoV2 program makes you complicit to having caused and causing harm, significant and serious adverse injuries/events and even deaths, loss and

(b) You are legally and lawfully liable and culpable for your own actions, as well as your actions in conjunction with others, regarding the SARS-CoV-2 inoculation/"vaccination" and lockdown programs, and

(c) We believe you are at risk of being liable if you do not take appropriate action to attempt, to abate or prevent harm, injuries and/or loss to men, women, children, new and expectant mothers and their babies or the people.

(d) All indemnities, warranties, legislation and protections afforded you in relation to damages and injuries caused the common people, recipient victims of the SARS-CoV-2 inoculations/"vaccines", are waived and voided, and you acknowledge your personal liability, culpability, vulnerability and accountability for every injured party of a SARS-CoV-2 inoculation/"vaccination".

**Naturally, should you express to me** in writing in timely manner, and certainly prior to 31 May 2021, that all SARS-CoV-2 inoculations/"vaccines" are withdrawn and all SARS-CoV-2 inoculations/"vaccination" programs are immediately terminated, that no future Sars-CoV-2 or other such sinister inoculation/"vaccination" programs will be entertained or created by any government, local, regional and national, of the country commonly known as "Norge", I will immediately withdraw from,

terminate and not pursue, any litigation against you. The withdrawal of litigations also applies, if you, in the time frame given, choose to officially stand behind this appeal.

Dated this 17 day of May in the Year Two Thousand Twenty-One.

\_\_\_\_\_  
Claimant/Libellant (autograph) All Right & Remedies Reserved

\_\_\_\_\_  
Witness 1 (autograph) All Rights & Remedies Reserved

\_\_\_\_\_  
Witness 2 (autograph) All Rights & Remedies Reserved

\_\_\_\_\_  
Claimant/Libellant name (print)

\_\_\_\_\_  
address

\_\_\_\_\_  
Witness 1 name (print)

\_\_\_\_\_  
address

\_\_\_\_\_  
Witness 2 name (print)

\_\_\_\_\_  
address

**Exhibit A** Doctors for Covid Ethics. Letters to European Medical Agency

**Exhibit B** Members of European Parliament Served with Notices of Liability for COVID-19 Vaccine Harms and Deaths

**Exhibit C** 57 doctors. SARS-CoV-2 mass vaccination: Urgent questions on vaccine safety that demand answers from international health agencies, regulatory authorities, governments and vaccine developers

**Exhibit D** Case against Norway filed at the International Criminal Court

## **Exhibit A**

1. Urgent Open Letter from Doctors and Scientists to the European Medicines Agency Regarding COVID-19 Vaccine Safety Concerns. Feb 28. 2021
2. Reply from the European Medicines Agency to Doctors for Covid Ethics
3. Doctors and Scientists Accuse Medical Regulator of Downplaying COVID-19 Vaccine Dangers
4. Rebuttal Letter to European Medicines Agency from Doctors for Covid Ethics
5. Doctors for Covid Ethics Signatories

### **A1. Urgent Open Letter from Doctors and Scientists to the European Medicines Agency Regarding COVID-19 Vaccine Safety Concerns**

Emer Cooke  
Executive Director  
European Medicines Agency  
Amsterdam  
The Netherlands

28 February 2021

Dear Sirs/Mesdames,

**FOR THE URGENT PERSONAL ATTENTION OF:**

**EMER COOKE**  
**EXECUTIVE DIRECTOR OF THE EUROPEAN MEDICINES AGENCY**

BY EMAIL ONLY

As physicians and scientists, we are supportive in principle of the use of new medical interventions which are appropriately developed and deployed, having obtained informed consent from the patient. This stance encompasses vaccines in the same way as therapeutics.

We note that a wide range of side effects is being reported following vaccination of previously healthy younger individuals with the gene-based COVID-19 vaccines. Moreover, there have been numerous media reports from around the world of care homes being struck by COVID-19 within days of vaccination of residents. While we recognise that these occurrences might, every one of them, have been unfortunate coincidences, we are concerned that there has been and there continues to be inadequate scrutiny of the possible causes of illness or death under these circumstances, and especially so in the absence of post-mortems examinations.

In particular, we question whether cardinal issues regarding the safety of the vaccines were adequately addressed prior to their approval by the European Medicines Agency (EMA).

As a matter of great urgency, we herewith request that the EMA provide us with responses to the following issues:

1. Following intramuscular injection, it must be expected that the gene-based vaccines will reach the bloodstream and disseminate throughout the body [1]. We request evidence that this possibility was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.
2. If such evidence is not available, it must be expected that the vaccines will remain entrapped in the circulation and be taken up by endothelial cells. There is reason to assume that this will happen particularly at sites of slow blood flow, i.e. in small vessels and capillaries [2]. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.
3. If such evidence is not available, it must be expected that during expression of the vaccines' nucleic acids, peptides derived from the spike protein will be presented via the MHC I - pathway at the luminal surface of the cells. Many healthy individuals have CD8-lymphocytes that recognize such peptides, which may be due to prior COVID infection, but also to cross-reactions with other types of Coronavirus [3; 4] [5]. We must assume that these lymphocytes will mount an attack on the respective cells. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.
4. If such evidence is not available, it must be expected that endothelial damage with subsequent triggering of blood coagulation via platelet activation will ensue at countless sites throughout the body. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

5. If such evidence is not available, it must be expected that this will lead to a drop in platelet counts, appearance of D-dimers in the blood, and to myriad ischaemic lesions throughout the body including in the brain, spinal cord and heart. Bleeding disorders might occur in the wake of this novel type of DIC-syndrome including, amongst other possibilities, profuse bleedings and haemorrhagic stroke. We request evidence that all these possibilities were excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.

6. The SARS-CoV-2 spike protein binds to the ACE2 receptor on platelets, which results in their activation [6]. Thrombocytopenia has been reported in severe cases of SARS-CoV-2 infection [7]. Thrombocytopenia has also been reported in vaccinated individuals [8]. We request evidence that the potential danger of platelet activation that would also lead to disseminated intravascular coagulation (DIC) was excluded with all three vaccines prior to their approval for use in humans by the EMA.

7. The sweeping across the globe of SARS-CoV-2 created a pandemic of illness associated with many deaths. However, by the time of consideration for approval of the vaccines, the health systems of most countries were no longer under imminent threat of being overwhelmed because a growing proportion of the world had already been infected and the worst of the pandemic had already abated. Consequently, we demand conclusive evidence that an actual emergency existed at the time of the EMA granting Conditional Marketing Authorisation to the manufacturers of all three vaccines, to justify their approval for use in humans by the EMA, purportedly because of such an emergency.

**Should all such evidence not be available, we demand that approval for use of the gene-based vaccines be withdrawn until all the above issues have been properly addressed by the exercise of due diligence by the EMA.**

There are serious concerns, including but not confined to those outlined above, that the approval of the COVID-19 vaccines by the EMA was premature and reckless, and that the administration of the vaccines constituted and still does constitute “human experimentation”, which was and still is in violation of the Nuremberg Code.

In view of the urgency of the situation, we request that you reply to this email within seven days and address all our concerns substantively. Should you choose not to comply with this reasonable request, we will make this letter public.

This email is copied to:

Charles Michel, President of the Council of Europe

Ursula von der Leyen, President of the European Commission.

## References

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Yours faithfully,

Professor Sucharit Bhakdi MD  
Professor Emeritus of Medical Microbiology and Immunology  
Former Chair, Institute of Medical Microbiology and Hygiene,  
Johannes Gutenberg University of Mainz  
(Medical Doctor and Scientist) (Germany and Thailand)

Dr Marco Chiesa MD FRCPsych  
Consultant Psychiatrist and Visiting Professor, University College London  
(Medical Doctor) (United Kingdom and Italy)

Dr C Stephen Frost BSc MBChB Specialist in Diagnostic Radiology (Stockholm, Sweden)  
(Medical Doctor) (United Kingdom and Sweden)

Dr Margareta Griesz-Brisson MD PhD  
Consultant Neurologist and Neurophysiologist (studied Medicine in Freiburg, Germany, speciality training for Neurology at New York University, Fellowship in Neurophysiology at Mount Sinai Medical Centre,

New York City; PhD in Pharmacology with special interest in chronic low level neurotoxicology and effects of environmental factors on brain health)

Medical Director

The London Neurology and Pain Clinic

(Medical Doctor and Scientist) (Germany and United Kingdom)

Professor Martin Haditsch MD PhD

Specialist (Austria) in Hygiene and Microbiology

Specialist (Germany) in Microbiology, Virology, Epidemiology/Infectious Diseases

Specialist (Austria) in Infectious Diseases and Tropical Medicine

Medical Director, TravelMedCenter, Leonding, Austria

Medical Director, Labor Hannover MVZ GmbH

(Medical Doctor and Scientist) (Austria and Germany)

Professor Stefan Hockertz

Professor of Toxicology and Pharmacology

European registered Toxicologist

Specialist in Immunology and Immunotoxicology

CEO tpi consult GmbH

(Scientist) (Germany)

Dr Lissa Johnson

BSc BA(Media) MPsych(Clin) PhD

Clinical Psychologist and Behavioural Psychologist

Expertise in the social psychology of torture, atrocity, collective violence and fear propaganda

Former member Australian Psychological Society Public Interest Advisory Group

(Clinical Psychologist and Scientist) (Australia)

Professor Ulrike Kämmerer PhD

Associate Professor of Experimental Reproductive Immunology and Tumor Biology at the Department of Obstetrics and Gynaecology, University Hospital of Würzburg, Germany

Trained molecular virologist (Diploma, PhD-Thesis) and Immunologist (Habilitation)

Remains engaged in active laboratory research (Molecular Biology, Cell Biology)

(Scientist) (Germany)

Associate Professor Michael Palmer MD

Department of Chemistry (studied Medicine and Medical Microbiology in Germany, has taught Biochemistry since 2001 in present university in Canada; focus on Pharmacology, metabolism, biological membranes, computer programming; experimental research focus on bacterial toxins and antibiotics (Daptomycin); has written a textbook on Biochemical Pharmacology),

University of Waterloo, Ontario, Canada

(Medical Doctor and Scientist) (Canada and Germany)

Professor Karina Reiss PhD

Professor of Biochemistry, Christian Albrecht University of Kiel

Expertise in Cell Biology, Biochemistry

(Scientist) (Germany)

Professor Andreas Sönnichsen MD

Professor of General Practice and Family Medicine,  
Department of General Practice and Family Medicine,  
Center of Public Health,  
Medical University of Vienna,  
Vienna  
(Medical Doctor) (Austria)

Dr Michael Yeadon BSc (Joint Honours in Biochemistry and Toxicology) PhD (Pharmacology)  
Formerly Vice President & Chief Scientific Officer Allergy & Respiratory, Pfizer Global R&D; Co-founder &  
CEO, Ziarco Pharma Ltd.; Independent Consultant  
(Scientist) (United Kingdom)

## A2. Reply from the European Medicines Agency to Doctors for Covid Ethics





EUROPEAN MEDICINES AGENCY  
SCIENCE MEDICINES HEALTH

Dr C. Stephen Frost  
Specialist in Diagnostic Radiology  
Stockholm  
Sweden

23 March 2021  
EMA/140520/2021  
Stakeholders and Communication Division

Dear Dr Frost,

Many thanks for your letter dated 28 February 2021 regarding the COVID-19 vaccines.

Please allow us to address your questions point by point:

- 1. Following intramuscular injection, it must be expected that the gene-based vaccines will reach the bloodstream and disseminate throughout the body [1]. We request evidence that this possibility was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.**

The uptake of the mRNA in the vaccine occurs mainly in macrophages and dendritic cells of the immune system at the site of injection and draining lymph nodes. In addition, the mRNA is detected in the plasma and other tissues for up to 9 days, and this has been studied for existing COVID-19 mRNA vaccines using animal models receiving much higher vaccine doses compared to doses used in humans in order to identify any potential safety issues. It was found that the vaccine's mRNA, formulated inside lipid nanoparticles, remains mainly at the injection site and only small amounts can reach other tissues, such as the liver.

Regarding the COVID-19 AstraZeneca vaccine, upon administration of the same vector carrying another virus protein, it was found that most of the injected viral vector remained at the injection site, and only low amounts were detected in other tissues.

The non-clinical studies performed with the 3 COVID\_19 vaccines did not identify any safety concerns linked to their tissue distribution in the animal model under the experimental conditions used.

- 2. If such evidence is not available, it must be expected that the vaccines will remain entrapped in the circulation and be taken up by endothelial cells. There is reason to assume that this will happen particularly at sites of slow blood flow, i.e. in small vessels and capillaries [2]. We request evidence that this probability was excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.**

The cited reference relates to an in vitro system used to investigate the interplay between gold nanoparticles and flow rate versus uptake by endothelial cells also facilitated by specific ligands. This is a hypothesis-generating study for improving novel nanoparticles technologies for medical applications and is not considered relevant to the vaccines in question. Non-clinical studies with COVID-19 mRNA vaccines do not indicate any detectable uptake of lipid nanoparticles by endothelial cells. Similarly, there is no evidence that the AstraZeneca vaccine vector is able to enter endothelial cells in vivo. It is known that the receptor for this vector is not expressed or expressed at very low level in endothelial cells.

Regarding Comirnaty, except for minor transient decrease in lymphocyte count for some of the subjects, no abnormal laboratory results were reported from the Phase 1 studies.

The clinical laboratory results for the AstraZeneca vaccine were within normal clinical range and did not raise any safety concerns.

Although no safety signal linked to coagulation disorders was seen in the large clinical trials, which included several thousands of individuals, more data were provided during the enhanced safety monitoring that is in place for all COVID-19 vaccines.

It is in this context that cases of thrombocytopenia were reported which led to an investigation for Comirnaty, Moderna and Astra Zeneca COVID-19 vaccines which is currently ongoing. For further information please see here:

<https://www.ema.europa.eu/en/news/meeting-highlights-pharmacovigilance-risk-assessment-committee-prac-8-11-march-2021>

The continuous safety monitoring also found reports of a combination of thrombocytopenia and thromboembolism with the COVID-19 Vaccine AstraZeneca which led to an urgent investigation which concluded on 18 March. EMA's safety committee, PRAC, concluded that the vaccine may be associated with very rare cases thromboembolism associated with thrombocytopenia, including cerebral venous sinus thrombosis. There were 18 reports of CVST and 7 reports of disseminated intravascular coagulation, out of around 20 million people vaccinated with the vaccine as of March 16.

A causal link with the vaccine is not proven but deserves further analysis. Overall, the benefits of the vaccine in combating the still widespread threat of COVID-19 (which itself results in clotting problems and may be fatal) continue to outweigh the risk of side effects.

For further information please refer to the press release: [COVID-19 Vaccine AstraZeneca: benefits still outweigh the risks despite possible link to rare blood clots with low blood platelets | European Medicines Agency \(europa.eu\)](https://www.ema.europa.eu/en/press/news/2021/03/16/covid-19-vaccine-astrazeneca-benefits-still-outweigh-the-risks-despite-possible-link-to-rare-blood-clots-with-low-blood-platelets)

See also responses to question 6.

- 5. If such evidence is not available, it must be expected that this will lead to a drop in platelet counts, appearance of D-dimers in the blood, and to myriad ischaemic lesions throughout the body including in the brain, spinal cord and heart. Bleeding disorders might occur in the wake of this novel type of DIC-syndrome including, amongst other possibilities, profuse bleedings and haemorrhagic stroke. We request evidence that all these possibilities were excluded in pre-clinical animal models with all three vaccines prior to their approval for use in humans by the EMA.**

None of the mentioned unwanted effects have been detected in non-clinical or clinical studies. See also responses to questions 4 and 6.

- 6. The SARS-CoV-2 spike protein binds to the ACE2 receptor on platelets, which results in their activation [6]. Thrombocytopenia has been reported in severe cases of SARS-CoV-2 infection [7]. Thrombocytopenia has also been reported in vaccinated individuals [8]. We request evidence that the potential danger of platelet activation that would also lead to disseminated intravascular coagulation (DIC) was excluded with all three vaccines prior to their approval for use in humans by the EMA.**

No evidence of thrombocytopenia or coagulation disorders was detected in clinical trials for any of the COVID-19 vaccines so far authorised.

Cases of thrombocytopenia and thromboembolic events have recently been reported for the 3 vaccines from real-life use. The PRAC is currently investigating cases thrombocytopenia reported with the three vaccines and more information will be shared once the assessment is concluded.

<https://www.ema.europa.eu/en/news/meeting-highlights-pharmacovigilance-risk-assessment-committee-prac-8-11-march-2021>

<https://www.ema.europa.eu/en/news/covid-19-vaccine-astrazeneca-prac-investigating-cases-thromboembolic-events-vaccines-benefits>

For the cases of thromboembolic events please refer to question 4 and to EMA's press release:

[COVID-19 Vaccine AstraZeneca: benefits still outweigh the risks despite possible link to rare blood clots with low blood platelets | European Medicines Agency \(europa.eu\)](#)

See also response to question 4.

After authorisation these vaccines are closely monitored like all medicines so that prompt regulatory action can be taken in the event of any identified safety issue. Such safety monitoring takes place more frequently and includes activities that apply specifically to COVID-19 vaccines. Companies for example provide monthly safety reports in addition to the regular updates required by the legislation and conduct studies to monitor the safety and effectiveness of COVID-19 vaccines after their authorisation as requested by the Regulatory Authorities.

For further information we invite you to refer to EMA's detailed assessment report as well as the risk assessment for the individual vaccines:

- **for Comirnaty**

Assessment report:

[https://www.ema.europa.eu/en/documents/assessment-report/comirnaty-epar-public-assessment-report\\_en.pdf](https://www.ema.europa.eu/en/documents/assessment-report/comirnaty-epar-public-assessment-report_en.pdf)

Risk assessment report:

[https://www.ema.europa.eu/en/documents/rmp-summary/comirnaty-epar-risk-management-plan\\_en.pdf](https://www.ema.europa.eu/en/documents/rmp-summary/comirnaty-epar-risk-management-plan_en.pdf)

- **for COVID-19 Vaccine Moderna**

Risk management plan:

[https://www.ema.europa.eu/en/documents/rmp-summary/covid-19-vaccine-moderna-epar-risk-management-plan\\_en.pdf](https://www.ema.europa.eu/en/documents/rmp-summary/covid-19-vaccine-moderna-epar-risk-management-plan_en.pdf)

Assessment report:

[https://www.ema.europa.eu/en/documents/assessment-report/covid-19-vaccine-moderna-epar-public-assessment-report\\_en.pdf](https://www.ema.europa.eu/en/documents/assessment-report/covid-19-vaccine-moderna-epar-public-assessment-report_en.pdf)

- **for COVID-19 Astra Zeneca**

[https://www.ema.europa.eu/en/documents/rmp-summary/covid-19-vaccine-astrazeneca-epar-risk-management-plan\\_en.pdf](https://www.ema.europa.eu/en/documents/rmp-summary/covid-19-vaccine-astrazeneca-epar-risk-management-plan_en.pdf)

Assessment report:

[https://www.ema.europa.eu/en/documents/assessment-report/covid-19-vaccine-astrazeneca-epar-public-assessment-report\\_en.pdf](https://www.ema.europa.eu/en/documents/assessment-report/covid-19-vaccine-astrazeneca-epar-public-assessment-report_en.pdf)

- 7. The sweeping across the globe of SARS-CoV-2 created a pandemic of illness associated with many deaths. However, by the time of consideration for approval of the vaccines, the health systems of most countries were no longer under imminent threat of being overwhelmed because a growing proportion of the world had already been infected and the worst of the pandemic had already abated. Consequently, we demand conclusive evidence that an actual emergency existed at the time of the EMA granting Conditional Marketing Authorisation to the manufacturers of all three vaccines, to justify their approval for use in humans by the EMA, purportedly because of such an emergency.**

In the EU, COVID-19 vaccines received a conditional marketing authorisation (CMA). CMAs are foreseen in the EU legislation specifically for public health emergencies. The WHO declared on March 11 2020 a pandemic, which is ongoing at the moment and continues to represent a serious threat to individuals' health and to health care systems globally, which is contained only by non-pharmaceutical measures such as extensive lockdown to prevent virus transmission as much as

possible. Of note, even though there is evidence of increased immunity in the population to SARS-CoV-2 (up to 10% in certain countries), this may not prevent reinfection.

In addition, high numbers of hospitalisation and death from COVID-19 continue to be reported and novel virus variants are emerging and slowly taking over, some of which are showing worrying features of enhanced transmissibility and potentially morbidity/mortality.

In this context, CMA is the most appropriate regulatory mechanism for use among the portfolio of emergency tools that the EMA has available.

Please note that a conditional marketing authorisation is not exclusively reserved for public health emergencies. They are also granted to medicines for orphan diseases or for seriously debilitating or life-threatening diseases on the basis of less comprehensive clinical data than normally required, where the benefit of immediate availability of the medicine outweighs the risk inherent in the fact that additional data are still required.

We hope that the above reassures you that the COVID-19 vaccines have been evaluated following the same stringent scientific requirements for quality, safety and efficacy as for all other vaccines. Authorisation has been made after a positive benefit-risk balance has been established on all available data. In addition, we would like to reiterate that enhanced and stringent safety monitoring is in place for all COVID-19 vaccines, to ensure that the benefits always outweigh the risks.

Kind regards,



Juan Garcia Burgos

Head of Public and Stakeholders Engagement Department

## A3 Doctors and Scientists accuses medical regulator of downplaying COVID-19 Vaccine Danger

PRESS RELEASE - FOR IMMEDIATE RELEASE

### **Doctors and Scientists Accuse Medical Regulator of Downplaying COVID-19 Vaccine Dangers**

The European Medicines Agency is misleading citizens into medical experimentation, experts warn

April 1<sup>st</sup> 2021

Doctors and scientists from 25 countries have today issued a [rebuttal letter](#) to the European Medicines Agency (EMA), following the regulator's dismissal of their earlier warnings regarding COVID-19 vaccine dangers from clotting and bleeding. Within days of the EMA receiving the group's [original letter](#) on March 1st, outlining risks of blood disorders from COVID-19 vaccines, over a dozen countries suspended

the AstraZeneca vaccine following deaths from clotting and bleeding, as the doctors had warned.

On March 23rd, however, the EMA [dismissed](#) the group's concerns as relating to "minor" and "rare" events, concluding that "a positive benefit-risk balance has been established."

The doctors and scientists have today hit back, accusing the EMA of misleading the public on the vaccines' true risk-benefit profile. "Your reply of March 23 is unconvincing and unacceptable," they wrote, noting that recorded cases of life-threatening cerebral venous thrombosis (CSVT) post-vaccination likely "represent just the tip of a huge iceberg". Common reactions to vaccination, including headache, nausea, blurred vision and vomiting, they state, are symptoms of CSVT, and should be assessed as such, immediately.

Clotting and bleeding after vaccination can also "be expected to increase with each re-vaccination, and each intervening coronavirus exposure" the group warned. Over time "this renders both repeated vaccination and common coronaviruses dangerous to young and healthy age groups, for whom - in the absence of 'vaccination' - COVID-19 poses no substantive risk.

"Such is the real risk-benefit analysis of the COVID-19 'vaccines'. Either the EMA lacks the subject-matter expertise to appreciate the molecular science of this reality, or it lacks the medical ethics to act accordingly."

The group, Doctors for Covid Ethics, which includes professors of immunology and microbiology, described the EMA's responses to their concerns as "unscientific", "vague", and lacking credibility. They have offered to liaise with the agency to mitigate against vaccination risks and ethics violations, including helping the EMA to "craft a focussed pharmacovigilance plan."

The group warned that continuing to administer inadequately tested gene-based COVID-19 vaccines represents dangerous medical experimentation, whose "true risks far outweigh any theoretical benefits", reflecting "serious violations of medical ethics and citizens' medical rights."

"Misleading populations into accepting investigational agents such as the gene-based COVID-19 'vaccines', or coercing them through 'vaccine passports', constitutes clear and egregious violations of the Nuremberg Code", they caution. The letter is addressed to Emer Cooke, Executive Director of the EMA, and was copied to the lawyer Reiner Fuellmich, Charles Michel, President of the Council of Europe, and Ursula von der Leyen, President of the European Commission.

Link to Doctors for Covid Ethics rebuttal letter to EMA (April 1<sup>st</sup>):

<https://doctors4covidethics.medium.com/rebuttal-letter-to-european-medicines-agency-from-doctors-for-covid-ethics-april-1-2021-7d867f0121e>

Link to EMA letter to Doctors for Covid Ethics (March 23<sup>rd</sup>):

<https://doctors4covidethics.medium.com/reply-from-the-european-medicines-agency-to-doctors-for-covid-ethics-march-23-2021-d6760984dd06>

Doctors for Covid Ethics is a group of over 100 doctors and scientists from 25 countries.

Web: <https://doctors4covidethics.medium.com>

Twitter: <https://twitter.com/Drs4CovidEthics>

For comment contact Professor Sucharit Bhakdi MD: [sucharit.bhakdi@gmx.de](mailto:sucharit.bhakdi@gmx.de) or Associate Professor Michael Palmer MD: [mpalmer@uwaterloo.ca](mailto:mpalmer@uwaterloo.ca)

### Further resources

Original Doctors for Covid Ethics letter to EMA (Delivered March 1st):

<https://doctors4covidethics.medium.com/urgent-open-letter-from-doctors-and-scientists-to-the-european-medicines-agency-regarding-covid-19-f6e17c311595>

Video statement (March 11<sup>th</sup>) by Professor Sucharit Bhakdi, Professor Emeritus of Medical Microbiology and Immunology and Former Chair, Institute of Medical Microbiology and Hygiene:

<https://lbry.tv/@Doctors4CovidEthics:d/Prof.-Sucharit-Bhakdi-statement-on-EMA-open-letter.ENG:0>

Doctors, scientists, lawyers and colleagues in allied disciplines can sign the open letter by sending their name, qualifications, areas of expertise and country of practice to: [Doctors4CovidEthics@protonmail.com](mailto:Doctors4CovidEthics@protonmail.com), with web verification (eg workplace or registration link, not for publication).

END

###

## 4. Rebuttal Letter to European Medicines Agency from Doctors for Covid Ethics

From Doctors for Covid Ethics  
Emer Cooke  
Executive Director  
European Medicines Agency  
Amsterdam  
The Netherlands

April 1<sup>st</sup> 2021

Ladies and Gentlemen,

### **FOR THE URGENT PERSONAL ATTENTION OF: EMER COOKE, EXECUTIVE DIRECTOR OF THE EUROPEAN MEDICINES AGENCY**

We acknowledge receipt of your March 23 reply to our letter dated February 28, seeking reassurance that foreseeable risks of gene-based COVID-19 “vaccines” had been ruled out in animal trials prior to human use. Our concerns arise from multiple lines of evidence, including that the SARS-CoV-2 “spike protein” is not a passive docking protein, but its production is likely to initiate blood coagulation via multiple mechanisms.

