

North Netherlands District Court, Leeuwarden location
Session of February 21, 2024
Case/role number C/17/190788 / HA ZA 2023-172

CONCLUSION OF REPLY

Regarding:

1. Agnes Catharina van der Voort-Kant
domiciled in Amsterdam

lawyer: mr. A.H. Ekker and

2. The State of the Netherlands
whose registered office is at The Hague
3. Everhardus Ite Hofstra
4. Jaap Tamino van Dissel
5. Maria Petronella Gerarda Koopmans
6. Mark Rutte
7. Sigrid Agnes Maria Kaag
8. Hugo Matthew the Younger
9. Ernst Johan Kuipers
10. Diederik Antonius Maria Paulus
Johannes Gommers
11. Wopke Bastiaan Hoekstra
12. Cornelia van Nieuwenhuizen
13. Feike Sijbesma
all domiciled at The Hague

Lawyers: mr. R.W. Veldhuis and mr. M.E.A. Möhring

and

14. Albert Bourla lawyer:
mr. D. Roessingh

15. Giselle Jacqueline Marie-Thérèse Van Cann
16. Paul Edwin Jansen
lawyer: mr. L. Broers

17. William Henry Bill Gates III
attorney at law: mr. W.H.
Heemskerk

Defendants

vs. 1.

2.

3. [REDACTED]
[REDACTED]
[REDACTED]

4. [REDACTED]
5. [REDACTED]
6. [REDACTED]
7. [REDACTED]

Plaintiffs

attorneys: mr. P.W.J. Stassen and mr. A.G.W. van Kessel

Defendant respectfully submits as follows:

1. INTRODUCTION

1. Plaintiffs allege that Defendants intentionally and unlawfully misled them and thereby induced them to be vaccinated against Covid-19, when Defendants knew that the vaccines offered in the Netherlands were neither safe nor effective. Kant is specifically accused of concealing information about side effects of the vaccine and lying about the existence of data on side effects for specific batches of the vaccine. Plaintiffs seek - in short - a declaratory judgment that Defendants (as a group and each on their own) thus acted unlawfully against Plaintiffs. In addition, Plaintiffs claim that Defendants should be ordered to pay damages, to be made out in state.
2. Plaintiffs' position is incorrect and finds no support in the facts. Plaintiffs' contentions and claims are based on Plaintiffs' theory that Defendants would participate in a global conspiracy aimed at carrying out a "Great Reset. Kant disputes that this is the case and endorses the observations that the State and a number of other Defendants have already made in this respect in their Reply (Conclusion of Reply on behalf of the State of the Netherlands and Others, marginal 1.4 to 1.12).
3. In these proceedings, Kant serious allegations. With respect to the allegation that Kant intentionally misled Plaintiffs and thereby induced them to take a Covid- 19 vaccination, Kant notes that this allegation has not been substantiated in any way. Plaintiffs have not submitted any information showing that 1) they were vaccinated, 2) what vaccine would have been involved, 3) at what time or times the vaccination would have taken place, and 4) what actions of Kant were decisive. Absent any explanation on this point, Kant disputes that there is any causal relationship between what Kant is accused of and Plaintiffs' decision to get vaccinated.
4. Kant will first provide a general explanation of Lareb's work below and then respond to Plaintiffscontentions. She will explain that Plaintiffsfactual assertions are (largely) incorrect, that Kant did not lie about batch-related problems in administering vaccines, nor was there any "cover-up. Therefore, there was no intentional and unlawful misleading of Plaintiffs to induce them to take a Covid-19 vaccine when Kant knew or should have known that this vaccine was not safe and effective. Kant argues, first, that Plaintiffs have provided little or no substantiation for their contentions and, therefore, have not met their burden of proof. For this reason alone, all of Plaintiffs' claims should be dismissed.

2. THE WORK OF LAREB

5. Side effects center Lareb is the reporting and knowledge center of adverse drug reactions and

vaccines.¹ Lareb's role is different from that of the State, EMA and other defendants in these proceedings: Lareb is specifically charged with registering adverse reactions to drugs, vaccines and health products. This comes into play only after the use of a drug, vaccine or health product has been authorized. It is therefore not Lareb's task or responsibility to form an opinion on the admission of medicines to the Dutch market.

