

Dr. Füllmer: David, I'm sorry to have kept you waiting. It's my fault. Are you still there?

Dr. Martin: Yes, I am.

Dr. Füllmer: Oh, great. Nice to see you again.

Dr. Martin: Good to see you as well.

Dr. Füllmer: So, um, I think it's best if you introduce yourself. I know you're the chairman of M•Cam International Innovation Risk Management, but that doesn't tell a whole lot of people what you're really doing?

Dr. Martin: Yeah. Well from a corporate standpoint we have, since 1998, been the world's largest underwriter of intangible assets used in finance, in 168 countries. So in the majority of the countries around the world are underwriting systems which include the entire corpus of all patents, patent applications, federal grants, procurement records, E-government records, etc. We have the ability to, not only track what is happening and who is involved in what's happening, but we monitor a series of thematic interests for a variety of organizations and individuals, as well as for our own commercial use because, as you probably know, we maintain three global Equity indices which are the top performing large-cap and mid-cap equity indexes worldwide. So our business is to monitor the innovation that's happening around the world, and specifically to monitor the economics of that innovation, the degree to which, you know, financial interests are being served, corporate interests are being dislocated, etc. So, our business is the business of innovation, and its finance.

(German)

Dr. Füllmer: Ok, I got that.

Dr. Martin: So, so obviously from the standpoint of this presentation as you know, we have reviewed the over 4,000 patents that have been issued around SARS coronavirus, and we have done a very comprehensive review of the financing of all of the manipulations of coronavirus, which gave rise to SARS as a subclade of the beta coronavirus family. And so, what I want to do is give you a quick overview, timeline-wise, because we're not going to go through four thousand patents on this conversation, but I have sent to you and your team, a document that is exceptionally important. This was made public in the spring of 2020.

- This document, which you do have, and can be posted in the public record is quite critical in that we took the reported gene sequence, which was reportedly isolated as a novel virus, indicated as such by the ICTV, the International Committee on Taxonomy of Viruses of the World Health Organization. We took the actual genetic sequences that were reportedly novel and reviewed those against the patent records that were available as of the spring of 2020. And what we found, as you'll see in this report, are over 120 patented pieces of evidence, to suggest that the declaration of a 'novel coronavirus' was actually entirely a fallacy. There was no novel coronavirus. There are countless, very

subtle modifications of coronavirus sequences that have been uploaded, but there was no single identified 'novel coronavirus' at all. As a matter of fact, we found records in the patent records, of sequences attributed to novelty, going to patents that were sought as early as 1999. So not only was this not a novel anything, it's actually not only not been novel, it's not been novel for over two decades. But let's take a very short, and what I'll do is I'll take you on a very short journey through the patent landscape to make sure people understand what happened. But as you know, up until 1999, the topic of coronavirus vis-à-vis the patenting activity around coronavirus, was uniquely applied to veterinary sciences. The first vaccine ever patented for coronavirus was actually sought by Pfizer. The application for the first vaccine for coronavirus which was specifically this S Spike protein, so the exact same thing that allegedly, we have rushed into invention, the first application was filed January, 28th, 2000, 21 years ago.

Dr. Martin: So the idea that we mysteriously stumbled on the the way to intervene on vaccines is not only ludicrous, it's incredulous, because Timothy Miller, Sharon Klepfer, Albert Paul Reid, and Elaine Jones, on January 28th, 2000 filed what ultimately was issued as US Patent 6372224, which was the spike protein virus vaccine for the canine coronavirus, which is actually one of the multiple forms of coronavirus. But as I said the early work up until 1999 was largely focused in the area of vaccines for animals. The two animals receiving the most attention were probably Ralph Barracks work on rabbits, and the rabbit cardiomyopathy that was associated with significant problems among rabbit breeders, and then canine coronavirus in Pfizer's work, to identify how to develop S & Spike protein vaccine target candidates, giving rise to the obvious evidence that says that neither the coronavirus concept of a vaccine, nor the principle of the coronavirus itself, as a pathogen of interest with respect to the spike proteins behavior, is anything novel at all. As a matter of fact, it's 22 years old based on patent filings.

Dr. Martin: What's more problematic and what is actually the most egregious problem, is that Anthony Fauci and NIAID found the malleability of coronavirus to be a potential candidate for HIV vaccines. And so, SARS is actually not a natural progression of a zoonotic modification of coronavirus. As a matter of fact, very specifically, in 1999, Anthony Fauci funded research at the University of North Carolina Chapel Hill, specifically, to create, and you cannot, you cannot help, but, you know, lament what I'm about to read because this comes directly from a patent application filed on April 19th, 2002, and you heard the date correctly, 2002, where the NIAID built an infectious replication defective coronavirus. It was specifically targeted for human lung epithelium. In other words, we made SARS. And we patented it on April 19, 2002 before there was ever any alleged outbreak in Asia, which as you know, followed that by several months.

Dr. Martin: That patent issued as US Patent 7279327, that patent clearly lays out in very specific gene sequencing, the fact that we knew that the ACE receptor, the ACE-2 binding domain, the S-1, spike protein, and other elements of what we have come to know as this scourge pathogen, was not only engineered, but could be synthetically modified in the laboratory, using nothing more than gene sequencing technologies, taking computer code and turning it into a pathogen, or an intermediate of the pathogen, and that technology was funded exclusively in the

early days, as a means by which we could actually harness coronavirus as a vector to distribute HIV vaccine.

Dr. Füllmer: Hmph...

Dr. Martin: I'll let you translate that because that's a lot of material.

Dr. Füllmer: Ok.

(German)

Dr. Martin: National Institute of Allergy and Infectious Diseases.

Dr. Füllmer: Yes, thank you.

(German) Ok.

Dr. Martin: Ok. So it gets worse.