Regrettably, your reply of March 23 is unconvincing and unacceptable. We are dismayed that you choose to respond to our request for crucially important information in a dismissive and unscientific manner. Such a cavalier approach to vaccine safety creates the unwelcome impression that the EMA is serving the

interests of the very pharmaceutical companies whose products it is your pledged duty to evaluate. The evidence is clear that there are some serious adverse event risks & that **a number of people, not at risk from SARS-CoV-2, have died following vaccination.**

1. You concede that the “vaccines”, which are more accurately described as investigational gene-based agents, enter the bloodstream but you can obviously provide no quantitative data. In the absence of the latter, any scientific assessment you purport to have undertaken lacks foundation.
2. Your statement that non-clinical studies do not indicate any detectable uptake of the vaccines into endothelial cells lacks credibility. We demand to see the scientific evidence. If not available, it must be assumed that endothelial cells are targeted.
3. Auto-attack could not have been excluded in animals unless they had been immunologically primed beforehand. We demand evidence that such experiments had been performed. Similar experiments have been undertaken before with previous, unsuccessful candidate vaccines, and fatal, antibody-dependent enhancement of disease was observed.
4. We requested scientific evidence, not a vague description of what was purportedly seen in non-valid animal experiments. Your cursory mention of laboratory findings in humans is cynical. In view of the plausible connection between production of spike protein and the emergence of thromboembolic serious adverse events (SAEs), we demand to see the results of D-dimer determinations. As you are aware, D-dimer is a very good test as an aid to diagnose thrombosis.

After delivery of our letter to you on March 1, events followed that debunk your response to our last three queries to an extent that can only be termed embarrassing. As we feared, severe and fatal coagulopathies occurred in young individuals following “vaccination”, leading 15 countries to suspend their AZ-“vaccination” program. An official investigation by the EMA into the cases of afflicted younger individuals followed, the results of which were announced by the WHO on March 17, 2021, stating: “At this time, WHO considers that the benefits of the AstraZeneca vaccine outweigh its risks and recommends that vaccinations continue.”

What was this decision based upon? The WHO is not a competent body for formally evaluating drug safety. That is explicitly the role of the agency you lead.

In your press release, you disclosed the following information to support your conclusion. You had scrutinized data on two mortally dangerous conditions that had followed within 14 days of “vaccination”: DIC, disseminated intravascular coagulation; and CSVT, cerebral sinus vein thrombosis. 5 DIC and 18 CSVT were on record, with a total death toll of 9. Most cases were <55 year-old individuals. 5 DIC and 12 CSVT were under 50 years of age. None were reported as having had serious pre-existing illness. You stated numbers that “normally” would be expected : DIC <1, CSVT 1.3.

Consequently, for these very rare conditions, a link to vaccination could not entirely be dismissed. However, given that 20 million individuals had been “vaccinated”, the benefits were deemed to far outweigh the risks.

**But in fact, your Press Release rendered it glaringly apparent that the AZ-“vaccine” does have the potential to trigger intravascular coagulation, that the true risks far outweigh any theoretical benefits, and that any authority with the slightest sense of responsibility must suspend its further use.**

1. Regard your incidence numbers for <50 year old individuals in the “vaccinated” versus “normal” population:  
**CSVT : 12 versus 1.3.**  
**A 9-fold increase is beyond the range of coincidence.**

**DIC : 5 versus <1.**

**As we hope you know, DIC *never* occurs out of the blue in healthy individuals.**

**The incidence should not be stated as <1 when in reality it is ZERO.**

**ACCORDINGLY, THE DIC CASES REPRESENT *CONCLUSIVE* EVIDENCE THAT THE AZ-VACCINE *ALONE* CAN TRIGGER INTRAVASCULAR COAGULATION .**

2. Assume that 10 million recipients of the “vaccine” were < 60 yrs and this was followed by 9 deaths due to DIC and SVCT. The death toll upon 60 million “vaccinations” would be extrapolatable to 54.

The pandemic hit around 60 million individuals < 60 yrs in Germany.

During the first 6 months it reportedly claimed 52 lives of individuals without pre-existing illness.

([https://www.rki.de/DE/Content/Gesundheitsmonitoring/JoHM/2020/JoHM\\_Inhalt\\_20\\_S11.html](https://www.rki.de/DE/Content/Gesundheitsmonitoring/JoHM/2020/JoHM_Inhalt_20_S11.html))

Because of the unreliability of PCR testing and because of the completely novel way that deaths ‘with covid19’ are determined, the value of 52 is an over-estimate of the real burden of disease, further weakening your already-inadequate claim for risk-benefit.

How, then, can you declare that the benefits of vaccination far outweigh the risks? We demand your reply supported by facts and figures that we will convey to the public.

3. Further considerations expose the truly frightful dimensions of your irresponsible assertion.

CSVT, cerebral venous thrombosis, is **always** a life-threatening condition that demands immediate medical attention. The number of cases you conceded had occurred can represent just the tip of a huge iceberg. As you must know, the most common symptoms of CSVT are piercing headache, blurred vision, nausea and vomiting. In severe cases, stroke-like symptoms occur including impairment of speech, vision and hearing, body numbness, weakness, decreased alertness and loss of motoric control.

Surely, you are not oblivious to the fact that countless individuals suffered from precisely such symptoms directly following “vaccinations” with **all** the experimental gene-based agents.

Clot formation in deep leg veins can lead to lethal pulmonary embolisms. Surely you must know that peripheral venous thromboses have repeatedly been reported following “vaccinations” with **all** the experimental gene-based agents

Microthromboses in the lung vasculature can lead to misdiagnosis of pneumonia. In combination with false-positive PCR (with high cycle thresholds), these will then be registered as COVID 19 cases. Surely you must know that this scenario has probably repeatedly taken place following “vaccinations” with **all** the experimental gene-based agents.

In all events, extensive thrombi formation can lead to consumption of platelets and coagulation factors, resulting in hemorrhagic diathesis and bleeding at all possible locations. Surely you must know that profuse skin bleedings have repeatedly been observed following “vaccinations” with **all** the experimental gene-based agents.

Given that there is a mechanistically plausible explanation for these thromboembolic adverse drug reactions (TE ADRs), namely that the gene-based products induce human cells to manufacture potentially pro-thrombotic spike protein, the reasoned & responsible assumption must now be that this may be a class effect. In other words, the dangers must be ruled out for all emergency-authorized gene-based vaccines, not merely the AZ product.

We urge you to adopt this stance unless and until there is data providing high clinical confidence to the contrary. We are very willing to liaise with the Agency in order to help craft a focussed pharmacovigilance plan to accomplish this goal. With the above in mind, we hope you are aware that all thrombotic events can be rapidly diagnosed by measurement of D-Dimers in blood. And that good medical practice imperatively demands that attempts are undertaken to diagnose CSVT in any and every patient, young or old, presenting with the typical signs and symptoms following “vaccination”. Given the potential for adverse effects, potentially fatal ones, it is completely inappropriate and unacceptable that EMA permits these products, which hold only emergency use authorisations, to be administered to younger (<60y) people who are healthy, as they are at unmeasurable risks from SARS-CoV-2.

Not to make this explicit is, in our view, a reckless stance to have taken in the first place and doubly so now.

Of equal importance, you are bound by duty to investigate whether reasons exist for the waves of deaths that have occurred following “vaccination” of elderly residents in care and senior homes. Or are you asserting that dangers of “vaccine”-derived thrombotic events are limited to younger individuals? If not, restricting their use solely in one age group – as decided upon in Germany – equates with nothing less than monstrous, condoned genocide of the other.

In closing, failure to inform “vaccine” recipients of the risks and negligible benefits outlined here represents serious violations of medical ethics and citizens’ medical rights. Those violations are especially grave as all the risks we describe can be expected to increase with each re-vaccination, and each intervening coronavirus exposure. This renders both repeated vaccination and common coronaviruses dangerous to young and healthy age groups, for whom - in the absence of “vaccination” - COVID-19 poses no substantive risk.

Such is the real risk-benefit analysis of the COVID-19 “vaccines”. Either the EMA lacks the subject-matter expertise to appreciate the molecular science of this reality, or it lacks the medical ethics to act accordingly.

At best, we regard the EMA’s complacent stance on vaccine dangers to be symptomatic of the fact that, under the prevailing politico-medical response to COVID-19, medical ethics has migrated from the consulting room to a geopolitical stage. Faced with a medical problem, mass-medical intervention has seen the practice of medicine taken from doctors’ hands. In this politicized context, corporate and political actors may consider themselves free from ethical constraints, operating unbound by a medical code of ethics, unlike medical doctors. All actors, however, are bound by the Nuremberg Code.

The Nuremberg Code prohibits human experimentation of the very kind being endorsed and defended by the EMA. Even under the terms of their own original FDA authorization, COVID-19 vaccines are deemed “investigational” and their recipients “human subjects”, who are, by definition, entitled to informed

consent.

[https://www.fda.gov/regulatory-information/search-fda-guidance-documents/emergency-use-investigational-drug-or-biologic#:~:text=Emergency%20use%20is%20defined%20as,21%20CFR%2056.102\(d\)%5D](https://www.fda.gov/regulatory-information/search-fda-guidance-documents/emergency-use-investigational-drug-or-biologic#:~:text=Emergency%20use%20is%20defined%20as,21%20CFR%2056.102(d)%5D)

Misleading populations into accepting investigational agents such as the gene-based COVID-19 “vaccines”, or coercing them through “vaccine passports”, constitutes clear and egregious violations of the Nuremberg Code. The Nuremberg Code mandates voluntary informed consent “without the intervention of any element of force, fraud, deceit [or] duress”.

<https://history.nih.gov/display/history/Nuremberg+Code>

In other words, citizens have the right under the Nuremberg Code and related protections not to be subject involuntarily to medical experiments. It is clear that **these experimental agents should be CONTRA-INDICATED in individuals not at elevated risk of serious illness & death if infected by SARS-CoV-2**. Furthermore, the use of the experimental agents must also be withheld in the elderly population until a risk-benefit assessment has been properly conducted. In any event, the vaccine label must be revised to reflect the recently emerged serious adverse events addressed here.

We remind the EMA that Nuremberg violations constitute crimes against humanity under the Geneva Convention. Crimes against humanity are deemed “the worst atrocities known to mankind”, and are prosecuted under the Rome Statute of the International Criminal Court.

<https://www.un.org/en/chronicle/article/role-international-criminal-court-ending-impunity-and-establishing-rule-law>

Given the hundreds of millions and eventually billions of people who may be coerced into accepting these agents, the EMA, in persistently shrinking from open debate and the truth, will be seen by lawyers and historians as having actively assisted in crimes against humanity, with the full weight of the implications to all involved. We demand that you engage openly with us to ensure that the public have an objective understanding of the clinical risk profile of these gene-based interventions.

You understand that coercive pressure is being placed on citizens to receive COVID-19 vaccines, which are experimental medical treatments. Your responsibility to those citizens includes ensuring that they are informed of the adverse event risks of every such treatment. To date you have failed to do so, and have instead misled the public on the reality of the “vaccines” risk-benefit profile.

If you continue to conceal the truth, efforts will be made to bring this to light and to see that justice is done. For the sake of the injured and the dead, and to protect further lives from similar fates.

#### NOTICE

For the avoidance of doubt, if your regulatory body does not immediately suspend its "emergency" recommendation of potentially dangerous inadequately tested gene-based "vaccines", while the matters which we have highlighted to you are properly investigated, we hereby put the European Medicines Agency on notice of being complicit in medical experimentation, in violation of the Nuremberg Code, which thereby constitutes the commission of crimes against humanity.

Furthermore, it is your indirigible duty as a regulatory body to ensure that all doctors worldwide are advised that they are taking part in medical experimentation via "vaccination" programmes, whether wittingly or unwittingly, with all the legal and ethical obligations that such involvement entails.

This email is copied to the lawyer Reiner Fuellmich. It is also copied to Charles Michel, President of the Council of Europe, and to Ursula von der Leyen, President of the European Commission.

Yours faithfully,

Doctors for Covid Ethics

Over 100 doctors and scientists from 25 countries

<https://doctors4covidethics.medium.com/urgent-open-letter-from-doctors-and-scientists-to-the-european-medicines-agency-regarding-covid-19-f6e17c311595>

## A5 Doctors for Covid Ethics Signatories

Doctors for Covid Ethics has written two open letters to the European Medicines Agency regarding COVID-19 vaccine dangers. In those letters we have insisted upon evidence that risks of clotting, bleeding and platelet abnormalities were appropriately ruled out in legitimate empirical trials prior to human use.

Signatories across the two letters are as follows:

### Founding signatories

Professor Sucharit Bhakdi MD, Professor Emeritus of Medical Microbiology and Immunology, Former Chair, Institute of Medical Microbiology and Hygiene, Johannes Gutenberg University of Mainz (Medical Doctor and Scientist) (Germany and Thailand)

Dr Marco Chiesa MD FRCPsych, Consultant Psychiatrist and Visiting Professor, University College London (Medical Doctor) (United Kingdom and Italy)

Dr C Stephen Frost BSc MBChB, Specialist in Diagnostic Radiology, Stockholm, Sweden (Medical Doctor) (United Kingdom and Sweden)

Dr Margareta Griesz-Brisson MD PhD, Consultant Neurologist and Neurophysiologist (studied Medicine in Freiburg, Germany, speciality training for Neurology at New York University, Fellowship in Neurophysiology at Mount Sinai Medical Centre, New York City; PhD in Pharmacology with special interest in chronic low level neurotoxicology and effects of environmental factors on brain health), Medical Director, The London Neurology and Pain Clinic (Medical Doctor and Scientist) (Germany and United Kingdom)

Professor Martin Haditsch MD PhD, Specialist (Austria) in Hygiene and Microbiology, Specialist (Germany) in Microbiology, Virology, Epidemiology/Infectious Diseases, Specialist (Austria) in Infectious Diseases and Tropical Medicine, Medical Director, TravelMedCenter, Leonding, Austria, Medical Director, Labor Hannover MVZ GmbH (Medical Doctor and Scientist) (Austria and Germany)

Professor Stefan Hockertz, Professor of Toxicology and Pharmacology, European registered Toxicologist, Specialist in Immunology and Immunotoxicology, CEO tpi consult GmbH. (Scientist) (Germany)

Dr Lissa Johnson, BSc BA(Media) MPsych(Clin) PhD, Clinical Psychologist and Behavioural Scientist, Expertise in the social psychology of atrocity, torture, collective violence and propaganda, former professional body Public Interest Advisory Group member (Psychologist) (Australia)

Professor Ulrike Kämmerer PhD, Associate Professor of Experimental Reproductive Immunology and Tumor Biology at the Department of Obstetrics and Gynaecology,

University Hospital of Würzburg, Germany, Trained molecular virologist (Diploma, PhD- Thesis) and Immunologist (Habilitation), Remains engaged in active laboratory research (Molecular Biology, Cell Biology) (Scientist) (Germany)

Associate Professor Michael Palmer MD, Department of Chemistry (studied Medicine and Medical Microbiology in Germany, has taught Biochemistry since 2001 in present university in Canada); focus on Pharmacology, metabolism, biological membranes, computer programming; experimental research focus on bacterial toxins and antibiotics (Daptomycin); has written a textbook on Biochemical Pharmacology, University of Waterloo, Ontario, Canada (Medical Doctor and Scientist) (Canada and Germany)

Professor Karina Reiss PhD, Professor of Biochemistry, Christian Albrecht University of Kiel, Expertise in Cell Biology, Biochemistry (Scientist) (Germany)

Professor Andreas Sönnichsen MD, Professor of General Practice and Family Medicine, Department of General Practice and Family Medicine, Center of Public Health, Medical University of Vienna, Vienna (Medical Doctor) (Austria)

Dr Wolfgang Wodarg, Specialist in Pulmonary and Bronchial Internal Medicine, Hygiene and Environmental Medicine, Epidemiology, and Public Health; Honorary Member of the Parliamentary Assembly of the Council of Europe and former Head of the Health Committee of the Parliamentary Assembly of the Council of Europe; former Member of Parliament, German Bundestag; Initiator and Spokesman for the study commission 'Ethics and Law in Modern Medicine'; Author and University Lecturer (Medical Doctor) (Germany)

Dr Michael Yeadon BSc (Joint Honours in Biochemistry and Toxicology) PhD (Pharmacology), Formerly Vice President & Chief Scientific Officer Allergy & Respiratory, Pfizer Global R&D; Co-founder & CEO, Ziarco Pharma Ltd.; Independent Consultant (Scientist) (United Kingdom)

### **Endorsing signatories**

Dr Reem Abu-Sbaih, DO, Doctor of Osteopathy, Associate Professor Osteopathic Manipulative Medicine/ Neuromusculoskeletal Medicine (Medical Doctor) (USA)

Dr Adriana Reyes Agudelo, MD, Surgeon (Medical Doctor) (Spain) Dr Véronique Ahari, General Practitioner (Medical Doctor) (France)

Dr Maria José Martínez Albarracín, Bachelor of Medicine and Surgery, Physician and Professor of Clinical Diagnostic Processes, Specialized in Clinical Analysis (Medical Doctor) (Spain)

Dr Alicja Alda, General Practitioner and Ear Nose and Throat specialist (Medical Doctor) (Norway)

Dr Fernando Ania, ND, Naturopathic Doctor (Canada)

Dr Carmen Soler Arnedo, Surgeon, General Medicine (Medical Doctor) (Spain)

Dr Mario Cabrera Avivar, MD, Specialist in Public Health, former Consultant to the Pan American Health Organisation, the World Health Organisation Regional Office for the Americas (OPS/OMS) (Medical Doctor) (Uruguay)

Rena Bartoletti, Pharmacist, previously of the General Pharmacy Inspectorate, Registration Service Medicines, Federal Public Health and Safety Authority (Pharmacist) (Belgium)

Dr Gabriela Bachmann, General Medicine, Specialising in children and young people (Medical Doctor) (Austria)

Dr. Elizabeth Bastian, BSc (Genetics and Microbiology), MDCM, Family Medicine, General Practitioner in Oncology, sub specialty trained in Palliative Care (Medical Doctor) (Canada)

Dr Pedro López Bastido, Stomatologist (Medical Doctor) (Spain)

Dr Michael D Bell, MB, ChB (1978 Edinburgh) MRCP (1989), General Practitioner (Medical Doctor) (United Kingdom)

Rev. Reuben P. Bell, DO, MS, MDiv, PhD, Osteopathic family physician since 1982, Bachelors and Masters degrees in Zoology, formerly Professor of Biology (including Molecular Genetics and Developmental Biology), M.Div. and Ph.D. in theological studies, with attention to issues of science and religion (Medical Doctor and Scientist) (USA)

Dr Francisco Lacruz Bescos, MD, PhD, Consultant Neurologist with special training and dedication to Neuroimmunology and Multiple Sclerosis (Retired) (Medical Doctor) (Spain)

Dr Thomas Binder, MD, specialised in Cardiology and Internal Medicine, thesis in Immunology and Virology, with 32 years experience in diagnosis and treatment of Acute Respiratory Illness (Medical Doctor) (Switzerland)

Sarah Binns, MA VetMB, MS, MRCVS, MSc, PhD, DipLSHTM, Former Veterinary Infectious Disease Epidemiologist (United Kingdom)

Dr Rainer Bliefert, Dentist (Switzerland)

Dr Michael Brandner, Dr. Med. (Medical Doctor) (Germany)

Dr Rachel Brown, MBChB, LLM (Medical Law & Ethics), MRCPsych CFMP, Consultant Psychiatrist (Medical Doctor) (United Kingdom)

Dr Roxana Bruno, PhD in Immunology, Researcher in Biochemistry, Immunology, Neuroimmunology and Genetics (Scientist) (Argentina)

Dr Elizabeth Burton, MBChB, General Medical Practitioner (Retired)(Medical Doctor) (United Kingdom)

Dr Natalia Prego Cancelo, MD, Community and Family Medicine Specialist, founder of “Médicos por la Verdad” (Doctors for the Truth) worldwide, platform of doctors in more than 17 countries (Medical Doctor) (Spain)

Dr Ronald S. Carlson, AB Chem/Bio, DDS, Dentist (USA)

Dr Rafael Reinoso Casado, Family and Community Medicine (Medical Doctor) (Spain)

Dr Vernon Coleman, MB, ChB, General Practice Principal (Retired) (Medical Doctor) (United Kingdom)

Isabella Cooper, BSc (Hons) Biochemistry, AFHEA, AMRSB, AfENDO, Doctoral Researcher, Areas of expertise: hyperinsulinaemia, disseminated intravascular coagulability, mitochondrial molecular biology and cancer metabolism (Scientist) (United Kingdom)

Dr Johan Corthouts, General Practitioner (Medical Doctor) (Belgium)

Jonathan Jay Couey, Assistant Professor of Research, Pitt School of Medicine Research Faculty, Department of Neurobiology, examining cortical and subcortical microcircuits using promotor/enhancer driven gene expression (Scientist) (USA)

Dr David Critchley, BSc, PhD, Clinical Research Scientist with more than 30 years experience, including projects in Virology and Immunology (Scientist) (United Kingdom)

Professor Barbara A Crothers, DO, Associate Professor, Pathology, Gynecologic, Breast and Cytopathology (USA)

Dr Rita Darby, General Practitioner (Medical Doctor) (Wales)

Dr. Daniel de la Torre Llorente, Biology Professor, Biotechnology-Plant Biology Department, Agronomic, Food and Biosystems Engineering School (ETSIAAB) Universidad Politécnica de Madrid (Scientist) (Spain)

Dr John Day, MD, Family Medicine (Board certified since 1990) (Medical Doctor) (USA) Dr Hilde De Smet, General Practitioner (Medical Doctor) (Belgium)

Dr Johan Denis, General Practitioner (Medical Doctor) (Belgium)

Dr Steven Depicker, General Practitioner (Medical Doctor) (Belgium)

Dr M. Doesburg-van Kleffens, MSc, PhD, Specialist in Laboratory Medicine (Clinical Chemistry), of Stichting Artsen Covid Collectief, an independent Dutch Collective of Medical Professionals (Scientist) (The Netherlands)

Dr Geanina Dragnea, Obstetrician-Gynecologist (Medical Doctor) (Romania)

Dr Nyjon Eccles, BSc, MBBS, MRCP, PhD, Specialist in Functional & Environmental Medicine (Medical Doctor) (United Kingdom)

Dr Karin Eisfeld, Molecular Biologist, Senior Regulatory Affairs Manager in the approval of new drugs and medical devices (Scientist) (Germany)

Dr Blanca Assumption Lario Elboj, Specialist in Ophthalmology (Medical Doctor) (Spain)

Dr Kjetil H. Elvevold, Senior Scientist, worked as Senior Scientist in a Contract Research Organization (CRO) in Norway that performed pre-clinical experiments for the pharmaceutical industry (Scientist) (Norway)

Dr Andreas Emmert, Specialist in Microbiology, Head Physician at Østfold Regional Hospital, Norway (Medical Doctor) (Norway)

Merit Enckell, Civ. Ing, PhD, Independent researcher, Structural Health Monitoring and Emerging Technologies, Formerly of KTH Royal Institute of Technology (Scientist) (Sweden)

Dr Sonia Andrés Espallardo, Psychiatrist (Medical Doctor) (Spain)

Dr Radimé Farhumand, Specialist in Anesthesia (Medical Doctor) (Germany)

Dr Thomas Faulkner, MChiro, DC, Managing Director and Chiropractor (United Kingdom)

Dr Susan Flett, Specialist in Psychiatry, Child Psychiatry and Psychotherapy (Semi- retired) (Medical Doctor) (United Kingdom)

Dr Konstantinos Fountzoulas, MD, PGDiP Orth Eng., FEBOT, FRCS (Tr & Orth), Consultant Trauma and Orthopaedic Surgeon (Medical Doctor) (England and Italy)

Dr Paul Christian Friedl, Ophthalmologist (Medical Doctor) (Austria)

Dr Carrie Ganek, MD, Adult Psychiatry (Medical Doctor) (USA)

Dr Martin E Ganek, MD, Board Certified Paediatrician (Medical Doctor) (USA)

Dr Emanuel E. Garcia, MD (University of Pennsylvania School of Medicine, 1986), Psychiatrist (Medical Doctor) (USA)

Dr Parisi Giovanni, Specialist in Ophthalmology and Sports Medicine (Medical Doctor) (Italy)

Dr Hartmut Glossmann, Professor Emeritus, Doctor of Medicine and Specialist in Pharmacology / Clinical Pharmacology, Institute for Biochemical Pharmacology, Innsbruck (Medical Doctor and Scientist) (Germany)

Amparo de Luque González, Dentist (Spain)

Dr Céline Guérin, PhD in Neurosciences, Master in Microbiology and Genetics (Scientist- Practitioner) (France)

Dr. Olga Petrovna Guzova, Pediatrician, Dermatologist and Dermatopathologist (Medical Doctor) (Panama)

Dr Hans-Michael Hackenberg, Family Doctor and Sports Medicine Specialist (Retired) (Medical Doctor) (Germany)

Dr Roman Häussler, General Medicine (Austria)

Dr Jutta Heinrich-Nols, Doctor and Clinical Pharmacologist (Medical Doctor and Scientist) (Germany)

Julie Henrotte, Quality System Expert, 12+ years in GSK Pharma (Scientist) (France)

Dr Angel Ruiz-Valdepeñas Herreros, Bachelor of Medicine, Licenciado en Medicina por la Universidad de Murcia, Specialist in Family and Community Medicine, co-founder of “Médicos por la Verdad” (Doctors for the Truth) worldwide, platform of doctors in more than 17 countries (Medical Doctor) (Spain)

Dr Birgit Hörrger, Resident Doctor, Specialist in General Medicine (Medical Doctor) (Germany)

Dr April M. Hurley, MD, Family Physician for 35 years (Medical Doctor) (USA)

William Ip, BSc. MIBMS, Former NHS Biomedical Scientist (Specialist in Microbiology), for over 30 years (Scientist) (United Kingdom)

Dr Hervé Janecek, Veterinarian (France)

Jerzy Jaskowski, MD, PhD, MS, Specialties in General Surgery, Environmental Medicine, Physics and Biophysics (Retired)(Medical Doctor and Scientist) (Poland)

Dr. Elisabeth Jenik, General Medicine, Occupational Medicine and Psychosomatic Medicine (Medical Doctor) (Austria)

Dr Alain Joseph, General Medicine Specialist (Retired) (Medical Doctor) (France)

Dr Konstantinos Kakleas, MD, MRCPCH, MSc, PhD, Paediatric Allergy Consultant, Leicester Royal Infirmary Hospital (Medical Doctor) (United Kingdom)

Dr Hootan Kazemi, BDS Dental Surgeon, MSc(Distinc.) Clinical Biochemistry, BSc(Hons) Physiology (General Dental Practitioner) (United Kingdom)

Dr Ingrid Kiesel, Specialist in Psychiatry, Psychotherapy and General Medicine (Medical Doctor) (Germany)

Dr Alina Kislich, General Practitioner, Graduated from the Medical University of Vienna (Medical Doctor) (Austria)

Dr Wiltrud Kling, Specialist in General Medicine (Medical Doctor) (Germany)