6. Lareb gathers new knowledge about drugs by analyzing reports of suspected side effects and conducting questionnaire surveys. After all, in addition to the desired effect, any drug or vaccine can cause side effects. Despite extensive research, prior to the drugs registration, some side effects only come to light when, after they come to market, many different people use the drug or vaccine.
7. If warranted, Lareb conducts an analysis in response to and based on the reports received. This includes:
 - How many reports have been received (including in other countries).
 - How long it took for the symptoms to appear.
 - Whether there is a logical explanation (mechanism of action) for the symptoms.
 - How often the symptoms normally occur.
 - Whether other causes may also played a role.
 - What be found about the possible side effect in scientific studies.
8. When analyses lead to new knowledge about side effects, Lareb disseminates that knowledge. Lareb also informs the Medicines Evaluation Board (CBG) through alerts on newly discovered knowledge about side effects. In the case of vaccines, Lareb also informs the National Institute for Public Health and the Environment (RIVM). Both bodies can then take measures, for example by modifying the package insert (CBG), by tightening who may use the drug (CBG) or receive the vaccine (CBG, RIVM), or by taking a drug off the (CBG).
9. Adverse drug reactions reported to Lareb, together with the age and gender of the person concerned, are shared with the Medicines Evaluation Board (CBG) and the European Medicines Agency (EMA). The marketing authorization holders of the drug in question have access to the reports in the EMA's database (Eudragvigilance).
10. Lareb also conducts research on side effects through questionnaire surveys. Through online questionnaires, specific groups of people are asked about their experience with medicines or vaccines. In this way, Lareb obtains further information about, among other things, how often side effects occur, how much they bother and how long they last.
11. Lareb is funded by the CBG and the Ministry of Health, Welfare and Sport and also receives funding from funding agencies for specific projects. However, when performing analyses and interpreting results, Lareb acts independently and autonomously.

Lareb and corona vaccine surveillance

Preparations

12. When the corona pandemic began, Lareb began preparing in a timely manner for its task of properly monitoring the safety of the new corona vaccines. A specific report form and questionnaire survey were developed and organizational measures were taken to be able to process and analyze the reports and questionnaires to be received in a timely manner and to scale up in time to properly handle the surveillance.

¹ Lareb is the acronym for National Adverse Drug Reaction Registry.

Arrangements were also made with RIVM, if a reporter gave permission, to request vaccine data including batch numbers from the Covid Information and Monitoring System (CIMS) at RIVM. This information was added to the registration of the report. CIMS is the national registration of who received which vaccine(s), set up by RIVM.²

Implementation

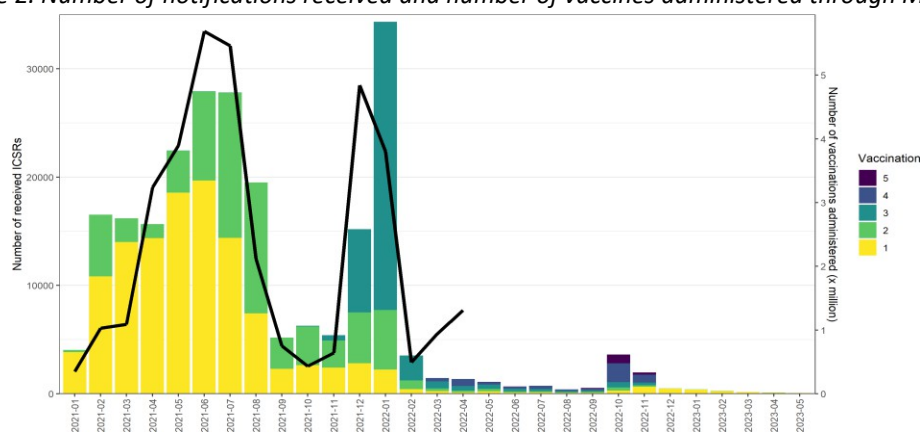
13. The number of reports turned out to be higher than initially estimated, probably due to the large media attention to adverse reactions and the importance of reporting. Initially, about 1 in 100 vaccinees reported suspected adverse reactions. As shown in the chart below, the number of reports at vaccine doses 2 and 3 became relatively somewhat less. This is a known effect with new drugs/vaccines.