Dr. Füllmer: Uh oh. (Laughter)

Dr. Martin: We were, my organization was asked to monitor biological and chemical weapons treaty violations, in the very early days of 2,000, you'll remember the anthrax events in September of 2001, and we were part of an investigation that gave rise to the Congressional inquiry, into not only the anthrax origins, but also into what was unusual behavior around Bayer's Ciprofloxacin drug, which was a drug use as a potential treatment for Anthrax poisoning, and throughout the fall of 2001, we began monitoring an enormous number of bacterial and viral pathogens that were being patented through NIH, NIAID USAMRIID, the [US Army Medical Research Institute of Infectious Diseases] program, and a number of other agencies internationally that collaborated with them. And our concern was that coronavirus was being seen as not only a potential manipulatable agent for potential use as a vaccine vector, but it was also very clearly being considered as a biological weapon candidate. And so our first public reporting on this took place prior to the SARS outbreak in the latter part of 2001, so you can imagine how disappointed I am to be sitting here, 20 years later, having 20 years earlier pointed that there was a problem looming on the horizon with respect to coronavirus. But after the alleged outbreak and I will always say alleged outbreak because I think it's important for us to understand that coronavirus as a circulating pathogen inside of the viral model that we have is actually not new to the human condition, and is not new to the last two decades. It's actually been part of the sequence of proteins that circulates for quite a long time. But the alleged outbreak that took place in China in 2002, going into 2003, gave rise to a very problematic April 2003 filing by the United States Center for Disease Control and prevention. And this topic is of critical importance to get the nuance very precise. Because I'm addition to filing the entire gene sequence on what became SARS coronavirus, which is actually a violation of 35 US Code section 101. You cannot patent a naturally occurring substance. The 35 US Code Section 101

violation was patent number 7220852. Now, that patent also had a series of derivative patents associated with it. These are patent applications that were broken apart, because they were of multiple patentable subject matter. But these include US patent 46592703P, which is actually a very interesting designation, US patent [7776521]. These patents not only covered the gene sequence of SARS coronavirus, but also covered the means of detecting it, using RTPCR. Now the reason why that's problem is, if you actually both own the patent on the gene itself, and you own the patent on its detection, you have a cunning advantage to being able to control 100% of the provinance of not only the virus itself, but also its detection, meaning you have entire scientific and message control. And this patent, sought by the CDC, was allegedly justified by their public relations team, as being sought so that everyone would be free to be able to research coronavirus. The only problem with that statement is it's a lie. And the reason why it's a lie is because the patent office not once, but twice rejected the patent on the gene sequence as unpatentable, because the gene sequence was already in the public domain. In other words, prior to CDCs filing for a patent, the patent office found 99.9% identity with the already existing coronavirus recorded in the public domain, and over the rejection of the patent examiner, and after having to pay an appeal fine in 2006 and 2007, the CDC overrode the patent office's rejection of their patent, and ultimately in 2007, got the patent on SARS coronavirus. So every public statement that CDC has made, that said that this was in the public interest, is falsifiable by their own, paid bribe to the patent office. This is not something subtle, and to make matters worse, they paid an additional fee to keep their application private. Last time I checked, if you're trying to make information available for the public research, you would not pay a fee to keep the information private.

Dr. Martin: I wish I could have made up anything I just said, but all of that is available in the public patent archive record, which any member of the public can review, and the public pair, as it's called in the United States Patent Office, has not only the evidence, but the actual documents which I have in my possession.

Dr. Martin: Now, this is critically important, it's critically important because fact-checkers have repeatedly stated that the novel coronavirus, designated as SARS COV-2 is in fact distinct from the CDC patent. And here's both the genetic, and the patent problem, if you look at the gene sequence that is filed by CDC in 2003, again in 2005, and then again in 2006, what you find is identity in somewhere between 89-99% of the sequence overlaps that have been identified in what is called the novel subclade of SARS COV-2. What we know is that the core designation of SARS coronavirus, which is actually the clade of the beta coronavirus family, and the subclade that has been called SARS COV-2, have to overlap from a taxonomic point of view. You cannot have SARS designation on a thing without it first being SARS.

Dr. Martin: So the disingenuous fact-checking that has been done saying that somehow or another CDC has nothing to do with this particular patent, or this particular pathogen is beyond both the literal credibility of the published sequences, and it's also beyond credulity when it comes to the ICTV taxonomy because it very clearly states that this is in-fact a subclade of the clade called SARS coronavirus.

Dr. Martin: Now, what's important is on the 28th of April, and listen to the date very carefully, because this date is problematic, 3 days after CDC filed the patent, on the SARS coronavirus in 2003, 3 days later, Sequoia Pharmaceuticals, a company that was set up in Maryland, Sequoia Pharmaceuticals, on the 28th of April, 2003, filed a patent in antiviral agents of treatment and control of infections coronavirus. CDC filed 3 days earlier, and then the treatment was available 3 days later.

Dr. Martin: Now, just hold that thought for a second...

Dr. Füllmer: Who is Sequoia Pharmaceuticals?

Dr. Martin: Well, there you go. That's a good question, because Sequoia Pharmaceuticals, and ultimately Ablynx Pharmaceuticals became rolled into the proprietary holdings of Pfizer, Crucell and Johnson & Johnson.

Dr. Füllmer: Wow!

Dr. Martin: So, ask yourself a simple question, how would one have a patent on a treatment for a thing that had been invented 3 days earlier?

Dr. Füllmer: Yeah...

Dr. Martin: The patent in question, the April 28th, 2003 patent, 7151163, issued to Sequoia Pharmaceuticals has another problem. The problem is, it was issued and published before the CDC patent on coronavirus was actually allowed. So the degree to which the information could have been known by any means other than insider information between those parties is zero. Is not physically possible for you to patent a thing that treats a thing that had not been published, because CDC had paid to keep it secret.

Dr. Füllmer: Huh...

Dr. Martin: This, my friends, is the definition of criminal conspiracy, racketeering and collusion. This is not a theory, this is evidence. You cannot have information in the future, and form a treatment for a thing that did not exist.