Dr Ewa Konik, MD, Heart Transplant Cardiologist (Medical Doctor) (USA)

Dr Doris Krien, Assistant Doctor, Günzburg District Hospital (Medical Doctor) (Germany)

Brigitte Lacroix, clinical PKPD and PBPK modeler (Pharma industry), PhD in Pharmacy (Paris XI University), PhD in Pharmacometrics (Uppsala University) (Scientist) (France, Sweden)

Dr Andreas Lang, MD (Medical Doctor) (Germany)

Dr Paul Laursen, PhD, Adjunct Professor, AUT University (Scientist) (New Zealand and Canada)

Dr Michael S Lavender, Consultant Anaesthetist (Medical Doctor) (Australia)

Dr Tess Lawrie, MBBCh, PhD, Guideline methodologist and evidence synthesis expert, Director of The Evidence Based Medicine Consultancy Ltd, Bath UK. Honorary Researcher at the Royal United Hospital, Bath UK (Medical Doctor and Scientist) (United Kingdom)

Dr Bronia Lee, MBBCh, MRCP, Retired General Practitioner (Medical Doctor) (United Kingdom)

Dr Katrina Lewis, MD, BSc in Immunology and Physiological Chemistry, triple Board certified ( USA) in Anesthesiology, Pain Medicine and Functional Medicine (Medical Doctor) (South Africa, USA)

Dr Derek Lohan, Consultant Radiologist and Director, Helix Radiology (Medical doctor) (Ireland)

Dr Ricardo Arriola López, General Medicine, (Medical Doctor) (Spain) Dr. Adele Lorigan, BSC (Chiro), Chiropractor (Australia)

Dr Antje Lueg, Specialist in Ophthalmology (Medical Doctor) (Germany)

Dr. Thomas Ly, MD, Infectologist and Paediatrician, Specialized in Tropical Medicine, Head of MedicalQM, a think tank on medical quality management and patient safety, Founder of the upcoming International Institute for Human Pathogenic Infectious Diseases "InfectCore" (Medical Doctor) (Germany and Thailand)

Dr Kulvinder S. Manik, MBChB, MA, LL.M., MRCP, GP (Medical Doctor) (England)

Dr. Rosemarie Mayr, Specialist in Psychiatry and Psychotherapeutic Medicine and Child and Adolescent Psychiatry, ÖÄK Diploma for Homeopathy (Retired) (Medical Doctor) (Germany)

Dr Nathi Mdladla, Associate Professor and Chief of ICU, Dr George Mukhari Academic Hospital and Sefako Makgatho University (Medical Doctor) (South Africa)

Dr Janet Menage, MA, MB, ChB, General Medical Practitioner (Retired) Qualified Psychological Counsellor (Medical Doctor) (United Kingdom)

Dr Niall McCrae, PhD, MSc, RMN, Mental health researcher, Psychiatric Nurse (United Kingdom)

Professor Nathalie McDonnell, MD, PhD (human genetics), Professor of Molecular and Cell Biology (Medical Doctor and Scientist) (France)

Dr Ciaran Montague, MVB, MRCVS, Royal College of Veterinary Surgeons certified veterinary dermatologist with 25 years general and referral practice (Veterinarian) (N. Ireland)

Dr Sabine de Monvallier, General Practitioner (Medical Doctor) (France) Dr Amir Mortasawi, Physician and author (Germany)

Dr Jens Münch, Neurologist, Psychoanalyst and Specialist in Psychosomatic Medicine and Trauma (Medical Doctor) (France)

Dr. Graeme Munro-Hall, BDS, Dentist (retired), pioneered the use of glutathione with vitamin C, awarded a Fellowship of the International Academy of Oral Medicine and Toxicology in 1996 (Dentist) (United Kingdom)

Dr Souha Nasreddine, MD, Ob/Gyn, Graduated from the Free University of Brussels Belgium, Holistic Gynecology (Lebanon)

Dr Terezia Novotna, General Practitioner, Emergency Doctor, and Anesthesiologist in Training (Medical Doctor) (Austria)

Akhmetzhanova Tamara Nikolaevna, Therapist and Cardiologist, the Republican Medical Genetic Center, Ufa (Medical Doctor) (Russia)

Ole C G Olesen, Double specialist in General Surgery, as well as Orthopedic Surgery and Trauma (Medical Doctor) (Denmark, Norway, Sweden and United Kingdom)

Dr Fatma Özgüler, Specialist in Internal Medicine, General Medicine and Emergency Medicine (Medical Doctor) (Germany)

Dr Waltraud Parta-Kehry, Biologist and Doctor for Gynaecology and Reproductive Medicine (Medical Doctor) (Germany)

Dr Arun Kumar Patel, MBBS, MPH, MRCPH, FFPH, Medical Public Health Specialist (Retired), NHS (Medical Doctor) (United Kingdom)

Dr E. Peeters, MD, Internal Medicine Specialist, Endocrinology, of Stichting Artsen Covid Collectief, an independent Dutch Collective of Medical Professionals (Medical Doctor) (The Netherlands)

Dr. Cristina Pinho, MD, Gastroenterologist (Medical Doctor) (Portugal)

Dr Hélène Potrich, General Practitioner (Medical Doctor) (France) Panagiotis Papaspyrou, Specialist in Orthopedics (Germany)

Dr Fabio Quirici, Swiss Medical Association (Medical Doctor) (Switzerland)

Professor Denis Rancourt, PhD, Researcher, Ontario Civil Liberties Association, Member scientist, PANDA (Pandemics Data & Analysis), Retired former Full Professor of Physics, University of Ottawa, with expertise in environmental nanoparticles, molecular science, molecular dynamics, statistical analysis methods and mathematical and epidemiological modelling (Scientist) (Canada)

Dr Rafael Reinoso, Family and Community Medicine (Medical Doctor) (Spain)

Dr Nicola Reiser, Anaesthetist and Intensive Care Physician, Senior Physician at the University Clinic UMEA° (Medical Doctor) (Sweden)

Claudia Riempp, Psychologist and psychotherapist, expert in health education (Germany)

Dr Tred J Rissacher, DC, Chiropractor specialising in obesity and diabetes (USA)

Pablo Enrique Palomo Robles, Pharmaceutical Chemist, Ministry of Public Health and Social Assistance (Scientist) (Guatemala)

Rhys Rogers, BSc, Physiotherapy, 12 years experience as a frontline Physiotherapist (United Kingdom)

Dr Tamara Roycroft, BMBS, BSc (Hons) Nutrition, AIT RCGP, Doctor, Nutritionist and Former Research Scientist/Research Physician in the pharmaceutical industry, and Co- Investigator on vaccine trials (Medical Doctor and Scientist) (United Kingdom)

Professor Simon Ruijsenaars, Professor in Mathematical Physics, School of Mathematics, University of Leeds (Scientist) (United Kingdom)

Dr Sam Saidi, MB, ChB, BSc, FRCOG, PhD, University of Sydney (Medical Doctor and Scientist) (Australia)

Dr Claudia Schoene, Veterinarian with specialisation in Veterinary Epidemiology and Tropical Veterinary Medicine, Animal Health Management and Wildlife management, Formerly Scientific Researcher at the Institute for Epidemiology of the German Friedrich-Loeffler-Institut, Federal Research Institute for Animal Health, and the Information Centre for Biological Security of the Robert-Koch Institute (Veterinarian and Scientist) (Germany)

Dr Pamela Shervanick, DO, Medical doctor and Doctor of Osteopathic Medicine, with specialization in Psychiatry (Medical Doctor) (USA)

Dr Guido Spanoghe, Gastroenterologist (Medical Doctor) (Belgium)

Dr Paul Steven Spradbery, Forensic and Research Biologist, Foundation for Science and Technology, Lisbon, Intertek Life Sciences, London (Scientist) (United Kingdom)

Dr Duncan Syme, MBBS, FRACGP, Dip Prac Derm University of Cardiff, Graduate Monash University 1987, General Practitioner (Medical Doctor) (Australia)

Dr Carol Taccetta, MD, FCAP (Fellow of the College of American Pathologists), Pharmaceutical Physician for over 25 years, specializing in drug safety (Medical Doctor) (USA)

Dr Noel Thomas, MA, MB, ChB, DCH, DObsRCOG, DTM&H, MFHom. Semi retired NHS GP and homeopath (Medical Doctor) (United Kingdom)

Dr Corinne Tilloy, General Practitioner, (Medical Doctor) (France)  
Dr Gilbert Tominez, General Practitioner (Retired) (Medical Doctor) (France)

Dr M. Tóth, MD, Psychiatrist, of Stichting Artsen Covid Collectief, an independent Dutch Collective of Medical Professionals (Medical Doctor) (The Netherlands)

Dr Julio Trindade, Masters in Epidemiology, Doctor of Veterinary Medicine, Masters in Strategy (Veterinarian & Epidemiologist) (Uruguay)

Dr Georgy Urushadze, Naturopathic Doctor, Paediatrician (Pirogov Russian National Medical University), Emergency Doctor, Physiotherapist, Researcher (Russia)

Dr Francisco J. Llull Vera, Dental Medicine Doctor, graduated from the Dental Medicine School (University of Puerto Rico, Puerto Rico), Postdoctoral Studies in Infectious Diseases (Harvard University, MA), Postdoctoral Studies in Dental Implantology and Oral Surgery (NYU Dental Medicine School, NY), Former President Puerto Rico College of Surgeons Dentists, South Region (Dentist) (Puerto Rico)

Dr H. Visser, MD, Internal Medicine Specialist and Infectologist, of Stichting Artsen Covid Collectief, an independent Dutch Collective of Medical Professionals (Medical Doctor) (The Netherlands)

Dr Jasmina Vucic-Peev, PhD, studied in Freiburg, Germany, training in Psychiatry in Switzerland (Medical Doctor) (Germany, Switzerland, Portugal)

Dr Jo Waller, UK State registered Biomedical Scientist since 1990 (Scientist) (United Kingdom)

Dr Maja Waibel, Dermatologist with specialty in Melanoma prevention (Medical Doctor) (Germany)

Dr Gerard A Waters, Mb, Bch, BAO, MICGP, General Practitioner (Medical Doctor) (Ireland)

Dr Markus Wegscheider, General Practitioner (Austria)

Dr Ronald Weikl, Gynecologist and General Practitioner (Medical Doctor) (Germany)

Dr Helen Westwood MBChB (Hons), MRCGP, DCH, DRCOG, GP (Medical Doctor) (United Kingdom)

Dr R Matison White, MD, Family Practice Physician of 49 years (Medical Doctor) (USA)

Dr Madhu Wickremaratchi, MBChB, MRCP, Acute and General Medicine (United Kingdom)

Dr Anna Maria Wiedemann, General Practitioner, Specialist in General Medicine (Medical Doctor) (Sweden and Germany)

Dr Clive Wilder-Smith, FRCP, AGAF, MD, Consultant Gastroenterologist, Director of Research (Medical Doctor) (Switzerland)

Thomas Robin Wilks, MA, BSc(Hons) FHEA, CPhys, MInstP, University Science Lecturer, Maths, Mathematical Modelling and Physics, Open University (Scientist) (United Kingdom)

Dr Christopher Wood, MBBS, Retired General Practitioner (Medical Doctor) (United Kingdom)

Dr Olga Sergeevna Yakimanskaya, General Practitioner, Polyclinic Physician (Medical doctor) (Russia)

### **Signatures of Colleagues in Allied Disciplines relating to Ethics, Health and Human Rights**

Reece Francis Allawatt, Registered Nurse, Specialty in Psychiatry and Mental Health (USA)

Sue Cook, BSc (Hons) Lic LCCH, Neurodevelopment Specialist (United Kingdom)

Professor Peter Gichure, Associate Professor of Theology and Peace Studies, Catholic University of Eastern Africa, Director of Graduate Studies, with special interest in ethics (Kenya)

Shabnam Palesa Mohamed, Journalist, Activist and Mediator (South Africa)

John O’Sullivan, CEO of Principia Scientific International, an independent international scientific body defending the traditional scientific method, incorporated for charitable purposes as a Community Interest Company (United Kingdom)

Dr Violeta Sotirova, MPhil, PhD, Lecturer in English (United Kingdom)

## Exhibit B

## List of Members of the European Parliament Served with Notices of Liability for COVID-19 Vaccine Harms and Deaths

<https://doctors4covidethics.medium.com/members-of-the-european-parliament-serve-d-with-notices-of-liability-for-covid-19-vaccine-harms-and-a1630dd77dfd>

On April 20, all following Members of the European Parliament were served with notices of liability, advising that they may be held personally liable for harm and death caused by implementation of a Digital Green Certificate (Vaccine Passport), to be voted upon in the European Parliament on April 28, 2021.

Magdalena ADAMOWICZ	Group of the European People's Party (Christian Democrats) Poland Independent
Asim ADEMOV	Group of the European People's Party (Christian Democrats) Bulgaria Citizens for European Development of Bulgaria
Isabella ADINOLFI	Non-attached Members Italy Movimento 5 Stelle
Matteo ADINOLFI	Identity and Democracy Group Italy Lega
Alex AGIUS SALIBA	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Malta Partit Laburista
Mazaly AGUILAR	European Conservatives and Reformists Group Spain VOX
Clara AGUILERA	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Spain Partido Socialista Obrero Español
Alviina ALAMETSÄ	Group of the Greens/European Free Alliance Finland Vihreä liitto
Alexander ALEXANDROV YORDANOV	Group of the European People's Party (Christian Democrats) Bulgaria Union of Democratic Forces
François ALFONSI	Group of the Greens/European Free Alliance France Régions et Peuples Solidaires
Atidzhe ALIEVA-VELI	Renew Europe Group Bulgaria Movement for Rights and Freedoms
Abir AL-SAHLANI	Renew Europe Group Sweden Centerpartiet
Álvaro AMARO	Group of the European People's Party (Christian Democrats) Portugal Partido Social Democrata
Andris AMERIKS	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Latvia Gods kalpot Rīgai
Christine ANDERSON	Identity and Democracy Group Germany Alternative für Deutschland
Rasmus ANDRESEN	Group of the Greens/European Free Alliance Germany Bündnis 90/Die Grünen
Barry ANDREWS	Renew Europe Group Ireland Fianna Fáil Party
Eric ANDRIEU	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament France Parti socialiste
Mathilde ANDROUËT	Identity and Democracy Group France Rassemblement national
Nikos ANDROULAKIS	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Greece PASOK-KINAL
Marc ANGEL	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Luxembourg Parti ouvrier socialiste luxembourgeois
Gerolf ANNEMANS	Identity and Democracy Group Belgium Vlaams Belang
Andrus ANSIP	Renew Europe Group Estonia Eesti Reformierakond
Attila ARA-KOVÁCS	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Hungary Demokratikus Koalíció
Maria ARENA	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Belgium Parti Socialiste
Pablo ARIAS ECHEVERRÍA	Group of the European People's Party (Christian Democrats) Spain Partido Popular
Pascal ARIMONT	Group of the European People's Party (Christian Democrats) Belgium Christlich Soziale Partei
Bartosz ARŁUKOWICZ	Group of the European People's Party (Christian Democrats) Poland Platforma Obywatelska
Konstantinos ARVANITIS	The Left group in the European Parliament — GUE/NGL Greece Coalition of the Radical Left
Anna-Michelle ASIMAKOPOULOU	Group of the European People's Party (Christian Democrats) Greece Nea Demokratia
Manon AUBRY	The Left group in the European Parliament — GUE/NGL France La France Insoumise
Margrete AUJEN	Group of the Greens/European Free Alliance Denmark Socialistisk Folkeparti
Petras AUŠTREVČIUS	Renew Europe Group Lithuania Lietuvos Respublikos liberalų sąjūdis
Carmen AVRAM	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Romania Partidul Social Democrat

Malik AZMANI	Renew Europe Group Netherlands Volkspartij voor Vrijheid en Democratie
Simona BALDASSARRE	Identity and Democracy Group Italy Lega
Marek Paweł BALT	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Poland Sojusz Lewicy Demokratycznej
Jordan BARDELLA	Identity and Democracy Group France Rassemblement national
Katarina BARLEY	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Germany Sozialdemokratische Partei Deutschlands
Pernando BARRENA ARZA	The Left group in the European Parliament — GUE/NGL Spain EH BILDU
Pietro BARTOLO	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Italy Partito Democratico
Traian BĂSESCU	Group of the European People's Party (Christian Democrats) Romania Partidul Mișcarea Populară
Alessandra BASSO	Identity and Democracy Group Italy Lega
José Ramón BAUZÁ DÍAZ	Renew Europe Group Spain Ciudadanos — Partido de la Ciudadanía
Nicolas BAY	Identity and Democracy Group France Rassemblement national
Gunnar BECK	Identity and Democracy Group Germany Alternative für Deutschland
Nicola BEER	Renew Europe Group Germany Freie Demokratische Partei
Tiziana BEGHIN	Non-attached Members Italy Movimento 5 Stelle
Aurélia BEIGNEUX	Identity and Democracy Group France Rassemblement national
Marek BELKA	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Poland Sojusz Lewicy Demokratycznej
François-Xavier BELLAMY	Group of the European People's Party (Christian Democrats) France Les Républicains
Adrian-Dragoș BENEĂ	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Romania Partidul Social Democrat
Brando BENIFEI	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Italy Partito Democratico
Isabel BENJUMEA BENJUMEA	Group of the European People's Party (Christian Democrats) Spain Partido Popular
Monika BEŇOVÁ	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Slovakia SMER-Sociálna demokracia
Hildegard BENTELE	Group of the European People's Party (Christian Democrats) Germany Christlich Demokratische Union Deutschlands
Tom BERENDSEN	Group of the European People's Party (Christian Democrats) Netherlands Christen Democratisch Appèl
Lars Patrick BERG	Identity and Democracy Group Germany Alternative für Deutschland
Stefan BERGER	Group of the European People's Party (Christian Democrats) Germany Christlich Demokratische Union Deutschlands
Erik BERGKVIST	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Sweden Arbetarepartiet- Socialdemokraterna
Sergio BERLATO	European Conservatives and Reformists Group Italy Fratelli d'Italia
Silvio BERLUSCONI	Group of the European People's Party (Christian Democrats) Italy Forza Italia
Alexander BERNHUBER	Group of the European People's Party (Christian Democrats) Austria Österreichische Volkspartei
Robert BIEDROŃ	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Poland Wiosna
Adam BIELAN	European Conservatives and Reformists Group Poland Prawo i Sprawiedliwość
Stéphane BIJOUX	Renew Europe Group France La République en marche
Izaskun BILBAO BARANDICA	Renew Europe Group Spain Partido Nacionalista Vasco
Vladimír BILČÍK	Group of the European People's Party (Christian Democrats) Slovakia SPOLU — občianska demokracia
Dominique BILDE	Identity and Democracy Group France Rassemblement national
Gabriele BISCHOFF	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Germany Sozialdemokratische Partei Deutschlands
Benoît BITEAU	Group of the Greens/European Free Alliance France Europe Écologie
Mara BIZZOTTO	Identity and Democracy Group Italy Lega
Malin BJÖRK	The Left group in the European Parliament — GUE/NGL Sweden Vänsterpartiet
Vasile BLAGA	Group of the European People's Party (Christian Democrats) Romania Partidul Național Liberal
Hynek BLAŠKO	Identity and Democracy Group Czechia Svoboda a přímá demokracie
Vilija BLINKEVIČIŪTĖ	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Lithuania Lietuvos socialdemokratų partija
Michael BLOSS	Group of the Greens/European Free Alliance Germany Bündnis 90/Die Grünen
Andrea BOCSKOR	Non-attached Members Hungary Fidesz-Magyar Polgári Szövetség-Kereszténydemokrata Néppárt
Damian BOESELAGER	Group of the Greens/European Free Alliance Germany Volt

Ioan-Rareş BOGDAN	Group of the European People's Party (Christian Democrats) Romania Partidul Național Liberal
Franc BOGOVIČ	Group of the European People's Party (Christian Democrats) Slovenia Slovenska ljudska stranka
Manuel BOMPARD	The Left group in the European Parliament — GUE/NGL France La France Insoumise
Simona BONAFÈ	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Italy Partito Democratico
Anna BONFRISCO	Identity and Democracy Group Italy Lega
Paolo BORCHIA	Identity and Democracy Group Italy Lega
Biljana BORZAN	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Croatia Socijaldemokratska partija Hrvatske
Marc BOTENGA	The Left group in the European Parliament — GUE/NGL Belgium Parti du Travail de Belgique
Vlad-Marius BOTOȘ	Renew Europe Group Romania Uniunea Salvați România
Geert BOURGEOIS	European Conservatives and Reformists Group Belgium Nieuw-Vlaamse Alliantie
Gilles BOYER	Renew Europe Group France Indépendant
Patrick BREYER	Group of the Greens/European Free Alliance Germany Piratenpartei Deutschland
Milan BRGLEZ	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Slovenia Socialni demokrati
Saskia BRICMONT	Group of the Greens/European Free Alliance Belgium Ecologistes Confédérés pour l'Organisation de Luttes Originales
Joachim Stanisław BRUDZIŃSKI	European Conservatives and Reformists Group Poland Prawo i Sprawiedliwość
Annika BRUNA	Identity and Democracy Group France Rassemblement national
Sylvie BRUNET	Renew Europe Group France Mouvement Démocrate
Markus BUCHHEIT	Identity and Democracy Group Germany Alternative für Deutschland
Daniel BUDA	Group of the European People's Party (Christian Democrats) Romania Partidul Național Liberal
Udo BULLMANN	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Germany Sozialdemokratische Partei Deutschlands
Delara BURKHARDT	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Germany Sozialdemokratische Partei Deutschlands
Martin BUSCHMANN	Non-attached Members Germany Independent
Cristian-Silviu BUȘOI	Group of the European People's Party (Christian Democrats) Romania Partidul Național Liberal
Reinhard BÜTIKOFER	Group of the Greens/European Free Alliance Germany Bündnis 90/Die Grünen
Jorge BUXADÉ VILLALBA	European Conservatives and Reformists Group Spain VOX
Jerzy BUZEK	Group of the European People's Party (Christian Democrats) Poland Platforma Obywatelska
Carlo CALENDÀ	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Italy Azione
Marco CAMPOMENOSI	Identity and Democracy Group Italy Lega
Jordi CAÑAS	Renew Europe Group Spain Ciudadanos — Partido de la Ciudadanía
Pascal CANFIN	Renew Europe Group France Liste Renaissance
Damien CARÈME	Group of the Greens/European Free Alliance France Europe Écologie
Andrea CAROPPO	Non-attached Members Italy Sud in Testa
Isabel CARVALHAIS	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Portugal Partido Socialista
Maria da Graça CARVALHO	Group of the European People's Party (Christian Democrats) Portugal Partido Social Democrata
David CASA	Group of the European People's Party (Christian Democrats) Malta Partit Nazzjonalista
Massimo CASANOVA	Identity and Democracy Group Italy Lega
Daniel CASPARY	Group of the European People's Party (Christian Democrats) Germany Christlich Demokratische Union Deutschlands
Fabio Massimo CASTALDO	Non-attached Members Italy Movimento 5 Stelle
Pilar del CASTILLO VERA	Group of the European People's Party (Christian Democrats) Spain Partido Popular
Anna CAVAZZINI	Group of the Greens/European Free Alliance Germany Bündnis 90/Die Grünen
Susanna CECCARDI	Identity and Democracy Group Italy Lega
Sara CERDAS	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Portugal Partido Socialista
Catherine CHABAUD	Renew Europe Group France Mouvement Démocrate
Mohammed CHAHIM	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Netherlands Partij van de Arbeid
Leila CHAIBI	The Left group in the European Parliament — GUE/NGL France La France Insoumise
Dita CHARANZOVÁ	Renew Europe Group Czechia ANO 2011
Olivier CHASTEL	Renew Europe Group Belgium Mouvement Réformateur

Caterina CHINNICI	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Italy Partito Democratico
Asger CHRISTENSEN	Renew Europe Group Denmark Venstre, Danmarks Liberale Parti
Lefteris CHRISTOFOROU	Group of the European People's Party (Christian Democrats) Cyprus Democratic Rally
Ilana CICUREL	Renew Europe Group France Liste Renaissance
Włodzimierz CIMOSZEWICZ	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Poland Sojusz Lewicy Demokratycznej — Unia Pracy
Angelo CIOCCA	Identity and Democracy Group Italy Lega
Dacian CIOLOȘ	Renew Europe Group Romania Partidul Libertate, Unitate și Solidaritate
Tudor CIUHODARU	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Romania Partidul Social Democrat
Miroslav Číž	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Slovakia SMER-Sociálna demokracia
Deirdre CLUNE	Group of the European People's Party (Christian Democrats) Ireland Fine Gael Party
Nathalie COLIN-OESTERLÉ	Group of the European People's Party (Christian Democrats) France Les centristes
Gilbert COLLARD	Identity and Democracy Group France Rassemblement national
Antoni COMÍN I OLIVERES	Non-attached Members Spain Junts per Catalunya — Lliures per Europa
Rosanna CONTE	Identity and Democracy Group Italy Lega
David CORMAND	Group of the Greens/European Free Alliance France Europe Écologie
Ignazio CORRAO	Group of the Greens/European Free Alliance Italy Independent
Andrea COZZOLINO	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Italy Partito Democratico
Corina CREȚU	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Romania PRO Romania
Katalin CSEH	Renew Europe Group Hungary Momentum
Ciarán CUFFE	Group of the Greens/European Free Alliance Ireland Green Party
Josianne CUTAJAR	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Malta Partit Laburista
Ryszard CZARNECKI	European Conservatives and Reformists Group Poland Prawo i Sprawiedliwość
Peter van DALEN	Group of the European People's Party (Christian Democrats) Netherlands ChristenUnie
Jakop G. DALUNDE	Group of the Greens/European Free Alliance Sweden Miljöpartiet de gröna
Clare DALY	The Left group in the European Parliament — GUE/NGL Ireland Independents for change
Rosa D'AMATO	Group of the Greens/European Free Alliance Italy Independent
Johan DANIELSSON	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Sweden Arbetarepartiet- Socialdemokraterna
Arnaud DANJEAN	Group of the European People's Party (Christian Democrats) France Les Républicains
Nicola DANTI	Renew Europe Group Italy Italia Viva
Gianantonio DA RE	Identity and Democracy Group Italy Lega
Ivan DAVID	Identity and Democracy Group Czechia Svoboda a přímá demokracie
Margarita DE LA PISA CARRIÓN	European Conservatives and Reformists Group Spain VOX
Salvatore DE MEO	Group of the European People's Party (Christian Democrats) Italy Forza Italia
Paolo DE CASTRO	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Italy Partito Democratico
Jérémy DECERLE	Renew Europe Group France Liste Renaissance
Gwendoline DELBOS-CORFIELD	Group of the Greens/European Free Alliance France Europe Écologie
Andor DELI	Non-attached Members Hungary Fidesz-Magyar Polgári Szövetség-Kereszténydemokrata Néppárt
Karima DELLI	Group of the Greens/European Free Alliance France Europe Écologie
Filip DE MAN	Identity and Democracy Group Belgium Vlaams Belang
Özlem DEMIREL	The Left group in the European Parliament — GUE/NGL Germany DIE LINKE.
Anna DEPARNAY-GRUNENBERG	Group of the Greens/European Free Alliance Germany Bündnis 90/Die Grünen
Tamás DEUTSCH	Non-attached Members Hungary Fidesz-Magyar Polgári Szövetség-Kereszténydemokrata Néppárt
Geoffroy DIDIER	Group of the European People's Party (Christian Democrats) France Les Républicains
Martina DLABAJOVÁ	Renew Europe Group Czechia ANO 2011
Klára DOBREV	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Hungary Demokratikus Koalíció
Christian DOLESCHAL	Group of the European People's Party (Christian Democrats) Germany Christlich-Soziale Union in Bayern e.V.
Anna Júlia DONÁTH	Renew Europe Group Hungary Momentum
Francesca DONATO	Identity and Democracy Group Italy Lega
Herbert DORFMANN	Group of the European People's Party (Christian Democrats) Italy Südtiroler Volkspartei
Marco DREOSTO	Identity and Democracy Group Italy Lega
Jarosław DUDA	Group of the European People's Party (Christian Democrats) Poland Platforma Obywatelska

