These are the facts from the video that Vanessa Schmidt-Kruger made with Fuellmich’s Corona Investigative Committee on Jan 29 21 – very early on in the vaccine rollout. It has been English Subtitled in three parts.

<https://odysee.com/@shortXXvids:e/Frau-Dr.-Vanessa-Schmidt-Kru%CC%88ger--CA-37-Vaccine:f>

<https://odysee.com/@LongXXvids:c/Dr.Schmidt-Kru%CC%88ger-(Part-II)--CA-37:e?r=CG5Xd67dieJXHj38ut5GD2gHU6qHA3KH&sunset=lbrytv>

<https://odysee.com/@LongXXvids:c/Frau-Dr.-V.-Schmidt-Kru%CC%88ger---CA--37-(Part-III)-:a>

Summary:

Three parts:

1. That the BioNTech vaccine already being used is not highly purified as it contains a residue of certain by-product contaminants as stated in the EMAs (granted authorisation to this vaccine) Open Assessment Report. (A public report that anyone can read)
2. Go into the first study of the BioNTech vaccine and analyse how the amount of vaccine to be used was determined as this has not been correctly characterised from a scientific perspective.
3. Relates to the effects or risks from the LNPs

**PART 1**

Why is OAP not being discussed: in English and 50% countries cannot speak English, or understand the medical terminology, technologies & cellular operations described.

OAR is in two parts

1. GMP = production process, purification & quality & quality assurance systems
2. Pre-clinical study

EMA better in a. than in b. section.

With GMP they were critical and demanded scientific evidence and numerous improvements. Second section mainly on side-effects there was no critical study of the consequences.

Normal time frame is 3 x 2.5 years

Production optimisation usually takes one year. This hasn’t taken place at all and the vaccines are in use before this is done.

Considerable deficiencies:

1. Active substances – modified RNA that they are synthesising, query consistency of the amount of RNA in each of the batches.

Need to ensure everyone gets the same dosage and quality.

In clinical trial the vaccine was produced with completely different techniques due to only small amounts being needed, could use very expensive techniques= highly purified end products.

Now in mass production = lower cost process.

e.g. using huge quantities of DNA that functions as a substrate, producing the RNA in an in-vitro transcription reaction.

This is done via fermentation of transformed bacteria, multiplying the DNA massively = leading to massive risk of contamination.

The DNA is transformed in the bacteria, multiplied, the bacteria are opened, the DNA is extracted, then linearised using enzymes, undergoes in-vitro transcription to produce the RNA, then it is purified. [Remember DNA is circular in a bacterium]

EMA stated BioNTech should develop & introduce analytical methods to ensure it is free of microbial (e.g. E-Coli) contaminants. No built-in process for this.

* Buffers (solvents) need to be free of RNAses as these degrade RNA.
* If there are any contaminants this could happen and the vaccines would be ineffective.
* Checks on how strong the activity of the enzyme is.
* DNA has to be eliminated by digestive enzymes (DNAses) once it has helped produce the RNA. If not properly done then this harbours risk. The activity of the enzyme has to be well monitored.
* Aim is pure RNA with no DNA. This has not been achieved.
* BioNTech has admitted there are DNA contaminants.

Also need a transport verification study. No idea if it works when it has been transported.

Sterility of the vials. Need to develop a quick test so that whoever administers the vaccine can show that it is sterile.

No reference standard for the different batches. Integrity of the RNA varies between batches. There needs to be a standard to be used as a reference for quality for the manufactured product.

Quality

* Quality at this stage was only 78%; some batches have RNA integrity at 55% = half is unviable.
* The full RNA length would be 100% - a test could show what % have this full length. Truncated pieces of RNA are less stable.
* The end is an attachment of Adenine and the longer this attachment the more stable the RNA
* If the RNA is shorter it is broken down in the cell easily and no protein will be formed.
* In some cases, little protein so no immune response will take place.

\* The Commission is asking for all this to be analysed. Need to know what the effect of these shortened spike proteins is.

\* So, contamination definitely has to be reduced.

The sequence of the DNA is complimentary to the RNA (a template for the enzyme)

The RNA is transcribed by the DNA and is the gene of the spike protein

The RNA is the interim product.

The product has a particular sequence length, specific folding, and can affect the antibody formation.

