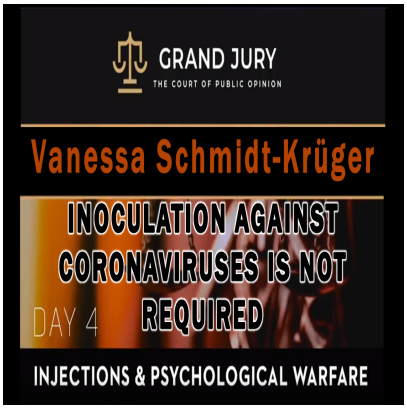

Dr. Vanessa Schmidt-Krüger: Inoculation Against Coronaviruses Is Not Required

Description

“What you should know is we don’t need any vaccination against coronavirus. We all have already a strong natural cross-immunity against all coronaviruses, also against SARS-CoV-2 … The scientific evidence also destroys any narrative of the need for boosters. The pressure that you have to boost again and again because you can no longer find antibodies in the blood plasma is completely nonsense and contradicts any basic knowledge in immunology.” Dr. Schmidt-Krüger said.

Dr. Vanessa Schmidt-Krüger is a German molecular biologist and a specialist in cardiovascular diseases.

During her testimony on Day 4 of the Grand Jury Proceeding by the Peoples’ Court of Public Opinion, Dr. Schmidt-Krüger explained why the media’s and governments’ narrative is not following known science about coronaviruses, natural immunity, antibodies, re-infection and why the “vaccines” are defective rather than effective. “The public should know that Pfizer has cheated [in their trails],” she said.

“John Ioannidis, a world-famous epidemiologist, has calculated the worldwide [Covid] infection fatality rate from an incredible huge number of publications and comes up with 0.15%. This number also includes people who did not die of Covid-19 but of other chronic or acute diseases, but who had a positive PCR test but no Covid-19 symptoms.

“And we know from the previous session last weekend that the PCR tests is of no use for clinical diagnostic. According to this knowledge the infection fatality rate of 0.15% must be must be lowered even further.

“And just as a comparison for you, I would like to mention the infection fatality rate of cancer which is 0.3%, which is double, and of cardiovascular diseases of 0.44%, which is three times more.

“We do not have to be afraid of this coronavirus.

“The vaccines simply do not work and there is absolutely no need to adjust the mRNA sequence [for different varients], no way. No vaccine that triggers antibody production in the bloodstream can neutralise the virus that comes via the air into the lungs. It cannot physiologically work. These vaccines

can never work. Basically, the whole thing, I think it's a big, big hoax.

"In conclusion, the SARS-CoV-2 is not a novel virus, for me. The high identity and the protein sequence proves this. We know this virus already at least for two decades and therefore we must and can rely on the experience and knowledge from already published data. We all display a very good and robust cross-immunity against SARS-CoV-2. Our immune system can easily handle this virus. We are not dying from the virus. Some people die because they have underlying diseases which weaken their immune system. They die due to a weak immune system."

Below is the video of Schmidt-Krüger's testimony and the transcript.

Grand Jury Day 4: Dr. Vanessa Schmidt-Krüger Testimony, 19 February 2022 (21 mins)

Further Resources

Watch the full Grand Jury sessions Days 1-6 on Odysee HERE or on Internet Archive, with chapters and timestamps:

- Day 1, Opening statements, 05 February 2022
- Day 2, General historical and geopolitical backdrop, 12 February 2022
- Day 3, PCR test, 13 February 2022
- Day 4, Injections, 19 February 2022, full transcript HERE.
- Day 5, Financial destruction, 20 February 2022
- Day 6, Eugenics, closing arguments and outlook, 26 February 2022

Logistic support is provided to the proceedings by the Berlin Corona Investigative Committee: website (German) or website (English).

More information about the proceedings and contact details can be found on the Grand Jury's website, HERE.

Transcript Dr. Vanessa Schmidt-Krüger

(Thank you to Australian National Review for the transcript)

Vanessa Schmidt-Kruger: Yes, thank you. So, thank you very much for having organised this event. My name is Vanessa Schmidt-Krüger. I am molecular cell biologist. And I think it is very important that you inform people with real scientific facts that the mainstream media obviously hide or do not know better.

So, at this event, basically, we want to show the public that there are also other opinions both about the virus and also about the vaccination than the ones that the vaccination propaganda tells us every day. In my presentation I will address four main messages and after that I will hand over to my wonderful colleagues.