Dr. Füllmer: This could well blow up into a RICO case, ultimately.

Dr. Martin: This is the, the, that's, that, it is a RICO case. It's not, 'could blow up into it', it is a RICO case. And the RICO pattern, which was established in April of 2003 for the first coronavirus, was played out to exactly the same schedule when we see SARS COV-2 show up, when we have Moderna getting the spike protein sequence by phone from the vaccine research center at NIAID, prior to the definition of the novel subclade. How do you treat a thing, before you actually have the thing?

(Laughter)

Dr. Füllmer: I have to translate this. This is... You can't make this up, definitely not.

(German)

Dr. Martin: ...3 days later...

Dr. Füllmer: Yeah, 3 days later...

(German)

Dr. Martin: Yeah, well, it's gonna get worse here.

Dr. Füllmer: Oh, no, it can't get worse.

Dr. Martin: Oh, it does. In the 5th of June, 2008, which is an important date because it is actually around the time when DARPA the [Defense Advanced Research Projects Agency] in the United States actively took an interest in coronavirus as a biological weapon. June 5, 2008, Ablynx, which as you know is now part of Sanofi, filed a series of patents that specifically targeted what we've been told is the novel feature of the SARS COV-2 virus, and you heard what I just said, this is the 5th of June 2008.

Dr. Füllmer: They filed what?

Dr. Martin: Specifically they targeted what was called the poly basic cleavage site for SARS COV, the novel Spike protein and the ACE-2 receptor binding domain which is allegedly novel to SARS COV-2. And all of that was patented on the 5th of June 2008, and those patents, in sequence were issued between November 24th of 2015, which was US Patent 9193780, so that one came out after the gain-of-function moratorium, that one came after the MERS outbreak in the Middle East, but what you find is that, then in 2016, 2017, 2019 a series of patents, all covering, not only the RNA strands, but also the subcomponents of the gene strands were all issued to Ablynx and Sanofi. And then we have Crucell, we have Rubeus Therapeutics, we have Children's Medical Corporation, we have countless others that include Ludwig-Maximilians-Universität in München, Protein Science Corporation, Dana-Farber Cancer Institute, University of Iowa, University of Hong Kong, Chinese National Human Genome Center in Shanghai, all identifying in patent filings that ranged from 2008 until 2017. Every attribute, that was allegedly uniquely published by THE single reference publication, the novel bat Coronavirus reveals 'natural insertions at the S1/S2 cleavage site of the spike protein and possible recombinant 3 origin of the SARS COV-2 virus', the paper that has been routinely used to identify the novel virus, unfortunately, if you actually take what they report to be novel, you find 73 patents issued between 2008 and 2019 which have the elements that were allegedly novel in the SARS COV-2, specifically as it relates to the polybasic cleavage site, the ACE-2 receptor binding domain, and the spike protein. So the clinically novel components of the

clinically unique, clinically contagious, you know where I'm going with this, okay... There was no outbreak of SARS, because we had engineered all of the elements of that, and by 2016, the paper that was funded during the gain-of-function moratorium, that said that the SARS coronavirus was poised for human emergence, written by none other than Ralph Barrack, was not only poised for human emergence, but it was patented for commercial exploitation, 73 times.

Dr. Füllmer: Isn't, ah, didn't Ralph Barrack, I think I saw a video clip with him giving a speech in which he explicitly told the audience that you can make a lot of money with this.

Dr. Martin: Yes, you can. And he has made a lot of money doing this.

Dr. Füllmer: Oh.

Dr. Martin: So for those who want to live in the illusion that somehow or another that's the end of the story, be prepared for a greater disappointment because somebody knew something in 2015 and 2016 which gave rise to my favorite quote of this entire pandemic, and by that, I'm not being cute. My favorite quote of this Deming was a statement made in 2015 by Peter Daszak.

Dr. Martin: The statement that was made by Peter Daszak in 2015, reported in the National Academies of Press publication February 12th 2016, and I'm quoting "We need to increase public understanding of the need for medical countermeasures such as a pan-coronavirus vaccine. A key driver is the media and the economics will follow the hype. We need to use that hype to our advantage, to get to the real issues. Investors will respond if they see profit at the end of the process."

Female commentator: That's quite shocking, because I thought that...

Dr. Martin: Let me, let me just read that again. Just because I don't know if I might get lost in translation, so let me just go ahead and read it slowly...

Dr. Füllmer: Yeah.

Dr. Martin: ...and as Americans love to do when speaking to a multilingual audience, maybe I should say it louder.

(Laughter)

Dr. Martin: I won't. "We need to increase public understanding of the need for medical countermeasures, such as a pan coronavirus vaccine. A key driver is the media and the economics will follow the hype. We need to use that hype to our advantage, to get to the real issues. Investors will respond if they see profit at the end of the process."

Female commentator: That's really disturbing, Peter Doshi, wasn't he the one who...

Dr. Füllmer: No, no, no, Peter Daszak.

Female commentator: Oh, Daszak.

Dr. Martin: Peter Daszak, the head of EcoHealth Alliance.

Dr. Füllmer: Peter Doshi is a good guy.

Female commentator: Yeah, I was just...

Dr. Martin: Peter Daszak, the person who was independently corroborating the Chinese non-lab leak, non-theory because there wasn't a lab leak. This was an intentional bio-weaponization of Spike proteins to inject into people to get them addicted to a pan-coronavirus vaccine. This has nothing to do with a pathogen that was released and every study that's ever been launched to try to verify a lab leak, is a red herring.

Female commentator: And there is really nothing that is new in this...

Dr. Martin: Nothing, zero.