Table 1. Number of notifications received 2021

Vaccination moment	Number of vaccinations given	Number of reports received	Reporting rate (%)
1	12,403,566	114,929	0.93%
2	10,825,369	61,218	0.57%
3	4,314,695	8,268	0.19%
Total	27,543,630	184,411	0.67%

14. Until October 2023, Lareb received a total of 235,386 reports of suspected adverse reactions to corona vaccines.

Table 2. Number of notifications received and number of vaccines administered through May 2023



15. Weekly overviews of reports received were shared and every other week there were and discussions with CBG and RIVM. If there was/is cause, analyses of reports received were and are performed.³

² See <https://www.rijksoverheid.nl/onderwerpen/coronavirus-vaccinatie/aanpak-coronavaccinatie/registratie-van-persoonsgegevens-over-coronavaccinatie>.

³ This article describes how safety monitoring was conducted for COVID-19 vaccines: <https://link.springer.com/article/10.1007/s40264-022-01253-5>.

16. Through questionnaire surveys, more than 27,000 vaccinees were followed for six months to assess perceived side effects after corona vaccination.

Results

17. In the period through May 2023, Lareb brought out and shared new knowledge about side effects of the corona vaccines on its website a total of 60 times (see Shared knowledge about side effects on Lareb website through September 2023, **Production 1**). Until May 2023, 49 new side effects were added to the package leaflets by the EMA - mainly due to reports of side effects in the EU see Overview of added side effects, **Production 2**). Reported deaths after vaccination have been continuously monitored and analyzed by Lareb. Several reports on this have been issued.⁴
18. Periodically, Lareb has posted updates on its website about the numbers of suspected adverse reactions received (how many of which adverse reaction to which vaccine). In addition, the Lareb website has a lot of information on vaccine side effects. Lareb also has a knowledge base on (suspected) vaccine side effects in which information can be looked up.⁵

Batch analyses

19. To detect possible batch-related problems, Lareb performed batch analyses. These analyses compare the spectrum of reported adverse reactions for each batch number with the spectrum in the other batches. If something stands out in a specific batch, a closer look is taken at these reports. During the COVID-19 pandemic, Lareb performed the aforementioned analyses once every 2 weeks. However, no batch-related problems were identified in this process.

3. RESPONSE TO PLAINTIFFS' CONTENTIONS

20. In support of their claims, Plaintiffs raised a large number of factual contentions. Below, Kant responds to these contentions.

Legal task RIVM

21. Plaintiffs argue that, in addition to supporting and informing CBG, the RIVM take "measures" such as modifying package inserts, tightening up who may use the drug, or taking a drug off the market (Subpoena, marg. 229). This is incorrect. The measures mentioned can be taken by the MEB.

Covid Information and Monitoring System (CIMS).

22. Plaintiffs claim that RIVM awarded Lareb the contract develop the "Covid Information and Monitoring System (CIMS) (Subpoena, marg. 230). This is incorrect. The CIMS is the responsibility of RIVM. Moreover, this system does not record side effects by batch number.

Supplementing data on adverse events in CIMS

23. Plaintiffs argue that through a processing agreement, Lareb was enabled to retrieve from the CIMS the vaccine product and batch number using the 's BSN number. In this way, Lareb would complete in RIVM's CIMS system the data on the side effects of the COVID- 19 injections, according to Plaintiffs (Subpoena, randnr 231). The latter is incorrect. Lareb does not supplement the CIMS with side effect data, but vice versa. For reported suspected side effects, Lareb requests vaccine data including batch numbers from CIMS from RIVM, if the reporter has given permission. This information is added to the registration of the report.