So, I'll just start with the first message. What you should know is we don't need any vaccination against coronavirus. So, I have divided it into three points.

Point one is: not nearly as many people have died from corona as the governments and the media

would have us believe. So, the first thing that people should know is that SARS-Cov-2 is not the killer virus. This is also shown by the official statistics. It is only the media and the government that make basically a mountain out of a mole hill.

Now several countries including the US, Italy, Sweden have published that in far over 90% of the Covid-19 deaths, the patients suffered from several underlying diseases. These diseases damaged the patient's immune system to such an extent that these patients could no longer fight the virus as healthy people easily do.

We would also like to emphasise here that the average age of death in connection with Covid-19 is higher than the average life expectancy.

John Ioannidis, a world-famous epidemiologist, has calculated the worldwide infection fatality rate from an incredible huge number of publications and comes up with 0.15%. This number also includes people who did not die of Covid-19 but of other chronic or acute diseases, but who had a positive PCR test but no Covid-19 symptoms. And we know from the previous session last weekend that the PCR tests is of no use for clinical diagnostic. According to this knowledge the infection fatality rate of 0.15% must be must be lowered even further.

And just as a comparison for you, I would like to mention the infection fatality rate of cancer which is 0.3%, which is double, and of cardiovascular diseases of 0.44%, which is three times more, and still people regularly eat at fast food restaurants even though we know that high sugar consumption is one major risk factor for this disease.

So, our message here is: we do not have to be afraid of this coronavirus.

So, I come to the second point then. Why we don't need any vaccination against coronavirus. We all have already a strong natural cross-immunity against all coronaviruses, also against SARS-CoV-2.

SARS-CoV-2 is not a new virus. Whether a virus is novel or not depends on the genomic sequence of the virus. SARS-CoV-2 has an 82% sequence identity at the nuclear level, so on the genome level, to SARSCoV-1 – the flu in China 2003.

But much more important than the nucleotide sequences are the amino acids of the proteins and the code of the virus. Because these proteins are the docking sites for antibodies and lymphocytes. In fact, all proteins of SARS-CoV-2, except of two proteins, have 95 to 100% amino acid sequence identity to the respect of SARS-CoV-1 proteins and they also have equal protein 3D structure. This is important in assessing whether antibodies or T cells which are already present in the body from previous coronaviruses can recognise and bind these proteins.

Indeed, only three proteins are of great importance, namely the three proteins that are embedded in the viral envelope. These are S-protein, so for spike, the M-protein for membrane and the E-protein for envelope. Antibodies and lymphocytes can only neutralise the virus from outside. This means that interaction with these three proteins of the envelope is crucial and precisely these three proteins of the SARS-CoV-2 virus are highly identical to the proteins of the virus from 2003. So, we have 91% identity for the M-protein, 96% for the E-protein and still 76% for the Spike protein.

There is a study from 2020 that compared all the cross-immunities between proteins within the

coronavirus family. In this study the authors came to the conclusion that only 67% sequence identity needs to be present in proteins to have cross-immunity. And we have far more identities SARSCoV-2 in the important code proteins.

I also want to mention that there are already 149 studies and these 149 studies have confirmed that we have already have a big […] on specific T cells and antibodies in the body against all human coronaviruses, including SARS-CoV-2. Blood plasma of individuals who were not infected with SARS-CoV-2 […] and also blood plasma of individuals taken years before the pandemic showed very good pre-existing cross-immunity in the multiplex assay that detected antibodies against different SARs-CoV-2 proteins. Even babies below the age of six months had already these antibodies in their blood plasma, most likely through breastfeeding.

These antibodies in young children disappear but the kids quickly come into contact with coronavirus during the time of flu each year that in the end at the edge of 3.5 years the children are already immune to circulating coronaviruses. Children need contact with SARS-CoV-2 as early as possible so they can build up an immunity already from early age which protects them by cross-immunity to new coronavirus later in life. If we lock the children away, we are changing the immune system in a way that nature did, basically, not intend. What we are doing to the children now, at least in Germany, is catastrophic.

I want to come to the third point now, why we don't need any vaccination against coronaviruses. So, besides the high sequence identity and the bioproteins which our body already knows, there's another evidence that we all have good cross-immunity. The injections show it. Infants who are still naïve, so before the age of four, mainly produce a certain type of antibodies after contact with the virus; these are the IgM antibodies. The amount of these antibodies reaches an optimum plateau at the age of six years and from there on is herd immunity.