Lena DÜPONT	Group of the European People's Party (Christian Democrats) Germany Christlich Demokratische Union Deutschlands
Estrella DURÁ FERRANDIS	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Spain Partido Socialista Obrero Español
Pascal DURAND	Renew Europe Group France Liste Renaissance
Lucia ĎURIŠ NICHOLSONOVÁ	European Conservatives and Reformists Group Slovakia Independent
Angel DZHAMBAZKI	European Conservatives and Reformists Group Bulgaria VMRO
Christian EHLER	Group of the European People's Party (Christian Democrats) Germany Christlich Demokratische Union Deutschlands
Bas EICKHOUT	Group of the Greens/European Free Alliance Netherlands GroenLinks
Cyrus ENGERER	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Malta Partit Laburista
Cornelia ERNST	The Left group in the European Parliament – GUE/NGL Germany DIE LINKE.
Engin EROGLU	Renew Europe Group Germany Freie Wähler
Ismail ERTUG	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Germany Sozialdemokratische Partei Deutschlands
Rosa ESTARÀS FERRAGUT	Group of the European People's Party (Christian Democrats) Spain Partido Popular
Eleonora EVI	Group of the Greens/European Free Alliance Italy Independent
Agnès EVREN	Group of the European People's Party (Christian Democrats) France Les Républicains
Tanja FAJON	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Slovenia Socialni demokrati
Gheorghe FALCĂ	Group of the European People's Party (Christian Democrats) Romania Partidul Național Liberal
Laurence FARRENG	Renew Europe Group France Mouvement Démocrate
Markus FERBER	Group of the European People's Party (Christian Democrats) Germany Christlich-Soziale Union in Bayern e.V.
José Manuel FERNANDES	Group of the European People's Party (Christian Democrats) Portugal Partido Social Democrata
Jonás FERNÁNDEZ	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Spain Partido Socialista Obrero Español
Giuseppe FERRANDINO	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Italy Partito Democratico
Laura FERRARA	Non-attached Members Italy Movimento 5 Stelle
João FERREIRA	The Left group in the European Parliament – GUE/NGL Portugal Partido Comunista Português
Nicolaus FEST	Identity and Democracy Group Germany Alternative für Deutschland
Carlo FIDANZA	European Conservatives and Reformists Group Italy Fratelli d'Italia
Pietro FIOCCHI	European Conservatives and Reformists Group Italy Fratelli d'Italia
Raffaele FITTO	European Conservatives and Reformists Group Italy Fratelli d'Italia
Frances FITZGERALD	Group of the European People's Party (Christian Democrats) Ireland Fine Gael Party
Luke Ming FLANAGAN	The Left group in the European Parliament – GUE/NGL Ireland Independent
Valter FLEGO	Renew Europe Group Croatia Istarski demokratski sabor – Dieta democratica istriana
Anna FOTYGA	European Conservatives and Reformists Group Poland Prawo i Sprawiedliwość
Loucas FOURLAS	Group of the European People's Party (Christian Democrats) Cyprus Democratic Rally
Emmanouil FRAGKOS	European Conservatives and Reformists Group Greece Elliniki Lusi-Greek Solution
Tomasz FRANKOWSKI	Group of the European People's Party (Christian Democrats) Poland Platforma Obywatelska
Cindy FRANSSSEN	Group of the European People's Party (Christian Democrats) Belgium Christen-Democratisch & Vlaams
Romeo FRANZ	Group of the Greens/European Free Alliance Germany Bündnis 90/Die Grünen
Daniel FREUND	Group of the Greens/European Free Alliance Germany Bündnis 90/Die Grünen
Heléne FRITZON	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Sweden Arbetarepartiet- Socialdemokraterna
Niels FUGLSANG	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Denmark Socialdemokratiet
Mario FURORE	Non-attached Members Italy Movimento 5 Stelle
Søren GADE	Renew Europe Group Denmark Venstre, Danmarks Liberale Parti
Michael GAHLER	Group of the European People's Party (Christian Democrats) Germany Christlich Demokratische Union Deutschlands
Kinga GÁL	Non-attached Members Hungary Fidesz-Magyar Polgári Szövetség-Kereszténydemokrata Néppárt
Lina GÁLVEZ MUÑOZ	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Spain Partido Socialista Obrero Español
Claudia GAMON	Renew Europe Group Austria NEOS – Das Neue Österreich
Gianna GANCIA	Identity and Democracy Group Italy Lega

Ibán GARCÍA DEL BLANCO	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Spain Partido Socialista Obrero Español
José GARCÍA-MARGALLO Y MARFIL	Group of the European People's Party (Christian Democrats) Spain Partido Popular
Isabel GARCÍA MUÑOZ	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Spain Partido Socialista Obrero Español
Iratxe GARCÍA PÉREZ	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Spain Partido Socialista Obrero Español
Eider GARDIAZABAL RUBIAL	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Spain Partido Socialista Obrero Español
Luis GARICANO	Renew Europe Group Spain Ciudadanos — Partido de la Ciudadanía
Jean-Paul GARRAUD	Identity and Democracy Group France Rassemblement national
Evelyne GEBHARDT	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Germany Sozialdemokratische Partei Deutschlands
Alexandra GEESE	Group of the Greens/European Free Alliance Germany Bündnis 90/Die Grünen
Jens GEIER	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Germany Sozialdemokratische Partei Deutschlands
Chiara GEMMA	Non-attached Members Italy Movimento 5 Stelle
Giorgos GEORGIU	The Left group in the European Parliament — GUE/NGL Cyprus Progressive Party of Working People — Left — New Forces
Alexis GEORGIOULIS	The Left group in the European Parliament — GUE/NGL Greece Coalition of the Radical Left
Helmut GEUKING	European Conservatives and Reformists Group Germany Familien-Partei Deutschlands
Viad GHEORGHE	Renew Europe Group Romania Uniunea Salvați România
Dino GIARRUSSO	Non-attached Members Italy Movimento 5 Stelle
Sven GIEGOLD	Group of the Greens/European Free Alliance Germany Bündnis 90/Die Grünen
Jens GIESEKE	Group of the European People's Party (Christian Democrats) Germany Christlich Demokratische Union Deutschlands
Sunčana GLAVAK	Group of the European People's Party (Christian Democrats) Croatia Hrvatska demokratska zajednica
Andreas GLÜCK	Renew Europe Group Germany Freie Demokratische Partei
Raphaël GLUCKSMANN	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament France Place publique
Charles GOERENS	Renew Europe Group Luxembourg Parti démocratique
Mónica Silvana GONZÁLEZ	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Spain Partido Socialista Obrero Español
Nicolás GONZÁLEZ CASARES	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Spain Partido Socialista Obrero Español
Esteban GONZÁLEZ PONS	Group of the European People's Party (Christian Democrats) Spain Partido Popular
Sandro GOZI	Renew Europe Group France Liste Renaissance
Marcel DE GRAAFF	Identity and Democracy Group Netherlands Partij voor de Vrijheid
Valentino GRANT	Identity and Democracy Group Italy Lega
Maria GRAPINI	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Romania Partidul Puterii Umaniste
Markéta GREGOROVÁ	Group of the Greens/European Free Alliance Czechia PIRÁTI
Catherine GRISET	Identity and Democracy Group France Rassemblement national
Bart GROOTHUIS	Renew Europe Group Netherlands Volkspartij voor Vrijheid en Democratie
Klemen GROŠELJ	Renew Europe Group Slovenia Lista Marjana Šarca
Christophe GRUDLER	Renew Europe Group France Mouvement Démocrate
Claude GRUFFAT	Group of the Greens/European Free Alliance France Europe Écologie
Elisabetta GUALMINI	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Italy Partito Democratico
Francisco GUERREIRO	Group of the Greens/European Free Alliance Portugal Independente
Bernard GUETTA	Renew Europe Group France Liste Renaissance
Sylvie GUILLAUME	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament France Parti socialiste
José GUSMÃO	The Left group in the European Parliament — GUE/NGL Portugal Bloco de Esquerda
Jytte GUTELAND	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Sweden Arbetarepartiet- Socialdemokraterna
Márton GYÖNGYÖSI	Non-attached Members Hungary Jobbik Magyarországért Mozgalom
Enikő GYÓRI	Non-attached Members Hungary Fidesz-Magyar Polgári Szövetség-Kereszténydemokrata Néppárt
András GYÜRK	Non-attached Members Hungary Fidesz-Magyar Polgári Szövetség-Kereszténydemokrata Néppárt
Svenja HAHN	Renew Europe Group Germany Freie Demokratische Partei

Henrike HAHN	Group of the Greens/European Free Alliance Germany Bündnis 90/Die Grünen
Roman HAIDER	Identity and Democracy Group Austria Freiheitliche Partei Österreichs
Robert HAJŠEL	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Slovakia Independent
Teuvo HAKKARAINEN	Identity and Democracy Group Finland Perussuomalaiset
Andrzej HALICKI	Group of the European People's Party (Christian Democrats) Poland Platforma Obywatelska
Christophe HANSEN	Group of the European People's Party (Christian Democrats) Luxembourg Parti chrétien social luxembourgeois
Martin HÄUSLING	Group of the Greens/European Free Alliance Germany Bündnis 90/Die Grünen
Heidi HAUTALA	Group of the Greens/European Free Alliance Finland Vihreä liitto
Mircea-Gheorghe HAVA	Group of the European People's Party (Christian Democrats) Romania Partidul Național Liberal
Valérie HAYER	Renew Europe Group France La République en marche
Anja HAZEKAMP	The Left group in the European Parliament – GUE/NGL Netherlands Partij voor de Dieren
Hannes HEIDE	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Austria Sozialdemokratische Partei Österreichs
Eero HEINÄLUOMA	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Finland Suomen Sosialidemokraattinen Puolue/Finlands Socialdemokratiska Parti
Niclas HERBST	Group of the European People's Party (Christian Democrats) Germany Christlich Demokratische Union Deutschlands
Pierrette HERZBERGER-FOFANA	Group of the Greens/European Free Alliance Germany Bündnis 90/Die Grünen
Krzysztof HETMAN	Group of the European People's Party (Christian Democrats) Poland Polskie Stronnictwo Ludowe
Balázs HIDVÉGHI	Non-attached Members Hungary Fidesz-Magyar Polgári Szövetség-Kereszténydemokrata Néppárt
Martin HLAVÁČEK	Renew Europe Group Czechia ANO 2011
Monika HOHLMIEIER	Group of the European People's Party (Christian Democrats) Germany Christlich-Soziale Union in Bayern e.V.
Martin HOJSÍK	Renew Europe Group Slovakia Progresívne Slovensko
Pär HOLMGREN	Group of the Greens/European Free Alliance Sweden Miljöpartiet de gröna
György HÖLVÉNYI	Group of the European People's Party (Christian Democrats) Hungary Kereszténydemokrata Néppárt
Alicia HOMS GINEL	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Spain Partido Socialista Obrero Español
Brice HORTEFEUX	Group of the European People's Party (Christian Democrats) France Les Républicains
Ivo HRISTOV	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Bulgaria Bulgarian Socialist Party
Danuta Maria HÜBNER	Group of the European People's Party (Christian Democrats) Poland Platform Obywatelska
Laura HUHTASAARI	Identity and Democracy Group Finland Perussuomalaiset
Jan HUITEMA	Renew Europe Group Netherlands Volkspartij voor Vrijheid en Democratie
Ivars IJABS	Renew Europe Group Latvia Attīstībai/Par!
Evin INCIR	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Sweden Arbetarepartiet- Socialdemokraterna
Sophia IN 'T VELD	Renew Europe Group Netherlands Democraten 66
Yannick JADOT	Group of the Greens/European Free Alliance France Europe Écologie
Peter JAHR	Group of the European People's Party (Christian Democrats) Germany Christlich Demokratische Union Deutschlands
Stasys JAKELIŪNAS	Group of the Greens/European Free Alliance Lithuania Independent
Patryk JAKI	European Conservatives and Reformists Group Poland Solidarna Polska Zbigniewa Ziobro
Jean-François JALKH	Identity and Democracy Group France Rassemblement national
France JAMET	Identity and Democracy Group France Rassemblement national
Livia JÁRÓKA	Non-attached Members Hungary Fidesz-Magyar Polgári Szövetség-Kereszténydemokrata Néppárt
Adam JARUBAS	Group of the European People's Party (Christian Democrats) Poland Polskie Stronnictwo Ludowe
Romana JERKOVIĆ	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Croatia Socijaldemokratska partija Hrvatske
Agnes JONGERIUS	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Netherlands Partij van de Arbeid
Virginie JORON	Identity and Democracy Group France Rassemblement national
Irena JOVEVA	Renew Europe Group Slovenia Lista Marjana Šarca
Rasa JUKNEVIČIENĖ	Group of the European People's Party (Christian Democrats) Lithuania Tėvynės sąjunga-Lietuvos krikščionys demokratai
Krzysztof JURGIEL	European Conservatives and Reformists Group Poland Prawo i Sprawiedliwość

Eugen JURZYCA	European Conservatives and Reformists Group Slovakia Sloboda a Solidarita
Herve JUVIN	Identity and Democracy Group France Rassemblement national
Eva KAILI	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Greece Panhellenic Socialist Movement — Olive Tree
Jarosław KALINOWSKI	Group of the European People's Party (Christian Democrats) Poland Polskie Stronnictwo Ludowe
Marina KALJURAND	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Estonia Sotsiaaldemokraatlik Erakond
Sandra KALNIETE	Group of the European People's Party (Christian Democrats) Latvia Partija "VIENOTĪBA"
Petra KAMMEREVERT	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Germany Sozialdemokratische Partei Deutschlands
Radan KANEV	Group of the European People's Party (Christian Democrats) Bulgaria Democrats for Strong Bulgaria
Assita KANKO	European Conservatives and Reformists Group Belgium Nieuw-Vlaamse Alliantie
Othmar KARAS	Group of the European People's Party (Christian Democrats) Austria Österreichische Volkspartei
Pierre KARLESKIND	Renew Europe Group France La République en marche
Karin KARLSBRO	Renew Europe Group Sweden Liberalerna
Karol KARSKI	European Conservatives and Reformists Group Poland Prawo i Sprawiedliwość
Elsi KATAINEN	Renew Europe Group Finland Suomen Keskusta
Manolis KEFALOGIANNIS	Group of the European People's Party (Christian Democrats) Greece Nea Demokratia
Billy KELLEHER	Renew Europe Group Ireland Fianna Fáil Party
Fabienne KELLER	Renew Europe Group France Agir — La Droite constructive
Ska KELLER	Group of the Greens/European Free Alliance Germany Bündnis 90/Die Grünen
Seán KELLY	Group of the European People's Party (Christian Democrats) Ireland Fine Gael Party
Beata KEMPA	European Conservatives and Reformists Group Poland Solidarna Polska Zbigniewa Ziobro
Niyazi KIZILYÜREK	The Left group in the European Parliament — GUE/NGL Cyprus Progressive Party of Working People — Left — New Forces
Izabela-Helena KLOC	European Conservatives and Reformists Group Poland Prawo i Sprawiedliwość
Ondřej KNOTEK	Renew Europe Group Czechia ANO 2011
Peter KOFOD	Identity and Democracy Group Denmark Dansk Folkeparti
Łukasz KOHUT	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Poland Wiosna
Arba KOKALARI	Group of the European People's Party (Christian Democrats) Sweden Moderaterna
Petros KOKKALIS	The Left group in the European Parliament — GUE/NGL Greece Coalition of the Radical Left
Marcel KOLAJA	Group of the Greens/European Free Alliance Czechia PIRÁTI
Mislav KOLAKUŠIĆ	Non-attached Members Croatia -
Kateřina KONEČNÁ	The Left group in the European Parliament — GUE/NGL Czechia Komunistická strana Čech a Moravy
Athanasios KONSTANTINOU	Non-attached Members Greece Independent
Ewa KOPACZ	Group of the European People's Party (Christian Democrats) Poland Platforma Obywatelska
Joanna KOPCIŃSKA	European Conservatives and Reformists Group Poland Prawo i Sprawiedliwość
Moritz KÖRNER	Renew Europe Group Germany Freie Demokratische Partei
Ádám KÓSA	Non-attached Members Hungary Fidesz-Magyar Polgári Szövetség-Kereszténydemokrata Néppárt
Dietmar KÖSTER	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Germany Sozialdemokratische Partei Deutschlands
Stelios KOULOLOU	The Left group in the European Parliament — GUE/NGL Greece Coalition of the Radical Left
Elena KOUNTOURA	The Left group in the European Parliament — GUE/NGL Greece Coalition of the Radical Left
Ondřej KOVAŘÍK	Renew Europe Group Czechia ANO 2011
Andrey KOVATCHEV	Group of the European People's Party (Christian Democrats) Bulgaria Citizens for European Development of Bulgaria
Maximilian KRAH	Identity and Democracy Group Germany Alternative für Deutschland
Zdzisław KRASNOŁĘBSKI	European Conservatives and Reformists Group Poland Prawo i Sprawiedliwość
Constanze KREHL	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Germany Sozialdemokratische Partei Deutschlands
Elżbieta KRUK	European Conservatives and Reformists Group Poland Prawo i Sprawiedliwość
Andrius KUBILIUS	Group of the European People's Party (Christian Democrats) Lithuania Tėvynės sąjunga-Lietuvos krikščionys demokratai
Alice KUHNKE	Group of the Greens/European Free Alliance Sweden Miljöpartiet de gröna
Joachim KUHS	Identity and Democracy Group Germany Alternative für Deutschland

Miapetra KUMPULA-NATRI	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament
Zbigniew KUŹMIUK	Finland Suomen Sosialidemokraattinen Puolue/Finlands Socialdemokratiska Parti
Stelios KYMPOUROPOULOS	European Conservatives and Reformists Group Poland Prawo i Sprawiedliwość
Georgios KYRTSOS	Group of the European People's Party (Christian Democrats) Greece Nea Demokratia
Ilhan KYUCHYUK	Group of the European People's Party (Christian Democrats) Greece Nea Demokratia
Jean-Lin LACAPELLE	Renew Europe Group Bulgaria Movement for Rights and Freedoms
Sergey LAGODINSKY	Identity and Democracy Group France Rassemblement national
Ioannis LAGOS	Group of the Greens/European Free Alliance Germany Bündnis 90/Die Grünen
Aurore LALUCQ	Non-attached Members Greece Independent
Philippe LAMBERTS	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament
Danilo Oscar LANCINI	France Place publique
Bernd LANGE	Group of the Greens/European Free Alliance Belgium Ecologistes Confédérés pour l'Organisation de Luttes Originales
Esther de LANGE	Identity and Democracy Group Italy Lega
Katrin LANGENSIEPEN	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament
Hélène LAPORTE	Germany Sozialdemokratische Partei Deutschlands
Pierre LARROUTOUROU	Group of the European People's Party (Christian Democrats) Netherlands Christen Democratisch Appèl
Gilles LEBRETON	Group of the Greens/European Free Alliance Germany Bündnis 90/Die Grünen
Julie LECHANTEUX	Identity and Democracy Group France Rassemblement national
David LEGA	Identity and Democracy Group France Rassemblement national
Ryszard Antoni LEGUTKO	Group of the European People's Party (Christian Democrats) Sweden Kristdemokraterna
Maria-Manuel LEITÃO-MARQUES	European Conservatives and Reformists Group Poland Prawo i Sprawiedliwość
Jeroen LENAERS	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament
Janusz LEWANDOWSKI	Portugal Partido Socialista
Miriam LEXMANN	Group of the European People's Party (Christian Democrats) Netherlands Christen Democratisch Appèl
Bogusław LIBERADZKI	Group of the European People's Party (Christian Democrats) Poland Platforma Obywatelska
Peter LIESE	Group of the European People's Party (Christian Democrats) Slovakia Kresťanskodemokratické hnutie
Sylvia LIMMER	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament
Norbert LINS	Poland Sojusz Lewicy Demokratycznej
Elena LIZZI	Group of the European People's Party (Christian Democrats) Germany Christlich Demokratische Union Deutschlands
Nathalie LOISEAU	Identity and Democracy Group Germany Alternative für Deutschland
Morten LØKKEGAARD	Group of the European People's Party (Christian Democrats) Germany Christlich Demokratische Union Deutschlands
Javi LÓPEZ	Identity and Democracy Group Italy Lega
Juan Fernando LÓPEZ AGUILAR	Renew Europe Group France Liste Renaissance
Leopoldo LÓPEZ GIL	Renew Europe Group Denmark Venstre, Danmarks Liberale Parti
Antonio LÓPEZ-ISTÚRIZ WHITE	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament
César LUENA	Spain Partit dels Socialistes de Catalunya
Eižbieta Katarzyna ŁUKACIJEWSKA	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament
Peter LUNDGREN	Spain Partido Socialista Obrero Español
Benoît LUTGEN	Group of the European People's Party (Christian Democrats) Spain Partido Popular
David McALLISTER	Group of the European People's Party (Christian Democrats) Spain Partido Popular
Chris MACMANUS	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament
Jaak MADISON	Spain Partido Socialista Obrero Español
Cristina MAESTRE MARTÍN DE ALMAGRO	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament
Pierfrancesco MAJORINO	Spain Partido Socialista Obrero Español
Aušra MALDEIKIENĖ	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament
	Italy Partito Democratico
	Group of the European People's Party (Christian Democrats) Lithuania Independent

Adriana MALDONADO LÓPEZ	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Spain Partido Socialista Obrero Español
Claudiu MANDA	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Romania Partidul Social Democrat
Antonius MANDERS	Group of the European People's Party (Christian Democrats) Netherlands Christen Democratisch Appèl
Lukas MANDL	Group of the European People's Party (Christian Democrats) Austria Österreichische Volkspartei
Thierry MARIANI	Identity and Democracy Group France Rassemblement national
Marian-Jean MARINESCU	Group of the European People's Party (Christian Democrats) Romania Partidul Național Liberal
Colm MARKEY	Group of the European People's Party (Christian Democrats) Ireland Fine Gael Party
Erik MARQUARDT	Group of the Greens/European Free Alliance Germany Bündnis 90/Die Grünen
Margarida MARQUES	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Portugal Partido Socialista
Pedro MARQUES	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Portugal Partido Socialista
Fulvio MARTUSCIELLO	Group of the European People's Party (Christian Democrats) Italy Forza Italia
Marisa MATIAS	The Left group in the European Parliament — GUE/NGL Portugal Bloco de Esquerda
Predrag Fred MATIĆ	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Croatia Socijaldemokratska partija Hrvatske
Gabriel MATO	Group of the European People's Party (Christian Democrats) Spain Partido Popular
Sara MATTHIEU	Group of the Greens/European Free Alliance Belgium Groen
Emmanuel MAUREL	The Left group in the European Parliament — GUE/NGL France Gauche républicaine et socialiste
Costas MAVRIDES	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Cyprus Democratic Party
Radka MAXOVÁ	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Czechia Independent
Eva MAYDELL	Group of the European People's Party (Christian Democrats) Bulgaria Citizens for European Development of Bulgaria
Georg MAYER	Identity and Democracy Group Austria Freiheitliche Partei Österreichs
Beata MAZUREK	European Conservatives and Reformists Group Poland Prawo i Sprawiedliwość
Liudas MAŽYLIS	Group of the European People's Party (Christian Democrats) Lithuania Tėvynės sąjunga-Lietuvos krikščionys demokratai
Nora MEBAREK	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament France Parti socialiste
Vangelis MEIMARAKIS	Group of the European People's Party (Christian Democrats) Greece Nea Demokratia
Dace MELBĀRDE	European Conservatives and Reformists Group Latvia Nacionālā apvienība "Visu Latvijai!"-"Tēvzemei un Brīvībai/LNNK"
Karen MELCHIOR	Renew Europe Group Denmark Det Radikale Venstre
Joëlle MÉLIN	Identity and Democracy Group France Rassemblement national
Nuno MELO	Group of the European People's Party (Christian Democrats) Portugal Partido do Centro Democrático Social-Partido Popular
Roberta METSOLA	Group of the European People's Party (Christian Democrats) Malta Partit Nazzjonalista
Tilly METZ	Group of the Greens/European Free Alliance Luxembourg Déi Gréng — Les Verts
Jörg MEUTHEN	Identity and Democracy Group Germany Alternative für Deutschland
Martina MICHELS	The Left group in the European Parliament — GUE/NGL Germany DIE LINKE.
Iskra MIHAYLOVA	Renew Europe Group Bulgaria Movement for Rights and Freedoms
Sven MIKSER	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Estonia Sotsiaaldemokraatlik Erakond
Giuseppe MILAZZO	Group of the European People's Party (Christian Democrats) Italy Forza Italia
Francisco José MILLÁN MON	Group of the European People's Party (Christian Democrats) Spain Partido Popular
Leszek MILLER	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Poland Sojusz Lewicy Demokratycznej
Alin MITUȚA	Renew Europe Group Romania Partidul Libertate, Unitate și Solidaritate
Silvia MODIG	The Left group in the European Parliament — GUE/NGL Finland Vasemmistoliitto
Csaba MOLNÁR	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Hungary Demokratikus Koalíció
Cláudia MONTEIRO DE AGUIAR	Group of the European People's Party (Christian Democrats) Portugal Partido Social Democrata
Dolors MONTSERRAT	Group of the European People's Party (Christian Democrats) Spain Partido Popular
Nadine MORANO	Group of the European People's Party (Christian Democrats) France Les Républicains