⁴ See, for example, here: <https://www.lareb.nl/news/overzicht-meldingen-overlijdens-na-coronavaccinatie>.

⁵ See: <https://www.lareb.nl/vaccin-kennis>.

No assignment agreement

24. The plaintiffs claim that an agreement would have been entered into between Minister De Jonge and Lareb whereby Lareb was instructed to register the side effects of the Covid-19 vaccines using the BSN number and batch number (Subpoena, margin no. 232). This is incorrect, as evidenced by the above explanation regarding the processing agreement regarding CIMS (see Marg. 23].

Recording batch numbers

25. Plaintiffs argue that there can be no effective identification of defects in quality, safety and effectiveness without registration by batch numbers (Subpoena, marg. 234). This is true insofar as batch-related problems are concerned. Batch numbers are necessary to identify problems related to a specific batch. However, as defendant explained above (randnrs. 12 to 19), other types of non-batch related defects in quality, safety and effectiveness can be monitored even without batch numbers.

No record of recorded adverse reactions by batch number

26. According to Plaintiffs, there is no doubt that RIVM and Lareb are able to provide an overview of the registered side effects of the Covid-19 injections per batch number (Subpoena, margin no. 235). Lareb's contention that it is unable to provide data on side effects by batch numbers would, according to Plaintiffs, be incompatible with Lareb's task of pharmacovigilance (Subpoena, marginal 237, last sentence).
27. It is true that Lareb would actually be able to produce overviews of registered adverse reactions by batch number. However, Lareb has not done this to date because it does not make sense safety monitoring. Indeed, such overviews are not a suitable means to detect possible batch-related problems. To discover possible batch-related problems, Lareb does conduct so-called "batch analyses. During the COVID-19 pandemic, this happened once every 2 weeks. Using an automated analysis tool, the spectrum of reported side effects per batch number is compared with the spectrum of the other batches. If in a specific batch, certain adverse reactions emerge more frequently, a closer look is taken at these reports. However, the foregoing does not result in a list, but in a signal. This signal indicates that a particular side effect is more common in a particular batch.

Woo decision Kuipers

28. Plaintiffs point to a Woo request in which it was requested to public summary lists of all batch numbers of the vaccines Pfizer, Moderna, AstraZeneca, Janssen and Novavax. This Woo request also requested that a summary record be made public regarding the number of adverse reactions and deaths linked to the batch numbers of the aforementioned vaccines. By decision dated March 29, 2023, Minister Kuipers of Health, Welfare and Sport indicated that this decision, inter alia with regard to Lareb, could not be granted. This was because no documents requested by the applicant had been found at Lareb, according to the Plaintiffs (Subpoena, randnr. 236 and production 79 on behalf of the Plaintiffs).
29. Plaintiffs' representation is incomplete. Kant points to the decision on objection regarding the said Woo request (Decision on Objection Woo Request, **Production 3, p. 4**). In it, the Minister of Health granted the Petitioner's objection and still provided one document found at RIVM. In addition, the minister again contacted the relevant agencies, including Lareb.
30. Regarding Lareb, the minister considered the following:

Lareb has indicated that it does not have the requested documents because such documents do not fit with the way work is done at Lareb. A bi-weekly batch analysis is used at . This batch analysis is part of the regular

safety monitoring of vaccines. The batch analysis does not provide a list, as requested by you, but only provides a signal if something is more common in a particular batch. The article available online, "Optimizing Safety Surveillance for COVID-19 Vaccines at the National Pharmacovigilance Centre Lareb: One Year of COVID-19 Vaccine Experience," describes how safety surveillance was conducted specifically for COVID-19 vaccines. Furthermore, results of batch analyses are shared on the Lareb website if an analysis yields mention-worthy results.