(Chuckle)

Dr. Martin: 73 patents on everything clinically novel. 73, all issued before 2019, and I'm going to give you the biggest bombshell of all to prove that this was actually not a release of anything because patent 7279327, the patent on the recombinant nature of that 'lung-targeting' coronavirus, was transferred mysteriously from the University of North Carolina Chapel Hill to the National Institutes of Health in 2018. Now, here's the problem with that. Under the Bayh–Dole Act. The US government already has what's called a March-in right provision. That means if the US government has paid for research, they are entitled to benefit from that research at their demand or at their whim. So, explain why, in 2017 and 2018, suddenly the National Institutes of Health have to take ownership of the patent that they already had rights to, held by the University of North Carolina Chapel Hill. And how did they need to file a Certificate of Correction to make sure that it was legally enforceable? Because there was a typographical error in the grant reference in the first filing. So they needed to make sure that not only did they get it right, but they needed to make sure every typographical error that was contained in the patent was correct on THE SINGLE PATENT REQUIRED, to develop the Vaccine Research Institute's mandate, which was shared between the University of North Carolina Chapel Hill in November of 2019 and Moderna, in November of 2019, when UNC Chapel Hill, NIAID and Moderna began the sequencing of a spike protein vaccine, a month before an outbreak ever happened.

Dr. Füllmer: You, (sigh), you have all the evidence, right?

Dr. Martin: Yeah.



Dr. Füllmer: I'll have to translate this.

(German)

(Laughter)

Dr. Martin: You don't have to read it again.

(Laughter)

Dr. Füllmer: No. You speak German, huh?

Dr. Martin: Yeah.

(Laughter)

Dr. Füllmer: Ok. So it's all about money.

Dr. Martin: It has always been about money, and just to answer a question that was asked slightly earlier, the script for this was written first January 6, 2004.

Dr. Füllmer: January 6 2004, who wrote the script?

Dr. Martin: Merc [sic]. In a conference called "SARS and Bioterrorism."

Dr. Füllmer: Uh-huh.

Dr. Martin: Bioterrorism, Emerging Infectious Diseases, Antimicrobial Therapeutics, and Immune Modulators, Merc [sic] introduced the notion of what they called "The New Normal", proper noun, "The New Normal", which is the language that became the branded campaign, that was adopted by the World Health Organization. The Global Preparedness Monitoring Board, which was the board upon which the Chinese Director of Disease, Control, Bill Gates's Dr. Elias of the Gates Foundation, and Anthony Fauci sat together on that board of directors, but the first introduction of The New Normal campaign, which was about getting people to accept a universal pan-influenza, pan-coronavirus vaccine was actually adopted January 6, 2004. So it's been around quite quite a long time. I'm not going to belabor many more points other than to say that it was very clear that Merc [sic] knew that, sorry that Moderna knew that it was going to be placed in the front of the line with respect to the development of a vaccine in March of 2019. And this is a very important date. Because in March of 2019, for reasons that are not transparent, they suddenly amended a series of rejected patent filings. This is a very bizarre behavior, but they amended a number of patent filings to specifically make reference to an intentional or accidental release, I'm sorry, their term, 'deliberate release' of coronavirus. So in March, they amended 4 failed patent applications to begin the process of a coronavirus vaccine

development, and they began dealing with a very significant problem that they had, which was they relied on technology that they did not own. Two Canadian companies Arbutus Pharmaceuticals, and Acuitas Pharmaceuticals actually own the patent on the lipid nanoparticle envelope, that's required to deliver the injection of the mRNA fragment, and those patents have been issued both in Canada and in the U.S. and then around the world and they're world intellectual property equivalents. Moderna knew that they did not own the rights and began trying to negotiate with Arbutus and Acuitas to get the resolution of the lipid nanoparticle patented technology available to be put into a vaccine and we know as I made reference to before that in November, they entered into a research and cooperative research and development agreement with UNC Chapel Hill, with respect to getting the spike protein to put inside of the lipid nanoparticle. So that they actually had a candidate vaccine before we had a pathogen, allegedly, that was running around. What makes that story most problematic, beyond the self-evident nature of it is that we know that from 2016 until 2019, at every one of the NIAID Advisory Council board meetings, Anthony Fauci, lamented the fact that he could not find a way to get people to accept the universal influenza vaccine, which is what was his favorite target. He was trying to get the population to engage in this process, and what becomes very evident with Peter Daszak, EcoHealth Alliance, UNC Chapel Hill and others, and then most specifically by March of 2019 in the amended patent filings of Moderna, we see that there is an epiphany that says, 'what if there was an accidental or an intentional release of respiratory pathogen', and what makes that particular phrase problematic is it is exactly recited in the book, A World At Risk, which is the scenario that was put together by the World Health Organization, in September of 2019, so months before there's an alleged pathogen, which says that we need to have a 'coordinated global experience of a respiratory pathogen release,' which by September, 2020, 'must put in place, a universal capacity for public relations, management, crowd control and the acceptance of a universal vaccine mandate.' That was September of 2019, and the language of an 'intentional release of a respiratory pathogen' was written into the scenario that "must be completed by September 2020".

Dr. Wodarg: This was a text from (unintelligible), was heading this commission, isn't it?

Dr. Martin: Well this is the Global Preparedness Monitoring Board's unified statement. There are a number of people who have taken credit and then backed away from credit for it but yes, you're right.

Dr. Wodarg: Am I right too, when I say that ACE-2 receptor, that was already described in the patents before, 2019?

Dr. Martin: Yes, we have 117 with specifically the ACE-2 receptor targeting mechanism for SARS coronavirus.

Dr. Wodarg: So because they always say this is the new thing with the virus.

Dr. Martin: No, it's not new and it has not been even remotely new. It's in publications going back to 2008, in the weaponization conferences that took place in Slovenia, in Europe, all

across Europe and all across the DARPA infrastructure. We've known about that since 2013, it's isolation and amplification.

Female commentator: And this, um, the amendment that Merck did to this, the reject and patterns applications, so is it, was it only about the fact that it's like deliberately, you know, like um, put into the environment or something or did they add anything else?

