District Court of North Netherlands-Leeuwarden
Case No. C/17/190788, 23/172

Statement by Katherine Watt
September 19, 2026[1]

Statement in Support of Plaintiffs' Request for judicial fact-finding and application of law to facts.

Statement in Support of Abolition of the manufactures of pathogen detection devices and vaccines; and Abolition of the practices of pathogen surveillance and vaccination.

Contribution to a simulation of substantive, competent fact-finding and legal review.

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I. Background

In early 2020, in response to public assertions and narratives presented by government, corporate, non-governmental and media officers and organizations, I began investigating scientific, biomedical and legal subjects pertaining to putative pathogens (physical particles of biological matter to which the attribute or property of sole-cause, specific disease-causative has historically been applied, also known as germ theory of disease causation); contagion theory of aerosol or droplet pathogen transmission or spread; epidemiology; pathology; surveillance and diagnostic testing systems; morbidity and mortality causal classification, data collection and reporting systems; vaccine composition; vaccine manufacturing; vaccine regulation; vaccine distribution; and vaccination policy and practice.

Official Narrative

I heard and observed the official narrative presented by government, quasi-government (NGO), corporate and media officials, summarized as follows:

> An outbreak of severe pneumonia of unknown etiology (causation) occurred in human patients in Wuhan, China.
>
> Scientists and physicians identified, as etiologic (causative) agent, a new particle of matter (complex biomolecule or virus) and inferred (assumed, proposed) that the new

[1] Author plans to complete an expanded version of this statement to be used for public education purposes. This version has been submitted to plaintiffs Attorney Peter Stassen for consideration and possible submission to the court on or before the Sept. 22, 2026 deadline for parties to submit supplementary material for the court's consideration ahead of the Oct. 22, 2026 hearing.

particle had newly emerged and begun circulating human-to-human by aerosol or droplet transmission or dispersal.

Scientists and physicians assumed or proposed that transmission occurred first in China, then spread from China to other countries, and then spread among populations in each nation.

Scientists and physicians asserted that the presumed-new, presumed-pathogenic particle was validly detected as a unique, stable, isolatable article from among other articles of biological matter, using assumed-valid biochemical reagents, devices and methods such as nucleic acid sequence tests, antigen tests and antibody tests.

Scientists and physicians asserted that the new pathogenic particle was validly identified in terms of valid phylogenetic or evolutionary relationships with previously validly-identified complex biomolecules (viruses), and was validly classified as a coronavirus and named SARS-CoV-2.

Scientists and physicians asserted that asymptomatic and symptomatic human infection-status conditions or cases were validly attributed to the sole-cause, causative agency of the novel, stable, unique SARS-CoV-2 article of biological matter.

Scientists and physicians classified and named a syndrome or collection of common respiratory illness symptoms as coronavirus disease or Covid-19 disease.

Scientists and physicians assumed, proposed or predicted that the risk of severe illness and death presumably presented by infection with SARS-CoV-2 was high, and the degree of harm presumably caused by infection with SARS-CoV-2 was severe, based on the theory or hypothesis that individuals and populations had not been previously exposed to, infected by, or recovered from infection by the novel pathogenic article, due to its presumed novelty and presumed high propensity for aerosol or droplet transmission or spread.

Scientists, physicians and pathologists asserted that severe disease conditions and deaths were validly attributable and attributed to the sole-cause, causative, disease-causing and death-causing agency of the emergent, new (novel), spreading SARS-CoV-2 virus.

Scientists, physicians, pathologists, epidemiologists and public health officers asserted that the assumed outbreak of the assumedly novel, transmissible (spreading), pathogenic article of biological matter, physiologically, politically and legally justified unprecedented, precedent-setting, government-authorized, government-directed, socially- and economically-repressive measures implemented in a coordinated manner across all levels of government and all sectors of society in each nation worldwide.

Scientists and political leaders asserted that legal authorities and management policies, founded on assumed-valid scientific and medical theory, had been prepared to authorize and support worldwide coordinated responses to the crisis, characterized as a global pandemic.

> Scientists and political leaders asserted that biomedical and ethical management of the public crisis (global pandemic) required imposition of broad restrictions on human breathing (masks), proximity (distancing), movement and congregation and that these restrictions could and would only be lifted after widespread, repeated vaccination of human individuals using presumed virus-specific vaccines.
>
> Scientists and political leaders asserted that safe, infection-preventive, disease-preventive, transmission-preventive, virus-specific vaccines were developed, standardized, manufactured, quality-control regulated, delivered and used.
>
> Scientists and political leaders asserted that, as variants of the original SARS-CoV-2 virus emerged or evolved, new, variant-specific vaccines were developed, standardized, manufactured, quality-control regulated, delivered and used.
>
> Scientists and political leaders assumed that application of Covid-19 vaccines was validly demonstrated to reduce incidence or events of virus-caused infection (symptomatic and asymptomatic cases), human-to-human transmission, severe disease and death.

Condensed further, the official narrative holds that Covid events represented and produced valid evidence supporting scientific and biomedical theories about pathogen detection (surveillance and case-diagnostic tests); disease classification and causation-attribution (nosology, etiology, pathology); pathogen contagion, transmission or spread (epidemiology); and disease control (masking, Plexiglass partitions, social distancing, stay-at-home orders, online work and school, isolation and quarantine, and vaccination).

Official Narrative: Lessons Learned.

Viewed from within the ideological and theoretical frameworks supported by proponents of the official narrative, Covid events offered an opportunity for governments and non-governmental organizations to learn and adapt. Government officers and employees, and colleagues in non-governmental and corporate positions, have conducted and published review reports and developed proposals to be implemented before anticipated future pandemics are announced or declared.

Official narrative lessons-learned include the following conclusions:

> Existing infectious and contagious disease pathogen detection, surveillance and control methods and legal authorities, as applied and exercised during Covid events significantly contributed to rapid and effective detection, control and suppression of the coronavirus disease outbreak, but were applied with less than optimal intensity and speed.
>
> To more quickly and comprehensively detect and control new or emergent threats presented by complex, disease-causative biomolecules (sometimes termed pathogens of pandemic potential), government officers and agents, in collaboration with colleagues in non-governmental and corporate organizations, should expand and increase legal authorities, programs and funding for epidemiology, communicable disease control, biosecurity and biodefense preparedness and response systems; expand and increase the operational speed of pathogen detection, surveillance and control

systems; and expand and increase the operational speed of vaccine development, manufacturing, trafficking and use systems.

Other narratives appear in public circulation, incorporating some elements of the official narrative along with some elements challenging or contradicting official assertions and assumptions.

Investigation: First Phase

In response to the official narrative, the first set of legal, scientific, political and historical records I examined concerned public health emergency and pandemic threat narratives specific to SARS-CoV-2 virus and COVID-19 disease.

I located, reviewed, wrote about and published information about US public health emergency (PHE) law; US emergency use authorization (EUA) product manufacturing, trafficking and use law; and COVID-19 diagnostic test kits and vaccines classified, manufactured, transported and used as EUA products.

Findings:

1) No physical evidence or evidence verification is legally required for a physician or epidemiologist to classify a symptom set or syndrome as a case of a novel, specific, named disease.

2) No physical evidence or evidence verification is legally required for a physician, epidemiologist, or pathologist to impute to an assumed stable, distinct, identifiable, homogenous, unique, novel ("emergent"), disease-causative (infectious, pathogenic), transmissible (contagious host-to-host, aerosol or droplet) particle of matter, the properties of stability, distinct identity, homogeneity, uniqueness, novelty, infectivity, transmissibility or sole-cause causative agency of positive-test results, symptomatic illness, cell or tissue sample morphological changes, or death.

3) No physical evidence or evidence verification is legally required for a public health officer to declare the existence of a "public health emergency," epidemic or pandemic attributable to the agency of an assumedly stable, distinct, homogenous, unique, novel, infective, transmissible particle of matter and to initiate responsive measures: public information campaigns (press conferences, press releases, public service announcements, news reports, advertisements); testing, masking, distancing, isolation, quarantine, treatment and vaccination.

4) No physical evidence or evidence verification is legally required for a manufacturer or pharmaceutical product regulatory authority to designate an emergency-use product as corresponding to or containing an assumed stable, distinct, homogenous, unique, novel, infective, transmissible substance (or subunit thereof) and no physical evidence or evidence verification is legally required for a manufacturer or regulatory authority to assume and publicly present an emergency product as therapeutically active or potent: effective for preventing infection, severe infection, transmission or death.

Questions raised by these findings:

1) Why are there no legally required physical standards or verification procedures corresponding to public health emergency designations and declarations?

2) Why are there no legally required physical standards or verification procedures corresponding to claims presented to the public about the nature and classification of assumed-novel, assumed-pathogenic particles; about disease diagnostic criteria; and about emergency use products and practices including masks and masking, distancing, tests and testing, vaccines and vaccination?

3) Was there a time prior to 2020, during which physical evidence and claim verification procedures were legally required and normally (routinely) used to support public officers' claims about communicable disease threats, about the composition, stability and biological agency of vaccines, and about other aspects of communicable disease control policies and programs?

4) If so, when was that time? What were the scientific and legal evidentiary standards and verification methods? When, how, why and by whom were the normal standards and methods suspended for emergency circumstances?

4) If not, if there have never been physical evidence standards and verification procedures, then when, how, why and by whom were communicable disease and epidemiologic surveillance and control programs, and vaccination and immunization programs established and justified scientifically, biomedically, politically and legally?

Investigation: Second Phase

In an attempt to answer those questions, I began examining more and older legal, scientific, political and historical records.

I studied general (non-emergency, normal, routine) communicable disease threat classification, surveillance and diagnosis narratives, disease control history and law, and vaccine manufacturing and vaccination history and law.

Findings:

1) No physical evidence or evidence verification has ever been legally required for a physician to classify a symptom set as a case of a specific named, presumedly infectious disease.

2) No physical evidence or evidence verification has ever been legally required for a physician, pathologist or epidemiologist to impute sole-cause causation of symptoms to the agency of an assumed distinct, stable particle of biological matter; or to impute the property of transmissibility or contagiousness (host-to-host, aerosol, droplet) to an assumed pathogenic or infectious particle.