Javier MORENO SÁNCHEZ	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Spain Partido Socialista Obrero Español
Alessandra MORETTI	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Italy Partito Democratico
Marlene MORTLER	Group of the European People's Party (Christian Democrats) Germany Christlich-Soziale Union in Bayern e.V.
Dan-Ștefan MOTREANU	Group of the European People's Party (Christian Democrats) Romania Partidul Național Liberal
Andželika Anna MOŽDŽANOWSKA	European Conservatives and Reformists Group Poland Prawo i Sprawiedliwość
Ulrike MÜLLER	Renew Europe Group Germany Freie Wähler
Siegfried MUREȘAN	Group of the European People's Party (Christian Democrats) Romania Partidul Național Liberal
Caroline NAGTEGAAL	Renew Europe Group Netherlands Volkspartij voor Vrijheid en Democratie
Javier NART	Renew Europe Group Spain Independiente
Victor NEGRESCU	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Romania Partidul Social Democrat
Hannah NEUMANN	Group of the Greens/European Free Alliance Germany Bündnis 90/Die Grünen
Norbert NEUSER	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Germany Sozialdemokratische Partei Deutschlands
Dan NICA	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Romania Partidul Social Democrat
Angelika NIEBLER	Group of the European People's Party (Christian Democrats) Germany Christlich-Soziale Union in Bayern e.V.
Luděk NIEDERMAYER	Group of the European People's Party (Christian Democrats) Czechia TOP 09 a Starostové
Niklas NIENASS	Group of the Greens/European Free Alliance Germany Bündnis 90/Die Grünen
Ville NIINISTÖ	Group of the Greens/European Free Alliance Finland Vihreä liitto
Lefteris NIKOLAOU-ALAVANOS	Non-attached Members Greece Communist Party of Greece
Gheorghe-Vlad NISTOR	Group of the European People's Party (Christian Democrats) Romania Partidul Național Liberal
Maria NOICHL	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Germany Sozialdemokratische Partei Deutschlands
Ljudmila NOVAK	Group of the European People's Party (Christian Democrats) Slovenia Nova Slovenija – Krščanski demokrati
Andrey NOVAKOV	Group of the European People's Party (Christian Democrats) Bulgaria Citizens for European Development of Bulgaria
Janina OCHOJSKA	Group of the European People's Party (Christian Democrats) Poland Independent
Jan-Christoph OETJEN	Renew Europe Group Germany Freie Demokratische Partei
Jan OLBRYCHT	Group of the European People's Party (Christian Democrats) Poland Platforma Obywatelska
Juozas OLEKAS	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Lithuania Lietuvos socialdemokratų partija
Philippe OLIVIER	Identity and Democracy Group France Rassemblement national
Younous OMARJEE	The Left group in the European Parliament — GUE/NGL France La France Insoumise
Grace O'SULLIVAN	Group of the Greens/European Free Alliance Ireland Green Party
Urmas PAET	Renew Europe Group Estonia Eesti Reformierakond
Maite PAGAZAURTUNDÚA	Renew Europe Group Spain Delegación Ciudadanos Europeos
Alessandro PANZA	Identity and Democracy Group Italy Lega
Demetris PAPADAKIS	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Cyprus Movement for Social Democracy EDEK
Kostas PAPADAKIS	Non-attached Members Greece Communist Party of Greece
Dimitrios PAPADIMOULIS	The Left group in the European Parliament — GUE/NGL Greece Coalition of the Radical Left
Aldo PATRICIELLO	Group of the European People's Party (Christian Democrats) Italy Forza Italia
Jutta PAULUS	Group of the Greens/European Free Alliance Germany Bündnis 90/Die Grünen
Piernicola PEDICINI	Group of the Greens/European Free Alliance Italy Independent
Mauri PEKKARINEN	Renew Europe Group Finland Suomen Keskusta
Mikuláš PEKSA	Group of the Greens/European Free Alliance Czechia PIRÁTI
Anne-Sophie PELLETIER	The Left group in the European Parliament — GUE/NGL France La France Insoumise
Tsvetelina PENKOVA	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Bulgaria Bulgarian Socialist Party
Sandra PEREIRA	The Left group in the European Parliament — GUE/NGL Portugal Partido Comunista Português
Lídia PEREIRA	Group of the European People's Party (Christian Democrats) Portugal Partido Social Democrata
Kira Marie PETER-HANSEN	Group of the Greens/European Free Alliance Denmark Socialistisk Folkeparti

Morten PETERSEN	Renew Europe Group Denmark Det Radikale Venstre
Pina PICIERNO	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Italy Partito Democratico
Tonino PICULA	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Croatia Socijaldemokratska partija Hrvatske
Markus PIEPER	Group of the European People's Party (Christian Democrats) Germany Christlich Demokratische Union Deutschlands
Sirpa PIETIKÄINEN	Group of the European People's Party (Christian Democrats) Finland Kansallinen Kokoomus
Sabrina PIGNEDOLI	Non-attached Members Italy Movimento 5 Stelle
Manu PINEDA	The Left group in the European Parliament — GUE/NGL Spain Izquierda Unida
Maxette PIRBAKAS	Identity and Democracy Group France Rassemblement national
Giuliano PISAPIA	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Italy Independent
Dragoş PÎSLARU	Renew Europe Group Romania Partidul Libertate, Unitate și Solidaritate
Manuel PIZARRO	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Portugal Partido Socialista
Rovana PLUMB	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Romania Partidul Social Democrat
Stanislav POLČÁK nezávislí	Group of the European People's Party (Christian Democrats) Czechia Starostové a nezávislé osobnosti
Jessica POLFJÄRD	Group of the European People's Party (Christian Democrats) Sweden Moderaterna
Peter POLLÁK	Group of the European People's Party (Christian Democrats) Slovakia Obyčajní ľudia a nezávislé osobnosti
Clara PONSATÍ OBIOLS	Non-attached Members Spain Junts per Catalunya — Lliures per Europa
Tomasz Piotr PORĘBA	European Conservatives and Reformists Group Poland Prawo i Sprawiedliwość
Jiří POSPÍŠIL	Group of the European People's Party (Christian Democrats) Czechia TOP 09 a Starostové
Nicola PROCACCINI	European Conservatives and Reformists Group Italy Fratelli d'Italia
Carles PUIGDEMONT I CASAMAJÓ	Non-attached Members Spain Junts per Catalunya — Lliures per Europa
Miroslav RADAČOVSKÝ	Non-attached Members Slovakia Slovak PATRIOT
Emil RADEV	Group of the European People's Party (Christian Democrats) Bulgaria Citizens for European Development of Bulgaria
Dennis RADTKE	Group of the European People's Party (Christian Democrats) Germany Christlich Demokratische Union Deutschlands
Samira RAFAELA	Renew Europe Group Netherlands Democraten 66
Eižbieta RAFALSKA	European Conservatives and Reformists Group Poland Prawo i Sprawiedliwość
Paulo RANGEL	Group of the European People's Party (Christian Democrats) Portugal Partido Social Democrata
Luisa REGIMENTI	Identity and Democracy Group Italy Lega
Evelyn REGNER	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Austria Sozialdemokratische Partei Österreichs
Sira REGO	The Left group in the European Parliament — GUE/NGL Spain Izquierda Unida
Guido REIL	Identity and Democracy Group Germany Alternative für Deutschland
Terry REINTKE	Group of the Greens/European Free Alliance Germany Bündnis 90/Die Grünen
Karlo RESSLER	Group of the European People's Party (Christian Democrats) Croatia Hrvatska demokratska zajednica
Diana RIBA I GINER	Group of the Greens/European Free Alliance Spain Esquerra Republicana de Catalunya
Frédérique RIES	Renew Europe Group Belgium Mouvement Réformateur
Antonio María RINALDI	Identity and Democracy Group Italy Lega
Manuela RIPA	Group of the Greens/European Free Alliance Germany Ökologisch-Demokratische Partei
Dominique RIQUET	Renew Europe Group France Mouvement Radical Social-Libéral
Michèle RIVASI	Group of the Greens/European Free Alliance France Europe Écologie
Jérôme RIVIÈRE	Identity and Democracy Group France Rassemblement national
Franco ROBERTI	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Italy Partito Democratico
Inma RODRÍGUEZ-PIÑERO	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Spain Partido Socialista Obrero Español
Eugenia RODRÍGUEZ PALOP	The Left group in the European Parliament — GUE/NGL Spain PODEMOS
María Soraya RODRÍGUEZ RAMOS	Renew Europe Group Spain Ciudadanos — Partido de la Ciudadanía
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Daniela RONDINELLI	Non-attached Members Italy Movimento 5 Stelle
Rob ROOKEN	European Conservatives and Reformists Group Netherlands JA21
Dorien ROOKMAKER	Non-attached Members Netherlands Independent
Robert ROOS	European Conservatives and Reformists Group Netherlands JA21

Caroline ROOSE	Group of the Greens/European Free Alliance France Alliance Écologiste Indépendante
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Christel SCHALDEMOSE	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Denmark Socialdemokratiet
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Helmut SCHOLZ	The Left group in the European Parliament – GUE/NGL Germany DIE LINKE.
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Joachim SCHUSTER	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Germany Sozialdemokratische Partei Deutschlands
Andreas SCHWAB	Group of the European People's Party (Christian Democrats) Germany Christlich Demokratische Union Deutschlands
Ralf SEEKATZ	Group of the European People's Party (Christian Democrats) Germany Christlich Demokratische Union Deutschlands
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Vera TAX	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Netherlands Partij van de Arbeid
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Nikolaj VILLUMSEN	The Left group in the European Parliament – GUE/NGL Denmark Enhedslisten
Loránt VINCZE	Group of the European People’s Party (Christian Democrats) Romania Uniunea Democrată Maghiară din România
Marianne VIND	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Denmark Socialdemokratiet
Henna VIRKKUNEN	Group of the European People’s Party (Christian Democrats) Finland Kansallinen Kokoomus
Petar VITANOV	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Bulgaria Bulgarian Socialist Party
Bettina VOLLATH	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Austria Sozialdemokratische Partei Österreichs
Viola VON CRAMON-TAUBADEL	Group of the Greens/European Free Alliance Germany Bündnis 90/Die Grünen
Alexandr VONDRA	European Conservatives and Reformists Group Czechia Občanská demokratická strana
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Veronika VRECIANOVA	European Conservatives and Reformists Group Czechia Občanská demokratická strana
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Iuliu WINKLER	Group of the European People's Party (Christian Democrats) Romania Uniunea Democrată Maghiară din România
Angelika WINZIG	Group of the European People's Party (Christian Democrats) Austria Österreichische Volkspartei
Isabel WISELER-LIMA	Group of the European People's Party (Christian Democrats) Luxembourg Parti chrétien social luxembourgeois
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Timo WÖLKEN	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Germany Sozialdemokratische Partei Deutschlands
Lara WOLTERS	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Netherlands Partij van de Arbeid
Salima YENBOU	Group of the Greens/European Free Alliance France Europe Écologie
Stéphanie YON-COURTIN	Renew Europe Group France Liste Renaissance
Elena YONCHEVA	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Bulgaria Bulgarian Socialist Party
Chrysoula ZACHAROPOULOU	Renew Europe Group France La République en marche
Theodoros ZAGORAKIS	Group of the European People's Party (Christian Democrats) Greece Nea Demokratia
Jan ZAHRADIL	European Conservatives and Reformists Group Czechia Občanská demokratická strana
Anna ZALEWSKA	European Conservatives and Reformists Group Poland Prawo i Sprawiedliwość
Stefania ZAMBELLI	Identity and Democracy Group Italy Lega
Marco ZANNI	Identity and Democracy Group Italy Lega
Javier ZARZALEJOS	Group of the European People's Party (Christian Democrats) Spain Partido Popular
Tatjana ŽDANOKA	Group of the Greens/European Free Alliance Latvia Latvijas Krievu savienība
Tomáš ZDECHOVSKÝ	Group of the European People's Party (Christian Democrats) Czechia Křesťanská a demokratická unie — Československá strana lidová
Roberts ZĪLE	European Conservatives and Reformists Group Latvia Nacionālā apvienība "Visu Latvijai!"-"Tēvzemei un Brīvībai/LNNK"
Bernhard ZIMNIOK	Identity and Democracy Group Germany Alternative für Deutschland
Kosma ŻŁOTOWSKI	European Conservatives and Reformists Group Poland Prawo i Sprawiedliwość
Juan Ignacio ZOIDO ÁLVAREZ	Group of the European People's Party (Christian Democrats) Spain Partido Popular
Carlos ZORRINHO	Group of the Progressive Alliance of Socialists and Democrats in the European Parliament Portugal Partido Socialista
Željana ZOVKO	Group of the European People's Party (Christian Democrats) Croatia Hrvatska demokratska zajednica
Marco ZULLO	Renew Europe Group Italy Independent
Milan ZVER	Group of the European People's Party (Christian Democrats) Slovenia Slovenska demokratska stranka

## Exhibit C

**A group of 57 leading scientists, doctors and policy experts has released a report calling in to question the safety and efficacy of the current COVID-19 vaccines and are now calling for an immediate end to all vaccine programs. We urge you to read and share this damning report.**

<https://en-volve.com/2021/05/08/57-top-scientists-and-doctors-release-shocking-study-on-covid-vaccines-and-demand-immediate-stop-to-all-vaccinations/>

There are two certainties regarding the global distribution of Covid-19 vaccines. The first is that governments and the vast majority of the mainstream media are pushing with all their might to get these experimental drugs into as many people as possible. The second is that those who are willing to face the scorn that comes with asking serious questions about vaccines are critical players in our ongoing effort to spread the truth.

You can read an advanced copy of this manuscript in preprint below. It has been prepared by nearly five dozen highly respected doctors, scientists, and public policy experts from across the globe to be urgently sent to world leaders as well as all who are associated with the production and distribution of the various Covid-19 vaccines in circulation today.

There are still far too many unanswered questions regarding the Covid-19 vaccines' safety, efficacy, and necessity. This study is a bombshell that should be heard by everyone, regardless of their views on vaccines. There aren't nearly enough citizens who are asking questions. Most people simply follow the orders of world governments, as if they have earned our complete trust. They haven't done so. This manuscript is a step forward in terms of accountability and the free flow of information on this crucial subject. Please take the time to read it and share it widely.

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**SARS-CoV-2 mass vaccination: Urgent questions on vaccine safety that demand answers from international health agencies, regulatory authorities, governments and vaccine developers**

Roxana Bruno<sup>1</sup>, Peter McCullough<sup>2</sup>, Teresa Forcades i Vila<sup>3</sup>, Alexandra Henrion-Caude<sup>4</sup>, Teresa García-Gasca<sup>5</sup>, Galina P. Zaitzeva<sup>6</sup>, Sally Priestler<sup>7</sup>, María J. Martínez Albarracín<sup>8</sup>, Alejandro Sousa-Escandon<sup>9</sup>, Fernando López Mirones<sup>10</sup>, Bartomeu Payeras Cifre<sup>11</sup>, Almudena Zaragoza Velilla<sup>10</sup>, Leopoldo M. Borini<sup>1</sup>, Mario Mas<sup>1</sup>, Ramiro Salazar<sup>1</sup>, Edgardo Schinder<sup>1</sup>, Eduardo A Yahbes<sup>1</sup>, Marcela Witt<sup>1</sup>, Mariana Salmeron<sup>1</sup>, Patricia Fernández<sup>1</sup>, Miriam M. Marchesini<sup>1</sup>, Alberto J. Kajihara<sup>1</sup>, Marisol V. de la Riva<sup>1</sup>, Patricia J. Chimeno<sup>1</sup>, Paola A. Grellet<sup>1</sup>, Matelda Lisdero<sup>1</sup>, Pamela Mas<sup>1</sup>, Abelardo J. Gatica Baudo<sup>12</sup>, Elisabeth Retamoza<sup>12</sup>, Oscar Botta<sup>13</sup>, Chinda C. Brandolino<sup>13</sup>, Javier Sciuto<sup>14</sup>, Mario Cabrera Avivar<sup>14</sup>, Mauricio Castillo<sup>15</sup>, Patricio Villarroel<sup>15</sup>, Emilia P. Poblete Rojas<sup>15</sup>, Bárbara Aguayo<sup>15</sup>, Dan I. Macías Flores<sup>15</sup>, Jose V. Rossell<sup>16</sup>, Julio C. Sarmiento<sup>17</sup>, Victor Andrade-Sotomayor<sup>17</sup>, Wilfredo R. Stokes Baltazar<sup>18</sup>, Virna Cedeño Escobar<sup>19</sup>, Ulises Arrúa<sup>20</sup>, Atilio Farina del Río<sup>21</sup>, Tatiana Campos Esquivel<sup>22</sup>, Patricia Callisperis<sup>23</sup>, María Eugenia Barrientos<sup>24</sup>, Karina Acevedo-Whitehouse<sup>5,\*</sup>

<sup>1</sup>Epidemiólogos Argentinos Metadisciplinarios. República Argentina.

<sup>2</sup>Baylor University Medical Center. Dallas, Texas, USA.

<sup>3</sup>Monestir de Sant Benet de Montserrat, Montserrat, Spain

<sup>4</sup>INSERM U781 Hôpital Necker-Enfants Malades, Université Paris Descartes-Sorbonne Cité, Institut Imagine, Paris, France.

<sup>5</sup>School of Natural Sciences. Autonomous University of Querétaro, Querétaro, Mexico.

<sup>6</sup>Retired Professor of Medical Immunology. Universidad de Guadalajara, Jalisco, Mexico.

<sup>7</sup>Médicos por la Verdad Puerto Rico. Ashford Medical Center. San Juan, Puerto Rico.

<sup>8</sup>Retired Professor of Clinical Diagnostic Processes. University of Murcia, Murcia, Spain

<sup>9</sup>Urologist Hospital Comarcal de Monforte, University of Santiago de Compostela, Spain.

<sup>10</sup>Biólogos por la Verdad, Spain.

<sup>11</sup>Retired Biologist. University of Barcelona. Specialized in Microbiology. Barcelona, Spain.

<sup>12</sup>Center for Integrative Medicine MICAEL (Medicina Integrativa Centro Antroposófico Educando en Libertad). Mendoza, República Argentina.

<sup>13</sup>Médicos por la Verdad Argentina. República Argentina.

<sup>14</sup>Médicos por la Verdad Uruguay. República Oriental del Uruguay.

<sup>15</sup>Médicos por la Libertad Chile. República de Chile.

<sup>16</sup>Physician, orthopedic specialist. República de Chile.

<sup>17</sup>Médicos por la Verdad Perú. República del Perú.

<sup>18</sup>Médicos por la Verdad Guatemala. República de Guatemala.

<sup>19</sup>Concepto Azul S.A. Ecuador.

<sup>20</sup>Médicos por la Verdad Brasil. Brasil.

<sup>21</sup>Médicos por la Verdad Paraguay.

<sup>22</sup>Médicos por la Costa Rica.

<sup>23</sup>Médicos por la Verdad Bolivia.

<sup>24</sup>Médicos por la Verdad El Salvador.

\* Correspondence: Karina Acevedo-Whitehouse, karina.acevedo.whitehouse@uaq.mx

## Abstract

Since the start of the COVID-19 outbreak, the race for testing new platforms designed to confer immunity against SARS-CoV-2, has been rampant and unprecedented, leading to emergency authorization of various vaccines. Despite progress on early multidrug therapy for COVID-19 patients, the current mandate is to immunize the world population as quickly as possible. The lack of thorough testing in animals prior to clinical trials, and authorization based on safety data generated during trials that lasted less than 3.5 months, raise questions regarding the safety of

these vaccines. The recently identified role of SARS-CoV-2 glycoprotein Spike for inducing endothelial damage characteristic of COVID-19, even in absence of infection, is extremely relevant given that most of the authorized vaccines induce the production of Spike glycoprotein in the recipients. Given the high rate of occurrence of adverse effects, and the wide range of types of adverse effects that have been reported to date, as well as the potential for vaccine-driven disease enhancement, Th2-immunopathology, autoimmunity, and immune evasion, there is a need for a better understanding of the benefits and risks of mass vaccination, particularly in the groups that were excluded in the clinical trials. Despite calls for caution, the risks of SARS-CoV-2 vaccination have been minimized or ignored by health organizations and government authorities. We appeal to the need for a pluralistic dialogue in the context of health policies, emphasizing critical questions that require urgent answers if we wish to avoid a global erosion of public confidence in science and public health.

## Introduction

Since COVID-19 was declared a pandemic in March 2020, over 150 million cases and 3 million deaths have been reported worldwide. Despite progress on early ambulatory, multidrug-therapy for high-risk patients, resulting in 85% reductions in COVID-19 hospitalization and death [1], the current paradigm for control is mass-vaccination. While we recognize the effort involved in development, production and emergency authorization of SARS-CoV-2 vaccines, we are concerned that risks have been minimized or ignored by health organizations and government authorities, despite calls for caution [2-8].

Vaccines for other coronaviruses have never been approved for humans, and data generated in the development of coronavirus vaccines designed to elicit neutralizing antibodies show that they may worsen COVID-19 disease via antibody-dependent enhancement (ADE) and Th2 immunopathology, regardless of the vaccine platform and delivery method [9-11].

Vaccine-driven disease enhancement in animals vaccinated against SARS-CoV and MERS-CoV is known to occur following viral challenge, and has been attributed to immune complexes and Fc-mediated viral capture by macrophages, which augment T-cell activation and inflammation [11-13].

In March 2020, vaccine immunologists and coronavirus experts assessed SARS-CoV-2 vaccine risks based on SARS-CoV-vaccine trials in animal models. The expert group concluded that ADE and immunopathology were a real concern, but stated that their risk was insufficient to delay clinical trials, although continued monitoring would be necessary [14]. While there is no clear evidence of the occurrence of ADE and vaccine-related immunopathology in volunteers immunized with SARS-CoV-2 vaccines [15], safety trials to date have not specifically addressed these serious adverse effects (SAE). Given that the follow-up of volunteers did not exceed 2-3.5 months after the second dose [16-19], it is unlikely such SAE would have been observed. Despite 92 errors in reporting, it cannot be ignored that even accounting for the number of vaccines administered, according to the US Vaccine Adverse Effect Reporting System (VAERS), the number of deaths per million vaccine doses administered has increased more than 10-fold. We believe there is an urgent need for open scientific dialogue on vaccine safety in the context of large-scale immunization. In this paper, we describe some of the risks of mass vaccination in the context of phase 3 trial exclusion criteria and discuss the SAE reported in national and regional adverse effect registration systems. We highlight unanswered questions and draw attention to the need for a more cautious approach to mass vaccination.

## **SARS-CoV-2 phase 3 trial exclusion criteria**

With few exceptions, SARS-CoV-2 vaccine trials excluded the elderly [16-19], making it impossible to identify the occurrence of post-vaccination eosinophilia and enhanced inflammation in elderly people. Studies of SARS-CoV vaccines showed that immunized elderly mice were at particularly high risk of life-threatening Th2 immunopathology [9,20]. Despite this evidence and the extremely limited data on safety and efficacy of SARS-CoV-2 vaccines in the elderly, mass-vaccination campaigns have focused on this age group from the start. Most trials also excluded pregnant and lactating volunteers, as well as those with chronic and serious conditions such as tuberculosis, hepatitis C, autoimmunity, coagulopathies, cancer, and immune suppression [16-29], although these recipients are now being offered the vaccine under the premise of safety.

Another criterion for exclusion from nearly all trials was prior exposure to SARS-CoV-2. This is unfortunate as it denied the opportunity of obtaining extremely relevant information concerning post-vaccination ADE in people that already have anti-SARS-Cov-2 antibodies. To the best of our knowledge, ADE is not being monitored systematically for any age or medical condition group currently being administered the vaccine. Moreover, despite a substantial proportion of the population already having antibodies [21], tests to determine SARS-CoV-2-antibody status prior to administration of the vaccine are not conducted routinely.

## **Will serious adverse effects from the SARS-CoV-2 vaccines go unnoticed?**

COVID-19 encompasses a wide clinical spectrum, ranging from very mild to severe pulmonary pathology and fatal multi-organ disease with inflammatory, cardiovascular, and blood coagulation dysregulation [22-24]. In this sense, cases of vaccine-related ADE or immunopathology would be clinically-indistinguishable from severe COVID-19 [25].

Furthermore, even in the absence of SARS-CoV-2 virus, Spike glycoprotein alone causes endothelial damage and hypertension in vitro and in vivo in Syrian hamsters by down-regulating angiotensin-converting enzyme 2 (ACE2) and impairing mitochondrial function [26]. Although these findings need to be confirmed in humans, the implications of this finding are staggering, as all vaccines authorized for emergency use are based on the delivery or induction of Spike glycoprotein synthesis. In the case of mRNA vaccines and adenovirus-vectorized vaccines, not a single study has examined the duration of Spike production in humans following vaccination. Under the cautionary principle, it is parsimonious to consider vaccine-induced Spike synthesis could cause clinical signs of severe COVID-19, and erroneously be counted as new cases of SARS-CoV-2 infections. If so, the true adverse effects of the current global vaccination strategy may never be recognized unless studies specifically examine this question. There is already non-causal evidence of temporary or sustained increases<sup>138</sup> in COVID-19 deaths following vaccination in some countries (Fig. 1) and in light of Spike's pathogenicity, these deaths must be studied in depth to determine whether they are related to vaccination.

## **Unanticipated adverse reactions to SARS-CoV-2 vaccines**

Another critical issue to consider given the global scale of SARS-CoV-2 vaccination is autoimmunity. SARS-CoV-2 has numerous immunogenic proteins, and all but one of its

immunogenic epitopes have similarities to human proteins [27]. These may act as a source of antigens, leading to autoimmunity [28]. While it is true that the same effects could be observed during natural infection with SARS-CoV-2, vaccination is intended for most of the world population, while it is estimated that only 10% of the world population has been infected by SARS-CoV-2, according to Dr. Michael Ryan, head of emergencies at the World Health Organization. We have been unable to find evidence that any of the currently authorized vaccines screened and excluded homologous immunogenic epitopes to avoid potential autoimmunity due to pathogenic priming.

Some adverse reactions, including blood-clotting disorders, have already been reported in healthy and young vaccinated people. These cases led to the suspension or cancellation of the use of adenoviral vectorized ChAdOx1-nCov-19 and Janssen vaccines in some countries. It has now been proposed that vaccination with ChAdOx1-nCov-19 can result in immune thrombotic thrombocytopenia (VITT) mediated by platelet-activating antibodies against Platelet factor-4, which clinically mimics autoimmune heparin-induced thrombocytopenia [29]. Unfortunately, the risk was overlooked when authorizing these vaccines, although adenovirus-induced thrombocytopenia has been known for more than a decade, and has been a consistent event with adenoviral vectors [30]. The risk of VITT would presumably be higher in those already at risk of blood clots, including women who use oral contraceptives [31], making it imperative for clinicians to advise their patients accordingly.

At the population level, there could also be vaccine-related impacts. SARS-CoV-2 is a fast-evolving RNA virus that has so far produced more than 40,000 variants [32,33] some of which affect the antigenic domain of Spike glycoprotein [34,35]. Given the high mutation rates, vaccine-induced synthesis of high levels of anti-SARS-CoV-2-Spike antibodies could theoretically lead to suboptimal responses against subsequent infections by other variants in vaccinated individuals [36], a phenomenon known as “original antigenic sin” [37] or antigenic priming [38]. It is unknown to what extent mutations that affect SARS-CoV-2 antigenicity will become fixed during viral evolution [39], but vaccines could plausibly act as selective forces driving variants with higher infectivity or transmissibility. Considering the high similarity between known SARS-CoV-2 variants, this scenario is unlikely [32,34] but if future variants were to differ more in key epitopes, the global vaccination strategy might have helped shape an even more dangerous virus. This risk has recently been brought to the attention of the WHO as an open letter [40].