Dr. Martin: Well, so these were, there are 4 failed patent applications that were essentially revitalized in March of 2019, and it was Moderna - I misspoke. I spoke about Merc, it was Moderna and I tried to correct that. I'm sorry that that didn't come through, but it's Moderna's patent applications that were amended in March of 2019, to include the 'deliberate release of a respiratory pathogen' language.

(Laughter)

Female commentator: Was that not been rejected for some reason, they were just...

Dr. Martin: No.

Female commentator: ...not, they were...

Dr. Martin: No.

Female commentator: ...just sitting there basically?

Dr. Martin: No, they they do processes similar to other pharmaceutical companies where they evergreen applications and continually modify applications to enjoy the earliest priority dates available, but that's why you have to go back and look at the amendment of the application records to find out when the actual amendment language was put in place. But yes, I mean, the fact, the fact of the matter is and like I said, I'm not going to belabor all of the patent data, but, but any assertion that this, this pathogen is somehow, unique or novel falls apart on the actual gene sequences which are published in the patent record, and then more egregiously falls apart in the fact that we have Peter Daszak himself stating that we have to 'create public hype to get the public to accept the medical countermeasure of a pan-coronavirus vaccine.' And what makes that most ludicrous is the fact that as we know World Health Organization had declared coronavirus, um, a, a, you know, kind of a, a dead, a dead interest. I mean, they they said that, that we had eradicated coronavirus as a concern. So why, having eradicated it in 2007 and 2008, why did we start spending billions of dollars globally on a vaccine for a thing that had been eradicated by declaration in 2008? You know, kind of kind of falls into the zone of incredulity, to say the least.

Dr. Füllmer: Doesn't that also mean, if you, if you, if you take the entirety of the evidence, then this is a tool, the coronavirus and the vaccines, this is a tool and in the interest of DARPA in

creating a biological weapon out of this, this is a tool for everything else that latches onto this, including population control, for example.

Dr. Martin: Well, listen this, this we, we have to stop falling for even the mainstream narrative in our own line of questioning, um, because the fact of the matter is this was seen as a highly malleable bio weapon. There is no question that by 2005, it was unquestionably a weapon of choice. And the illusion that we continue to, to unfortunately see very well-meaning people get trapped in, is conversations about whether we're having a vaccine for a virus. The fact of the matter is, we're not. We are injecting a spike protein, mRNA sequa, [sic] mRNA sequence, which is a computer simulation. It's not derived from nature, it's a computer, imulation of a sequence, which has been known and patented for years. And what we know is that that sequence, as reported, is reported across things, like you know, the very reliable phone conversations that took place between Moderna and the Vaccine Research Center by self-report where I don't know if you were on a phone call and you heard ATTCCGTCCGABBB, you know, is there any chance you might get a letter of valor, or a consonant dropped here or there? The, the ludicrous nature of the story that this is somehow prophylactic or preventative, flies in the face of 100% of the evidence, because the evidence makes it abundantly clear that there has been no effort by any pharmaceutical company to combat the virus. This is about getting people injected with the known-to-be-harmful, S-1 Spike protein. So the cover story is that if you get an expression of a spike protein, you're going to have some sort of general symptomatic relief. But the fact of the matter is, there has never been an intent to vaccinate a population as defined by the vaccination universe, and it's important, I mean, let's, let's review just for the record, when Anthony Fauci, tried desperately to get some of his 'synthetic RNA vaccines' published, he had his own patents rejected by the patent office. And I want to read what the patent office told him when NIAID's own Anthony Fauci thought that he could get an mRNA-like vaccine patented as a vaccine. And here's the quote, "These arguments are persuasive to the extent that an antigenic peptide stimulates an immune response, that may produce antibodies that bind to a specific peptide or protein, but it is not persuasive in regards to a vaccine." Okay, this is the patent office. This is not some sort of Public Health Agency. This is the patent office. "The immune response produced by a vaccine must be more than merely some immune response, but must also be protective, as noted in the previous office action. The art recognizes the term 'vaccine' to be a compound which 'prevents infection'. Applicant has not demonstrated that the instantly claimed vaccine meets even the lower standard set forth in the specification, let alone the standard art definition for being operative in regards, therefore claims 5, 7 and 9 are not operative as the anti-HIV vaccine," which is what he was working on, "is not patentable utility." So Anthony Fauci himself, was told by the patent office themselves, that what he was proposing, as a vaccine, does not meet the patentable standard, the legal standard or the clinical standard.

Professor Schwab: Oh. Can we, can we translate this for our audience? This might very important.

Dr Füllmich: That is, that is, by the way, David, that is our friend, Martin Schwab, Professor Martin. Schwab of, he's a, he's our most important legal advisor from the University of Bielefeld. He is very smart.

(German)

Dr. Füllmich: I know that, David, I know a lot of our viewers are really shocked. I can see that from the responses. One of our viewers is our PCI test specialist. Professor Camela (spelling?). She can't believe what's going on here.

Dr. Martin: Well, um, here's the, this sad and sober irony is that I raised these issues beginning in 2002 after the Anthrax scare, and the tragedy is, we're now sitting in a world where we have hundreds of millions of people who are being injected with a pathogen stimulating computer sequence which is being sold under what the patent office, what the medical profession, and what the FDA in its own clinical standards, would not suggest is a vaccine, but by using the term, we actually are now subjecting hundreds of millions of people to what was known to be by 2005, a biological weapon.

(German)

Dr. Martin: So I have, obviously, have hundreds of hours of this stuff committed to memory because I've been doing it for two decades, but if you have any questions, I'd be happy to answer them.

Dr. Füllmich: I'm sure they're going to be hundreds of questions, David, we're going to be in touch. I think you're going to be flooded by people, by people's emails, Etc. I'm just going to forward what comes in, or we're going to forward what comes in but I do think, but oh yeah we have a Martin Schwab. He probably has a really serious question.

Professor Schwab: And off to me, welcome too. Okay, I'm legal, Professor with the faculty of law, here at Bielefeld and I have to tell you that the constitutional protection units of the Ministry of Interior Affairs observes the so-called Corona denier scene, corona denier is everyone who dares to disagree...