3) No physical evidence or evidence verification has ever been legally required for a public health officer to declare the existence of a communicable disease outbreak attributable to the assumed agency, infectivity and transmissibility of a putative distinct, stable pathogenic substance, nor to initiate responsive measures: public

information, testing, masking, isolation, quarantine, treatment and vaccination campaigns.

4) No physical evidence or evidence verification has ever been legally required for a vaccine manufacturer or pharmaceutical product regulatory authority to designate a vaccination or immunization product as corresponding to or containing a putative infectious (pathogenic) contagious (transmissible) particle of biological matter. No physical evidence or verification has ever been legally required for a manufacturer or regulator to assume and publicly present a product as therapeutically active or potent: effective for preventing infection, severe infection, transmission or death.

Questions raised by these findings:

1) Why are there no legally required physical standards or verification procedures corresponding to communicable disease outbreak, epidemic or pandemic threat designations and declarations?

2) Why are there no legally required physical standards or verification procedures governing attribution of stability, homogeneity, infectivity and transmissibility to assumed-distinct, assumed-stable, assumed-infectious, assumed-contagious particles of biological matter?

3) Why are there no legally required physical standards or verification procedures regulating vaccine composition and vaccine biological activity or agencies?

4) Given the absence of physical evidence standards and verification procedures, when, how, why and by whom were communicable disease control, epidemic and pandemic preparedness and response, and vaccination programs established and scientifically, physiologically, politically and legally justified?

Investigation: Third Phase

In an attempt to answer those questions, I began examining foundational scientific theories (assumptions, hypotheses, models, paradigms, postulates, presuppositions) and practices (observational, experimental and analytical methods and materials) founded and developed in the 19th and 20th centuries in biology (study of living creatures and life) and in several subdisciplines of biology. This research is ongoing and I anticipate studying these subjects for many years.

Findings:

1) Many generations of scientists, physicians, political officeholders and lawyers have uncritically received, developed and taught or transmitted false, erroneous, misleading and omissive scientific and medical theories and conceptual models about forms and functions of cellular and subcellular living matter and physical activity or events that are too small, too rapidly-occurring, too complex (multi-faceted) and/or too dispersed to be directly and accurately observed, experimented upon, measured or characterized.

2) Among these foundational theories are abiogenesis theory (also known as metaphysical naturalism, scientific materialism, reductionism, a "chemical view of life" and evolution theory); cell theory; monomorphism theory; germ theory of disease

causation; contagion theory of germ or disease-pathogen transmission; antigen-antibody theory; protein-folding theory; immune theory; vaccination theory; and many more.

3) These theories and philosophies of biology have been presented or narrated by their authors and proponents as true, extensive knowledge about the nature of physical or material reality existing within and among living creatures.

Relevance to this case and to human society:

These findings[2] are relevant to public and judicial review and assessment of the parties' conflicting positions regarding the coronavirus pandemic narrative and COVID-19 injections because government, corporate, NGO and media defendants relied upon and promulgated scientific fallacies, and suppressed counternarratives, in order to construct and impose the "preferred reality" as alleged by plaintiffs.

These findings are of special significance for individual decisions about how to receive and interpret threat-designation and threat-response information (narratives), acts and omissions.

To the extent more people worldwide understand the erroneous and omissive nature of scientific, biological theories upon which official narratives rely and which official narratives serve to transmit, more people will be better equipped to refrain from personal and family participation in future erroneous and omissive narration, surveillance, testing, masking, isolation and vaccination programs.

In a forthcoming, expanded version of this statement, at a Discussion section supported by sample interrogatories and responses (forthcoming Appendix D), I plan to provide an overview of my research to date pertaining to theories dominant in biology and medicine which developed during the 19th and 20th centuries. Many of these theories have been cited since 2020 to imply the existence of sound scientific and physiological evidentiary foundations supporting government declarations defining pathogenic threat events, government communicable disease control policies and programs, and government policies and programs for biological product manufacturing and use.

Diligent public and judicial examination of poorly-founded scientific and medical assumptions[3], and public understanding of their harmful predominance in fields of biology, medicine, public health, communicable disease control and biosecurity, may contribute to the protection of life for those who apply the knowledge to their personal medical treatment decisions (especially regarding vaccination decisions) and to the establishment of more sound foundations for present and future scientific research, public law and public policy.

[2] By analogy, during the first phase of my research, I discovered rot in the rotted top floor of a building. During the second phase of my research, I discovered rot in rotted lower floors of the building. During the third phase of my research (ongoing) I discovered rot in the rotted foundation. I have also learned that building owners have arranged for application of a lot of spackle and paint to cover up rot, and that building inspectors have been blocked from entering the building and closely examining the beams, joists, rafters, plaster and foundations to identify and carry out needed repairs.

[3] "If a few assumptions allow us to explain many things, then confidence in the explanation [explanatory theory or model] will be great. Conversely, if many assumptions are used to explain a few observations, or if we must continually add new assumptions or modify our proposed theory as new observations are made, then we should have little confidence in the explanation." p. 116, *In the Beginning: Compelling Evidence for Creation and the Flood*. Walter T. Brown. Publisher: Center for Scientific Creation (8th edition, 2008)

II. Procedural History

Plaintiffs filed a civil tort claim against defendants in July 2023.

As amended November 2025, Plaintiffs have asked the court to:

i. Declare that the defendants as a group and individually have continued to act unlawfully towards the plaintiffs up to the date of the final judgment rendered by the court in this case, including an unlawful omission, by deliberately and unlawfully misleading them and the Dutch people, in order to induce the plaintiffs and/or the Dutch people to undergo COVID-19 injections, of which the defendants knew or at least should have known that these injections were not safe and effective, or at least that the false and misleading narrative propagated by the defendants in the context of the project COVID-19: the Great Reset, and/or the COVID-19 injections introduced in the context of this project were harmful to the health, fertility, and psychological well-being of the defendants and/or the Dutch people.
ii. Order the defendants, jointly and severally, such that payment by one shall discharge the other, to compensate the claimants for their damages, to be assessed in court and settled in accordance with the law.
iii. Order the defendants to pay the costs of these proceedings pursuant to an order for costs to be made by the court for that purpose, enforceable immediately

I did not contribute to the drafting of plaintiffs' initial complaint or plaintiffs' Conclusion of Reply filed in June 2025. Plaintiffs nominated me and four other individuals to be engaged by the court as independent subject-matter experts, by filing a request dated March 7, 2025. Plaintiffs have not engaged me or (to my knowledge) any other nominated witnesses to serve as party witnesses.

I submitted my primary contributions: a written report titled St. Benedict Memo and a video statement, to plaintiffs' counsel, Attorney Peter Stassen, in September 2025. My reports and video statements have been prepared and submitted to plaintiffs' counsel voluntarily, independently and without compensation.

I did not contribute to the drafting of reports submitted by other nominated expert witness. On several crucial matters of fact and law, my findings and conclusions are inconsistent with those expressed by plaintiffs and inconsistent with those expressed by other subject-matter experts nominated by plaintiffs. I believe my findings support some but not all of plaintiffs' claims.

This court denied plaintiffs' March 7, 2025 request that the court engage nominated individuals as independent subject-matter experts by order dated Nov. 26, 2025.

On Dec. 7, 2025, Attorney Stassen submitted my September 2025 written report and video statement to this court, along with materials prepared by other nominated subject-matter experts, in support of plaintiffs' civil tort claims. These written and video materials were also published online.

I expressed my conclusions in the September 2025 St. Benedict Memo:[4]

> ...There is no single, unique, distinct, determinate or stable material substance to comprise "the" Covid-19 mRNA vaccine or any single annual "formulation." Each quantity of solid, semi-solid or liquid matter, supplied to users with or without instructions to mix the contents with liquid saline solution, may contain living organisms and sub-units from several different species of bacteria, plant, fungi and animal organisms (heterogenous organic matter), along with inorganic matter.
>
> Each component may or may not be listed in printed material accompanying the container or submitted to putative regulators. If listed, each indeterminate article of organic or inorganic matter may or may not be listed as present in a discrete quantity, and the quantity actually present in the container may or may not correspond with the stated quantity at any given moment in time.
>
> Wide spatial and temporal variability of physical composition, and the intrinsic inaccuracy of labeling implied by such variability, are legal: there are no US laws or regulations requiring products to be placed in containers in compliance with any physical standards or temporal stability standards, and there are no US laws or regulations requiring accurate, complete labeling or other forms of accurate, complete information disclosure...
>
> *On what basis are viruses, vaccines, gene therapies and other biological products distinguished from biological and bacteriological weapons under US law?*
>
> Under US law, "biological products" are distinguished from "biological agents" on the basis of classification acts performed by the Secretary of Health and Human Services and Secretary of Agriculture, on the basis of imputed intent, and on the basis of printed material on container labels, packages, package inserts, fact sheets and application forms.
>
> There is no physical basis on which "biological products" can feasibly be distinguished from "biological agents," because all biologically-active substances are capable of causing death, disease or other biological malfunction in a human, an animal, a plant, or another living organism. The capacity to cause death, disease and biological malfunction is most pronounced when biological matter is delivered directly into the blood of the recipient organism, by means of injection or other breaking of skin, lung and digestive tract barrier.
>
> *Are there any legal requirements for scientifically validated materials and methods to be used in support of statements as to safety and efficacy for viruses, vaccines, gene therapies, and other biological products?*
>
> No.

[4] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2025/10/st.-benedict-memo-september-2025.pdf

What is the relationship between US-FDA regulatory functions and decisions regarding international commerce in viruses, vaccines, gene therapies and other biological products, and the regulatory agencies of other countries, particularly in Europe?

Through Mutual Recognition Agreements (trade agreements), European and other non-US regulatory agencies may legally rely on or defer to regulatory acts performed by the US Food and Drug Administration and pharmaceutical corporations, without conducting independent batch testing or other forms of product quality control.

Have the individuals who ordered, purchased and administered Covid-19 (mRNA) injections participated in war crimes and/or acts of genocide?

Yes. Individuals who ordered, purchased and administered "Covid-19 mRNA injections" have participated in legalized war crimes including torture, mutilation and murder.