## Discussion

The risks outlined here are a major obstacle to continuing global SARS-CoV-2 vaccination. Evidence on the safety of all SARS-CoV-2 vaccines is needed before exposing more people to the risk of these experiments, since releasing a candidate vaccine without time to fully understand the resulting impact on health could lead to an exacerbation of the current global crisis [41]. Risk-stratification of vaccine recipients is essential. According to the UK government, people below 60 years of age have an extremely low risk of dying from COVID-19 [187]. However, according to Eudravigillance, most of the serious adverse effects following SARS-CoV-2 vaccination occur in people aged 18-64. Of particular concern is the planned vaccination schedule for children aged 6 years and older in the United States and the UK. Dr. Anthony Fauci recently anticipated that teenagers across the country will be vaccinated in the autumn and younger children in early 2022, and the UK is awaiting trial results to

commence vaccination of 11 million children under 18. There is a lack of scientific justification for subjecting healthy children to experimental vaccines, given that the Centers for Disease Control and Prevention estimates that they have a 99.997% survival rate if infected with SARS-CoV-2. Not only is COVID-19 irrelevant as a threat to this age group, but there is no reliable evidence to support vaccine efficacy or effectiveness in this population or to rule out harmful side effects of these experimental vaccines. In this sense, when physicians advise patients on the elective administration of COVID-19 vaccination, there is a great need to better understand the benefits and risk of administration, particularly in understudied groups.

**In conclusion**, in the context of the rushed emergency-use-authorization of SARS-CoV-2 vaccines, and the current gaps in our understanding of their safety, the following questions must be raised:

- o Is it known whether cross-reactive antibodies from previous coronavirus infections or vaccine-induced antibodies may influence the risk of unintended pathogenesis following vaccination with COVID-19?
- o Has the specific risk of ADE, immunopathology, autoimmunity, and serious adverse reactions been clearly disclosed to vaccine recipients to meet the medical ethics standard of patient understanding for informed consent? If not, what are the reasons, and how could it be implemented?
- o What is the rationale for administering the vaccine to every individual when the risk of dying from COVID-19 is not equal across age groups and clinical conditions and when the phase 3 trials excluded the elderly, children and frequent specific conditions?
- o What are the legal rights of patients if they are harmed by a SARS-CoV-2 vaccine? Who will cover the costs of medical treatment? If claims were to be settled with public money, has the public been made aware that the vaccine manufacturers have been granted immunity, and their responsibility to compensate those harmed by the vaccine has been transferred to the tax-payers?

In the context of these concerns, we propose halting mass-vaccination and opening an urgent pluralistic, critical, and scientifically-based dialogue on SARS-CoV-2 vaccination among scientists, medical doctors, international health agencies, regulatory authorities, governments, and vaccine developers. This is the only way to bridge the current gap between scientific evidence and public health policy regarding the SARS-CoV-2 vaccines. We are convinced that humanity deserves a deeper understanding of the risks than what is currently touted as the official position. An open scientific dialogue is urgent and indispensable to avoid erosion of public confidence in science and public health and to ensure that the WHO and national health authorities protect the interests of humanity during the current pandemic. Returning public health policy to evidence-based medicine, relying on a careful evaluation of the relevant scientific research, is urgent. It is imperative to follow the science.

1 <https://www.gov.uk/government/publications/covid-19-reported-sars-cov-2-deaths-in-england/covid-19-confirmed-deaths-in-england-report>

## Conflict of Interest Statement

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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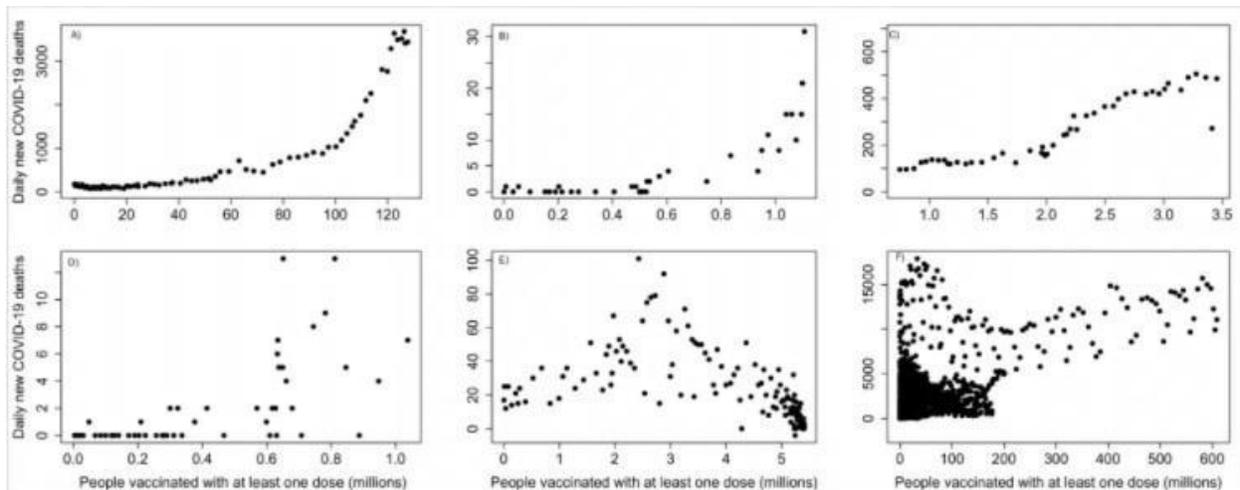
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## Figure legends

Figure 1. Number of new COVID-19 deaths in relation to number of people that have received at least one vaccine dose for selected countries. Graph shows data from the start of vaccination to May 3rd 365 , 2021. A) India (9.25% of population vaccinated), B) Thailand (1.58% of population vaccinated), C) Colombia (6.79% of population vaccinated), D) Mongolia (31.65% of population vaccinated), E) Israel (62.47% of population vaccinated), F) Entire world (7.81% of population vaccinated). Graphs were built using data from Our World in Data (accessed 4 May 2021) <https://github.com/owid/covid-19-data/tree/master/public/data/vaccinations>



## Exhibit D

- 1 Press release. Case against Norway filed at International Criminal Court (ICC)
- 2 Letter to ICC
- 3 ICC claim

### 1 Press release – ICC – English

**PRESS RELEASE From; «The Ad-Hoc Covid Whistle blower group». Date; 12.5.2021.  
A CASE AGAINST NORWAY IS NOW FILED AT THE INTERNATIONAL CRIMINAL COURT.**

<https://howardsopinion.wordpress.com/press-realese-icc-english/>

A claim against Norway was on the 10.5.2021, sent to the ICC, in very thorough claims, based on a massive scale of facts, from a wide range of reliable sources, which constitute a part of the claim.

For crimes against humanity, genocide, war crimes and other serious crimes, including all too many breaches of the Nurnberg Code, which was established after the Nurnberg Tribunal process, after the 2<sup>nd</sup> World War, for medical experiments done by the NAZI Regime doctors on the civilian population.

The Norwegian political officials have betrayed its own people, by a falsely claimed pandemic; WHO claimed a death rate of 3.4%, based on reports from Nigel Ferguson at Imperial College of UK. The FHI later corrected the death rate down to 0,12%, and below average for an entire flue season.

Further, the Government and the Parliament have criminally misused the Law on Disease Control, which does not come into validity in such a case, but only for more deadly and contagious illnesses, which additionally fills up the hospital beds more than normal. The measures which were decided, are moreover all in clear violations of both the Norwegian Constitution, with a serious breach of many fundamental laws and the Treaty of Rome and its relation to ICC's Chapters 6, 7 and 8s.

The Government and the Health Authorities, have engaged in an extreme psychological warfare, linked to a historical one-sided propoganda, by the TV and Media, 24/7,365. Connected to a strong censorship of alternative narratives, paths of actions, and linked to False Facts on claimed infection.

**The lock-downs and the measures taken was in reality economic warfare against the citizens, with draconian consequences for the private sector, in particular travel, hotels, restaurants and culture life. The Government and Health Authorities have caused immense health and economic damage.**

Norwegians have been subjected to medical experiments from dangerous PCR Tests, later Antibody tests, later documented to include dangerous test pins and cancer related chemicals, rather than using the well proven blood and lab tests as before. PCR Tests have been used on purpose, to inflate a large number of "False infected positives", using test ct's of 40-45, against recommended max 25. The PCR test was "de-bunked" last autumn, and WHO recalled it on the 20.1.2021. Despite this, the testing continued, with increased intensity, to create more "infected", in the Lock-step program. The mandatory face mask, are also very harmful, especially for children, and must be stopped ASAP.

It is all a part of an international criminal conspiracy, in which WHO, WEF, Club of Rome, EU, Big Pharma, MSM, Big Tech, Big Gates and Dr Anthony Fauchi have been planning and coordinated take-over for a long time. Linked to Man-Made Virus from the Wuhan Lab.

Now, we are in the «vaccine phase», which is a medical experiment, in violation of all the 10 criteria of the Nurnberg Code. The "vaccines" are connected to at least 150 being killed, with thousands of wounded. The Virus and Vaccines, are both Biological Weapons of mass destructions.

Now, we are pulled into a critical phase, in which “apartheid” is introduced for those not vaccinated. The vaccinated have been totally brain-washed, believing that the vaccines will give them immunity, rather than causing the vaccinated to become biological infection factories, being a human disaster.

All of this, and much more, are part of the detailed claim, which in principle is connected to a claim, which Israeli lawyers filed against the Israeli Government on 1.3.2021, accepted by ICC on 18.3.2021. It is requested that ICC, with reference to Article 21 C, using the Norwegian Disputes Act, chapter 34, §34-1 b, to INSTANTLY STOP all measures, vaccines included, as a temporary injunction, to prevent more deaths, injuries, foreclosures, and human sufferings in general. Further, to instruct the Medical Agency, to approve effective medicines, to help both Covid and Vaccine casualties. Example Ivermectin, Hydroxyclorenquine, zink and Vitamin D for all Covid-related diseases.

**The claim is signed by 4 Norwegian citizens, and extends to Denmark, Sweden and Poland so far.**

## 2. BEFORE THE INTERNATIONAL CRIME COURT-NORWAY-COVID 19.

<https://howardsopinion.wordpress.com/before-the-international-crime-court-norway-covid-19/>

From;

Lars-Hovard Fritzson Widding – Norwegian

Anders Brunstad – Norwegian

Lisbeth Lamey – Norwegian

Runar Lorgan – Norwegian

Date;

May.8.2021

**To; The International Criminal Court**

Office of the Prosecutor

Communications

Post Office Box 19519

2500 CM The Hague

The Netherlands

Email; [otp.informationdesk@icc-cpi.int](mailto:otp.informationdesk@icc-cpi.int)

### **BEFORE THE INTERNATIONAL CRIMINAL COURT**

**(TREATY OF ROME, ART. 15.1, 53 and 21)**

**IN THE MATTER OF GENOSIDE (Chapter 6), CRIMES AGAINST HUMANITY (Chapter 7), AS WELL AS WAR CRIMES AGAINST CIVILIANS (Chapter 8), THE NUREMBERG CODEX / HELSINKI DECLARATION.**

**Subject of complain; The Government of Norway, Sweden, Denmark and Poland, included ALL national and international “stakeholders” listed in “ICC CLAIM of MAY 8. 2021”.**

**This script is for NORWAY, all other countries listed will be merged to this case with a separate appendix marked each countries name. (Appendix Denmark, Sweden, Poland).**

We address you in the name of the “Ad hoc Covid Fellowship”, a fellowship under establishment, in which the members are jurists, physicians, doctors, business owners, public and general activists and whistle blowers, who made a choice to exercise their democratic right’s not to receive the experimental medical treatment (Corona immunization), and who feel that great pressures, hard and illegal, are exerted upon them on behalf of the above mentioned government, members of Parliaments, local authorities, ministers, health authorities, doctors and nurses, and by an ongoing psychological warfare by the state and

main stream media.

**We have tried to raise this case through both local Norwegian police and the centralized KRIPOS without any success, we don't even get the case registered after several attempts.**

**The statute for the ICC declares that “*The ICC is intended to complement, not to replace, national criminal systems; it prosecutes cases only when States do not or are unwilling or unable to do so genuinely. (article 17-1-a)*.”** This is such a case, that is why we address the ICC directly.

**With reference to Article 21 C, we humbly ask the prosecutor of ICC to use the Norwegian Disputes Act, chapter 34, §34-1 b, for temporary injunction, to INSTANTLY STOP all measures, vaccines included, to prevent more deaths, injuries, foreclosures, and human suffering in general during the time needed for ICC to investigate the case.**

We wish to begin with the basic knowledge on the subject matter:

The **“Corona Virus Vaccine” is an innovative medical treatment**, which has only recently obtained **FDA Approval in the United States (in an emergency use procedure only)**, an approval that is not final, and with details of 22 side effects to the vaccine. Additionally, it is clear to all the medical factors that the subject of the long-range effects and safety of the treatment on its recipients are unknown. It is important to state that never until now, were administered in the entire world immunization by this medical technology of introduction of a synthetic mRNA to the body, and all the previous immunizations operated in a totally different manner, by the introduction of a deactivated or weakened virus and natural arousal of the immunity system against it. As declared by 3 senior virologists, the risks anticipated by this innovative medical treatment are hereby enclosed as **ICC CLAIM – page 8 § b.**

**“Nuremberg Code”** – Medical ethics codes issued based on laws under which the Nazi criminals were judged for conducting horrible medical experiments during the Second World War, in the physicians’ trial known by the Nuremberg Trials. The Nuremberg Code later constituted the base for the Helsinki Declaration Legislation, as well as the base for the Patient’s Rights laws in all countries.

It is our intention to present to you and in details, how the State of Norway, the Government of each country with its ministers, health authorities and local authorities, additional senior’s factors, violate the Nuremberg Code, in an unlawful manner, blatant and extreme, and to our regret, not only in a single aspect, but many, too many!

**1.** Informed consent to participate in a medical treatment – **a first principle** of the Nuremberg Code, **is a willingness and informed consent by the person**, to receive treatment and participate in an experiment. The person is supposed to activate freedom of choice, without the intervention of a factor implying force, deceit, fraud, threat, solicitation, or any other type of binding or coercion. When the heads of the Ministry of Health as well as the Prime Minister of each country, presented the vaccines in each country, and began the vaccination of citizens of each country (December 27.2020), in which the vaccination were not advised, that in practice, they are taking part in a **medical experiment**, and that their consent is required for this under the Nuremberg Code/Helsinki-declaration, and only when it became apparent that indeed the Prime Minister signed an Agreement with the EUs EMA, (European Medicine Agency) and the EU Commission, that it indeed was a medical experiment, and that this was the essence of the agreement. This, as a matter of fact, is a **genetic medical experiment on human beings**, performed without the informed consent and under a severe and blatant offense of the Nuremberg Code.

Informed consent is NOT possible since relevant information is not available, not even on direct demand to the health authorities. The reply given, is sending us back to the same webpages where the info requested DONT exist, and they also reject any responsibility to inform «humans/living being» when they say they only reply with this info to other legal fictions like other governmental entities, but none of them is subjects for this vaccine project. (a1)

We also need to bring to the courts attention, that FOLKEHELSEINSTITUTTET (FHI) made a survey, asking the public WHY they wanted to take the vaccine. 3 major arguments were given, but NON OF THEM APPLY to “the real world” since none of them are valid and can be met by taking the vaccine. Translated, the publics YES to the vaccine is based on the BELIVE that:

- *Taking the vaccine will reduce the number of Covid infections in the society.* – 79% (not valid)
- *Taking the vaccine will protect their families and elders.* 78% (not valid)
- *Taking the vaccine will give them the normal way of life back to what it was like before Covid.* 69% (not valid)

NO Governmental entity (or media) has done anything to clear out this false believes and misunderstandings made by MSM propaganda, which means NON of the participants to this experimental vaccines have given their TRUE informed consent when it’s all based on misunderstandings, misleading propaganda, and the TOTAL lack of actual TRUE information (a-5).

**The practice mentioned is in direct violation of the Treaty of Rome chapter 8 Paragraph 2**

***(i) Wilful killing (ii) Torture or inhuman treatment, including biological experiments, (iii) Wilfully causing great suffering, or serious injury to body or health.*** (i) Elders in Norway died in large numbers short time after being injected with this experimental vaccine, but they did NOT stop the project. Our authorities claimed these people was very old with a short lifetime left anyway, but it does NOT give anyone the right to kill them with these injections like they did. Norway made it to the frontpage globally for this practice.(a-2)

**(ii)** The project is clearly a “Biological experiment” using CRISPR gene scissors and mRNA.

**(iii)** The numbers for dead and seriously injured tells us that the experimental vaccine causes more deaths and seriously injured people, than MEDICALLY UN-TREATED COVID-19 (a-3)

– However, AstraZeneca is put on hold with the argument that the risk of death is higher from the vaccine than from Covid, but the numbers from LEGEMIDDELVERKET shows us, that AstraZeneca is one of the “vaccines” with the LOWEST death toll, so it makes no sense that they stop one of the least deadly options, but keep up the program for the others, where death toll is way higher. (a-3, a-4)

**(a-1) The yellow marked line say (translated)**

***Unfortunately, we don’t have capacity to reply to questions from private persons.***

bivirkninger

til mig -

14. apr. 2021 14:38 ☆ ↶ ⋮

Hei,

Takk for din henvendelse.

Legemiddelverket henviser til bivirkningsrapporten med avsnittet om dødsfall <https://legemiddelverket.no/godkjenning/koronavaksiner/meldte-mistenkte-bivirkninger-av-koronavaksiner>

Legemiddelverket får for tiden svært mange henvendelser om koronavaksiner. Vi har dessverre ikke kapasitet til å svare på spørsmål fra privatpersoner.

Her kan du finne informasjon om koronavaksiner og koronavaksinasjonsprogrammet:

Legemiddelverket: <https://legemiddelverket.no/godkjenning/koronavaksiner>

Folkehelseinstituttet: <https://www.fhi.no/sv/vaksine/koronavaksinasjonsprogrammet/>

Vennlig hilsen

[www.legemiddelverket.no](http://www.legemiddelverket.no)



- (a-2) The numbers of elders who died from the vaccine in Norway became Global headlines <https://www.fhi.no/nyheter/2021/internasjonalt-omtale-av-dodsfall-etter-vaksinering/>
- (a-3) PFIZER is by far the most deadly option in Norway, but it was AstraZeneca that was put on hold.

**NORWAY April 28.2021**

**PFIZER**

DOSE 1	Dose 2	SUM	DEAD	SERIOUSLY INJURED	Death risk	S.INJUR RISK	SUM DEAD/S.I	SUM RISK
956.450	284.045	1.240.495	142	310	0,00011	0,0250%	452	0,0364%

**MODERNA**

DOSE 1	Dose 2	SUM	DEAD	SERIOUSLY INJURED	Death risk	S.INJUR RISK	SUM DEAD/S.I	SUM RISK
124.959	24.166	149.125	4	53	0,00003	0,0355%	57	0,0382%

**AstraZeneca**

DOSE 1	Dose 2	SUM	DEAD	SERIOUSLY INJURED	Death risk	S.INJUR RISK	SUM DEAD/S.I	SUM RISK
135.395	3	135.398	5	336	0,00004	0,2482%	341	0,2519%

**SUM ALL BRANDS**

DOSE 1	Dose 2	SUM	DEAD	SERIOUSLY INJURED	Death risk	S.INJUR RISK	SUM DEAD/S.I	SUM RISK
1.216.804	308.214	1.525.018	151	699	0,0099%	0,0458%	850	0,0557%

TARGET 5 million vaccinated	Of Target	Of Target	FORECAST DEATH	FORECAST S.INJURED	Death risk	S.INJUR RISK	SUM DEAD/S.I	SUM RISK
24,34%	6,16%	15,25%	990	4.584	0,0099%	0,0458%	5.574	0,0557%

**(a-3) Source to the Number in the chart above (April 28 report)**

<https://legemiddelverket.no/godkjenning/koronavaksiner/meldte-mistenkte-bivirkninger-av-koronavaksiner>

**(a-4) AstraZeneca put on hold (Apr.15), due to higher risk of death from the vaccine vs COVID-19.**

<https://www.fhi.no/nyheter/2021/astrazeneca-vaksinen-tas-ut-av-koronavaksinasjonsprogrammet-i-norge/>

**(a-5) FHI survey for WHY the public will take the vaccine, page 13.**

[https://www.helsedirektoratet.no/veiledere/koronavirus/testing-isolasjon-smittesporing-og-karantene/ove-pa-tisk/webinar-5-tisk/Koronavaksinasjon%20status%207%20januar%202021%20%20Folkehelseinstituttet.pdf/\\_attachment/inline/9a06eb1b-0b2d-4e45-b7bc-e46d4fdcb93b:f5305b2fe8cfceeca08a19a1a5e1118c4bf856e/Koronavaksinasjon%20status%207%20januar%202021%20%20Folkehelseinstituttet.pdf?fbclid=IwAR3NpYVaZelp9KKBxN5MqwlHwHiXTk7v9KKsBw-PokRpMGJK3tPnJnUz23M](https://www.helsedirektoratet.no/veiledere/koronavirus/testing-isolasjon-smittesporing-og-karantene/ove-pa-tisk/webinar-5-tisk/Koronavaksinasjon%20status%207%20januar%202021%20%20Folkehelseinstituttet.pdf/_attachment/inline/9a06eb1b-0b2d-4e45-b7bc-e46d4fdcb93b:f5305b2fe8cfceeca08a19a1a5e1118c4bf856e/Koronavaksinasjon%20status%207%20januar%202021%20%20Folkehelseinstituttet.pdf?fbclid=IwAR3NpYVaZelp9KKBxN5MqwlHwHiXTk7v9KKsBw-PokRpMGJK3tPnJnUz23M)

**The EU Commission/EMA/-Pfizer Agreement.** Post factum it became clear that the Prime Minister of Norway has signed an agreement with the Pfizer Company and 3 others (the manufacturing companies), under which she will receive a huge quantity of millions of vaccine portions, and in consideration, the vaccinated (Citizens of Norway, will serve as “Experimenters” for the pharmaceutical company. It was agreed, that the pharmaceutical company would receive each state, all their medical, personal secret information, without their knowledge or consent in advance. Additionally, we must state that each citizen of Norway, that until this moment, the contents of the agreement related to most of the citizens of these states, was not published, which is the transparency obligation under the law, and it was published without “blackout” / concealment of a great deal of information included in this agreement. It is worthy to state and recall that we do not live in a dictatorship country, so that clearly, such an agreement must be subject to total transparency towards the wide public.

Norway has 4 vaccine options, Pfizer, Moderna, AstraZeneca and Janssen Cilag. For Norway a project called, NorCRIN, a project similar to Denmark’s, «National Experimental Therapy Partnership (NEXT)» and «Trial Nation» was established late 2019. This project is merging private medical companies with different Governmental entities, so it’s clear that the citizens of Norway has been ”sold and delivered as lab rats” to private interests without public knowledge of these facts. (b-1)

**(b-1)**

[https://www.norcrin.no/wp-content/uploads/06-2019-09-23-Trial-Nation-NEXT\\_-Siv.pdf](https://www.norcrin.no/wp-content/uploads/06-2019-09-23-Trial-Nation-NEXT_-Siv.pdf)

**c. Alternative treatments.** – On the subject of informed consent for medical treatments, and based on the Nuremberg Code principles, an obligation exists to detail and suggest to a patient several treatment alternatives, detailing the medical process (and all that’s included in it), as well as the advantages and the disadvantages, benefits vs risks, existing in every treatment, to **enable him to make an intelligent personal decision**, regarding the treatment he prefers. As stated, this must be done without exerting any pressures and freely, as a free person.

Despite all the above-stated, the State of Norway, and the Ministry of Health, failed to present to the citizens of Norway, the currently existing alternatives for treatment of the Corona disease, proven to be efficient and with few side effects, and not dangerous. They solicit the citizens and pressuring them (while blatantly violating the informed consent process), concealing the information regarding the immunization, and creating a severe atmosphere of fear and coercion.

Relevant Governmental entities still deny the fact that both precautionary treatments (Vitamin D, C, Zink) exists, but they have also made AVIGAN (Japanese antiviral product) illegal for use against Covid, even if this product was available and in use in Norway, as late as Mars 2020 when the pandemic started (NORWAY c-1). Vitamin D (Nobel prize winner in 1928) is also beneficial for treatment of Covid, but even such easily accessible treatment, which according to BMJ (British Medical Journal) can reduce the

death toll by 25 X, is NOT delivered as part of medical treatment. (NORWAY c-2 – c-3).