These IgM antibodies are not found in adults, only very, very low levels, if at all. In adults only IgG and IgA antibodies are produced after virus infection. And IgG antibodies are also the prominent type of antibodies after vaccination. IgM and IgA antibodies are almost not seen after injection. This is basically the final proof for a pre-existing cross-immunity and a re-exposure of the spike proteins to a pre-existing repertoire of memory immune cells persisting in our body.

Within this 149 highest quality of robust scientific studies, I mentioned earlier, which confirmed cross-immunity, there is also a publication which showed a long-lived immunity. The authors of this publication states, that in recovered patients from SARS-CoV-1 infection, 2003, still possessed long lasting memory T cells reactive to subsequent nuclear capsid proteins 17 years later, as well as robust cross reactivity to SARS-CoV-2 nuclear capsid protein. So that means natural infection cause long lasting immune defence.

The scientific evidence also destroys any narrative of the need for boosters. The pressure that you have to boost again and again because you can no longer find antibodies in the blood plasma is completely nonsense and contradicts any basic knowledge in immunology.

So, the body strictly regulates the amount of antibodies in your body. Antibodies always have residence time and then they are discarded from the blood. It would be a waste of resources if the body keeps the quantity for all antibodies always at high levels throughout lifetime. Therefore, antibodies are broken down after a while. What remains are the memory cells which can react

immediately and produce, directly, new antibodies when the pathogen arrives again. Keeping the quantity of antibodies high for years by regular booster vaccinations is absolutely nonsense.

The narrative that people get reinfected as antibody levels in the blood drops is also wrong. People get infected because the vaccines cannot prevent infections and I will discuss this later in the section. So, for example, during the summer there were just a few people infected because other external factors help the immune system such as vitamin D levels, warm temperature etc but definitely not the vaccines.

And while I am on the subject of booster shots, the second narrative for booster vaccination is also wrong, namely: that we always need new boosters for a new virus variant. As I mentioned before, the three proteins – S, M and E proteins – of the virus envelope are relevant as docking sites for antibodies and lymphocytes to neutralise the virus. We looked at the amino acid sequences of these three proteins of the most relevant SARS-CoV-2 variants. Among them there was the original sequence of the Wuhan virus from 2020, as well as the Alpha, the Beta, the Delta and, now, also the Omicron variant.

The protein sequence of the M and E proteins of the original Wuhan virus are 100% identical with Alpha, Beta and Delta variants and 99% identical to the Omicron variant. So, I mean, again, 100% identity. The spike protein's also 98 to 99% identical in all five variants. The current mRNA and DNA injection that trigger antibody production against spike protein with the Wuhan sequence should also work against the spike proteins of all other virus variants.

The problem is, the vaccines simply do not work and there is absolutely no need to adjust the mRNA sequence, no way. No vaccine that triggers antibody production in the bloodstream can neutralise the virus that comes via the air into the lungs. It cannot physiologically work. These vaccines can never work. I have a speaker about that in a minute. So, basically, the whole thing, I think it's a big, big hoax.

So, in conclusion, the SARS-CoV-2 is not a novel virus, for me. The high identity and the protein sequence proves this. We know this virus already at least for two decades and therefore we must and can rely on the experience and knowledge from already published data. We all display a very good and robust cross-immunity against SARS-CoV-2. Our immune system can easily handle this virus. We are not dying from the virus. Some people die because they have underlying diseases which weaken their immune system. They die due to a weak immune system.

I think I make a break here and maybe there are some questions before I go for the next chapter.

Reiner Fuellmich: We'll wait for the questions. Dear colleagues, let us ask our questions at the end of the expert witness' testimony.

Vanessa Schmidt-Kruger: So, I should continue?

Reiner Fuellmich: Yes please.

Vanessa Schmidt-Kruger: Okay. Then I come to message two, that you should know. The so-called vaccinations are inefficient and useless.

So, besides the already existing robust natural cross-immunity in us, which I just mentioned, the public should know that Pfizer has cheated. Peter Doshi, an editor of the famous British Medical Journal,

published last year, major concerns about the trust ability and significance of the reported efficacy of the Pfizer vaccine. He has criticised that conflicts of interest existed in the conduct of the Phase 3 clinical trial. Three or four experts the Pfizer personnel who decided whether symptoms that occurred could be attributed to Covid-19 disease and whether the subjects should therefore undergo a PCR test.