Dr. Füllmich: With the official line. Yes.

Professor Schwab: If this constitutional protection unit takes notice of me, taking part of the discussion that this Pandemic was put on stage intentionally, they will probably try to fire me from my job so I have to, at least ask some questions. While I heard you talking, I took a look at patent number, what's what? Which one was it? 7220852 and 7151163 and 7220852 was filed in April, 12 and 725 and so on was filed in April 28th of 2004. Difference between, 16, not three days. What did I misunderstand?

Dr. Martin: April 23rd 2003 was the CDC Master filing date.

Professor Schwab: Okay, okay. I ask this question because if they try to make me redundant from my job, I have to provide strong evidence.

Dr. Martin: No, we have, we have all of this sent to, I know Dr. Füllmich, has the, has the entire record in the Fauci Dossier, 100% of this record is in there. The additional addendum that I sent across all has the records in there, including all the priority filing dates, as well as the issue dates. So 100% of this is in written published records and you have the written records.

Dr. Füllmich: And I have created my own file, and it's labeled David Martin.

Professor Schwab: Okay, there is, I did an analysis of media reportings here and I can confirm that they give a very one-sided account on the pandemic. Everyone who dares to declare the threat less dangerous than the government does will be denounced as conspiracy theorists and sinful and so on. So the Media, exactly did what you pointed out in the sentence, you, you repeated twice before. Now, actually, they tell us the story of the Delta variant, which is told to be much more contagious than everything else. Experts I have spoken to (unintelligible), also told me that the databases contain as many as more of 40,000 virus strains...

Dr. Martin: Correct.

Professor Schwab: So, could this, could this Delta variance, be some kind of media hype - yeah, you told us about?

Dr. Martin: There, there there is no such thing as an Alpha or a Beta, or Gamma, or Delta variant. This is a, this is a means by which, what is desperately sought, is a degree to which individuals can be coerced into accepting something that they would not otherwise accept. There has not been in any of the published studies on what has been reportedly the Delta variant, there has not been a "population are not calculated", which is the actual replication rate. What has been estimated are computer simulations. But unfortunately if you look at GISAID, which is the public source of uploading any one of a number of variations, what you'll find is that there has been no ability to identify any clinically altered gene sequence, which has then a clinically expressed variation. And this is the problem all along. This is the problem going back to the very beginning of what's alleged to be a pandemic, is we do not have any evidence that the gene sequence alteration had any clinical significance whatsoever. There has not been a single paper, published by anyone, that has actually established that anything novel since, November of 2019, has clinical distinction from anything that predates November of 2019. The problem with the 73 patents that I described is that those 73 patents all contain what was 'reported to be novel', in December and January of, 2019 and 2020 respectively. So the problem is that even if we were to accept that there are idiopathic pneumonias, even if we were to accept that there are some set of pathogen induced symptoms, we do not have a single piece of published evidence that tells us that anything about the subclade SARS COV-2 has clinical distinction from anything that was known and published prior to November 2019 in 73 patents dating to 2008.

Female commentator: Could it be that the Delta variant, sort of, is um, that just the differences, you know, that the clinical symptoms are the same but that it has the, you know the capability of like infecting someone who'd already gone, who's already gone through like variant B?

Dr. Martin: So, so this is where we see an enormous amount of response and reflexive behavior to Media hype. There is no, and I'm going to repeat this, there is no evidence that the Delta variant is somehow distinct from anything else on GISAID. The fact that we are now looking for a thing, doesn't mean that it is a thing, because we are looking at fragments of things. And the fact is that, if we choose any fragment, I could come up with, you know, I could come up with variant Omega, tomorrow.

Dr. Füllmer: Yes.

Dr. Martin: And I could come up with variant Omega, and I could say, I'm looking for this sub-strand of either DNA or RNA, or even a protein, and I could run around the world going, 'Oh my gosh, fear, the Omega variant.'

Dr. Wodarg: Yes.

Dr. Martin: And, and the problem is that, because of the nature of the way in which we currently sequence genomes, which is actually a compositing process, it's what we call in mathematics and interleaving, we don't have any point of reference, to actually know whether or not the thing we're looking at is in fact distinct from either clinical or even genomic sense. And so we're trapped in a world where unfortunately if you go and look as I have at the papers that isolated the Delta variant and actually ask the question is the Delta variant anything other than the selection of a sequence in a systematic shift of an already disclosed other sequence the answer is, it's just an alteration in when you start and stop what you call the reading frame, there is no novel, anything.

Dr. Wodarg: (German)

Dr. Martin: I can understand most of it.

Dr. Wodarg: (German)

Dr. Füllmer: David, I'll make a long story, very short. He's in full agreement with your analysis, he understands your anguish with respect to you having told the world about this 20 years ago, most and he admires your tenacity and he's extremely grateful for you, having taken this very close look at the problem through patent law. It's, he, Dr. Wodarg, believes that patents are really problematic because it turns out that it is probably five times more expensive to patent drugs as opposed to having public I mean, not public, private, but public universities getting the stipends getting the money that they need in order to develop these vaccines.