**IVERMECTIN studies from around the world show a reduction in mortality from 80 to 96%, and our claim is that denial of this medical treatment shall be judged equal to murder.** Norwegian Doctors who prescribe any of the above-mentioned medical treatments for Covid will lose their medical license. (c-6)

**(c-1) AVIGAN Prohibited for use against COVID in Norway Mars 2020**

<https://www.dn.no/helse/koronaviruset/statens-legemiddelverk/folkehelseinstituttet/tablettene-brukes-mot-korona-i-japan-men-norge-sier-nei/2-1-774976>

**(c-2) 40 studies about Vitamin D as precautionary and medical treatment October 2020**

<https://www.bmj.com/content/371/bmj.m3872/rr-5>

**(c-3) FHI – DON'T Advocate using Vitamin D, January 2021**

<https://www.dagsavisen.no/nyheter/innenriks/2021/01/14/lite-vitamin-d-gjor-mange-sykere-men-fhi-vil-ikke-ga-ut-med-rad/>

**(c-4) FHI – No advice about boosting your immune system with vitamin D, C and Zink.**

<https://www.fhi.no/nettpub/coronavirus/>

**(c-5) IVERMECTIN – 54 studies worldwide – 80 to 96% reduction in mortality**

[https://ivmmeta.com/?fbclid=IwAR3dn1QRbRWQxszjzKk93eB5O7VH5rRBww2XgtXBMgLSqnXhGQ46\\_gxczQ](https://ivmmeta.com/?fbclid=IwAR3dn1QRbRWQxszjzKk93eB5O7VH5rRBww2XgtXBMgLSqnXhGQ46_gxczQ)

**(c-6) Statement from the Norwegian GP Doctor Kjetil Johansen – Date; 6.5. 2021.**

*As a GP in Norway: I am NOT allowed to prescribe any of the known and effective medicines against a Covid19 diagnosis. Instructions from WHO, via EMA to the Norwegian medicine agency, "Legemiddelverket", who issued the "Felleskatalogen", the catalogue of approved medicine connected to specific diagnoses. We are NOT allowed to prescribe HCQ, hydroxychloroquine like "Plaquenil", for Covid, even though it is approved for other diagnoses like Rheumatoid Arthritis. Neither can we prescribe Ivermectin for Covid, even if it is a substantial medical drug, which suggests that it is very effective. The only treatment we are allowed to issue is Azitromax 500 mg, (antibiotic) for treatment of lung inflammation.*

**Related to this, but not related to COVID, is a now 40-year-old fraudulent practice (starting 1981) with documentary fraud made by HELSEDIREKTORATET, about the positive effects of psychopharma, where the claims made is an effect of 90%, while peer reviewed research, shows that the effect is only 20%. The peer reviewed research also show that the lifespan of each patient, is reduced with 10 to 30 years from using these non-working medications, but WITHOUT this info, are given to anyone where this medication is prescribed. Both the former High court judge Kjetil Lund, and the Norwegian OMBUDSMANN have tried to stop this fraudulent practice for many years, without success. Many thousands of psychiatric patients, have been treated with this medications, against their will for this reason, and many thousands of others have had their life quality destroyed. Their life span has been reduced by 10 to 30 years, as an effect of this fraud. Since HELSEDIREKTORATET is deeply involved in the COVID case, we saw the need to bring this subject to the courts attention. This fraud constitutes a clear violation of the Treaty of Rome.**  
(c-7)

**All the above mentioned under (c), are in direct violation, but not limited to Article 7, (a) Murder,(f) Torture (k) Other inhumane acts of a similar character intentionally causing great suffering, or serious injury to body or to mental or physical health, (and is overlapping with chapter 8 Paragraph 2), (i) Wilful killing (ii) Torture or inhuman treatment, (with the intention to indirectly force its citizens to take part in a) biological experiment (the vaccines), (iii) Wilfully causing great suffering,**

*or serious injury to body or health.*

**A more detailed argumentation for all violations of the Treaty of Rome, and the involved “stakeholders” on national and international level follows as “ICC CLAIM – MAY 8. 2021”.**

**(c-7) the now 40-year-old documentary fraud practice who continues by HELSEDIREKTORATET where not even the Norwegian OMBUSDMANN has been able to stop it. (2019)**

<https://www.aftenposten.no/meninger/debatt/i/kJK5qL/helsedirektoratet-saboterer-sivilombudsmannen-keitel-lund?fbclid=IwAR174PFg743KRnBf3HS0ZsVdxwJ55UbmfgV0k3bopRVRgq52xMFI3v1A3o>

- **A fourth principle is that the experiment will be conducted to prevent suffering of physical injury.** It is known that the treatment caused the death of many, injuries, and severe damages (including disablement and paralysis) after the vaccine was administered. Despite this fact, the Governments did not instruct the initiation of an investigation on the matter. It is well documented that there are large numbers of deaths and seriously injuries related to taking the vaccine. (a-2)
- **A fifth principle is that the experiment must be aborted when there is reason to assume that death or real injury will occur. Regarding the violation of this principle, see above. (a-2)**
- **An additional principle is that responsible factory will be ready to stop it at any stage, if there is reasonable cause to assume that it will cause injury, disability, or death of the experiment participant. It has already been proven that many and healthy persons died from the treatment, were injured, became disabled, and paralyzed; However, the Governments of Norway continues to compel this dangerous experiment on its citizens, but have stopped one of the least deadly options. (AstraZeneca) (a-2)**
- The following are recent publications, which demonstrates the blatant and criminal violations of the Nuremberg Code on behalf of the Government, the Ministers, and the Members of Parliaments, the mayors, and doctors, and senior public factors, as well as employers.
- Below are some examples (out of many) of the Nuremberg Code Violations.

**Exert economic pressure; (focus on health care workers).**

1. Within the health care sectors, backed by a legal opinion of FHI, people who are NOT vaccinated, are threatened to be sent to other posts, or on unpaid leave. (f-4)

2. – Norwegian law about “SMITTEVERN” (Law of infection control) opens for MANDATORY VACCINATION, for COVID, in violation with the Treaty of Rome like described under (c) (f-1)

3. – Norways health minister, warns those who don’t participate. (f-2), and the Prime Minister is questioning if workers can be denied access to their jobs (f-3)

**(f-1) Law – forced vaccination**

[https://lovdata.no/dokument/NL/lov/1994-08-05-55/KAPITTEL\\_3#%C2%A73-8](https://lovdata.no/dokument/NL/lov/1994-08-05-55/KAPITTEL_3#%C2%A73-8)

**(f-2) Minister of health with a clear “warning” to “vaccine deniers”**

<https://www.nettavisen.no/nyheter/klar-melding-til-vaksine-nektere-dette-ma-du-vare-forberedt-pa/s/12-95-3424103313>

**(f-3) Corona passport to enter a grocery store – “Covid Apartheid”**

<https://www.dagbladet.no/nyheter/vurderer-bruk-i-butikker/73729762?fbclid=IwAR2YhpOp7yCKNb6Wa>

[Nvd033HkkiZxrq79kJUAcFamB\\_aLvwT\\_Z4JlrqiuuE](#)

**(g-4) Letter – healthworker in Norway beeing fired for not taking the vaccine. (google translate from Norwegian)**

*Have been somewhat frustrated after you called me on Wednesday 14 April. Is it really so that you are considering dismissing me because I am unable to wear a mask? I was completely put out as you can see, as I have no other job to go to. I got the understanding that this mask case is also the basis for the fact that I have been assigned a few guards lately, which has a very negative effect on me as I basically only have 21% «call-up substitute position».*

*Possibly I misinterpreted you when you based the possible dismissal that I did not follow the guidelines for the coronary measures, and that I represent an infection bomb among the users? You also mentioned that I could be placed in another department, but I also have little understanding of the purpose of this. As an unvaccinated and mask-refuser, will I be considered a potential danger no matter where I am placed? I thrive very well in the department I work at now, and the users give the impression that they really appreciate me, something they often show.*

*In a closed ward like this, closeness, contact and care are especially important, and it gets wrong when the residents instead feel fear and distance when we wear a mask.*

*I understand that you as a leader have a great responsibility in these difficult times, but I just had to air this with you. I think you are a super boss, but that you sometimes have to make difficult decisions that those at the top so easily get away with. Wish you a nice day. .*

*Sincerely, G.*

**The Exertion of social pressure**

1. A threat to prevent entrance to entertainment, leisure, travel, receipt of services from the community.
2. Artists, opinion leaders, and public representatives, who in every corner elect to make propaganda and aggressively and insulting manner, even propose punishment and sanctions against those who don't "take their part of the burden".

It shall hereby be emphasized, that the means currently activated against citizens, includes legislations proposals, and directives, against whoever was not vaccinated, contradicts not only the Nuremberg Code and the individual's autonomy over his body, but also the existing legislation in each country, including Personal Dignity, and Freedom basic law, the Freedom of occupation law, the Patient's rights law, the Work equal opportunity law, the Prohibition of Discrimination in Product, Services, the Entrance to Entertainment and Public Places law, and other laws.

Therefore and considering the stated above, we address your honour with two main demands:

1. **WE STRESS THE NEED – To take actions for a IMMEDIATE STOP of the medical experiment and the administration of vaccinations, and ALL other measures, using Norwegian law Disputes Act, chapter 34, §34-1 b, for temporary injunction.**
2. To instruct the Governments to stop all the legislative proceedings which infringe on the principle of Informed Consent by a person, to receive the above-described medical treatment, and which negates the legal status in Norways democracy, including the avoidance to legislate Green Passport, delivery of names of those who are not vaccinated, to the local authorities, or any other harming legislatures.
3. To act in the most required severity against any public, business, employment entity, which violates the laws of the State on subjects of employment, or the other subjects required to prevent compulsion, coercion or solicitation to vaccinate, as well as the subject of discrimination, against those who made a choice, NOT to receive the above-stated innovative medical treatment.

4. We ask to bring to your attention that a copy of this document will also be forwarded to the media channels worldwide, since the Nuremberg Code violations and violations of the treaty of Rome, are relevant in all countries of the free world.
5. And as a final note, it shall be stated that only recently, a decision was reached in the European Parliament on 7/1/21, instructing all the authorities, not to activate any pressure, solicitation or discrimination, against any person, who choose NOT to take the Corona vaccine. Therefore, whatever is good for the advanced European States, certainly also is good for Norway, (and Denmark and Poland).

Consequently, all subsequent correspondence should be sent only to the mailing and / or email address given below. Any notification within the meaning of the Statute of the Court, addressed in this way, will be considered valid ONCE FILED AND PROCESSED.

**The application will be represented for the purpose of this procedure by:**

Lars-Hovard Fritzson Widding – Norwegian citizen and resident. (all mail adr hidden)  
Anders Brunstad – Norwegian citizen and resident of Poland.  
Lisbeth Lamey – Norwegian citizen and resident of Sweden.  
Runar Lorgen – Norwegian citizen and resident of CA, USA.

**LEGAL STANDING**

**– *Lars-Hovard Fritzson Widding***

Me the signature holder of the claims against both Norway and Denmark, is born in Norway with Norwegian citizenship and passport. I moved to Denmark in 2001 with my wife and 2 kids, who was born in 1998 and 1999 in Norway. Since October 2000, I've owned my own real estate in Denmark and both my kids (now young adults) live and work in Denmark.

I no longer live in Denmark, but should have been back to Denmark medio January 2021 due to a 3 day court case in March 2021, but PCR test requirements (less than 24 hours old at entry), has made it impossible to return like planned, and for that reason, my real estate was totally damaged due to the coldest February, in 20 years. No insurance cover this, and the damage would never occur if I were not prevented from entering Denmark like planned, and today today May 8. 2021 I'm still not able to return, so Danish measures, have in reality, confiscated my whole property and prevented me from being with my own family. This means that I'm one of the many victims to policies and meaningless measures, where my whole fortune, my real estate in Denmark, is lost.

Respectfully

***Lars-Hovard Fritzson Widding***

Jurist & Advocate of Human Rights and Natural law.

**ATTACHEMENTS:**

**ICC CLAIM of MAY 8** – A detailed description of all violations of the Treaty of Rome, and the National and international “stakeholder” we mean is responsible for each violation. – **Attached.**

**APPENDIX – DENMARK** – Similarities to Norway with legal standing – **Attached.**

**APPENDIX – SWEDEN** – Similarities to Norway with legal standing – **Will be forwarded May 10.**

**APPENDIX – POLAND** – Similarities to Norway with legal standing – **Will be forwarded May 10.**

## **3. ICC CLAIM OF MAY 8. 2021**

(attachement to ICC – NORWAY, SWEDEN, DENMARK and POLAND)

<https://howardsopinion.wordpress.com/before-the-international-crime-court-norway-covid-19/>

From;

Date; 8.5.2021

Lars-Hovard Fritzson Widding – Norwegian citizen and resident

Anders Brunstad – Norwegian citizen and polish resident.

Lisbeth Lamey – Norwegian citizen and Swedish resident.

Runar Lorgen – Norwegian citizen and a resident of USA.

**To; International Criminal Court**

Office of the Prosecutor

Communications

Post Office Box 19519

2500 CM The Hague, The Netherlands

Email; [otp.informationdesk@icc-cpi.int](mailto:otp.informationdesk@icc-cpi.int)

**BEFORE THE INTERNATIONAL CRIMINAL COURT (TREATY OF ROME, ART. 15.1 AND 53)**

**IN THE MATTER OF GENOSIDE (Chapter 6), CRIMES AGAINST HUMANITY (Chapter 7), AS WELL AS WAR CRIMES AGAINST CIVILIANS (Chapter 8 2), AND CRIMES OF AGGRESSION (Chapter 8 3), and the Nuremberg codex / Helsinki declaration.**

Based on the extensive claims and enclosed documentation, we charge those responsible for genocide, crimes against humanity, war crimes, and crimes of aggression, in each of the countries of The Kingdom of Norway, the Kingdom of Sweden, The Kingdom of Denmark as well as the Polish republic, and the United States of America. But not limited to individuals in these countries. Poznan, Poland on the 8.5. 2021, signed on the Norwegian Independence day.

Runar Lorgen      Lisbeth Anita Lamey      Anders Brunstad      Lars-Hovard Widding

**LEGAL STANDING**

Lars-Hovard Widding. Norwegian citizen, resident of Norway. With financial interest in Denmark. Jurist & Advocate of Human Rights and Natural law. Covid Whistle blower. Signs for Denmark, Norway

Anders Brunstad. Norwegian citizen, resident of Poland. Signs for Poland and Norway.

Independent Furniture businessman, entrepreneur and Covid whistle blower.

Lisbeth Anita Lamey. Norwegian citizen, resident of Sweden. Signs for Sweden, Norway.

Specialist educator for children with special needs. Covid Whistle blower.

Runar Lorgen. Norwegian citizen, resident of California, USA. Signs for Norway

Independent Furniture businessman, entrepreneur and Covid whistle blower.

**An overview of the Base for a Crime Report to ICC as part of the Treaty of Rome.**

From; Anders Brunstad, Lars Widding, Lisbeth Lamey, and Runar Lorgen.

Date; 8.5.2021, the Norwegian Independence day.

Legal Case; ICC Chapter 6, 7 and 8 plus 8bis.

**Types of CRIMES Done to the “human Race”.**

- (1) The Development of Bioweapon “Cov-SARS2” for mass destruction of human lives.

- **For Biological Warfare. Ref. enclosures. Wuhan Institute of Virology.**
- **(2) The Development of “mRNA” gene therapeutics falsely labelled as “vaccine”.**
  - **For use as a Biological Warfare weapon against the entire human race.**
  - **By BioNtech, Pfizer, Moderna, Astra Zeneca and Johnson & Johnsen.**
- **(3) The Development of FALSE PCR tests and Antigen Tests.**
  - **Developed by Dr Christian Drosten, with financial support from Bill Gates.**
  - **For psychologic warfare and to justify measures. Ref. enclosures.**
- **(4) The using of False Positive PCR Tests and “false positives”**
  - **to administer “Lock-downs”, by the “Lock-step” mechanism, as a method of crashing the economy and democratic nations by creating a man-made crisis.**
  - **As a Base for economic Warfare on the civil population.**
- **(5) The forced, mandated use of Dangerous “test pins” with very harmful effects.**
  - **Ref. Report Bratislava. DARPA. US Military. Lipid / Magnetic crystals.**
  - **The manufacturers, distributors, and administers of the test pins.**
- **(6) The using of dangerous Cancer related chemicals in test pins into the nose.**
  - **As proven in reports. As above. Crimes by producers and all involved.**
- **(7) The “Rejection by EMA and Legemiddelverket” to approve the use of effective**
  - **Covid medicines like HCQ / hydroxychloroquine like “Plaquenil”, for Covid19 treatment, as many studies shows are highly effective,**
  - **along with Ivermectin plus Zink, also proven by many studies.**
  - **and does not even recommend the use of D vitamin to enhance the lowered Immune system during the darker winter months, which is the main cause of defect immunization of human, especially for persons with darker skin colours, who is a very over-represented group for this reason only.**
  - **Causing massive deaths and the risks of serious long term side effects.**

- **(8) The mandatory use of Face Masks, with no proven effectiveness according to studies, but with massive, proven bad side effects, not limited to the following ones;**
  - **Accumulation of bacteria, causing illness and lowered immune system.**
  - **Accumulation of viruses, causing illness, as documented enclosed.**
  - **Reduction of oxygen, bad for all, extremely bad for children and the vulnerable.**
  - **Micro plastic toxic (nano particles).**
  - **Proven microbes and other dangerous findings.**
  - **Developing “mouth infections” due to bad air quality, which may lead to bleeding, and finally resulting in a higher risk of getting a heart attack.**
  - **Psychologic warfare; making people terrified of others and panicking.**
- **(9) Introduction of “Medical Apartheid”, limiting the Human Rights and freedom for those persons who choose not to be vaccinated by introducing “vaccine passports”.**
- **(10) The Risks for exposure to “vaccinated” people becoming Bio-weapon factories.**
- **(11) Corruption and propaganda from both State Controlled media and MSM.**
- **(12) Norwegian Parliament members. Guilty of Crimes against Humanity, war crimes by applying acts of psychological warfare, economic and biological warfare.**
  - **Crimes against Humanity and Biological weapons on its own people by allowing new mRNA and DNA changing drugs on its people, by new legislations in the summer of 2020, in violations of the Nurnberg code.**
    - **With extreme bad short-term effect.**
    - **And extremely long-term risky effects.**
    - **And later to approve these extreme dangerous medical experiments on the population, at large.**
- **(13) Norwegian Media. For propaganda and censorship to promote a fascist regime.**
  - **NRK. For false information and propaganda on Covid, “positive tests”, and not informing of effective medicines and the dangerous vaccine.**

- **TV2. The same as above.**
- **VG and all of the Norwegian Main-Stream Media. Fake news about the Israeli vaccine project, and part of the full totalitarian media narrative on Covid, Vaccines and “sick people”.**
- **NTB. The same. And the “Fakta.no”. False reporting, censorship.**
- **Resett.no for promoting False and damaging reports from NTB.**
- **(14) The very strong censorship activities by both Global MSM and Big Tech by;**
  - **MSM across all countries.**
  - **Facebook. Massive censorship and False Labelling claiming that “Ivermectin” and HCQ to be “dangerous” when they are actually saving lives.**

**Massive censorship including closing of accounts, punishment of people who claim facts on effective medicines, the danger of vaccines, the origin of the Virus Covid 19 being a “gain of function” bioweapon.**

- **Twitter. Same as above.**
  - **Google. Same as above. Massive censorship activity on the real facts and promoting a false narrative and claims about vaccine safety.**
- **(15) Crimes of corruption done by Bill and Melinda Gates, and the GAVI Foundation,**
  - **by sponsoring “research” done by Nigel Ferguson at Imperial college, with several million USD, linked to his false “Pandemic claim” in 2020.**
  - **by sponsoring the private organization WHO by 107 mill USD,**
  - **By “PCR Test research and others for Christian Drosten funded via Charite Hospital, Berlin by several million USD.**
  - **BBC by many million USD for “Covid education” propaganda work.**
  - **And many others TV and Radio stations and news outlets (MSM).**
- **(16) Crimes done by WEF and their plans of a “the Great Reset” by Klaus Schwab, Børge Brende & Co. Of coordination and planning of this global conspiracy of “the Great Reset”, and “the Build back better narrative”, according to his own book and presentations of this subject. And coordinated with WHO, National Leaders, and the Globalist Elite.**

- **(17) Crimes done by WHO. By declaring a false pandemic, and the instruction to use a False PCR Test method. And fail to inform countries of known effective medicines.**
  - **Crimes done by UNICEF for “Covid vaccination program” of children.**
- **(18) Crimes done by Dr Christian Drosten. By his false PCR Test method. And his false claim that people can still be sick and spread it without having symptoms.**
- **(19) Crimes done by Neil Ferguson. Imperial College. False claims about 7 billion infected. And false claim of a 3.4% death rate. As “scientific base of the pandemic”, connected to receiving several million USD in “support” from Bill Gates.**
- **(20) Crimes done by RKI, EMA in EU. False statistics based on False PCR tests. Approving extreme dangerous “Vaccines”, only approved for Emergency use. And for not approving the “off label” good medicines for the treatment of Covid19.**
- **(21) Crimes done by Legemiddelverket and FHI As above. By making massive harm.**
- **(22) Crimes done by the management of FHI, Legemiddelverket, the health director of the Health Agency, and Health Minister.**
  - **False claimed Pandemic, connected to the False Claims by Nigel Ferguson and WHO, by claiming that “Cov-Sars2” was a 3,4% infectious disease, due to false, unscientific models by Nigel Ferguson and “Bill Gates” funds.**
  - **False use of PCR and Antigen tests. False claims of “infected” people, a false claim of asymptomatic non-existing infected people and not using “blood test for lab verification”, which would have exposed the false tests.**
  - **False use of law on infection control. Because Covid 19 is less deadly, and less contagious, and causing less hospitalization than the 2016/2017 virus, as well as the 2018/2019 viruses.**
- **(23) The Government of Norway and the Health Ministers.**
  - **For declaring a False Flag Pandemic, linked to lies by Nigel Ferguson and WHO, claiming 3.4% infectious disease, later corrected to 0,12% by FHI.**
  - **For using a False PCR Test to find False positives and stop “lab methods”.**
  - **For proposing a “Biotechnology Law” in 2020 that is a clear violation of the Nurnberg Code for Medical experimentation.**
  - **For falsely using the “law on infection control” and for taking measures clearly against the Constitution against Chapter 28 in the Constitution.**

- For pushing a psychological warfare against its entire civil population.
- For pushing the lock downs as an economic warfare against its population.
- For introducing dangerous masks mandates against its population.
- For introducing dangerous Covid Tests Products into its population.
- For closing schools and businesses against their human rights.
- For torture and terror by all above measures causing a mass increase of suicides and domestic related violence.
- For closing down the Cultural life and social life on a massive scale.
- (24) Doctors at all the Local Councils, Counties, and city Hospitals.
  - For accepting to use False and harmful PCR Tests and Antigen tests.
  - For pushing and administering vaccines against the “Nurnberg Protocol”.
  - For stopping the real “blood test” lab tests as the scientific test method.
- (25) Mayors allowing for false PCR Tests, Dangerous vaccines, Dangerous PCR tests.
  - For being legally responsible for both False PCR Tests and extremely dangerous vaccination programs at local communities and medical centres.
  - For closing down schools and businesses.
  - For closing down rights to be at your own cottage and being refused to visit old or sick family members and those on death beds.
- (26) The Church of Norway. For Vaccination propaganda.
  - The Christian newspaper “Dagen” for also pushing the vaccines.
  - None of the above have any medical expertise to make such claims.
- (27) Bio Warfare Crimes done by the Covid19 Vaccination manufacturers +BioNtech.

**The above types of crimes constitute some, but not all off the crimes against the Humanity of the Norwegian People, of actual War Crimes, and Crimes of Aggression.  
VIOLATION OF ARTICLE 32 OF THE 1949 GENEVA CONVENTION IV.**

**Under Article 32 of the 1949 Geneva Convention IV, “mutilation and medical or scientific experiments not necessitated by the medical treatment are prohibited. According to Article 147, conducting biological experiments on protected people, is a grave breach of the Convention.**

The “experimental” vaccine is in violation of all 10 of the Nuremberg Codes, which carry the death penalty for those who seek to violate these International Laws.

The “vaccine” fails to meet the following five requirements to be considered a vaccine and is by definition a medical “experiment” and trial:

**Provides immunity to the virus**

This is a “leaky” gene therapy that does not provide immunity to Covid and claims to reduce symptoms yet double-vaccinated are now 60% of the patients requiring ER or ICU with covid infections.

**Protects recipients from getting the virus**

This gene-therapy does not provide immunity and double-vaccinated can still catch and spread the virus.

**Reduces deaths from the virus infection**

This gene-therapy does not reduce deaths from the infection. Double-Vaccinated infected with Covid have also died.

**Reduces circulation of the virus**

This gene-therapy still permits the spread of the virus as it offers zero immunity to the virus.

**Reduces transmission of the virus**

This gene-therapy still permits the transmission of the virus as it offers zero immunity to the virus.

The following violations of the Nuremberg Code are as follows:

**Nuremberg Code #1: Voluntary Consent is Essential**

No person should be forced to take a medical experiment without informed consent. Many media, political and non-medical persons are telling people to take the shot. They offer no information as to the adverse effects or dangers of this gene-therapy. All you hear from them is – “safe and effective” and “benefits outweigh the risks.” Countries are using lockdowns, duress and threats to force people to take this vaccine or be prohibited to participate in a free society under the mandate of a Vaccine Passport or Green Pass. During the Nuremberg trials, even the media was prosecuted, and members were put to death for lying to the public, along with many of the doctors and Nazis found guilty of Crimes Against Humanity.

**Nuremberg Code #2: Yield Fruitful Results Unprocurable by Other Means**

As listed above, the gene-therapy does not meet the criteria of a vaccine and does not offer immunity to the virus. There are other medical treatments that yield fruitful results against Covid such as Ivermectin, HCQ, Vitamin D, Vitamin C, Zinc, which boost the immune system against flu and colds.

**Nuremberg Code #3: Base Experiments on Results of Animal Experimentation and Natural History of Disease**

This gene therapy skipped animal testing and went straight to human trials. In mRNA research that Pfizer used – a candidate study on mRNA with rhesus macaque monkeys using BNT162b2 mRNA and in that study all the monkeys developed pulmonary inflammation. However, the researchers considered the risk low as these were young healthy monkeys from the age of 2-4. Despite this alarming development Pfizer proceeded to develop their mRNA for Covid without animal testing.

**Nuremberg Code #4: Avoid All Unnecessary Suffering and Injury**

Since the rollout of the experiment and listed under the CDC VAERS reporting system over 4,000 deaths and 50,000 vaccine injuries have been reported in America. In the EU over 7,000 deaths and 365,000 vaccine injuries have been reported. This is a grievous violation of this code. In Norway, more than 150 have died following vaccination, and thousands of injuries, many serious.

**Nuremberg Code #5: No Experiment to be Conducted if There’s Reason to Think Injury or Death Will Occur**

See #4, based on fact-based medical data this gene-therapy is causing death and injury. Past research on mRNA also shows several risks that have been ignored for this current trial gene-experiment. A 2002 study on SARS-CoV-1 spike proteins showed they cause inflammation, immunopathology, blood clots,

and impede Angiotensin 2 expression. This experiment forces the body to produce this spike-protein inheriting all these risks.

**Nuremberg Code #6: Risk Should Never Exceed the Benefit**

Covid-19 has a 98-99% recovery rate. The vaccine injuries, deaths and adverse side-effects of mRNA gene-therapy far exceed this risk. The use of “leaky” vaccines was banned for agriculture use by the US and EU due to the Marek Chicken study that shows ‘hot-viruses’ and variants emerge... making the disease even more deadly. Yet, this has been ignored for human use by the CDC and EMA knowing fully the risk of new deadlier variants emerge from leaky vaccinations. The CDC and EMA is fully aware that the use of leaky vaccines facilitates the emergence of hot (deadlier)strains. Yet they’ve ignored this when it comes to humans.

**Nuremberg Code #7: Preparation Must Be Made Against Even Remote Possibility of Injury, Disability or Death**

There were no preparations made. This gene therapy skipped animal trials. The pharmaceutical companies’ own Phase 3 human clinical trials will not conclude until 2022 /2023. These vaccines were approved under an Emergency Use Only act and forced on a misinformed public. They are NOT FDA or EMA-approved.

**Nuremberg Code #8: Experiment Must Be Conducted by Scientifically Qualified Persons**

Politicians, media and actors claiming that this is a safe and effective vaccine are not qualified. Propaganda is not medical science. Many retail outlets such as Walmart & drive-through vaccine centers are not qualified to administer experimental medical gene-therapies to the uninformed public.

**Nuremberg Code #9: Anyone Must Have the Freedom to Bring the Experiment to an End at Any Time**

Despite the outcry of over 85,000 doctors, nurses, virologists and epidemiologists – the experiment is not being ended. In fact, there are currently many attempts to change laws in order to force vaccine compliance. This includes mandatory and forced vaccinations. Experimental ‘update’ shots are planned for every 6 months, without any recourse to the growing number of deaths and injuries already caused by this experiment. These ‘update’ shots will be administered without any clinical trials. Hopefully this new Nuremberg Trial will put an end to this crime against humanity.