Criminal prosecution is precluded on the basis of anticipated assertion of "legitimate medical or dental purposes" under US and international legal frameworks which do not require presentation or validation of physical evidence supporting claims as to the identity or composition of injected vaccine products, and do not require presentation or validation of physical evidence supporting claims as to the therapeutic or beneficial character of variable and uncontrollable physiological effects which biologically-active components of vaccines are capable of inducing or causing in living recipients...

I expressed my conclusions in the September 2025 video statement submitted to the court on Dec. 7, 2025:[5]

...It is my informed opinion that there can be no civil liability for -- or civil litigation to allege and prove -- design defects, because there are no design standards for vaccines.

There can also be no civil liability for -- or civil litigation to allege and prove -- manufacturing defects, because there are no manufacturing standards for vaccines.

In other words, criminal prosecutions of war crimes, and civil litigation against developers and manufacturers of vaccines, have both been rendered impossible, by law, to enable the past, present and continued future deployment of intentionally harmful products to intentionally harm recipients.

I interpret US, international and Dutch law as shielding defendants from civil and criminal prosecution for the acts and omissions they committed which contributed to the plaintiffs' decisions to accept vaccines, which contributed to plaintiffs material and immaterial damages...

[5] https://www.youtube.com/watch?v=0c7hP66Bgrc; https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2026/01/2025.09.05-st.-benedict-memo-leeuwarden-nl-litigation-video-presentation-to-court-transcript.pdf

In November 2025, I drafted a list of key documents supporting the argument that US-FDA functions pertaining to vaccines are non-regulatory, for regulatory simulation purposes only. I sent the list[6] in print form to Attorney Stassen by international mail. To my knowledge, this list has not been submitted to any Dutch court. The list is reproduced at Appendix A below.

In February 2026, I drafted a legal memo in support of petitioners' appeal in a second case related to this case. I addressed six subjects under the following section headings:

1. Placement of petitioners, by defendants, in "preferential reality" through public statements broadcast by television, digital and print media
2. Why should the Amsterdam Court of Appeals allow petitioners' appeal to proceed, reverse the lower court decision, and grant petitioners' request for provisional evidence proceedings?
3. Did defendants have legal duties to provide true and complete information to the Dutch people?
4. Defendants' willful ambiguation of correlation and causation
5. Scientific, biomedical and physico-chemical claims and critical analyses thereof
6. Judicial review has not been conducted because vaccination-proponents' allegations cannot withstand cross-examination.

I submitted the memo to Attorney Peter Stassen by email dated Feb. 17, 2026 and published it.[7] To my knowledge, the February 2026 memo has not been submitted to any Dutch court.

In February 2026, to facilitate public understanding of the litigation ahead of a hearing in the second, related case, held March 9, 2026, I drafted and published a case document reading guide.[8] The reading guide compiled an organizational chart depicting defendants and relationships among them; a list of case documents available in English translations; brief biographies of defendants including their roles in subjecting the plaintiffs and the Dutch public to a preferred (false) reality; excerpts from relevant Dutch and international civil and criminal law; and a table of acronym definitions.

In February 2026, I drafted a presentation slide deck, recorded a video explaining the litigation, and published the video presentation,[9] slide deck[10] and transcript.[11]

In April 2026, I formatted and published a transcript of the March 9, 2026 hearing, including a three-page orientation.[12]

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[6] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2026/05/2025.11.11-list-of-key-documents-re-non-regulation-history.pdf
[7] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2026/02/2026.02.17-memo-in-support-of-petitioners-appeal-watt.pdf
[8] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2026/02/2026.02.23-leeuwarden-case-document-reading-guide.pdf
[9] https://rumble.com/v767nu8-leeuwarden-nl-litigation-presentation-by-katherine-watt.html
[10] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2026/02/2026.02.23-leeuwarden-litigation-presentation.pdf
[11] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2026/03/2026.02.23-leeuwarden-litigation-video-presentation-by-katherine-watt-transcript.pdf
[12] https://bailiwicknewsarchives.wordpress.com/wp-content/uploads/2026/04/2026.03.09-second-case-amsterdam-court-of-appeal-hearing-transcript-english-corrected-version-2.pdf

This court denied plaintiffs' request that the court hear sworn, public testimony from nominated subject-matter experts by order dated March 11, 2026 order and again by letter to Attorney Stassen dated on or about May 7, 2026.[13]

In June 2026, I drafted a legal memo, in table form, outlining the crucial fact and law issues on which my findings and conclusions are inconsistent with the findings and conclusions of plaintiffs and other nominated subject-matter experts. I provided the memo to Attorney Stassen by email dated June 22, 2026; the memo is reproduced below at Appendix B.

To my knowledge, this court has not engaged any independent subject-matter experts to review evidence and provide sworn, public testimony on political, legal, scientific and medical matters in dispute, to support the court's competent execution of the court's fact-finding and judgment duties.

This court's decision to not to engage me or other subject-matter experts as independent, court-appointed experts, and plaintiffs' decision not to engage me or other subject-matter experts as party witnesses, appear to preclude substantive, competent fact-finding and evidentiary review during the hearing scheduled for Oct. 22, 2026.

To provide a substitute or simulation of competent judicial fact-finding, evidentiary review and application of law, in July 2026, Attorney Stassen provided nominated subject-matter experts with "questions you might expect from a judge" engaged in competent execution of judicial functions.

Attorney Stassen asked nominated experts to respond to the questions by video interview or in writing and expressed his intent to provide the video and written materials to this court on or before Sept. 22, 2026 (one month prior to the scheduled Oct. 22, 2026 hearing) and also publish the material online.

Attorney Stassen, through written and video examination of expert outside the court, is thus engaged in a simulation of an independent Dutch judiciary competently inquiring into the facts and law surrounding Covid events (2020-present) and precursor/preparatory events (pre-2020) as if such a court were operative, and as if such a court were to conduct a public fact-finding and evidentiary review process.

Below are my written responses to the questions presented by Attorney Stassen. I have revised some of Stassen's questions, reprinted below with my responses, to allow my responses to more accurately reflect my findings of fact and conclusions of law. In some cases, I have indicated the revisions by placing added text between brackets. The original list of questions is provided at Appendix C.

[13] I was informed by Attorney Stassen of the May 7, 2026 letter on June 29, 2026 during an online meeting. On Aug. 24, 2026, by email from an assistant working for Stassen, I was notified along with other nominated subject-matter experts, that the court's May 7, 2026 letter had "denied the plaintiffs' request to hear the aforementioned individuals under oath as expert witnesses or witnesses for the parties during the oral hearing" scheduled for Oct. 22, 2026. As of Sept. 19, 2026, Attorney Stassen has not provided a copy of the May 7, 2026 letter to me.

III. Stassen questions and Watt responses

Question 1 Introduction

Plaintiffs have submitted your expert statement to support their contention that [the COVID-19 measures, including legal instruments, public narration and text/image-based cognitive-behavioral modification campaigns including press releases, press conferences, news reports and advertisements; molecular biology sequencing, taxonomy and nomenclature practices; testing/surveillance devices and programs; masking devices and policies; social distancing ("1.5 meter"), isolation ("stay-home") and occupancy restriction policies; travel restrictions and] COVID-19 injections [and vaccination record-based facility-access policies] are part of a broader development they refer to as 'COVID-19: The Great Reset'.

You are asked to explain the sources, legal analyses, and factual data upon which your conclusions are based.

Question 1a:

> *What expertise do you possess regarding law, legal structures, government powers, and administrative decision-making?*

I have education, training and experience in records research, legal research, document analysis and interpretation, investigative reporting, legal writing, philosophy, logic and natural sciences, each applicable in the professions of journalism and law.

I am a baptized, confirmed, practicing Roman Catholic. I hold a bachelor's degree in Philosophy with a minor in Natural Sciences (physics, chemistry, organic chemistry, biochemistry, biology, anatomy, physiology, philosophy of science) from the Pennsylvania State University (1996). I hold a paralegal certificate from Raritan Valley [New Jersey] Community College (2003).

My pre-2020 work experience includes investigative journalism work (subject-matter research), and paralegal work (legal research) focused on government, political, corporate, prosecutorial and judicial corruption; environmental, Constitutional, criminal law; and food, water and energy systems.

Since 2020, I have conducted independent legal and historical research, legal analysis and public and private writing, consultation and presentations on the subjects of communicable disease control law, public health emergency and pandemic preparedness and response law, chemical and biological warfare law, and biological product and vaccine manufacturing law.

Question 1b.

What sources do you use?

In conducting legal and subject-matter research, I locate and examine American federal and state legal, historical and scientific records, and international legal and political instruments including but not limited to:

1. Statutes: federal laws enacted by US Congress and state laws enacted by US state legislatures.

2. Historical and current legislative records: bills (proposed/draft legislation); legislative hearing records; transcripts; reports by US Comptroller General, Offices of Inspectors General, Congressional Research Service, General Accounting Office and Congressional committee investigation reports.

3. Historical and current legal, political, judicial and military theory records, including psychological, behavioral, cognitive and informational crisis manufacturing and crisis management theories and "legal preparedness" theories. For example: *Behavioral Considerations for Acceptance and Uptake of COVID-19 Vaccines*, WHO Technical Advisory Group on Behavioural Insights and Sciences for Health, Chair Cass Sunstein (2020); Perceptions of Threat, Correlates of Dread, and Collective Instability: Implications for Cognitive Engagement and Deterrence Strategy by James Giordano, Diane DiEuliis, Institute for National Strategic Studies, National Defense University, (*Open Journal of Social Sciences,* 2026); Federal Legal Preparedness Tools for Facilitating Medical Countermeasure Use during Public Health Emergencies by Brooke Courtney, Susan Sherman, and Matthew Penn (*Journal of Law, Medicine and Ethics*, 2013)

4. Historical and current scientific and biomedical research organizations and records: papers, letters, journals, books, abstracts. For example: International Association for Biological Standardization; IABS journal, successively named *Progress in Immunobiological Standardization*, *Developments in Biological Standardization*, *Developments in Biologicals*, and *Biologicals*.

