… if it is accepted

I want to make one thing clear at the outset: Our political system in Germany and Europe is as far away from fascist regimes as the planet Pluto is from Venus. That is, at most far, if you consider the distances in our solar system. In other words, if one applies short-term historical standards, then our present form of government is incomparably much better than what took place between 1933 and 1945 during the Third Reich. However, if one takes ideals as a yardstick for what one would like to see under optimal conditions, there is room for improvement.

In this blog, I mainly want to point out a debate going on in the background that threatens our democracy and freedom. It is the debate to change the WHO’s International Health Regulations (IHR), which are currently in the consultation phase. If everything that is proposed there goes through, then global health fascism is just around the corner. I discuss this in the context of the Covid-19 crisis. Because that crisis is basically the blueprint for what is going on right now.

The Ukraine war is masking arguably the greatest threat to our democracy right now – the attempt to install a world health regime

These developments are going on in the background because at the moment the Ukraine war and its consequences are hogging public attention. I think this is dangerous. I can only recommend to all those who do not yet do so to look at the thought pages every now and then or the Multipolar Magazine by Mr Schreyer, who was the first in Germany to describe the planning games of different actors that preceded the SARS-CoV2 pandemic and others [1]. It is also helpful to consult the page initiated by the MWGFD „New Media Portal„, where all possible alternative and new sources of information are listed.

The worrying phenomenon is that this war is masking other activities that may have much deeper implications for us in the long term. For example, the transformation of the WHO into a global health government with legislative and possibly executive powers. In my view, that would be health fascism. And that is just around the corner if we do not resist it.

I know, harsh words. But I have my reasons. They come from several legal analyses I’ve heard or read about this recently.

The negotiations to reform the WHO’s International Health Regulations

The answer to the question of why we had a Covid-19 pandemic in the first place is complex. First, there is the simple fact that a new kind of virus, almost certainly from a laboratory [2], has been sweeping through the world. Incidentally, Ulrike Kämmerer summarized this laboratory origin again in a brilliant short presentation. She gave it at the MWGFD online symposium on COVID-19 vaccines, which took place recently. The symposium is available online in three parts. Part 1, which deals with vaccinations per se, contains Ms Kämmerer’s presentation. Part 2 discusses legal consequences, and Part 3 is about how people who have experienced problems with the Covid-19 „vaccinations“ can get help.

The virus is one thing. But why „pandemic?“ Why lockdowns, compulsory masks, discussion about compulsory vaccination? Quite simply: because the WHO has declared a „Public Health Emergency of International Concern – PHEIC„. And this was only possible because an important criterion was dropped in an earlier change to the original criteria for declaring a PHEIC. Previously, for WHO to be entitled to declare a PHEIC, there had to be an exceptionally high number of deaths observed or lives threatened. This criterion was dropped a few years ago. Since then, the Director-General of WHO, in consultation with a panel of experts that he or she can appoint, can declare a PHEIC even if there is no increase in deaths to worry about.

We saw this in action in the Covid-19 pandemic. A PHEIC was declared even though the threat to life and limb internationally was initially even lower compared to a severe flu epidemic. This is now very well documented [3-7]. And it was soon called into the world again and again by bloggers, non-fiction authors [8] and others, without the leading media picking up on it or, if they did, then using one of the unwords „conspiracy theory“ or „fake news“. One could write a drama about that. Meanwhile, media scholar Michael Meyen has launched a new journal, „Critical Social Research„, in which this is discussed; it is German-English. The Media Analysis of Media Communication during the Corona Crisis by Adam Szymanski is an eye-opener on this subject [9].

One can see in the WHO’s March 2020 promulgation of the PHEIC for the SARS-CoV2 pandemic the political chain of command enshrined in the WHO statutes: when the WHO declares such a PHEIC, it is not an optional description of the world, but a relatively obligatory marker of reality for the world’s governments. Then governments are „required“ to react accordingly, for example to close borders, introduce quarantine, make testing compulsory for certain people, restrict freedom of travel, make masks compulsory, whatever

the WHO deems good.

And here’s the crucial thing: So far, these have all been „non-binding“ recommendations. Most governments complied with them, some, like the German government, with the familiar anticipatory obedience of the class leader, even more than was demanded, others, like the Belarusian President Lukashenka, not at all or hardly at all.

The amendment to these International Health Regulations currently under consultation will remove this adjective „non-binding“ and thus make WHO pronouncements more binding. At least that is what critical commentators fear. A very good, somewhat complex analysis can be found on the Opinio Juris page. It contains all the links to the necessary original documents for those who want to delve deeper.