If it is truncated then it will not reach the cell and would not become anchored to the membrane; it would be secreted from the cell and enter the blood flow and would probably not cause side-effects.

If vaccine contains DNA contaminants then it is very unlikely that the RNA can integrate into the cell’s nucleus.

The contaminants of linearised DNA are relatively rarely integrated into the nuclear genome. Many factors would have to come together for this to happen. Cell has to divide and if it does this properly it can’t integrate although it could integrate in the host’s nucleus in a dividing cell.

Linearised DNA is especially optimal for integration; circular DNA from bacteria is not as easily integrated.

The situation here means it will happen more often:

* The result would be genes switched on and off, unregulated and down regulated = cancer and other possibilities.
* There are sections of the DNA that are vulnerable – it depends where it lands and the gene code may be affected and a protein will not be formed and if important the cell may die, and if this replicates = really massive damage.
* If it lands in an important, frequently dividing cell = modified clones can arise = gene modification, where these proteins are no longer produced → loss of function is worse case.
* If into genes that have a regulatory effect on gene expression then the output will be different = metabolism will be affected.

This will be different in each individual.

* This is a **genetic intervention** not a normal vaccine.
* In children when the cells are dividing more rapidly this is even more of a risk.
* In pregnant women the immune system reacts differently so the foetus is not rejected.
* In older people there are processes that no longer take place, and immunological complications arise.
* We are all at risk because of the dynamic cell changes and all the immune cells are in constant flux.

AZ is a different situation.

Further contaminants like double-stranded RNA (EMA said this is slight and acceptable) but all these have to be reassessed.

Lipid contaminants: the LNPs – there are observed visible particles in the vials. Automatic manufacturer’s monitoring systems but this is not sufficient for the EMA and needs to be improved. If administrator sees particles it is supposed to be discarded! Is this being communicated?

So, the EMA has raised all these GMP issues but still people are being vaccinated!!!!!

**CRIMINAL, UNBELIEVABLE, GRUESOME**

Intentional mixing of different vaccines at different times to confuse the outcomes and who’s responsible.

This means we are working blind and you can’t even do observational studies now that this has happened.

These investigations were supposed to be done by the EMA by July 2021 – this was when the full licensing was supposed to be given?

At the same time the EMA chair is promoting getting everyone injected by July!

**PART 2**

EMA Committee issued complaints on 29 extensive points on GMP; 23 on Quality of product

Recorded on 6 Pages at the end of their report. These have to be fulfilled by July – (WERE THEY?)

“The assessment of the safety risk is considered acceptable; there are theoretical calculations of worse-case concentration of impurities from residues from the manufacturing process, but these have been found to be below established safety limits”

**= our health depends on theoretical calculations.**

**Determining the vaccine dose:**

Happens normally in Clinical Phase 1 (determining spontaneous adverse effects and dose that needs to be used)

Tested 10mg; 20mg and 30mg of mRNA in double injection and single injections (weight of mRNA ONLY)

Patients to keep 7-day digital diary re SEs

They only analysed the published SEs (fever, fatigue, headaches, joint pain, myalgia, shivering, vomiting, diarrhoea)

Effectiveness = antibody production, binding of the spike protein, antibodies when they encountered the protein.

Generated an artificial SARs-Cov-2 virus (fluorescent marker) to show vaccine has a positive effect

RESULTS:

* Higher the dose the more frequent and stronger the side-effects especially with 2nd dose rather than the first
* Older had less SEs as their immune system not so reactive.
* No positive correlation between the vaccine doses – i.e. same effect at 10, 20 & 30 mg doses
* USED 30MG!
* Many more side effects.
* Benefit of different doses same but the risk is different

**NOT SCIENTIFICALLY JUSTIFIABLE**

mRNA is wrapped in LNP - the more LNP needed to enclose more RNA at the higher dose.

Normally do a statistical test across all the doses trialled tells you if you have a positive correlation – rising with dose.

They didn’t do this test – excuse was only 12 participants in each group!

Any scientist would be happy to have only 12 datapoint per group = this can lead to a statistical conclusion

→ can be done with 5 or 6 and with 12 it gives fairly clear conclusion

Whatever way you look at these results the conclusion is

**= 30mg would have been too much and they should have used 10mg**

**It costs more.**

**→ SEVERE MEDICAL MAPRACTICE**

Vaccine vial is for 5 persons, but they charge for 6 vaccine per vial

They take white powder and mix with saline (mistakes have been made with even 5 doses given to one person).