31. In addition, the minister explained that Lareb is not required to produce data that is not already contained in existing documents:

It follows from the above responses from Lareb and CBG-meb that they do not have the documents you requested. It is important to note that it follows from established case law of the Administrative Law Division of the Council of State (hereafter: the Division) that the Woo contains no obligation to produce data that are not laid down in existing documents, regardless of the degree of effort. The fact that Lareb, for example, does perform batch analyses and certain signals may follow from this, does not mean that they would have to create and provide the overview registration of batch numbers linked to adverse reactions and deaths that you requested. Such a summary registration does not exist and does not need to be created view of the Division's established case law. [...]

[Underlining attorney]

32. The foregoing shows that Lareb did not have the requested documents, nor was it obliged to prepare such for the purpose of a Woo request. Plaintiffs' contention that this is incompatible with Lareb's task of pharmacovigilance is therefore incomprehensible and incorrect.

Lareb did not argue that data cannot be provided using batch numbers

33. Plaintiffs argue that Lareb, and thus Kant, would have argued that no data can be provided using batch numbers (Subpoena, marg. 238). This is incorrect. Lareb, through Kant, has merely stated that these overviews have not been made because this does not sense for safety monitoring (see above, marg. 26 et seq.).

No batch-related problems identified

34. According to Plaintiffs, Kant is lying about the data on batch numbers and this lie conceals enormous differences in adverse short-term effects between the various Covid-19 injection batches (Subpoena, Marg. 238 and 239). This is false. As explained above, batch analyses were conducted for safety monitoring purposes. No batch-related problems were identified in the process. Kant therefore did not lie.

35. In this regard, Kant notes that all cases flagged by Lareb can be found on Lareb's website.⁶

No question of a 'cover-up'

36. The plaintiffs argue that Lareb has kept a record of the side effects of all Covid-19 injections, always recording the relevant batch number (Subpoena, marg. 241). Kant notes in this regard that the registration of reports of suspected side effects is done by Lareb and the national registration of who has received which vaccine(s) in CIMS, set up by RIVM. Lareb has - if the reporter of the suspected adverse reaction(s) gave permission for this in the report form when asked about it - requested the reporter's vaccine data including batch numbers from CIMS at RIVM. If this information was available from CIMS, it was added to the registration of the report with Lareb.

⁶ See: <https://www.lareb.nl/vaccin-kennis>.

Registration Vaers

37. The plaintiffs argue that until Nov. 19, 2022, Lareb recorded the adverse reactions and deaths reported to it not only for the benefit of the RIVM, but also for the benefit of the international data system under the name "Vaers" (Subpoena, marg. 242).
38. This is incorrect. Lareb itself did not register any adverse reactions and/or deaths in VAERS. The side effects reported to Lareb are shared without personal data (except the age and gender of the person concerned) with the Medicines Evaluation Board (CBG), and with the European Medicines Agency (EMA). The marketing authorization holders of the drug in question then have access to the reports in the EMA's database, called EudragVigilance. Its purpose is to enable drug safety to be monitored both nationally and internationally. Pharmaceutical companies are required to share information on adverse reaction reports with drug authorities worldwide. For example, U.S. law requires manufacturers to submit certain reports to the FDA, so reports made to Lareb may end up in the FDA's VAERS database.
39. It is true that data at the Dutch level - including batch numbers - were publicly findable in VAERS via EU country codes. Previously, this data could be by country. To minimize the risk of redirection to individuals, the FDA has changed this.

Batch EM0477

40. Plaintiffs claim that the Covid-19 Pfizer batch EM0477 allegedly resulted in many and serious reports of adverse reactions and deaths (Subpoena, marg. 245). More than thirty deaths were allegedly reported shortly after use in February and March 2021. According to Plaintiffs, the harmfulness of this batch could not have escaped Lareb, and thus Kant.
41. That Pfizer batch EM0477 was particularly lethal, according to Plaintiffs, could easily be established by comparison with other Pfizer batches. This would be evident from a comparative overview of batches administered in the Netherlands. Also international data on Covid-19 Pfizer batch EM0477 would show enormous differences where it concerns the number of reported deaths and injuries (Subpoena, marginal numbers 246 and 247 and productions 81 and 82 on behalf of Plaintiffs).
42. Kant disputes Plaintiffs' reasoning. No conclusions can be drawn from the number of reports with respect to a specific batch number. For example, the number of adverse reactions and reporting behavior depends, among other things, on who received vaccines with the batch numbers, at what point in the vaccination campaign they received the vaccines and, of course, on how many people vaccines with the batch number (see also below margin 47 under d) and e)).
43. Finally, Kant points out that Lareb has continuously monitored and analyzed reported deaths and adverse reactions and has also reported on them regularly (see **Production 4**, "Overview of reports of deaths after coronavaccination").