5. US Presidential Executive Orders (EOs), Presidential Emergency Action Documents (PEADs), National Security Presidential Directives (NSPDs), Homeland Security Presidential Directives (HSPDs), Presidential Decision Directives (PDDs), Continuity of Government (COG) documents; national security, homeland security and public health strategy and plan documents; similar instruments signed and issued by US presidents and federal military and national security officials.

6. Executive orders issued by US state governors and state health officials.

7. Administrative agency regulations. For example: Federal Register notices and provisions of Code of Federal Regulations (CFR).

8. Administrative agency secretary and delegate notices and orders. For example, notices of declarations that a Public Health Emergency "exists," determinations, and interpretive documents such as US Department of Justice and US-HHS Office of General Council legal interpretation memos.

9. Administrative agency records. For example: US-HHS-CDC quarantine orders; US-HHS-FDA Points to Consider and Guidance for Industry documents such as *Points to Consider in the Characterization of Cell Lines Used to Produce Biologicals* (1987); product application records such as Emergency Use Authorization (EUA) requests and Biologics License Applications (BLA); US-FDA establishment (manufacturing facility) review documents; US-FDA letters of approval for BLA and EUA products; CDC Advisory Committee on Immunization Practices (ACIP) records; FDA Vaccines and Related Biological Products Advisory Committee (VRBPAC) records; records pertaining to the US Federal Retail Pharmacy Program for vaccination; public and private incentive-payment programs providing financial incentives for pediatric medical practices to meet vaccination rate benchmarks; CDC Epidemiology and Prevention of Vaccine-Preventable Diseases (Pink Book); FDA Lists of Licensed Biological Products With Reference Product Exclusivity and Biosimilarity or Interchangeability Evaluations (Purple Book); records pertaining to US Vaccine Injury Compensation Program (VICP) and Countermeasures Injury Compensation Program (CICP).

10. National Academies Press publications. US National Academies include National Academy of Sciences, National Academy of Engineering, Institute of Medicine and National Research Council. For example: NASEM publications on vaccines, immunization, toxicology, biosecurity, biotechnology and biological agents.

11. United States Pharmacopeia–National Formulary (USP-NF) records and records produced by analogous organizations in non-US countries and regional blocs.

12. Federal and state supply/purchase/delivery contracts. For example: Pfizer-ATI-DoD contracts for supply of COVID-19 vaccines.

13. US court records: civil complaints, criminal indictments, briefs, motions, judicial decisions, orders and opinions, letters, transcripts, evidentiary exhibits.

14. Dutch court records pertaining to District Court of North Netherlands-Leeuwarden, cases C/17/190788, 23/172 and C/17/199273, 25/17: complaints; motions; briefs; judicial decisions, orders and opinions; letters and emails; transcripts; evidentiary exhibits; Dutch Civil Code, Dutch Code of Civil Procedure, Dutch Penal Code; Dutch Code of Criminal Procedure.

15. Interagency Memoranda of Understanding (MOU), for example, between and among government agencies including US-HHS, US-DoD, US-FDA, US-CDC, US-NIH, US-ASPR, US-PHEMCE, US-DARPA, and between government and non-government organizations (i.e., US-FDA and Gates Foundation)

16. Joint government, military, academic corporate and NGO planning exercise records. For example: The SPARS Pandemic 2025-2028, A Futuristic Scenario for Public Health Communicators, Johns Hopkins Center for Health Security (2017).

17. Constitutions: US federal Constitution and state constitutions

18. Non-governmental organization (NGO) records. For example, Childrens Vaccine Initiative (1990-1998); Global Alliance for Vaccines and Immunization (GAVI), Coalition for Epidemic Preparedness Innovations (CEPI)

19. Intergovernmental Agreements. For example: IGAs signed between and among federal, state and county governments.

20. International treaties, conventions and related instruments. For example: UN-World Health Organization International Health Regulations; International Covenant on Civil and Political Rights; UN Convention on the Prohibition of the Development, Production and Stockpiling of Bacteriological (Biological) and Toxin Weapons and on their Destruction; UN Convention on the Prohibition of the Development, Production, Stockpiling and Use of Chemical Weapons and on their Destruction; International Crimes Code; European Convention on Human Rights.

21. International, quasi-governmental organizations and records. For example: UN-World Health Organization publications; World Health Assembly records; WHO Technical Report Series 924: Expert Committee on Biological Standardization (2004); WHO Department of Immunization, Vaccines and Biologicals, *Manual for the Establishment of National and Other Secondary Standards for Vaccines* (2011).

22. International military, security and communications strategy and cooperation documents including NATO (North Atlantic Treaty Organization) reports and doctrines.

23. International trade agreements. For example: Mutual Recognition Agreements, Sectoral Annex for Pharmaceutical Good Manufacturing Practice.

24. International supply/purchase/delivery contracts (i.e. Pfizer-EU, Pfizer-Brazil)

25. International Memoranda of Understanding (MOU) and confidentiality agreements. For example: MOU between US-FDA and drug regulators in other countries.

26. European Union, European Parliament, European Council, European Agency for the Evaluation of Medicinal Products (EMEA, 1995-2004)/European Medicines Agency (EMA, since 2004) records: treaties, regulations, resolutions, interinstitutional agreements, directives, guidelines, interpretive reports, notices.

27. International pharmaceutical regulation coordinating body records. For example: International Committee on Harmonisation (ICH), International Coalition of Medicines Regulatory Authorities (ICMRA) and Pharmaceutical Inspection Convention/Pharmaceutical Inspection Co-operation Inspection Scheme (PIC/S) records.

Question 1c.

> *Please describe elements of your conclusions that rely upon law and legal instrument source documents, and elements of your conclusions that consist of your interpretations of law.*

All elements of my conclusions rely upon law and legal instrument source documents, which I believe comprise direct evidence in support of my conclusions.

My work is comprised of summaries and descriptions of the factual contents of legal instruments, as findings of fact, and my interpretations of the legal, political, biological, social and economic effects of these contents, as legal arguments or conclusions of law.

Much of my work is focused on compiling fact support for the argument that malicious **intent** may be legally imputed or attributed to natural persons who have drafted and enacted legal instruments, and natural persons who have committed acts and omissions in reliance upon legal authority conferred by duly-enacted legal instruments.

Intent may be attributed to authors of legal instruments by examining legislative records from the period before and during drafting and enactment, and by examining the legal, societal and individual uses, applications and effects of the drafted, enacted legal instruments during the period after enactment of the laws.

Intent may be attributed to government officers and delegates who observably cite, rely upon or exercise legal authorities governed by enacted legal instruments, by examining the legal, societal and individual effects of acts committed or omitted under the authority of the enacted legal instruments.

I believe it can be argued and demonstrated that legislators and civil administrators possessed (in the past) and currently possess sufficient scientific and legal fact knowledge to know which types of legal and scientific evidentiary provisions must be written into law in ambiguous, undefined and unenforceable forms, or omitted from law altogether, to legally enable commission of a plenitude of otherwise criminal deception and mutilation acts which government agents have observably committed with legal impunity.

Question 2 Introduction

The plaintiffs contend that the Covid-19 injections play a crucial role in the broader development they refer to as 'Covid-19: The Great Reset'.

Question 2a:

> *Which specific documents, decisions, or data do you consider to form the basis of this analysis?*

The documents, decisions and data that form the basis for my analysis are the documents listed in my response to Question 1b.

My work supports plaintiffs' contention that Covid-19 injections play a crucial role in the broader developments they refer to as 'Covid-19: The Great Reset,' insofar as: Covid-19 injections are vaccines; the "great reset" is a project aimed at decreasing human vitality (health), fertility and longevity; and each act of vaccination is essentially a willful, intentional act of indeterminate, violent biological mutilation that may cause or contribute to reduction of the vaccine recipient's health, fertility and length of life.

To the extent plaintiffs' contention is that Covid-19 injections play a unique role in the post-2020 phase of the humanist project [see response to Question 4a], my work only supports plaintiffs' position in a partial manner.

I think the Covid-19 injections administered to date may have possessed unique or novel toxicity features and biological agencies, some of which have been alleged and described by other subject-matter experts. Covid-19 injections currently in storage may contain substances with unique or novel toxicity features and potential effects.

However, my work also supports defendants' contention that plaintiffs cannot prove direct, sole-cause causation of plaintiffs' injuries as effects solely-caused or solely-attributable plaintiffs' receipt of Covid-19 vaccines.

My work supports the conclusion that there have never been, are not now and cannot be any feasible methods to physically or biochemically prove claims of sole-cause causation of injuries subsequent to single or multiple acts of vaccination, for the same physical and biochemical reasons that there cannot be feasible methods to prove claims of sole-cause causation of disease subsequent to single or multiple events of pathogenic exposure or infection, nor can there be feasible methods to prove claims of sole-cause causation of immunity or resistance to (protection against) disease subsequent to single or multiple acts of pathogenic exposure, infection or vaccination.

All physiological events occurring within and on the surface of space- and time-bound living creatures are irreducibly transformational, dynamic and complex. They are interactive events involving multiple species and forms of living creatures such as bacteria, fungi, insects, plants and mammals co-existing, interpenetrating and co-transforming at the same moments in space and time.

For each case of alleged physiological vaccine injury, the causal factors may include Covid-19 injection: the vaccine's contents in the molecular forms extant at moment of injection and

the transformations that occurred as soon as the contents began interacting with each vaccine recipient's living body.

But causal factors contributing to injuries and biological malfunctions experienced following Covid-19 injections also may include any vaccination injections received prior to Covid-19 vaccination, singly and cumulatively. Causal factors also may include malnutrition, non-vaccination toxic exposure incidents, injuries, illnesses or stressors that occurred at any moment between the person's conception and birth through the date on which each Covid-19 injection was received.

There is no feasible way to separate the effects or the causative proportion of any single exposure or injury incident from the effects and causative proportion contributed by any other exposure or injury incident.

To the extent plaintiffs' contention is that "Covid-19: The Great Reset" is a new project, divorced or separate from the long history of legalized disease-causation attribution errors and omissions, disease pathogen transmission attribution errors and omissions, and vaccination (communicable disease control) attribution errors and omissions conducted by international organizations, national governments and subdivisions of national governments (i.e. states, provinces, territories), I do not share plaintiffs' views.