Dr. Martin: Yeah, let me I'm gonna do something that's very unfair. But I'm going to hold the document, very close to the screen, and it's only for representational purposes, but I want you to see that this is, this is the, this is the Barrack patent that, that NIH needed to have returned to them for mysterious reasons in 2018, this is 7279327 and people can look this up on their own. But if you actually look at, the, the sequences that are patented, which is one of the things that we've done, we actually look at the published sequences and realize that depending on where you clip the actual sequence string, you will have the same thing or you'll have a different thing based nothing more than on where you decide to parse the clip. And, and I want to, I want to read you, I mean, this is something that comes directly from their patent application. When they actually talked about the DNA strands, which they call sequence, ID numbers, they actually specifically say the organism is an artificial sequence. An artificial sequence, meaning that it is not a sequence that has a rule based in nature. It is not something that was manifest for a particular, natural derivative protein or natural derivative mRNA sequence that was isolated. Every one of these is in fact, a synthetic, artificial sequence. And if you go back and you look at each one of them, which we have done, what you'll find is that the sequences in fact are contiguous in many instances but are overlapping in others, where it is merely a caprice determination that says something is or is not part of an open reading frame, or is or is not part of a particular oligonucleotide sequence. Now, the reason why that's important is because if we are going to examine what ultimately is being injected into individuals, we need the exact sequence. Not a kind of similar to. We need the exact sequence. And if you look at the FDA's requirement, and if you look at the European regulatory environment, and if you look at the rest of the world's regulatory environment, for reasons that cannot be explained, the exact sequence that has gone into what is amplified inside of the injection, seems to be elusive. It seems to be something that someone cannot in fact, state with a 100% certainty, the sequence is X. The problem that that presents is that at this point in time, as much as we can be told that there are, you know, clinical trials, going on and there are all sorts of other things going on, we have no way of verifying that a complete sequence has been, is, or potentially even could be manufactured into what ultimately becomes the lipid nanoparticle that is, is the carrier frequency into which the injection is delivered. And it's important for people to understand that as far back as 2002, and all the way through the patent filings of 2003, and then the weaponization patents that began in 2008, in every one of these instances fragments are identified, but they are identified, without specificity. So we don't have direct terminal ends of the fragments, we have fragments which have you know, essentially hypothecated gaps into which anything can be placed. And that's the reason why I find the fact checking around the patent situation to be most disappointing. Because, the reason why fact Checkers, among their general lazy attributes, the reason why fact checkers are not actually checking facts when it comes to the patent matters, is because the actual sequences are not represented in a digital form, that makes it easy to do this comparison. We literally had to take images of submitted typed paper, and then code those into do our own assessment. You cannot do this on the EPO's patent site. You cannot do this with WIPO data from Geneva. You cannot do this with the US patent office data. You actually have to go in and reconstruct the actual gene sequences by hand. And then you compare them to what has been uploaded on the public servers. And that's where you find that the question of novelty is something that was not addressed. This was a manufactured illusion.



Dr. Wodarg: I have one more question. Is it possible that we have we see that the, the influenza has vanished is gone. We don't have influence anymore. The influenza for sure, is the viruses are also sequenced. And is it possible that those that those arts sequences we now speak about that, they may, they may exist in both of the virus types so that it's just the matter of testing and matter of instruments to observe, what we find, whether we find influenza or weather, we find Corona. If we have a certain, if you have a book, you have a word with with five letters, and you will five this five letters in many books.

Dr. Martin: Right. Exactly. And yeah, yeah, Wolfgang, your question is, is a beautiful metaphor of exactly the problem. The problem is, if what we're looking for is something we've decided it's worth looking for, then we'll find it, and the good news is, we'll find it a bunch of places. And if we've decided that we're no longer looking for a thing, it's not entirely surprising that, we don't find it because we're not looking for it. The fact of the matter is whether it's the RTPCR tests that we decided that there are fragments which, by the way, I have looked at every one of the regulatory submissions that has been submitted to the FDA to try to figure out what was the gold standard to get the emergency use authorization, and what fragment of SARS COV-2 was officially the official fragment that was the comparator standard, and the problem is that you can't get a single standard.

Dr. Martin: So the question becomes in a world where there is no single standard, what is it that you actually find because if I'm looking for, and why don't I just read this, if I'm looking for CCACGCTTTG. Do I add the next strand G or do I go no, no, no, the next bit is GTTTAGTTTCG. And you get the point. The point is that where I choose to start and stop, I can actually say I found it, oh I didn't find it.

Dr. Wodarg: Yeah.

And, and I didn't find the match that I projected onto the data because I chose to look at the data in a way that I could not find the match. Influenza did not leave the human population.

Dr. Wodarg: NO.

Dr. Martin: Influenza was a failed decade-long pan-influenza vaccine mandate, that was desperately, desperately, desperately promoted by governments around the world. They failed, and they decided, if influenza doesn't deliver on the public promise of getting everybody to get an injection, let's change the pathogen.

Dr. Wodarg: There are many more they can change.

Dr. Martin: Oh goodness, we've got tons more to come.

Dr. Füllmer: YES, but now we're onto them.

Female commentator: I would like to tell you something about this development of the, the Drosten PCR test, you know? Because we looked at it, I mean just briefly, not to that extent that do now looked at the patterns that you just described. But we looked at this kind of Miracle or like, I mean, strange aspect of like the Drosten test development Because he in, despite the fact that he would have needed to basically, through his employer, the Charité who would be entitled to holding the patterns on this, this, you know, his invention, he just published the instruction to the whole world so everyone could see it. So basically the whole invention lost its you know, the possibility to be patented and that's kind of strange you know when you look at it so we asked the Charité in a Freedom of Information Act request. And so they, they said, well, you know, because it, there was so much rush to get, the, you know, the test out because there was this pandemic going on, so it was like, we didn't look at the finances, you know, we just didn't care. So that's kind of strange as a procedure because I mean, basically, this test, is worth like billions, you know, how could you just, I mean this is a publicly financed Hospital, how can they just give, you know, give away all, this whole thing. And then because it was also in close cooperation with the private company, Tip MolBewell (spelling?). It's the same with it with which he had developed, all the PCR tests from 2002 from the first SARS and then MASTICA (Spelling?), so on. And on. So it's very strange, you know? Because he was basically like functioning as a door opener for this company, you know, because they also said to us. So, basically, it was Drosten who decided to which possible country or like, laboratory or whatever the test this Tip MolBewell (spelling?), company would send out the the test kits in order to, then, of course, make more money because he was basically like you had a first-mover advantage, you know, Drosten and, or this company. So it's clear now. I mean, maybe there was nothing at that point, because there was so many patterns already going on, so, basically, see clear from this. not-novel, virus or PCR testing, couldn't patent anything that would have been new. So basically was really like a very logical to thing to do, then to use the whole thing as a just to, you know, make profit from this first mover advantage. And maybe Drosten is somehow involved in this whole legal financial scheme.