Research Professor Hansen

44. According to Plaintiffs, research by Professor Peter Riis Hansen would show that there are very large differences in lethality and side effects of Pfizer Covid-19 injection batches (Subpoena, marg. 248). According to Plaintiffs, this research would show that approximately 4% of all batches are responsible for over 70% of all reported side effects, 27% of all serious side effects and 47% of all reported deaths after vaccination.
45. Kant disputes this contention by Plaintiffs. Lareb no signs of batch-related problems in its batch analyses. In Hansen's article, the number of reports related

to batch numbers, where there are more reports at certain batch numbers. However, no conclusions about safety can be drawn from the number of reports on a specific batch number for the following reasons:

- a) The article is not about the safety of the batches as the title suggests, but about the reporting behavior per batch. In many cases, a report involves the suspicion of an adverse reaction, where it is not certain whether it is actually related to the administration of a drug.
- b) More was reported at the beginning of the vaccination campaign than later in the campaign. Any media coverage of particular side effects in a specific time window was not taken into account.
- c) Large quantities of vaccines are made from a batch and then, sometimes over several countries. A batch is only used for a limited time because it naturally runs out. The time windows within which these batches are used vary. Again, this has not been taken into account in this article
- d) No account was taken of who the vaccines by batch numbers. Both the expected number of adverse events and reporting behavior are different in different groups. In the vaccination campaign, for example, vaccination was largely from older to younger.
- e) The content of the reports was not considered. Lareb's analysis looks at the content and nature of the reports and makes the necessary clinical analysis.

46. Finally, Kant points out that several critical responses have appeared in response to Hansen's article. One of these notes the following:

"The evidence presented in the study is not sufficient to indicate that there is a safety signal and that it batch-dependent as the authors conclude given the lack of information and the targeting of each batch. Therefore, this study should not be used to guide any decision regarding the use of the vaccines."⁷

Article Algemeen Dagblad

47. In support of their position, the plaintiffs refer an article in the AD of November 20, 2021. In it Kant made the following statement: "We can state that the fear of the vaccine was unjustified" (Subpoena, randnr. 249).
48. Of importance, first of all, this statement must be read in the broader context of the entire article. The aforementioned statement was in response to the question, "Do corona vaccines leave many crazy side effects see because they were in such a short time? That fear was prevalent among many people."
49. Fears that there would be many crazy side effects proved unjustified. As Kant explains in the interview, although new serious side effects have been discovered, they are rare:

"That unknown side effects would be discovered was to be expected. They are used in a much larger and more diverse group of people than in the studies during development. But that is always the case. The combination of thrombosis with platelet deficiency (thrombosis with thrombocytopenia syndrome, or TTS, ed.) was a big surprise, that's perfectly clear. As was the number of allergic reactions to the vaccine, which was simply higher than expected. That in a small percentage of at least young men inflammation of the heart muscle (myocarditis, ed.) and pericardium (pericarditis, ed.) can be the result of the Pfizer or Moderna vaccine is also clear. But fortunately, the side effects are rare."

⁷ See Del Saz BS. Batch. Dependent safety of the BNT162b2 mRNA COVID-19 vaccine. Eur J Clin Invest. 2023;00:e14050. doi:10.1111/eci.14050 and Scot et Al. Methodological and statistical considerations: Batch-dependent adverse effects of COVID-19 vaccines. Eur J Clin Invest. 2023. DOI:10.1111/eci.14073.