In contrast, I hold the view that what plaintiffs' refer to as "Covid-19: The Great Reset" is the most recent, most rapid, most forceful, most wide-reaching in a long series of deception and mutilation campaigns conducted during the 19th, 20th and 21st centuries by means of pretextual, fraudulent communicable disease-outbreak threat emergence narratives and pretextual, fraudulent disease-outbreak response and control narratives.

My views are consistent with plaintiffs views to the extent that plaintiffs argue the Covid-19 threat-declaration narrative campaign combined with psychological, behavioral, emotional and social manipulation campaigns (imposition of preferred reality) represents a distinct and demonstrable recent deployment of long-established legal, scientific and journalistic/media systems and that the Covid-19 campaign was intended to reinforce the strength and expand the geographical and temporal reach of those intentionally deceptive and harmful systems.

Question 2b.

> *How do you distinguish between standard decision-making, statutory powers, and a coordinated strategy?*

I interpret the phrase "standard decision-making" to refer to documented procedures used by duly-authorized government officers to assess situations with which human societies are confronted, assess the merits of different forms of preparatory and responsive action, and select, implement and manage preparatory and responsive programs.

I interpret the phrase "statutory powers or authorities" to refer to political, governing powers derived from or authorized by duly-enacted legal instruments, enacted by legitimate government bodies such as national legislatures.

I interpret the phrase "a coordinated strategy" to refer to documented plans assigning responsibility for organized, mutually-reinforcing execution of different elements of society-wide preparatory, responsive or managerial programs to different government agencies or departments, non-governmental organizations, and corporate and academic partners.

Without statutory powers, government officers and committees do not have authority to engage in standard or emergency decision-making, or to execute or administer policies or programs, or to expend government funds.

In contexts of communicable disease control, public health emergencies, pandemic preparedness and response and biological product manufacturing and use, American, Dutch, other national governments, and international health and military officers have, for many decades established statutory authorities; prepared and used decision-making procedures, and planned and executed coordinated legal and political strategies.

To the extent these statutory authorities, decision-making procedures, and legal and political strategies have been intentionally based on intentionally erroneous and omissive scientific, biological theories, they have intentionally legitimized intentionally harmful acts and omissions (deception and mutilation) as committed by defendants and alleged by plaintiffs.

Question 3 Introduction

The plaintiffs argue that historical legal developments have led to the creation of legal instruments enabling the administration of inherently harmful injections—including [but not limited to] the Covid-19 injections—to people under the guise of healthcare or health protection. They rely on your analysis in making this argument.

Question 3a:

Which legal instruments do you consider most relevant?

I consider the following five legal instrument categories most relevant:

1. US statutes governing public health emergency declarations, communicable disease surveillance and control programs, regulation of biological product manufacturing and use, and biological select agents and toxins (BSAT) possession and transport.
2. US regulations governing communicable disease surveillance and control, including detection, diagnosis, quarantine and isolation systems; biological product manufacturing and distribution systems; and BSAT possession and transport systems.
3. US regulatory and manufacturing records, including contracts, applications and application-review documents; non-binding FDA Guidance for Industry documents; redacted vaccine production and supply contracts; redacted chemistry, manufacturing and control (CMC) records; and redacted FDA process and product review memoranda.
4. International treaties and US implementing legislation prohibiting biological weapon production, stockpiling and use except for products designated as intended for communicable disease control in a physical reality in which there are no physical differences between "biological agents" and "biological products" because both are suspensions or preparations of physical matter possessing biological agency;
5. International trade agreements (Mutual Recognition Agreements relieving importing country drug regulators of obligations to conduct batch testing in a physical reality in which there are no physical standards imposed or feasible, and no feasible test materials or methods capable of fully identifying, quantifying and qualifying suspensions comprised of mixtures of microorganisms, proteins, lipids, sugars, salts, metals, and other simple and complex biological and/or biologically-active molecules, chemicals, and compounds.

I consider omitted and redacted sections of each incomplete and/or redacted document to be the most relevant sections.

Question 3b.

> *What data [information about the contents and effects of legal instruments] are needed to distinguish the normal exercise of government authority/government powers from abusive exercise of government authority?*

Regarding "Covid-19 injections," normal exercise of power cannot be distinguished from abusive exercise of power because, according to my findings, governments have enacted legislation legalizing intentionally abusive, intentionally harmful exercise of power and simultaneously, *by law*, preemptively eliminated or hobbled each and every legislative, judicial, scientific, journalistic and public review mechanism that could, if unfettered, restrain governments from abusive exercise of power.

Every government act is a form of abuse of power in the public health, communicable disease control, pandemic declaration and response contexts.

Putative aerosol or droplet pathogens are narrative, imaginary constructs ["preferred reality"] without physical stability, distinctness, infectivity and transmissibility in the natural world.

It is therefore not physically beneficial, necessary or feasible for anyone to attempt to control spread or protect himself or others from exposure, infection or transmission of aerosol or droplet particles of biological matter by testing, masking, distancing, movement-restriction and vaccination.

Malicious intent is demonstrated as attributable to malice, by the content of relevant laws and even more by the omission of provisions that would be present in the laws if those who drafted and enacted the laws truly intended to order the laws of society in conformity with physical reality to promote the sustenance, strengthening, fertility, longevity and protection of human lives.

Questions 4-6 Introduction

The plaintiffs draw a connection between the Covid-19 injections and global plans for a new world order.

Question 4a

Do you see evidence of global plans for a new world order?

I do not regard the world order campaign described by plaintiffs as new. I see evidence that banking interests' plans and operations to establish a bank-centered, centralized political control system or world order were conceived, initiated and well underway by the latter half of the 19th century and have developed further since then.

In my view, this world order or centralized system has been functional since World War II, the Bretton Woods Agreement (1944) and the establishment of the United Nations (1945) and the UN World Health Organization, joined by the United States in 1948.

I think the project to centralize political control systems has been rendered more visible to the public since the declaration of a global coronavirus pandemic was announced in early 2020.

I view terms such as transhumanism that have entered the lexicon in recent years as nothing more than updated marketing or rebranding of humanism.

I understand humanism and its corollary, scientific materialism (also known as metaphysical naturalism, reductionism or the chemical view of life,) as philosophical and theological worldviews based on human-centered systems of moral and ethical values substituted for Christian moral and ethical systems, especially in Western Europe and nation-states born of Western European exploration and colonization movements since the 1500s.

Within humanist and scientific-materialist worldviews, human life has no intrinsic, essential meaning, value or purpose: each human being is merely an economic and biochemical unit whose illness, infertility and premature death is of more value to banking interests than his health, fertility and long life would be, given (erroneous and omissive) statistical assumptions and projections as to production and consumption of social and material goods by man, wife and offspring.

Question 4b.

Do you see evidence of a connection between the Covid-19 injections and global plans for a new world order?

I see a connection between all vaccines and banking interests' plans for a centralized, humanist world political order ruling over smaller, sicker, less fertile and shorter-lived human populations. In my view, this connection is especially visible, historically, between the polio fearmongering and vaccination campaigns of the 1950s, the expansion and school-enrollment enforcement system for infant and childhood immunization schedules in the 1960s and 1970s, Covid-19 events since 2020, and current campaigns promoting influenza and other schedule-driven adult and child injections.

Question 4c.

What specific facts do you believe support this connection?

The facts I believe support this connection are comprised of several intersecting sets:

1. Historical and contemporary scientific and medical theories, research programs, scientific "facts" and biomedical practices, as published in science and medicine books and journals, which have not been subjected to rigorous observational or experimental verification, and are erroneous and omissive. Relevant fallacious scientific theories and facts include those used in theory and practice pertaining to disease causation; aerosol or droplet transmission of biologically-active matter from one living animal to another; disease prevention, treatment and control; antigen form and function; antibody form and function; immunity; and vaccination.

2. Current enabling laws, legal instruments and court decisions whose origins and precedents date back to the last quarter of the 19th century for quarantine power and are unsupported by valid physical evidence.

3. Current enabling laws, legal instruments and court decisions whose origins and precedents can be traced back to the first decade of the 20th century for biological product manufacturing authority (establishment licenses) and are unsupported by valid physical evidence.

4. Observed, historic, coordinated, physically-unfounded, unreviewable and unreviewed government, military, corporate and media claims about physical reality and government, military, corporate and media acts and omissions committed (or omitted) during alleged communicable disease outbreaks, epidemics and pandemics since the mid-19th century.

5. Observable and observed, coordinated, physically-unfounded, unreviewable and unreviewed government, military, corporate and media claims about physical reality, and acts and omissions committed (or omitted) during an alleged global communicable disease "pandemic" since 2020.

6. Observed population-wide increases in chronic disease conditions affecting respiratory, cardiac, neurological, neuromuscular, gastrointestinal, metabolic, reproductive and other systems, and cancers and infertility corresponding to population-wide, mass application of vaccines in a dose-dependent manner, especially between 1955 and the present.

Question 4d.

Which elements constitute direct evidence [legal source documents], and which are inferences [interpretations]?

Please see my response to Question 1c.

Question 4e.

What alternative explanations have you investigated?

I have investigated alternative explanations for the rapid, coordinated, worldwide deployment of marketing campaigns to promote fear of an assumedly novel, infectious, contagious, particulate threat and to promote rapid, widespread uptake of vaccines of indeterminate, undisclosed composition.

The main alternative explanations are that stable, aerosol and/or droplet, disease-causing, replication-competent particles form, spread and cause (as sole cause) illness in exposed, infected individuals; that vaccines can be and are designed and manufactured in pathogen-specific formulations capable of mitigating or preventing specific, pathogen-caused disease conditions in human and animal recipients; and that there are scientific and medical workers in possession of extraction, isolation, cultivation, synthesis and analysis reagents, knowledge, reagents, methods, equipment, and expertise capable of validating such physical-physiological claims.

I also investigated alternative explanations for the widespread increase in chronic disease, cancer and infertility among vaccinated populations in a dose-dependent manner.