This is of importance since it has some emerged that the Phase 3 study displays serious errors, including at least partial unblinding of the study. A very large number of individuals, the symptoms in both the vaccinated and placebo group, were excluded from the study for various reasons and no one knows why.

Also, the vaccinated persons received three to four times more medications for post-vaccination side effects than the placebo group. That means that these persons may have escaped the data collection as symptomless although they had infection.

Numerous technical errors occurred in the study so, basically, this study should have been declared invalid as manipulations cannot be ruled out. So, it is very questionable whether the higher relative vaccine efficacy is true at all.

The manufacturers use the relative risk reduction for its statistics but this number is actually not relevant. Instead, they should have used the absolute risk reduction which also includes the probability of being infected at all in a population. You must also include the number of persons in the study who do not get symptoms but still get infected with SARS-CoV-2. So, if we calculate the absolute risk reduction of the four vaccines, we are at the protective effect of only about 1% or below – 1% is not enough. Each vaccination is stopped below 50%.

Also very, very few positive cases were found during the study. The statistical power is practically zero. In a serious scientific work these results would be meaningless and unthinkable to publish. For example, if only one person out of 20,000 of people would get sick, by chance or not by chance, and no person in the vaccinated group gets sick then, according to this strange logic of the vaccine manufacturers, we will get 100% efficacy, this is ridiculous. And the real numbers were not much higher. So, the meaning of this efficacy must be clearly questioned.

So, point 2 of why the vaccines are completely inefficient. The lung has its own defence system against pathogens. It is very important to know that the antibodies form outside the lungs, in the spleen or lymph nodes, after vaccination flow with the bloodstream and can never reach the virus that enters the lungs with the air.

First of all, the antibodies in the blood cannot cross the inner wall of the blood vessels which is lined with a specific cell layer so called endothelium, this endothelium is a barrier. There are some organs which have holes in the endothelium, like in the liver. And there are also some organs which have small pores in the endothelium – this is, for example, in the glomerulus of the kidney and in the bone marrow for better blood exchange – but in all other organs, including the lungs, this endothelium layer is continuous. There are no holes so the antibodies cannot get out of the blood vessels and never reach the small air bubbles in the lung.

And there’s also a second barrier it’s epithelium. So basically, you have epithelium, here, and if the respiratory virus comes, here on the top, and then the antibodies are produced in the lung tissue in the [lymph] organs below the barrier. And basically, only IgA and IgM antibodies are produced in the lung

and these antibodies can cross this epithelium in the lung and reaches the virus. Why? Because they are transporters in this barrier which bind the antibodies and take them up transport them through cells and release them on the other side of the barrier where the virus is located. And these two antibodies are IgA and IgM are basically not produced in the vaccinated people. So, IgM almost nothing, you see nothing and IgA at very low levels. So that the main majority, I think it's more than 90% are IgG antibodies. But, IgG antibodies in the lung tissue can never cross the epithelium, never, because they are not transporters for this kind of antibodies. So, it's completely useless.

So, there are two barriers. So, the vaccination produces antibodies with […] and there are two barriers which they cannot cross. So, these vaccinations can never prevent infection or neutralisation of the virus in the air pockets in the lungs.

So, it could be that some must say, oh it is proven that the generated antibodies after vaccination can neutralise the virus. Yes, but this is only possible in an in-vitro experiment in an artificial cell culture system, never in-vivo – in a human body. So, what you do in this experiment is you have a bottle of isolated antibodies and the bottle of the virus, of an artificial virus. Then, you put the antibodies to the virus, you mix and then you put it on a cell culture, cellular, and then you look whether it's neutralising the virus infection or not. Of course, this is possible because you mix before antibodies together with the virus. But this never happens in the body. So, this is all ridiculous.

So, in conclusion, the antibodies are absolutely useless to prevent any infection and they cannot neutralise the virus in the lung.

So, should I continue with the next message?

Reiner Fuellmich: Some of our experts are under pressure.

Vanessa Schmidt-Kruger: Okay.

Reiner Fuellmich: So please give them a chance to tell us whether one of them, or two of them, need to be pulled forward in our chronology.

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