How accurate is this process?

\* Study claims important to give two doses = this has not been proved by testing scientifically!

\* In study they gave two doses of the 10, 20 & 30 mg = this can only be shown by a study with one group given just one dose!

\* Antibodies can be shown to produced and it increases to a peak – the saturation point.

So normally, you would do this over 35 days and look at the single dose group and the double dose group, to see if the second dose has had an effect!

\* They have just decided two doses are better than one and will go on to say three, four, five……………….!

Dr Schmidt-Kruger hasn’t done this on Moderna or AZ but is going to do so (MUST FOLLOW UP TO SEE IF REVIEWED)

Moderna don’t forget had 100mg of RNA so the SEs must correlate

**Connections between ARs and the lipids:**

Pre-clinical study done.

**Technology** of the LNP; **Much too early to be used**, **toxicity too high**, used for cancer patients but in healthy patient it is **disproportionate** to give this technology!

**Nanoparticles** are very small – smaller the particle the more damaging to cells – more reactions with cell components (proteins, lipids, DNA)

RNA would be broken down by nucleases with 10 minutes, but they are coated by the LNP and allows to be taken up by the cell

Inhalation of LNPs to lungs of animals → DNA strands break in the lungs (also in spleen) → lung diseases/cancer

If LNP transported in the blood → thrombosis & haemolysis (dissolution of RBC) & hypoxia

**TOXICITY** → LNP has many mRNA particles inside.

Lipids = 1. helper lipid, 2. cationic lipid, 3. cationic PEG, 4. cholesterol

(cationic is positive charged and very toxic)

It gets into the cells via APoE (binds to cholesterol). APoE linked to Alzheimer’s

**Toll-like receptors (TLR)** on the outside of the vesicle, holding the LNP, shielding the RNA from being noticeably foreign

Positive protons move in and the PEG lipid is broken off

Everything becomes positive and water flows in; bursting the structure and RNA is released into the cell.

TLR access the RNA and triggers the cell surface to produce

chemokines = stimulates the migration of cells e.g. WBC

cytokines = immunomodulating agents

= released from the cell – a signal that something is wrong

RNA uses the cell chemistry to produce spike protein which migrates to the surface of the cell = genetically modified cell

Genetic modification – not integrated into the DNA – variable stability.

Immune system comes to cell meeting the LNPs

**→** APCs (MHC class of receptors)

**→** B cells become activated (antibodies)

**→** cytotoxic T cells cell death or apoptosis

**CATIONIC LIPID PARTICLES**

50% LNP are cationic and very toxic because of this positive charge.

Promote cellular interactions **→**

* -ve amino acids
* destroying the proteins with loss of function
* unfolding

DNA (-ve due to phosphate group) = DNA strand breaks

Lipids especially in cell membrane and in organelles (e.g. mitochondria)

**→** oxygen radicals

**→** alter amino acids, pours out cytokines, attack membranes (integrity affected, becomes porous), creates lipid peroxidation,

**→** absorption of water – ion balance disrupted

**=** maximum **oxidative stress**

**→ SELF-DESTRUCTS**

**RISK-BENEFIT BALANCE**

**CANCER vs HEALTHY CELLS**

* In cancer cell therapy it kills the bad cells
* Encapsulation therapy allows the insertion of proteins and others to detect and find cancer cells
* Cancer cells are completely different from healthy cells
* LNPs find the cells that have the receptors for strange ligands and can find cancer cells almost exclusively

Cancer it is a local treatment, but vaccines are not local, and they spread throughout the body.

**ACTION OF THE PEG**

Many have come into contact with virus and have antibodies – meeting them in vaccines can lead to hypersensitivity.

How much PEG in Vaccines **→** BioNTech = 2-6%?

Depends on binding strength of antibody and how much PEG as to whether you get a reaction

PEGs may give allergic reaction but cationic lipids are toxic for cells

**Pfizer Pre-clinical studies on rats & mice**

**Questions:** How long remains in the body? Lipids and mRNA

How are they broken down?

What is the distribution?

Toxicology and carcinology?

Reproductive toxicology?