Dr. Füllmer: He is one of the most important people in this scheme, because he's the one whose pull, whose strings they pulled first.

Dr. Martin: Yeah, you need, you need to create the illusion of demand and there's nothing right now that does a better job of creating the illusion of demand, then the urgency of an event that you've manufactured.

Dr. Füllmer: Laughter...This sounds almost like comedy, but it is not.

Dr. Martin: Well, it is in that we have to realize that part of the reason why it was so easy for us to monitor and track this particular, you know, campaign of coercion and terror is because we've done it before. You know, I started my comments by making sure people remember that when it came to solving for the Anthrax outbreak, now remember that while we had hundreds of thousands of military people in the Middle East allegedly, getting even for the events of September of 2001, we had 2 postal inspectors investigating Anthrax, 2. The largest alleged bioweapons attack on us soil, and we had 2 postal inspectors. You can't genuinely believe that 2

postal inspectors are the, you know, the crime stopping, you know, mind mind, you know, bendingly powerful individuals in the universe and I have nothing against postal inspectors. But but I can guarantee you that if I was investigating a bioterror attack, I would not Have the post office having 2 postal inspectors as their crack team doing the investigation. You know, it was disingenuous and Congress knew it. And that's the reason why, you know, we, we publish a thing that's that, that is not necessarily a best-seller, but we publish an intelligence briefing on every violation of the biological and chemical weapons treaties that people have signed around the world. And it's a phone book, that tells you where, and who, and who's funding and, and, and so, for us, it wasn't hard to figure out that this was not a Public Health crisis. This is an opportunistic marketing campaign to address a stated objective. And that's why this is Occam's razor. It's the easiest thing to describe because they're the ones that said it and the Occam's razor reality is they said they needed to get the public to accept a pan, -coronavirus vaccine countermeasure, and they needed the media to create the hype and investors would follow where they see profit. You do not have anything else, you need to rely on to explain the events of the last 20 months, than the actual statement of the actual perpetrator. And I don't do the navel-gazing exercise of going in to try to understand, whether there were mommy issues behind a bank robber. If they're holding a bag of money outside of a bank, I actually make the crazy assumption that maybe they're a bank robber.

Dr. Füllmer: (Laughter)

Dr. Martin: Similarly, if I have somebody who says, we need to use the media to hype a medical countermeasure, which is, in fact, the injection of a synthetic recombinant chimeric protein, developed off of a computer simulation, if I'm actually going to listen to the motivation for why, that might be being done, I will listen to the person doing the manipulation, who says, investors will follow where they see profit. I don't need more explanation.

Dr. Füllmer: Okay, this is ah, mind-boggling I'm really glad, David, that we spoke a couple of months ago maybe three, three, four months ago and we were introduced to each other by David, I'm sorry, James Henry and I was trying to find patent lawyers in this country who might be interested in this case? Now, there are a few patent lawyers who understand about it but there's no one apparently up till now, but maybe this is going to change, but there was no one willing to tackle this in the context of Corona, that's the problem.

Dr. Wodarg: This is not new. I've tried to find such a lawyer to specialized on patents. For the Onket (spelling?), commission for the German Bundestag some ten years ago, or more than 15 years ago and we did not find because they were all afraid to be critical on the system.

Dr. Martin: Yes.

Dr. Wodarg: They would be, they would be distracted. They would destroy their own job. This is very difficult.

Dr. Martin: Yeah. Bear in mind bear in mind, that this is an old problem because that, here's here's where the problem comes in. Ever since the establishment of the European patent office the Germans and the French not, surprisingly have maintained animosity that has, you know, been, is this newest version of, of animosity that goes back centuries. But when when the EPO was set up, the role of the patent office in Munich became a very nationalistic issue for Germany. And the notion that German patent examiners and German patent professionals still enjoyed supremacy, over the rest of Europe, became dogmatic. In 2003 and 2004 when the European patent office was first audited by my organization, and where we showed that somewhere between 20 and 30% of the patents in Europe were functional forgeries, meaning that they were copied from previous patents, the, the German representation of the European patent office lost their mind at the notion that they were doing anything remotely wrong. When the European Union, commissioned us to do an examination into software patents, a few years later, at the request of the Swedish, delegation to the European Union, and we showed hundreds, and hundreds of software patents, which were illegally, granted by the European Union, through the EPO, and then we found out that it was German patent examiners and German patent practitioners who were the ones who were responsible for their filing, we once again, saw that there was an enormous outcry and so what happens is that we have a dogmatically held position which says that even though the European patent office is supposed to be pan-European, there is still in the minds of the German patent establishment, a supremacy over the rest of Europe. And if you call into question anything, including patents, granted on a bio weapon, you are treading on ground that there is no forgiveness for.

Dr. Wodarg: Yes, we had some questions from Transparency International and we were wiped out. The topic was not followed.

Dr. Martin: Yep.

Dr. Wodarg: Was it...

Dr. Martin: You just can't. It's not, it's not accessible, and and that's just the tragedy of what has unfortunately become a regulatory capture organization. It's actually not doing the public service.

(German)

Dr. Martin: Well, thank you, thank you for the time that you spent and I hope that it was helpful.

Dr. Füllmer: It was very helpful.

Dr. Wodarg: Very helpful, thank you very much.

Dr. Füllmer: We're gonna hear a lot of Echoes. Thank you. David, and have a great weekend.

Dr. Martin: Okay, take care. Everybody.

Dr. Füllmer: You too.

Dr. Wodarg: Thank you.

Dr. Füllmer: Bye-bye

Female commentator: Bye.

Dr. Füllmer: All right.

(German)