50. In view of the foregoing, Kant's statement was correct and thus there was no lie or deception. Therefore, this statement cannot be called unlawful either.

Kant is not paid by the pharmaceutical industry

51. Plaintiffs allege that Kant allowed herself to be paid by pharmaceuticals and the Ministry of Health, Welfare and Sport, and that she corrupted Lareb over a ten-year period so that the Covid-19 project and the "Great Reset" could be deployed the Covid-19 injection campaign (Subpoena, marg. 250).
52. It is incorrect that Kant would have been paid by the pharmaceutical industry. Lareb is funded by the CBG and the Ministry of Health, Welfare and Sport and also receives funding for specific projects from funding agencies. Kant is paid as a director by Lareb.

Participation Think Tank Disinformation

53. According to Plaintiffs, Kant, as a participant in the Disinformation Think Tank, would have promoted the provision of disinformation and been personally involved in courses for general practitioners, leaving these general practitioners ignorant of what Lareb actually recorded in the batches to be distinguished (Subpoena, randnr. 251). Plaintiffs did not further substantiate this position.
54. This contention by Plaintiffs is incorrect. Kant did indeed participate in a number of think tank meetings. However, Lareb's and Kant's input focused precisely on the importance of independent, clear and accurate information about known but also alleged side effects.
55. The foregoing is evident from the explanation of the working method of Disinformation Think Tank in various letters from the Minister of Health, Welfare and Sport to the House of Representatives. In his letter of April 13, 2021, the minister says the following:

The Senate has requested information on the Secretary of State for Health and Human Services' commitment when it comes to addressing disinformation about vaccination. In November 2018, the Secretary of State for Health introduced an approach to address declining vaccination rates. This approach and associated measures and progress are described in several letters. these letters also include an explanation of the disinformation think tank. In summary, the think tank operates under the of the vaccination alliance, and in the think tank a group of participants are committed to refuting or flanking vaccination disinformation with appropriate information. The think tank includes representatives from RIVM, CBG, Lareb, IGJ, Facebook and Google, among others. VWS facilitates the think tank and the participants are committed to making reliable information available, and providing rebuttals to factual inaccuracies, each from their own role, responsibilities and channels. Further, members of the think tank are active in refuting misinformation on social media, television, and in newspapers and trade publications. The effort through the think tank operates within the frameworks of the Interior Minister's approach to disinformation. Following the corona pandemic, disinformation about COVID vaccination is now also a focus of the think tank's deployment.⁸

Courses for general practitioners

56. Plaintiffs resent Kant's personal involvement in teaching Covid-19 courses to general practitioners. Kant allegedly left GPs ignorant of what Lareb actually recorded in the batches to be distinguished (Subpoena, randnr. 251).
57. This assertion is incorrect and is in no way substantiated by Plaintiffs. Kant disputes this assertion and refers in this connection to Minister Kuipers of VWS's answer to Parliamentary questions of

⁸ Letter from the Minister of Health, Welfare and Sport to the President of the Lower House of the States General The Hague, April 13, 2021, Lower House, session year 2020-2021, 25 295, no. 1105, p. 83. See also Parliamentary Paper 32 793, no. 338, Parliamentary Paper 32 793, no. 393, House File 32 793, No. 473, House File 32 793, No. 485 and House File 32 793, No. 539.

MP Van Haga (Van Haga Group) on Lareb's involvement in the corona vaccination campaign. In the said letter, the minister responds to the following question:

Question 16

How do you reflect on the in-service training offered by Lareb for general practitioners in September 2022, which actively sought to increase and cultivate vaccine readiness? Why did Lareb promote such an objective, when its core mission is to objectively and neutrally look potential side effects of vaccines, rather than touting/promoting them? Why was Lareb engaged in informing/educating general practitioners about disinformation by/from patients and dealing with critical patients? In this case, what kind of information was classified as

"disinformation"? Can you explain in what way this is a competence/expertise of Lareb?