Impact on the environment as a GMO

**These are questions the EMA has to ask**

Public Assessment Report = raw data is lacking (Peter Doshi chasing on the data)

They interpret the data incorrectly in the clinical study

**Distribution** of the LNP with mRNA (not spike protein but with Luciferase- radioactive marker that you can see) in animal studies.

After 15 mins in many organs: muscle, plasma, liver (22% or if injected into a vein 60%), spleen, adrenals, both sex organs

Others not listed but to where the blood flows.

**Degradation**: Lipids = 12 days in plasma. PEG lipid for 6 days

**Excretion:** 50% PEG degraded; cationic lipids degraded in cells – they take the full hit

(1% in stools)

Half-life cationic lipid in liver (3 weeks)

5% lipid in liver at 4-6 weeks (long time); PEG half-life is 7 days

Liver, plasma, urine, stool investigated – no other organs.

**RNA degradation:** Luciferase (not with spike RNA) luminesces – injected 2mg RNA

Muscle injection site – peak in 6 hours - then 2 days gone

LNPs taken up in the cell, protein forms, still see it after 9 days

Therefore: RNA and LNP taken up relatively fast; cationic lipids long lasting

**EMA discussed with BioNTech:**

How long it remains in the human body because the study was not done?

* Referred to a study from 2010 (Mamoth et al) but this cannot be found.
* Used similar lipids and when they scale up from the mouse/rat to humans the lipids have a half-life of 20-30 days, elimination to 5%
* Total elimination they assume 4-5 months.

**EMA quote “That’s a long time”**

Second vaccination comes after 30 days

None of this has been investigated – no kinetics have been done on the vaccine even on the mouse.

Composition of the LNPs was the same; RNA different – should have been done with the actual vaccine.

Could a vaccinated person excrete this and pass to others? - not investigated

It is possible that altered cells (GMOs) are illuminated? Lipids, RNA we don’t know; PEG is illuminated

What happens with the water treatment (sewage works)? Is this a problem or is it degraded – we do not know.

**EU changed legislation in July 2020 on GMOs was declared inapplicable to the vaccines**

**Part 3**

**Pfizer Pre-Clinical study – the tale of the rat**

Injected 30mg of the same vaccine now being used, 3 x at weekly intervals.

2 days after the last injection – autopsy.

Immune response, raised lymph nodes, the spleen, cell numbers, increased production of B & T lymphocytes, neutralising antibodies, WBC, & cytokine release = all normal

Body weight went down (high stress), swelling, oedema, reddening, myofascial degeneration (fat cells in blood vessels and nerves – fat cells burst open, fatty acids released, inflammatory response = scleropathy (tissue hardens and more connective tissue forms= scar formation= fibrosis, loss of function), encrustation (disposition of salt in necrotic tissue), inflammation (especially of the damaged blood vessels), subcutaneous inflammation hyperplasia.

Liver undergoes hepatocellular periportal (liver cells near the portal vein) vacuolisation (dying liver cells).

Tries to eliminate the cationic lipids that are damaging it but cannot as too great a quantity, vacuoles form and water rushes in

Function of the liver cells is massively disrupted – **BioNTech admit this**.

Doctors should see this as standard blood measures are elevated

= GGT, AST (up in liver and cardiac damage), alkaline phosphatase (liver/bone damage), loss of albumin/globulin (loss of protein in the blood)

**→ sign that the liver cells are being poisoned**

= shows liver cells are dying = apoptosis

= Liver takes up the most lipoproteins because one function is to break down cholesterol

In the rat after 3 weeks the situation had reversed, and the liver had regenerated but this would not happen if you already had liver disease

If this was through alcohol which is converted to fat and stored as fat = steatorrhoea

Inflammation of the perineural tissue of the iscias nerve, extracapsular tissue (Joint capsules), lungs

Reduction in RBC and reticulocytes in the blood = **HYPOXIA**

Massively damaged by the LNP.

RBC carry haemoglobin (oxygen carrying) and sensitivity to oxidative stress and die very quickly

Lower haematocrit

Anyone with cardiac muscle weakness, undersupplied with oxygen **→** MI

(People who are older often have more inflammation, but are often on an anti-clotting medication as a prophylaxis, more susceptible to oxidative stress)

Younger people have greater regenerative capacity unless they have a pre-existing condition.