The main alternative explanations are that increases in chronic disease prevalence are

a) a population-wide effect of more people surviving childhood illnesses due to vaccination, who would have, prior to the mass vaccination era, died from those illnesses, such that more people live long enough for chronic diseases to afflict them in proportions that would afflict any population that survives childhood
b) attributable to non-vaccine biochemical toxins contained in drugs, food, water, air; electromagnetic fields and radiation; contraceptive drugs and devices; chemical and mechanical abortion procedures and other causes of non-vaccine-related malnutrition, injury, exposure and death;
c) due to bi-directional reclassification (renaming) of acute (transient) and chronic disease conditions and altering diagnostic criteria, diagnoses and case counts;
d) due to earlier, more accurate classification, diagnosis and reporting of disorders that previously would not have been classified, diagnosed or reported, or would only have been diagnosed and reported later in life.

I reject hypothesis (a) on the factual grounds that vaccination practices do not correspond to or cause transient or durable resistance to presumedly-infectious illnesses.

I reject hypotheses (b), (c) and (d) insofar as they represent factors that may contribute to observed increases in chronic disease prevalence but are not sufficient to fully account for observed increases to the exclusion of vaccination practices, which I believe comprise the primary causal, explanatory factor.

Question 5a

What evidentiary value do you attribute to legislation, policy documents, and government decisions?

I believe the evidentiary value of legislation, policy documents and government decisions is very high. Legislative and governing documents, apart from withheld and/or redacted supply contracts and regulatory documents, are usually complete, unredacted, and made available to the public in stable, accessible forms.

On the subject of adverse or negative inferences: To the extent key information, standards and review procedures are omitted from legislation, policy documents and government decisions, these omissions from these records strongly support the inference that drafters of laws have long known the difference between true information and false information.

They have known the procedures that would allow public and courts to distinguish between true information and false information. They have possessed clear and firm intent to deceive the public and courts by preemptively prohibiting procedures for fact-finding and assessment of evidence quality, and by legalizing the presentation of false and incomplete information instead.

Question 5b.

How do you determine whether a document merely reflects policy or constitutes evidence of a broader strategy?

To assess whether a document reflects policy or constitutes evidence of a broader strategy (a strategy broader than implementation of a specific policy) I consider who drafted the document; who enacted or signed it if the document is a law, regulation, contract, or other legal instrument; who published, promulgated or implemented it; what types of knowledge may be imputed to the legislator or civil administrator based on his training, experience and professional credentials; at what level or government authority he sits; and what sources of government authority he cites as authorizing his own conduct and omissions.

I also consider whether methods or procedures for judicial, legislative, scientific, journalistic or public review or compliance with standards of evidence are included, precluded, preempted or excluded.

The record of legal instruments and scientific literature I've examined, reflects official policies of the US government (and other governments that have analogous domestic versions of American laws) and constitutes "evidence of a broader strategy:" further construction of a bank-centered, humanist and scientific-materialist political world order.

Question 6a:

Which parts of your analysis can be independently verified?

My summaries and analysis of each legal instrument (contents and implementation) can be independently verified.

Any public or judicial finder-of-fact (reader) can read legal instruments and scientific literature to confirm or refute my interpretation of the acts and omissions authorized by each law, regulation, contract, treaty, trade agreement or other legal instrument addressing communicable disease control (masking, distancing, quarantine, isolation, treatment, vaccination) and biological product manufacturing and use (vaccines and vaccination).

Any finder-of-fact can read other laws to confirm that similar laws, addressing government authority to control human movement and association, and to interfere with bodily integrity, such as criminal codes penalizing convicts with imprisonment, chemical castration or the death penalty, do require production of physical evidence, do set standards of evidence sufficient for conviction and do require judicial review of physical evidence to assess whether the evidence meets the standards.

Any finder-of-fact can read other civil laws addressing pharmaceutical products other than biological products and vaccines, and non-pharmaceutical manufactured products, which recognize civil tort liability by establishing duties of care, standards of care, design standards, manufacturing standards, and judicial procedures for assessing whether an actor negligently or intentionally failed to meet such standards.

Any finder-of-fact can read historical and contemporary scientific and biomedical literature to verify the limits of the germ theory of disease-causation and contagion theory of disease-germ transmission. Any finder-of-fact can read and discern that the evidence purporting to demonstrate infection and contagion theories, and related theories, is erroneous, omissive, and mischaracterized as to certainty, specificity, and sole-cause causation attribution.

Any finder-of-fact can read and discern that evidence and argument challenging and critiquing infection and contagion theories, and related theories; proposing more truthful, better supported theories; and providing replicable, supporting evidence, has been systematically suppressed.

Any finder-of-fact can observe whether, when, where and how Dutch and international defendants (and US counterparts) performed acts and omissions before, during and since 2020.

Any finder-of-fact can observe whether, when, where and how Dutch criminal law enforcement and judicial officers investigated or prosecuted Dutch and international defendants for violations of criminal codes prohibiting intentionally deceptive and injurious acts and omissions, conducted fact-finding trials, obtained convictions and sentenced convicted persons.

Any finder-of-fact can observe whether, when, where and how Dutch civil litigators and judicial officers investigated or prosecuted Dutch and international defendants for breach of duties of care (to anticipate potential harms and refrain from negligent and/or intentionally deceptive and injurious acts and omissions) under tort liability provisions of civil law, conducted fact-finding trials, issued decisions and assessed damages against liable persons.

Question 6b.

> *What methods do you use to distinguish between coincidence, causality, and a coordinated strategy?*

I interpret "coincidence" to mean observation of similar events occurring at similar times in different places.

I interpret "causality" to mean logical inferences drawn from observation of events occurring in time sequence, such that (in the simplest case) an observed, discrete Event B was caused by a preceding Event A because without the occurrence of Event A, Event B would not and could not have occurred and with the occurrence of Event A, Event B would, could and did occur.

I interpret "coordinated strategy" to mean observation of individual human actors each capable of willed, purposeful acts and omissions committing similar willed, purposeful acts and omissions at similar times in different places.

I examine Covid-19 events from several different perspectives.

Covid-19 events include:

1. Ideological, political, social, governmental (authority, exercise of power), economic and financial phenomena.
2. Psychological, cognitive, behavioral, emotional, memory and imagination phenomena,
3. Narrative, literary, informational, linguistic, journalistic, publishing, graphic and visual image phenomena including application of developed, effective narrative techniques to manipulate and distort human perception and human behavior.
4. Physical, chemical, biological and physiological phenomena.
5. Moral, ethical and legal phenomena, including proposal, drafting, enactment, implementation and enforcement of human civil and criminal legal instruments.

In general, the methods I use to distinguish coincidence, causality and coordinated strategy from one another are observation of events and reflection on observed events.

I have concluded that putative disease outbreaks, epidemics and pandemics are primarily political events constructed by means of willed, purposefully erroneous, omissive and misleading scientific theories, models and narratives, and by means of invalid, unvalidated, unvalidatable sets of sense data.

The more observed events (sense data) diverge from what would be expected to occur if published explanatory theories, models and predictions as to form and function of biological organisms were true, the less reliable and credible the premises and predictions should be understood to be.

In other words, political actors -- as part of a coordinated strategy - construct conceptual models of sense data (i.e. cell, virus, gene sequence, protein structure) and construct classification methods for causal-attribution of human morbidity (illness) and mortality (death) in fraud-conducive forms that they willfully interpret (for the public, by means of narrative publishing) to fit erroneous and omissive scientific and biomedical theories and models.

Political actors do not construct, use and validate realistic biological theories and models, because realistic biological theories do not provide scientific justification for acts of vaccination when properly understood as acts of indeterminate, violent biological mutilation.

Political actors do not arrange for or legally ensure the orderly and truthful collection and interpretation of sense data, because truthful collection and interpretation of data would demonstrate the errors embedded in false, misleading and omissive scientific and biomedical theories and models.

Public observers, when given unfettered access to truthful information, stop spreading false scientific narratives, and stop participating in infection and contagion fearmongering and vaccination campaigns.

Nurses and pharmacists, when given unfettered access to truthful information, stop spreading false scientific narratives, and stop committing acts of vaccination.

Scientists, when given unfettered access to truthful information, stop spreading false scientific narratives and set their minds and hands to the work of correcting erroneous and omissive biological theories to align them more fully with natural reality.

Question 7:

> *Is there anything else you would like to add that you consider relevant to the assessment of the parties' conflicting positions regarding the Covid-19 injections?*

I consider the wider historical context to be relevant the assessment of the parties' conflicting positions regarding the Covid-19 injections.

This wider context includes the history of developments in scientific theory: theories of biology and systematic suppression of scientific critiques of errors and omissions in biological theory.

The wider context also includes the history of legal and sociopolitical instruments which have incorporated erroneous and omissive scientific theory, and suppressed public knowledge of their errors and omissions, to advance antihuman and anti-Christian geopolitical agendas.

Discussion of wider historical and scientific context will be provided in a complete version of this statement, to be published by the author for use in public education, as a Discussion section (Section IV). A placeholder (as of Sept. 19, 2026) appears below at Appendix D, for presentation of sample interrogatories and Watt responses to support the narrative and argument to be presented in the forthcoming Discussion section.

Suggested reading for finders-of-fact interested in the broader history of relevant scientific theories is listed at Appendix E.

Katherine Watt
September 19, 2026

Appendix A

Nov. 11, 2025 Watt memo to Stassen: key documents supporting argument that FDA functions pertaining to vaccines are non-regulatory, for regulatory simulation purposes only.

1910

The Federal Control of Serums, Vaccines, Etc. (Milton J. Rosenau, *Journal of the American Medical Association*, Jan. 22, 1910)

Milton Rosenau, the second director of the Hygienic Laboratory (1899-1909), described the 1902 Virus-Toxin law as having established an inspection and licensing program that he claimed was operated by the staff of the Hygienic Laboratory division of pathology and bacteriology, including purchase of samples from manufacturing establishments and "on the open market" for "examination as to potency and purity." Rosenau further claimed that the licensing process applied to individual products and that "general licenses authorizing the manufacture of any and all biologic products are not issued," even though the 1902 law only addressed the licensing of establishments and did not define or authorize the Treasury department to adopt or enforce product standards. After describing inspectors inquiring into "methods of manufacture," the "competency" of employees and the "efficiency of the material equipment," Rosenau concluded: "At present every confidence may be had in all biologic products made under government license."