58. The minister answers this question as follows:

Answer 16

The presentation referenced in the question is public and freely available through MedicalScholing.co.uk and involves training for physicians. The program of this training for physicians consisted of three parts: 1) side effects of the COVID-19 vaccination, 2) communication with clients and 3) the new vaccination round. Lareb was only involved in the first section, which explained common reports of side effects, to ensure that physicians were aware of what to expect during the announced fall round. As such, the main message was that physicians should be alert to side effects, report suspected side effects and refer patients to the Lareb website for more information on side effects. Other program elements were provided by a general practitioner and by an employee of the RIVM.

No question of a 'cover-up'

59. According to Plaintiffs, Kant would have intentionally falsely reassured them by covering up the signal that some Covid-19 batches were much more lethal and/or much more harmful than others. Had Kant shared information about the wide disparity in reports with the Dutch public, Plaintiffs would not have had a Covid-19 injection and would not have suffered damages, according to Plaintiffs (Subpoena, marg. 252).

60. This contention is not substantiated by Plaintiffs and is incorrect. Kant has already explained above that there was no "cover-up" (marg. 36 et seq.).

4. NO UNLAWFUL CONDUCT

61. Plaintiffs take positions in the subpoena that the scientific consensus that the Covid-19 vaccines administered in the Netherlands are safe and effective. They additionally argue that Kant and the other Defendants would have known that the vaccines were neither safe nor effective. However, Plaintiffs do not substantiate these contentions. In this respect, Kant endorses the comments of the State and a number of other Defendants regarding the way in which Plaintiffs have based their claims on incorrect information or claims that are legally inconclusive (Conclusion of Reply on behalf of the State of the Netherlands and others, marginal 6.1.2. through 6.6.4).

62. Of importance is also that Plaintiffs have not substantiated the alleged (injury) damage and immaterial damage suffered by them, nor have they explained how this damage would be the result of administered Covid 19 vaccines. Kant also refers in this respect to the observations of the State and a number of other Defendants (Conclusion of Reply on behalf of the State of the Netherlands and Others, randnr. 7.1 through 7.8).

5. CONCLUSION

63. Given the foregoing, there was no intentional and/or unlawful deception by Kant for the purpose of inducing Plaintiffs to have a Covid-19 vaccine administered. To this

reasons, the declaratory judgment sought by Plaintiffs cannot be . Plaintiffs have not shown in any way that Kant acted unlawfully. Nor can there be class liability for that reason.

6. BURDEN OF PROOF AND OFFER OF PROOF

64. In support of its asserted grounds, defendant submits the following evidence:

Production 1: Overview of signals and news website Lareb on AEFI after COVID-19 vaccination until 4th September 2023.

Production 2: Overview of package insert modifications COVID-19 vaccines.

Production 3: Decision on appeal by the Minister of Health, Welfare and Sport against the decision of March 29, 2023 regarding the request under the Open Government Act on disclosure of summary lists of all batch numbers of the vaccines Pfizer, Moderna, Astrazeneca, Janssen and Novavax.

Production 4: Overview of reported deaths after corona vaccination.

65. Defendant offers - without thereby assuming any burden of proof that does not rest with it as a matter of law - to prove the facts alleged in this claim by all means rights, including through expert testimony and the examination of witnesses.

66. The above-mentioned productions are to this conclusion.

7. CONCLUSION

On these grounds, defendant concludes that the district court, to the extent legally feasible enforceable:

- a) Dismisses Plaintiffs' claims; and
- b) Order the plaintiffs jointly and severally to pay the costs of the proceedings, as well as the usual after-the-fact costs (both without and with service of process), to be increased by the statutory interest provided for in Section 6:119 of the Civil Code from fourteen days after the date of the judgment;
- c) order the plaintiffs, jointly and severally, to pay the follow-up costs, budgeted in accordance with the liquidation rate at€ 173 or in the event of service, €271;
- d) Declares that these cost orders are provisionally enforceable.

Lawyer

This case will be handled by mr. dr. A.H. Ekker
Ekker Advocatuur
Panamalaan 6G
1019 AZ Amsterdam
T: +31 (0)6 43 77 53 35
anton@ekker.legal