But from the appendices to the EI Implementation Decision correlations with other medications were not examined at all i.e. no drug interaction data

**Critical because there are no discussions about the consequences that can arise from side-effects.**

**EMA Committee just waved it through without studies with bloods, enzymes or muscle biopsies, or properly looking at these people in a clinical study etc.**

**So, they didn’t do it because they were worried about what would come out, and they would have to explain it, or they did the studies and have kept silent about it? Which is it?**

**We have the right to see any raw data.**

They measured the number of lymphocytes – subjects suffered lymphopenia within 1-3 days. This has been shown before with vaccination.

Might be due to transfer from the blood to tissues so lower blood levels – did not say why this happened.

Major discussion on deaths after vaccination, autopsies, transplanting of organs etc.

**Antibody Dependant Enhancement**

1. **Single-hit model**

One well produced antibody

Binds to a critical position on the virus and neutralises

1. **Multi-hit model**

Many types of antibodies produced

Docking to many different positions on the virus and neutralises

Favoured model

So, when a wild virus comes along and the neutralising antibodies can only latch on to the spike it is not fully neutralising the virus and can be taken up particularly strongly by the immune cells because of immune complexes that are formed.

The immune cells can quickly dock on and be absorbed and eventually they can reproduce there very quickly, making an extremely strong cytokine release.

Only been shown in vitro.

**Reproductive Toxicology Test (DART)**

Rats investigated twice before pairing, Menstrual cycles were normal, then twice while they were pregnant and vaccinated to test if this had any effect on their progeny

Result = two times increase in the pre-implantation loss of eggs

**→** egg cell implantation did not work so well

**→** looked at the foetus but only examined 21 foetuses (low numbers)

**→** sight incidence of gastroparesis (abnormality of proximal stomach wall), malformation of the jaw and right-sided arch of the aorta,

cervical vertebrae abnormalities

**→** these features all fell within the range of historical control data

Question = Trend of increased incidence, therefore could the study be expanded (only 21 animals at present) to check whether it stays low or whether it increases?

Specific interaction between spike proteins and syncytin (cell-to-cell fusion protein shown in placental development) and would affect the normal development of the placenta. Similar effect in animals so this could have been investigated but was not.

**→** Antibodies produced against vaccination could react against syncytin.

Long-term auto-immune disease and transfer of the vaccine to offspring in the womb haven’t been analysed

There is now a medium which can cross the blood-brain barrier (brain extremely separated from the blood)

In apes, LNP get through because of APoE mediated transport to the brain, causing damage and brain cells can die.

Very extreme oxidative stress, causes inflammation with swelling that can affect the nerves

e.g. Bell’s Palsy (nerve or surrounding tissue swelling), multiple Sclerosis, Guillain Barre syndrome etc

WE know the LNP spread in the body and these effects start immediately and can have effects for up to 4-5 months.

As long as the LNP are present then damage can arise. When they are finally absent then tissue can regenerate.

But we keep giving more LNPs!

**Genetic testing** which was not done:

They said they don’t need it because it is known anyway that nothing happens.

*“This is acceptable…” (i.e. that the study was not done) …. “because from the components of the vaccine formulation and the RNA, no geno-toxicity is expected……and the risk assessment carried out by the ordering party…shows that the risk of the geno-toxicity…in relation to the auxiliary components [i.e. the LNPs] …on the basis of literature data is very, very low.”*

It has been known for 20 years that cationic particles are highly toxic, destroy DNA and cause oxidative stress.

**Autoimmune disease is also a possibility**

So, when cells die the immune system cleans up all these dead cells.

They need to be illuminated to make room for the new healthy cells.

When there is a lot of destruction e.g. cationic lipid **→** apoptosis**→** cell death in organs **→**  large amount of work to clear cell debris **→**  overwhelmed system

Especially in immune-compromised people, cancer patients, elderly **→**  quickly overwhelmed

Non-normal immune response.

Type 1 Interferon is released, continuing the immune response, but it does not get rid of the cell debris but starts producing antibodies to the tissue cells

**→**  its own body components, due to the system being overwhelmed **→**  leading to the many auto-immune diseases we are seeing at the moment

**→**  chronic inflammation can be the result of the autoantibodies formed and this sets up a cyclical response.