**Nuremberg Code #10: The Scientist Must Bring the Experiment to an End at Any Time if There’s Probable Cause of it Resulting in Injury or Death**

It is clear in the statistical reporting data that this experiment is resulting in death and injury yet all the politicians, drug companies and so-called experts are not making any attempt to stop this gene-therapy experiment from inflicting harm on a misinformed public.

**Article 6**

**Genocide**

For the purpose of this Statute, “genocide” means any of the following acts committed with intent to destroy, in whole or in part, a national, ethnical, racial or religious group, as such:

- (a) Killing members of these group;
  - *The Group in this case is in principle “the entire human race”, Starting with the Elderly, chronically ill and disabled (useless eaters).*
- (b) Causing serious bodily or mental harm to members of the group;
  - **Massive death by the Man-Made, biological weapon Cov-SARS-2 virus.**
  - **Proven long-term effects 8 months after first being infected by the virus.**
  - **Massive short-term damage and death by the Vaccines.**
  - **Expected long term effects as above of the vaccinated.**
  - **Statistical evidence suggest massive increase of death after “vaccination”.**
- **Big mental harm have been given by massive psychologic warfare 24/7-365, related to Covid illness, “false positives”, lack of medication and mass vaccinations.**
- (c) Deliberately inflicting on the group conditions of life, calculated to bring about its physical destruction, in whole or in part;
  - **Physical destruction of wealth and businesses by the destructive lock downs.**

– **Inflicting damage to the immune system of all those who either got ill of the virus and/or got vaccinated, the mask mandate, and mandatory tests regime.**

- **Statistics proves that those who got vaccinated are much more exposed to get seriously ill, and that family members of those who got vaccinated, are becoming ill or die. This is an extreme alarming signal for how the future will become.**

(d) Imposing measures intended to prevent births within the group;

- **Proven strong increase in spontaneous abortion after Covid-vaccination.**
- **Expected reduction of fertility after vaccination by change of human DNA.**
- **Formal advises are given from both the Vaccine manufacturers and the distributors, to postpone planned parenting (to reduce risk) due to the vaccination.**

#### **Article 7**

#### **Crimes against humanity**

1. For the purpose of this Statute, “crime against humanity” means any of the following acts when committed as part of a widespread or systematic attack directed against any civilian population, without knowledge of the attack:

(a) Murder;

- **Statistics from Legemiddelverket (Norway) shows deaths more than 150 in 4 months.**
- **These deaths and murder attempts are a function of the administration of deadly vaccines. And the death toll increases by the weekly official death statistics.**
- **Additionally, a huge number of vaccinated people, are getting seriously ill and are risking dying from an immune system failure, in the not distant future.**

(b) Extermination;

- **There is good reason to assume that a large part of the human race is at risk for either serious illness or death, with a reference to the recent mRNA experiments on animal studies back in 2012-2013, in which most animals died within 2 weeks, equivalent to 1.5 years for humans. The vaccinated are exposed to the very same “man-made spike protein” from the virus. Both the virus and the vaccines have proven to be able to change the Human DNA. The immune system is likely never to return to what it was. Several very high-level immunologists and vaccine designers have warned of very dangerous new mutants of the virus and deadlier than other known viruses. In the worst possible scenario, most of the human race will perish. Ref. Dr Geert vanden Bossche, Dr PHD Dr Michael Yeadon, ex VP Pfizer, and Dr Francis Boyle.**

(c) Enslavement;

- **Medical apartheid by the separation of vaccinated and non-vaccinated as regards to “human rights”.**
- **Forced lock-down and economic warfare.**
- **Freeze of freedom of travel national and international.**
- **Enslavement by denial of visiting friends and family, old and sick relatives.**

(e) Imprisonment or other severe deprivation of physical liberty in violation of fundamental rules of international law;

- **Quarantine hotels for both healthy people and false positive “PCR tests” and “fast tests”, are kind of imprisonments that are illegal by national and international laws.**
- **Severe deprivation of physical liberties of travel, visiting friends, arranging parties, taking part in cultural and sports activities, religious liberty of gatherings in churches.**

(f) Torture;

- **Psychological terror and warfare (mental torture) is being administered by the Government, State Media and Main-stream media along with Social Media platforms like Facebook, Twitter and Google.**

– **Massive pain from the side effects of the vaccines, with bleedings and very low level of red blood platelets, causing lack of oxygen and a very wide range of “diagnoses”.**

(g) Rape, sexual slavery, enforced prostitution, forced pregnancies, enforced sterilizations, or any other form of sexual violence of comparable gravity;

– **One possible effect of vaccines, may be an “enforced sterilization”.**

– **We claim that forced use of PCR Test swabs deep into the nose is a rape crime.**

(h) Persecution against any identifiable group or collectively on political, racial, national, ethnic, cultural, religious, gender as defined in paragraph 3, or other grounds that are universally recognized as impermissible under international law, in connection with any act referred to in this paragraph or any crime within the jurisdiction of the Court;

– **Persecution against all religious groups being hindered to go to places of worship.**

– **Persecution against almost all sport activities and cultural activities.**

– **Persecution against families not being able to be together at big annual events, cancelled the Celebration of the Norwegian Constitution day “due to the pandemic”, an attack of the freedom and our democracy, the first step towards totalitarianism. The same was done for this year. Further, religious holidays like Easter and Christmas were cancelled both last year and this year. A strong attack on our fundamental rights.**

(j) The crime of apartheid;

– **The real effect of the new “vaccine passport” is to introduce a new form of medical apartheid, for the benefit and pressure to get vaccinated, against those who are not vaccinated, who are deprived of the same rights to travel and go to restaurants without taking the vaccine.**

(k) Other inhumane acts of a similar character intentionally causing great suffering, or serious injury to body or to mental or physical health.

– **The Social-distancing, and the mask mandate, and all the Covid19 regulations, as well as the vaccination pressure, are reasons for serious injury to body, mind and soul.**

## **Article 8**

### **War crimes**

1. The Court shall have jurisdiction in respect of war crimes, in particular when committed as part of a plan or policy or as part of a large-scale commission of such crimes.

2. For the purpose of this Statute, “war crimes” means:

(a) Grave breaches of the Geneva Conventions of 12 August 1949, namely, any of the following acts against persons or property protected under the provisions of the relevant Geneva Convention:

(i) Wilful killing;

– **When we have statistical data of the death rate of the so-called vaccinations, killing a relatively stable proportion of the “victims”, with numbers increasing as a function of more vaccinations, it is a logical conclusion that the continuing use of these vaccines constitutes a wilful killing. Even if the victims are mainly old, we also have a rather high proportion of deaths and harm for younger and healthier people. With a huge increase in the risk of dying, for all age groups less than 60, due to the side effect of the vaccines.**

(ii) Torture or inhuman treatment, including biological experiments;

- **The Cov-SARS-2 Virus is a man-made “gain of function virus”. It was created as a “biological experiment” at the Wuhan Institute of Virology during a period of at least 10-15 years, according to massive documentation enclosed hereby. The Virus was released, either by an accident or deliberately.**
- **The development of such a biological weapon is a crime on its own merit.**
- **The use of the masks by a mandate also constitutes a biological experiment. Which has caused massive harms as documented by several studies.**

- **The use of the test-pins and the use of cancer rated chemicals in the noses of millions of humans are also clearly a biological experiment or warfare.**
- **The so-called vaccines are only approved for emergency use only, and the massive use of these gene therapy drugs constitute the largest biological experiment in human history and causing an irreversible change to the DNA, through the Vaccination.**
- **Such an experiment into our DNA, is the worst crime ever done to the human race, totally without informed consent.**

(iii) Wilfully causing great suffering, or serious injury to body or health;

- **The lock-down of businesses and free travel has caused great economic harm.**
- **The forced use of face masks has caused great harm both physically and mentally.**
- **The closing down of hospitals, doctor's offices and sports centers has clearly caused serious injury to body and health.**
- **The vaccines are proven to kill and make major damage to health, based on the short-term effects only.**
- **The psychological warfare, and economic warfare by the lock downs, combined with the medical and biological warfare causes immense injury to the health.**
- **The denial of use of effective medicine (HCQ, Ivermectin), against Cov-Sars2 is a cause of serious injury to body or health. And caused many deaths in Norway.**

(iv) Extensive destruction and appropriation of property, not justified by military necessity and carried out unlawfully and want only;

- **The extensive economical destruction of business activity, as well as private wealth and personal and business income, leads to the massive appropriation of property for people, who are not able to get a normal income due to all the effects of the lock downs and economic destructions.**
- **The unlawful Covid-19 policies leads to an economic melt-down, and a large increase in "appropriation of private property" by banks, even if it is done "lawfully", due to foreclosures.**
- **A massive transfer of property from the middle class to the ultrarich Globalists will be the consequence of these policies worldwide.**

(i) Intentionally directing attacks against the civilian population as such or against individual civilians not taking direct part in hostilities;

**The whole human race is under attack by all the measures and biological warfare, which is an integrated part of a psychological and economical warfare.**

(iv) Intentionally launching an attack in the knowledge that such attack will cause incidental loss of life or injury to civilians or damage to civilian objects or widespread, long-term and severe damage to the natural environment which would be clearly excessive in relation to the concrete and direct overall military advantage anticipated;

- **The creation of the Cov-SARS-2 virus was the pre-condition for launching this attack.**
- **There is a long timeline going back to the 1990s and the first SARS1 virus, as to the MERS Virus. And to both US Military biological research (DARPA), linked to French, British, Australian and to a large extent the Chinese efforts done during more than 15 years.**
- **There is a clear link to the so-called Globalist Elite, the Club of Rome, the WEF (Club of Davos), Globalist politicians, the biggest Capitalists on earth, and their plan of Agenda 2030 (UN), WHO, and “the Great Reset”.**
- **These people have clearly spoken of a need for a great global depopulation, and Bill Gates among others, have stated that the Vaccinations is one way to do it.**
- **Gain of Functions manipulation of Virus has given the virus properties that makes it able to spread 10-20 times compared to the SARS 1 and MERS. All Corona viruses. The scientists behind, have created a dangerous synthetic Virus, as documented enclosed. With a dangerous “Hiv GP120” component to make it dormant, like HIV.**
- **The project seems to be a Global conspiracy to radically change both the demographical as well as the political landscape, by a transformation from a democratic system into a totalitarian world, to be ruled by a corrupted, tyrannical elite.**
- **The massive destruction of life, the effect of the economical warfare, connected to a claimed medical emergency, and a massive psychological warfare operation, with the initial attempt to brain-wash much of the population, to make them accept mass vaccination, as the only remedy for returning to a less than normal situation, is only the first step.**
- **The massive economical melt-down is leading to a financial melt-down of epic proportions, causing states and currencies, at least in Europe, to collapse totally.**
- **Based on the economic ruin and catastrophe, it is likely that martial law will be introduced, a result of the economic collapse and the coming social unrest.**
- **The financial crisis will most likely lead to the collapse of both banks and central banks, and loss of private property in a massive scale, to the benefit of the ultrarich elite only.**
- **New bail in rules, and delays of financial reporting, has only delayed this crash.**
- **On top of all of this, and other measures, the medium and long-term effects of both the Cov-SARS2, as well as the “Vaccines” will soon kick in, causing massive illness and death of biblical proportions, never seen before.**

- **It is utmost urgent, that ICC will take immediate action, taking all of this into account. And take urgent action to force a full stop of vaccination and all types of illegal warfare. By taking action, forcing the Norwegian Government, by a Court order, in the legal form of a temporary injunction, demanding immediately, full stop of vaccination and all types of illegal warfare.**

### **Article 8 bis3**

#### **Crime of aggression**

1. For the purpose of this Statute, “crime of aggression” means the planning, preparation, initiation or execution, by a person in a position effectively to exercise control over or to direct the political or military action of a State, of an act of aggression which, by its character, gravity and scale, constitutes a manifest violation of the Charter of the United Nations.

**This is a global criminal conspiracy, which has been planned for several decades.**

**It is now obvious that “the plan” involves the ultrarich and leaders of most nation states, with a few exceptions. It is also clear that powerful think-tanks including WEF in Davos as well as the Club of Rome, and other NGOs like WHO and GAVI among others, in the center of this draconian criminal conspiracy.**

**UNDER THE OFFICIAL SLOGAN; “BUILD BACK BETTER, used by the President of WHO, the President of USA, as well as the President of WEF.**

**The goal of the activity is to create a new world order, through UN’s Agenda 2030, by dismantling all the Democratic Nation States, step by step, controlled by an un-elected elite and to destroy our freedom and basic human rights. Further to destroy small and medium sized businesses, moving the market shares to the largest corporations, owned by the Global Elite. The fulfilment of this goal will most likely lead to full enslavement of mankind.**

**This is being done by means of the threat from both a dangerous biological weapon, the virus, the vaccines, the testing test pins, the mask mandates and all other measures.**

**All of which constitute not only a breach of National laws, but also a fundamental breach of the Charter of the United Nations and the Treaty of Rome and our Fundamental Human rights.**

**And finally, this document proves, that the Treaty of Rome, is violated extensively on Chapter 6, 7 and 8<sup>th</sup> of the International Criminal Court Code.**

**The Rockefeller Foundation 2020; In the center of the “covid-plan”.**

**2010; The Rockefeller Foundation; “Lock-step” introduced as a “scenario”.**

<https://www.youtube.com/watch?v=pEpWMkOsNTw>

**David Rockefeller; “1994”. 27 years ago. Linked to his “2002” memoirs;**

**International Court Case filed 11.1.2021, to be heard 3.7.2021, in Canada.**

**Court case connected to an International network of lawyers.**

***The case has been filed for Canada in Ontario by Michael Swinwood as part of the worldwide legal team of Reiner Fuellmich.***

**This case will start to be heard only on 3.7.2021, but we would argue that there is a very urgent need to take action immediately.**

**Some information connected to this case;**

“It is increasingly clear that behind this covid cum vaccination drive, there is a eugenics agenda of gigantic proportions. This has recently also been recognized by the leading German Human Rights lawyer, Dr. Reiner Füllmich, a member of the Corona Investigative Committee, which investigates globally on the prosecution of fraudulent reporting of covid- vaccination, testing and leading to fraudulent “case figures” – and to a massive drive to instill fear in the population. He and his team are launching several Class Action suits in the US and in Canada, and several lawsuits against individuals and institutions in Europe and the US. He calls these coming trials “Nuremberg 2”, after the Nuremberg trials

following WWII. In a recent interview (12 April 2021), Dr. Füllmich said he sees the light at the end of the tunnel. He also said about Corona measures,

Dr. Reiner Fuellmich – a top German trial lawyer who won lawsuits against Deutsche Bank and Volkswagen – is leading a team of 34 lawyers prosecuting global officials over COVID-19 lockdowns. Their class-action lawsuits target those they believe are responsible for the lockdowns, from local level politicians to the World Health Organization (WHO) and pharmaceutical companies. They seek damages for people negatively impacted by lockdowns, saying it is a deliberate crime against humanity and must be legally qualified as crimes against humanity, as defined in Section 7 of the International Criminal Code.

“These are the worst crimes against humanity ever committed. The few people who can still think independently, about 10 to 20 percent of the population, they know that the question was never about a virus or human health, but about a massive thinning of the world population, and total control.”

Video links; <https://odysee.com/@SinCensura:9/NUREMBERG-2.0-por-Reiner-Fuellmich:0>

#### **ENCLOSURES A:**

1. Above; “The Rockefeller Trail of evidence”. 1994. 2002. 2010. 2020.

The Rockefeller Foundation “Lock-Step” scenario of 2010.

- Video links of it; <https://youtu.be/pEpWMkOsNTw>
- and “updated reality materialized version”

<https://archive.org/details/pdfy-ernpJ8k6RZoygIm3>

- Rockefeller 2010 Lockstep. Analyses. PDF. Connected to actual reality and predictions.

Dated April 2020. “Mixed up” but extremely accurate considering dated April 2020.

[www.agmiw.org/wp-content/uploads/2020/04/Transcript-The-Covid-Plan\\_Rockefeller-Lockstep-2010.pdf](http://www.agmiw.org/wp-content/uploads/2020/04/Transcript-The-Covid-Plan_Rockefeller-Lockstep-2010.pdf)

- 2010-Rockefeller Lockstep “analyses”. By “Principia Scientific Intl”.

<https://principia-scientific.com/2010-rockefellers-operation-lockstep-predicted-2020-lockdown/>

Dated 25.8.2020. A professional evaluation and comparison to “Covid-2019”.

- Lawsuit Michael Swinwood vs Canada et al.

Dated 11.1.2021. Document only referred to, as we have not found it, only about it.

- Transcript of Dr Richard Fleming part 1

Dated 17th of January 2021.

- Transcript of Steve Hilton, CNN.

Presentation dated 25<sup>th</sup> of January 2021.

- German Study of the Covid pandemic. Wiesendanger. Hamburg.

Dated 14th of February 2021.

1. The Israeli Lawsuit against The Israeli Government to ICC Chapter 7.

Dated 1<sup>st</sup> of March 2021.

1. Transcript of Dr Richard Fleming part 2

Presentation Dated 19<sup>th</sup> of April 2021.

1. Analyses of the test sticks from surface tests of nose and mouth test devices.

Dated 26.4.2021. Bratislava report. Proving dangerous test pins.

1. Drosten Report. On the PCR Test. <https://cormandrostenreview.com/report/>

Date; November 27<sup>th</sup> 2020.

1. Mask reports 1; Danish test. [www.bmj.com/content/371/bmj.m4586/rr-6](http://www.bmj.com/content/371/bmj.m4586/rr-6)

[www.acpjournals.org/doi/10.7326/m20-6817](http://www.acpjournals.org/doi/10.7326/m20-6817)

Date; Published 26 November 2020. No significant effect. 1,8% vs 2.1%. less than 50% effective.

1. Mask report 2. MASKS DO MASSIVE HARM TO YOU. <https://principia-scientific.com/65-studies-reveals-face-masks-do-cause-physical-harm/>

Date published; *Published on* April 29, 2021

1. Club of Rome. Home Page explains the main issue; [www.clubofrome.org](http://www.clubofrome.org)

A radical Marxist plan of “de-population” and “financial crises”, to “save the world”.

Put in place in Brussel in 20<sup>th</sup> of February 2020 and 20<sup>th</sup> of August 2020. Listed below.

1. The Salk institute of California on the “Covid Spike Protein”. San Diego University.

Date; 8.5.2021. A scientific report (x2) defining “Covid” to be a blood vascular disease!

Date; 8.5. 2021. A “Popular” report describing the same as above. A real shaker report.

*Defining the “Virus as a Bio weapon” and the “vaccine” to create a spike protein with the very same issues.*

#### **APPENDIX B.**

#### **THE CLUB OF ROME.**

**“The First Global Revolution”;** 1972.

<https://ia800202.us.archive.org/33/items/TheFirstGlobalRevolution/TheFirstGlobalRevolution.pdf>

**EXTRA LINK TO THE “MARXIST UMBRELLA” OF IT ALL.**

**Now, The Club of Rome calls it “2.0”. Meaning;**

**The 2nd Global Revolution. Meaning a new “Marxist revolution”.**

Most influential organizations begin with the meeting of a few like minds. In 1965, Aurelio Peccei, an Italian industrialist, made a speech that proved inspirational to Alexander King, the Scottish Head of Science at the OECD. The two found that they shared a profound concern for the long-term future of humanity and the planet, what they termed the modern ‘predicament of mankind’.

Three years later, King and Peccei convened a meeting of European scientists in Rome. Although this first attempt failed to achieve unity, a core group of like-minded thinkers emerged. Their goal: to advance three core ideas that still define the Club of Rome today: a global and a long-term perspective, and the concept of “problematique”, a cluster of intertwined global problems, be they economic, environmental, political or social.

At the group’s first major gathering in 1970, Jay Forrester, a systems professor at MIT, offered to use computer models he had developed to study the complex problems which concerned the group more rigorously. An international team of researchers at the Massachusetts Institute of Technology began a study of the implications of unbridled exponential growth. They examined the five basic factors that determine and, in their interactions, ultimately limit growth on this planet – population, agricultural production, non-renewable resource depletion, industrial output and pollution.

In 1972, the Club’s first major Report, *The Limits to Growth* was published. It sold millions of copies worldwide, creating media controversy and also impetus for the global sustainability movement. This call for objective, scientific assessment of the impact of humanity’s behavior and use of resources, still defines the Club of Rome today. While *Limits* had many messages, it fundamentally confronted the unchallenged paradigm of continuous material growth and the pursuit of endless economic expansion. Fifty years later, there is no doubt that the ecological footprint of humanity substantially exceeds its natural limits every year. The concerns of the Club of Rome have not lost their relevance.

*We are in the midst of a Planetary Emergency, facing climate, biodiversity and health crises. Too often, these emergencies are viewed in siloes, when in fact there is an urgent need to address them as one*

*integrated challenge. By bringing back balance between people, planet and prosperity through implementing the Planetary Emergency Plan, we can emerge from emergency and ensure long-term resilience and wellbeing within our planetary boundaries.*

## CLIMATE – PLANETARY EMERGENCY

Coupled with securing long-term human health and wellbeing, climate change and biodiversity loss are today's most pressing global challenges. For years, scientists warned about the risks of straying beyond our planetary boundaries. [The Limits to Growth](#) report issued the first warning about unsustainable human activity on our planet 50 years ago. In 1972, its authors made the case that unlimited growth in population, material goods and resources on a finite planet would eventually lead to the collapse of Earth's environmental and economic systems. Yet, it was only in 2020 that the public at large experienced the real impact of the encroachment of humanity on these limits through a zoonotic disease called COVID-19.

Living our lives as if Earth is infinite and shock resistant as we are doing today, is pushing our planet towards a series of tipping points that will become the greatest existential threat to humanity. Decades of exponential consumption and population growth have come to imperil the Earth's climate and life-supporting systems, while reinforcing social and economic inequalities globally. We find ourselves in the midst of a Planetary Emergency, facing interconnected and mutually reinforcing climate, biodiversity and health crises.

The Club of Rome's historical recognition of the existential nature of this threat, the need for an integrated emergency response and the opportunity for transformation that emergence offers, is the unique contribution that the Club of Rome wishes to bring to the global community.

## THE PLANETARY EMERGENCY PLAN

Too often, interconnected crises are viewed in siloes, when there is an urgent need to address them as one integrated challenge. [The Planetary Emergency Plan](#), which was drafted in partnership with the Potsdam Institute for Climate Impact Research (PIK), aims to do just that.

First published in 2019, the Planetary Emergency Plan provides a set of key policy levers to address the cross-cutting challenges of climate change, biodiversity loss and human health and wellbeing. The Plan outlines a vision of transformation and regeneration; a roadmap for governments and other stakeholders to shift our societies and economies to bring back balance between people, planet and prosperity. Only then can we truly emerge from emergency. The Plan is a novel contribution to the emergency debate, recognising the inextricable interconnectedness of the three challenges referred to above and providing an alternative approach to conventional siloed, sectoral policy action. It combines a focus on protecting and restoring our Global Commons with implementing a series of economic and social transformations to guarantee the long-term health and well-being of people and planet.

The first edition of the [Planetary Emergency Plan](#) was launched at WWF's Leaders for Nature and People event in September 2019, on the sidelines of the UN Climate Action Summit. The Plan has since been infused into [international discussions](#) on climate, biodiversity, sustainable development and [global risks](#), providing The Club of Rome with unprecedented entry-points at the highest levels of decision-making. It forms the foundation of a global Planetary Emergency Partnership and has inspired [global campaigns](#) and [policy efforts](#).

In the first year since the publication of the Plan, the world has changed significantly. COVID-19 has exposed our vulnerabilities and has reinforced the case for emergency action. The Club of Rome and PIK initiated a revision process for the Plan, in order to ensure that the [Planetary Emergency Plan 2.0](#) accurately reflects the convergence of three urgent crises (climate, biodiversity and health) and guides the work of the Planetary Emergency Partnership post-COVID. The Plan 2.0 was presented during the [Earth Overshoot Day](#) on 20 August 2020.

## THE PLANETARY EMERGENCY PARTNERSHIP

One year after the publication of the first Planetary Emergency Plan, the Club of Rome and Potsdam Institute, with the support of WWF, launched the [Planetary Emergency Partnership](#) to support the delivery

of the Planetary Emergency Plan. Its goal: to advocate for a global Planetary Emergency declaration and to implement the commitments and actions set out in the Plan.

Born from the need to bring together siloed voices from the climate, biodiversity and health communities to adequately address the emergency we face, the Partnership has grown from 30 Partners in late 2019 to over 300 Partners by the end of 2020. The strength of the network is its diversity: the Partnership brings together civil society organisations, academics, scientists, business leaders and public officials from across the globe and climate, biodiversity/nature and health sectors.

As a coalition of coalitions, the Partnership provides one of the largest, unbranded civil society coordination platforms to help build for a successful ‘triple crown’ of the UN Food Systems Summit, CBD COP15 and COP26 summits in 2021.

Rethinking Finance

*The global financial system is currently at the service of an outdated economic paradigm. It acts as a means of wealth accumulation for a narrow elite, whilst disregarding the negative externalities of environmental damage and social inequalities. A new, sustainable finance system will be a core pillar of a new economy which serves both humanity and the planet.*

### **Financing Change, Changing Finance**

With a view of moving the current sustainable finance discussion from surface changes to the deep shift needed in our relationship to money and the existing finance system at large, the new Club of Rome Finance Impact Hub brings together real economy actors, investors, thought leaders to address core systemic alterations needed to support a well-being economy in balance with nature and responding to core global tipping points.

The Finance Impact Hub was launched on 20th February 2020 with a high-level roundtable at the Club’s new EU office, housed at Triodos Bank in Brussels. It convened officials from the European Institutions, EIB, ECB, Central Banks, Impact Investors, Finance Institutes, Foundations, Academics, and Members of the Club of Rome. Its primary objective was to explore key areas of change and existing leverage points and commence a co-creation partnership with a community of champions.

The spirit of the new Finance Hub is anchored in the seminal report to The Club of Rome, “The Limits to Growth” (1972), where calls were made for a deep-systems shift away from conventional finance models to one at the service of people-planet-prosperity. A series of publications since have continued to call for this shift. In particular, the Club of Rome’s Climate and Planetary Emergency Plans published in September 2019, calling for a decade of action that will enable the necessary change in systems to ensure long-term environmental and social sustainability.

“The end”

**WE WANT TO REPEAT THE REMEDY FOR ALL OF THIS AS FOLLOWS;**

**It is utmost urgent, that ICC will take immediate action, taking all of this into account.**

**And take urgent action to force a full stop of vaccination and all types of illegal warfare.**

**By taking action, forcing the Norwegian Government,**

**by a Court order, in the legal form of a temporary injunction,**

**demanding immediately, full stop of vaccination and all types of illegal warfare.**

Best regards  
Birgit Sætre, Hamar