The last section of Rosenau's paper on federal control is titled "Government Guarantee" and states:

> "The government does not guarantee that each vaccine point or each package of antitoxin will produce its full therapeutic effect and be free from all danger. This would be impracticable with the extent and variety of the business in biologic products now carried on in this country and abroad..."

1910

Vaccine Virus (Milton J. Rosenau, *Journal of the American Medical Association*, Jan. 22, 1910)

Rosenau described *vaccine virus* as

> "the specific principle in the material obtained from the skin eruption of calves having a disease known as vaccinia [cowpox]..." and stated "both the pulp and the lymph are mixtures containing epithelial cells, serum, blood, leucocytes, products of inflammation, debris, bacteria, etc., in varying proportions."

Rosenau admitted

> "the specific principle of vaccinia [cowpox] is unknown;" stated that "it is impossible to obtain vaccine virus free from the bacteria of the skin;" and stated "the fact that a serum or vaccine is granted a license does not mean that it is a valuable curative or prophylactic; in fact, it may have little or no therapeutic value."

He stated:

> "it is evidently the province of the medical profession to determine for itself whether a certain substance has therapeutic value or not. The chief concern of the government is to protect the practitioner against sophistications, impurities, faults or mislabeling."

Rosenau ended his paper with an argument for adding *vaccine virus* to the US Pharmacopeia, from which it is possible to infer that US Pharmacopeia officials were resisting such efforts:

> The objection, that vaccine virus is an indefinite substance, the ‘active principle’ of which is not known, is no longer valid, for the Pharmacopeia contains many such substances, including the ferments, against which similar objection holds.
>
> The objection that vaccine virus cannot be “assayed” [quantitatively and qualitatively analyzed to determine the presence, amount or functional activity of a substance] by the average druggist also lacks force when we recall that the potency and purity of vaccine virus in interstate traffic is cared for by the federal government under the law of July 1, 1902, which relieves the pharmacist of this responsibility...

The words *potency*, *purity* and *vaccine* do not appear in the July 1902 Virus-Toxin law, nor do the words *adulteration* or *misbranding*. Rosenau did not point out to JAMA readers that the 1902 Virus-Toxin law was silent on identity, purity and labeling of products by physical and chemical composition and ingredients; the 1902 law did not prohibit adulteration and misbranding; and the 1902 law did not establish prosecutorial procedures. Rosenau understood that *vaccine virus* was "an indefinite substance" that could not be identified, purified or subjected to any measurable standards for product identity, purity or potency; that no such standards had been established by federal officers or by the US Pharmacopeia acting as a private-sector product quality monitor in partnership with government agencies; that no tests had been developed or were being used by Hygienic Lab workers to test *vaccine virus* specimens for compliance with non-existent identity, purity and potency standards; and that no criminal prosecution of propagation, sale and use of adulterated or misbranded *vaccine virus* was authorized or carried out. The real purpose of the 1902 Virus-Toxin law was to create initial false public confidence in vaccines.

1924

Regulation of Sale of Viruses, Serums, Toxins and Analogous Products, Etc, record of hearings before subcommittee of US House Committee on the District of Columbia, chaired by Henry Rathbone (Rathbone hearings, Feb. 21, 1924 to May 6, 1924)

William H. Park, Director of Bureau of Labs, NYC, 1924 Rathbone hearing record, at p. 110:

> "By putting 'No U.S. standard of potency' on such material it shows all who are intelligent that that has not yet been shown to be an effective remedy. It might have value, and it might not have value."

Journalist Norman Hapgood, editor of Hearst International Magazine, 1924 Rathbone hearing record, at p. 7, describing the system established by the 1902 Virus-Toxin law:

> "The law regulating the sale of these serums and toxins for human beings makes but one requirement, and that is that this stuff, whether dirt or dung, or whatever it is, shall be put up in a laboratory which is hygienically conducted. An inspector can go in and say that the methods are clean, and on that basis alone they are regulated..."

1958

Federal Regulation of Biologicals Applicable to the Disease of Man (Parke M. Banta, General Counsel, Dept. of Health, Education and Welfare, *Food, Drug, Cosmetic Law Journal*, Vol. 13, No. 4, April 1958, pp. 215-221

> "[T]here has not been since the enactment of the statute in 1902 any litigation directly involving its application or interpretation; no one has been penalized for its violation nor, so far as I know, charged under its any penalty provisions with any violation of any of its provisions. Moreover, I am informed that no license has been suspended or revoked over the protest of the licensee."

1962

Memo dated Sept. 18, 1962, from Joseph Smadel, director of NIH Division of Biologics Standards, Laboratory of Virology and Rickettsia, to J. Anthony Morris, NIH-DBS virology and vaccine researcher charged with "lot release" duties. Smadel order, cited by Nicholas Wade, *Division of Biologics Standards: In the Matter of J. Anthony Morris* (*Science*, 175 Sci. 861, Feb. 25, 1972):

> "The manufacturer will provide full data on the potency assay of his lots which are submitted for release. Furthermore, release by the DBS will be on the basis of data submitted by the manufacturer and not on the basis of results obtained in this institution."

2011

Bruesewitz v. Wyeth (US Supreme Court, 562 US 223, Feb. 22, 2011)

SCOTUS affirmed lack of FDA regulatory functions pertaining to product design.

> “Design defects…do not merit a single mention in the [1986 National Childhood Vaccine Injury Act] or the FDA’s regulations. Indeed, the FDA has never even spelled out in regulations the criteria it uses to decide whether a vaccine is safe and effective for its intended use.” (562 US 223, 237)

SCOTUS affirmed status of FDA as a "passive agency," citing *Hurley v. Lederle* (1988, 863 F. 2d 1173, 1177).

> “[T]he FDA is a passive agency: it considers whether to approve vaccine designs only if and when manufacturers come forward with a proposal” (562 USC 223, 270 at FN19)

2011

Manual for the Establishment of National and Other Secondary Standards for Vaccines (World Health Organization, Department of Immunization, Vaccines and Biologicals, Quality, Safety and Standards unit, WHO/IVB/11.03)

> *"Biologicals* are substances which cannot be fully characterized by physico-chemical means alone, and which therefore require the use of some form of *bioassay*...a laboratory procedure for the estimation of the nature or potency of a material by means of the reaction that follows its application to some elements of a living system (examples include animals, tissues, cells, receptors and enzymes)..."

2017

New quality-control investigations on vaccines: micro- and nanocontamination (Antonietta Gatti and Stefano Montinari, *International Journal of Vaccines & Vaccination, 2017;4(1):7–14).* Researchers report that samples of vaccines contained organic matter, but could not specify its identity, source or quantity.

> "So, organic entities are visible and easy to distinguish from inorganic ones. The method cannot distinguish between proteins and organic adjuvants (e.g. squalene, glutamate, proteins, etc.) or viruses, bacteria, bacteria’s DNA, endo-toxins and bacteria’s waste, but their comparatively low atomic density allows us to identify these entities as organic matter."

2018

Informed Consent Action Network (ICAN) v. US-HHS, (USDC, Southern District New York, 18-cv-03215, July 9, 2018). ICAN requested records of safety monitoring for the national childhood vaccination program, under the 1986 NCVIA law, between 1986 and 2017. HHS responded:

> “The [HHS Department]'s searches for records did not locate any records responsive to your request.”

2021

*Antibody Testing Is Not Currently Recommended to Assess Immunity After COVID-19 Vaccination (*US-FDA statement, May 19, 2021)

> **"**The U.S. Food and Drug Administration (FDA) is reminding the public and health care providers that results from currently authorized SARS-CoV-2 antibody tests should not be used to evaluate a person’s level of immunity or protection from COVID-19 at any time, and especially after the person received a COVID-19 vaccination...Currently authorized SARS-CoV-2 antibody tests...are not validated..."

2022

US-Department of Health and Human Services, Food and Drug Administration, Form 483 inspection report, Rentschler Biopharma SE, Laupheim, Germany, inspections conducted Feb. 7, 2022 to Feb. 15, 2022, by Wayne Siefert, Ralph Bernstein and Jose Melendez.

> "On February 11, 2022, we (WS and JM) observed the simulated fill process [redacted] simulation of the [redacted] drug substance..."

Appendix B

June 22, 2026 Watt memo to Stassen - On two different litigation strategies/theories of the case

Vaccine contents knowable and known	**Vaccine contents unknowable and unknown**
Premise 1: Physico-chemical contents of vaccine vials were determinate and identifiable; were known [mRNA, LNP/NLP, spike protein, DNA] to manufacturers and governments at time of processing, bottling and labeling; and remained known and stable during distribution, storage and after administration.	Premise 1: Physico-chemical contents of vaccine vials were indeterminate and unidentifiable; were not known to manufacturers or governments at time of processing, bottling and labeling; and remained unknown and unstable during distribution, storage and after administration.
Premise 2: Probable biological/physiological effects -- bioavailability, biological activity, reactivity, instability, toxicity, harmfulness, infeasibility of therapeutic benefit -- of physico-chemical contents were known to manufacturers and governments at time of bottling and labeling and remained known and stable during distribution, storage and after administration.	Premise 2: Probable biological/physiological effects -- bioavailability, biological activity, reactivity, instability, toxicity, harmfulness, infeasibility of therapeutic benefit -- of general categories of physico-chemical contents (diverse, indeterminate, unstable exogenous/xenobiotic biological organisms/cells/tissues, proteins, lipids, chemical toxins, etc.) were known generally but not specifically to manufacturers and governments at time of bottling and labeling and remained generally known but specifically unknown, diverse and unstable during distribution, storage and after administration.
Defendants knew or should have known the specific, determinate contents of vaccine containers, and should have disclosed contents to public.	Defendants knew or should have known that the specific contents of vaccine containers was unknown and unknowable, and should have disclosed the lack of knowledge (ignorance) to the public.
Defendants knew or should have known the probable harmful effects and infeasibility of therapeutic benefit of specific, determinate, stable vaccine contents, and should have disclosed probable harmful effects and infeasibility of therapeutic benefit to the public.	Defendants knew or should have known the probable harmful effects and infeasibility of therapeutic benefit of the general categories of physico-chemical contents (exogenous biological organisms, proteins, lipids, chemical toxins, etc.)
Defendants' failure to disclose known information to the public may have breached a duty of care, for which they may be found legally liable.	Defendants' failure to disclose their ignorance as to specific vaccine contents and failure to disclose probable harmful effects of general vaccine contents to the public may have breached a duty of care, for which they may be found legally liable.
Nominated witnesses whose testimony and supporting documents support this theory of case: Sasha Latypova; Mike Yeadon; Joseph Sansone on behalf of late Francis Boyle	Nominated witnesses whose testimony and supporting documents support this theory of case: Katherine Watt

Appendix C

Original format: July 28, 2026 - Questions presented by Attorney Peter Stassen

Ms. Watt, the plaintiffs have submitted your expert statement to support their contention that the COVID-19 measures and COVID-19 injections are part of a broader development they refer to as 'Covid-19: The Great Reset'. You are asked to explain the sources, legal analyses, and factual data upon which your conclusions are based.

Question 1: What expertise do you possess regarding legal structures, government powers, and administrative decision-making? What sources do you use? Which parts consist of documents, and which parts consist of interpretations?

The plaintiffs contend that the Covid-19 injections play a crucial role in the broader development they refer to as 'Covid-19: The Great Reset'.

Question 2: Which specific documents, decisions, or data do you consider to form the basis of this analysis? How do you distinguish between standard decision-making, statutory powers, and a coordinated strategy?

The plaintiffs argue that historical legal developments have led to the creation of legal instruments enabling the administration of inherently harmful injections—including the Covid-19 injections—to people under the guise of healthcare or health protection. They rely on your analysis in making this argument.

Question 3: Which legal instruments do you consider relevant? What data are needed to distinguish the normal exercise of powers from abuse?

The plaintiffs draw a connection between the Covid-19 injections and global plans for a new world order.

Question 4: What specific facts do you believe support this connection? Which elements constitute direct evidence, and which are inferences? What alternative explanations have you investigated?

Question 5: What evidentiary value do you attribute to legislation, policy documents, and government decisions? How do you determine whether a document merely reflects policy or constitutes evidence of a broader strategy?

Question 6: Which parts of your analysis can be independently verified? What method do you use to distinguish between coincidence, causality, and a coordinated strategy?

Question 7: Is there anything else you would like to add that you consider relevant to the assessment of the parties' conflicting positions regarding the Covid-19 injections?

Appendix D

Sample interrogatories; Watt responses

Placeholder (Sept. 19, 2026).
See notes on p. 7 and p. 29 regarding forthcoming expanded statement.

Appendix E - Suggested Reading

This is a list of some works by authors of scientific theory and history shedding light on invisibilities, indeterminacies, uncertainties, omissions, and factually-unsupported premises (assumptions) in foundational models of biology and core subdisciplines such as physiology, anatomy, medicine, embryology, teratology, histology, plant biology, microbiology, cell biology, molecular biology, computational biology (mathematical modeling), evolutionary biology, toxicology, pharmacology, genomics, metagenomics, proteomics, metabolomics, virome analysis, enzymology, chemical biology, biochemistry, histochemistry, pathology, nosology, immunology and epidemiology.

For readers prepared to think critically about scientific and biomedical theories, ideologies and models, it is not necessary to read all available scientific literature on each theory and its historical development to begin to perceive a pattern of omissions, misrepresentations, overstatements, speculations, incoherencies, inconsistencies, internal contradictions and deceptions willfully promulgated and developed since the early 1800s and to perceive a pattern of corrective research and theory proposals willfully suppressed.

This is a list of about 25 papers, reports and books available in English translation or summaries, the careful consideration of which can significantly contribute to reader understanding. Note: this list includes works by authors and narrators who have endorsed and/or contributed to false scientific theories and suppression of critical work, and works by those who have critiqued, challenged and/or demonstrated (through observational, experimental and analytical work) the errors, omissions and limitations of false scientific theories.

1842 - *On Miasmata and Contagia*, Jacob Henle, translated from German by George Rosen (1938)

1882 - *Vaccination: Its Fallacies and Evils*, Robert Gunn, Nickles Publishing Co. (Third Ed., 1882)

1908 - *The Blood and Its Third Anatomical Element*, Antoine Bechamp, translated from French by Montague Leverson, Kessinger Publishing Co. (1912). Presents key findings and conclusions following more than five decades (1854-1908) of Bechamp's published and unpublished observational and experimental research developing microzymian theory, including evidence contradicting general theories and specific postulates of cell theory, disease causation theory (germ theory of disease), contagion theory and "microbial medicine" theory as developed and published by Jacob Henle, Rudolph Virchow, Louis Pasteur, Robert Koch, and their precursors, peers and disciples.

1910 - Vaccine Virus. Milton J. Rosenau, *Journal of the American Medical Association*

1910 - The Federal Control of Serums, Vaccines, Etc. Milton J. Rosenau, *Journal of the American Medical Association*

1911 - *Inoculation and the Germ Theory of Disease*. Montague Leverson, Rose and Harris Printers

1913 - *Anaphylaxis*. Charles Richet, The University Press, Constable & Co., Ltd.

1940 - A Theory of the Structure and Process of Formation of Antibodies. Linus Pauling, *Journal of the American Chemical Society* Vol. 62, No. 10, 2643–57

1958 - On Protein Synthesis. Francis H.C. Crick, *Symposium of the Society for Experimental Biology*; 12:138–163 [proposal of central dogma of biology concerning flows of information, energy and matter through living creatures]

1977 - The unit membrane, the endoplasmic reticulum, and the nuclear pores are artefacts. Harold Hillman, Peter Sartory. *Perception,* 6(6):667-73

1980 - *The Living Cell*. Harold Hillman, Peter Sartory, Packard Publishing Ltd.

1986 - W.M. Stanley's Crystallization of the Tobacco Mosaic Virus, 1930-1940. Lily Kay, I*sis*, Vol. 7, No. 3, 450-472

2002 - *Lessons from the Living Cell: The Limits of Reductionism*. Stephen Rothman, McGraw-Hill.

2005 - A scientific revolution? The prion anomaly may challenge the central dogma of molecular biology. Alain E. Bussard*, European Molecular Biology Organization,* Vol. 6, No. 8, 691-694

2005 - An Open Letter to Our Readers on the Use of Antibodies, Clifford B. Saper, *Journal of Comparative Neurology,* 493:477-478

2006 - Safety and Toxicity Evaluation of GonaCon™ Immunocontraceptive Vaccine in White-Tailed Deer, John Eisemann et al, *Proceedings of the 22nd Vertebrate Pest Conference*, University of California, Davis, 82-87

2008 - *Evidence Based Cell Biology, with Some Implications for Clinical Research.* Harold Hillman. Publisher: Shaker Verlag GmbH.

2008 - Genetics: Genome in Dissolution, Uhlrich Bahnsen, *Die Zeit* (2008) translated from German by Corona Investigative (2020)

2009 - A Guide to the Perplexed on the Specificity of Antibodies, Clifford B. Saper, *Journal of Histochemistry & Cytochemistry,* 57(1): 1–5

2009 - The MIQE Guidelines: Minimum Information for Publication of Quantitative Real-Time PCR Experiments. Stephen Bustin et al, *Clinical Chemistry* 55:4, 611–622

2010 - Antibody validation. David Rimm et al, *BioTechniques* 48:197-209

2012 - Does the central dogma still stand? Eugene V. Koonin, *Biology Direct* 7:17

2015 - Dismantling the virus theory: The “measles virus” as an example. Stefan Lanka, *WissenschaftPlus*

2017 - The Use of GonaCon™ in Wildlife Damage Management, Ch. XI, *Human Health and Ecological Risk Assessment for the Use of Wildlife Damage Management Methods by USDA APHIS Wildlife Services*, USDA (August 2017, Peer Reviewed Final July 2022)

2017 - HCG [human chorionic gonadotropin] Found in WHO Tetanus Vaccine in Kenya Raises Concern in the Developing World, John W. Oller et al, *Open Access Library Journal,* 4: e3937.

2021 - Template Theories, the Rule of Parsimony, and Disregard for Irreproducibility: The Example of Linus Pauling's Research on Antibody Formation. Ute Deichmann, *Historical Studies in the Natural Sciences*, Vol. 51, No. 4, 427–467

2021 - Antibody Testing Is Not Currently Recommended to Assess Immunity After COVID-19 Vaccination: FDA Safety Communication. US-FDA (May 19, 2021). "The U.S. Food and Drug Administration (FDA) is reminding the public and health care providers that results from currently authorized SARS-CoV-2 antibody tests should not be used to evaluate a person's level of immunity or protection from COVID-19 at any time, and especially after the person received a COVID-19 vaccination...Currently authorized SARS-CoV-2 antibody tests...are not validated..."

2022 - US-HHS FDA Form 483 inspection report, Rentschler Biopharma SE, Laupheim, Germany, inspections conducted Feb. 7, 2022 to Feb. 15, 2022. Wayne Siefert, FDA Consumer Safety Officer, Ralph Bernstein, FDA Biologist, and Jose Melendez, FDA Consumer Safety Officer. "On February 11, 2022, we (WS and JM) observed the simulated fill process [redacted] simulation of the [redacted] drug substance..."

2024 - Eleven Sets of Serious Problems with the New York City Mass Casualty Event of Spring 2020. Jessica Hockett, *Academia.edu*

2024 - Antibody (Serology) Testing for COVID-19: Information for Patients and Consumers. US-FDA.[14] "SARS-CoV-2 antibody tests do not tell you if: you currently have COVID-19, the disease caused by the SARS-CoV-2 virus; you have immunity that will prevent COVID-19; you need a COVID-19 vaccine, or your COVID-19 vaccine worked."

[14] https://www.fda.gov/medical-devices/coronavirus-covid-19-and-medical-devices/antibody-serology-testing-covid-19-information-patients-and-consumers. Page accessed Sept. 17, 2026, "content current as of 04/25/2024."