Parallel to the change in the International Health Regulations (IHR), which contain the general set of rules, there is also a vote on another document, the so-called „Treaty on Pandemic Preparedness and Response“. If I have understood the matter correctly, the International Health Regulations are an internationally binding set of laws and the „Treaty on Pandemic Preparedness and Response“ is a kind of implementing provision or concretisation. Both documents are to be adopted in May 2024 at the 77th World Health Assembly of the WHO.

Soup is never eaten as hot as it is cooked, but it is still important to remain vigilant. Different rules apply to the two documents. The new form of the International Health Regulations (IHR) will come into force if a simple majority of countries agree at the World Health Assembly in May 2024. Countries can lodge objections during a 10-month consultation period. This objection period has already been shortened from 18 to 10 months compared to the previous versions. The new pandemic preparedness and response treaty needs to find a two-thirds majority at the World Health Assembly.

The analysis cited above mentions a number of problems. To me, the following aspects seem to be very important:

The covert path to world health governance

The two regulations together, if adopted as proposed, will result in the WHO gaining legislative and executive powers that trump those of individual countries in the event of a PHEIC: trivially speaking, spades trump hearts, tops trump bottoms. In effect, we will then have a world health government, even if that word will be added to the canon of conspiracy vocabulary and banned.

The Director-General of WHO, who will then be a World Health President, can decide when there is a PHEIC. He can decide the measures (together with his advisory panel, but he can

make up his own panel) that countries will have to implement, and he will have considerable resources, which, incidentally, countries will have to contribute, to put in place appropriate monitoring and control processes. This gives the Director General of Health great power over the world. Will the democratic processes leading to the election of the WHO Director-General be robust enough?

Among the measures discussed in the new treaty framework are, among others

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- Digital health and immunization passports
- A concerted effort to „infodemic management“, i.e. to combat dissent and presumably data
- Provision of vaccines, via centrally managed registries and warehouses
- A shortened emergency authorization of new pharmacological products with a maximum period of 100 days

Problem 1: There is no hard criterion for ending a PHEIC

The biggest problem we are already seeing in action is: there are easy criteria to declare a PHEIC, but there are none that would authoritatively declare when this situation is over. The Covid-19 pandemic PHEIC, for example, is still not officially over, nor is the monkeypox PHEIC, nor is a polio PHEIC that was declared many years ago (this information, like some others in this article, comes from a talk given lawyer Kruse from Zurich gave to an interested group of the members of the 7-arguments group).

In other words, the Director General can declare a PHEIC, but no one has any hand in demanding that he end such a PHEIC. And this state of health policy emergency entails all the consequences one could wish for from a clean health fascist regime:

Problem 2: The WHO definition of health is effectively abolished

This will mean that health will not be a state of „optimal physical-mental-spiritual well-being“, as the currently accepted WHO definition roughly says. This definition belongs, at least de facto, to the past. My health, the health of all of us, will in future fall under the definitional sovereignty of health policy cadres. If someone with the appropriate power of definition decides that the health of all of us includes the administration of a certain intervention, as has been discussed in the meantime with regard to a „compulsory vaccination“, then it will become compulsory, even if I do not agree with it and even if the danger that I will suffer damage to my health and life as a result is considerable.

Problem 3: The principle of informed consent enshrined in all medical ethics is overridden in the situation of a PHEIC

This will also mean that the current rule that the informed consent of the person concerned must be obtained before any medical intervention will become a thing of the past, at least during a PHEIC, and if it is not terminated, then for its duration. For if new vaccines and interventions designed to combat such a PHEIC can be whipped through emergency approval within 100 days, as was the case with the COVID-19 mRNA preventive gene therapies, then it will not be possible at all, and practically not even necessary, to obtain such informed consent. This is because in order to do so, one must have data to present to the person giving consent. If the Covid-19 pandemic can be seen as a dress rehearsal for the next phase of international health fascism, then the failure to have adequate data will be replaced by propaganda „effective and safe, effective and safe, effective and s….“.

In principle, this justifies, yes, it sounds harsh, but it is, torture. For it is part of the international definition of torture, also mentioned by Ms Behrend and Ms Müller, the authors of the legal analysis, that medical interventions are administered against the will of the person concerned.

Problem 4: The digitization of humans becomes necessary and possible

It will pave the way to use digital tracking and health passports to divide people into those who have a trait (a vaccination, an intervention, a potential risk) and those who do not. The digitization of the world will be perfect because it will end in the digitization of the human being: being 1 or 0, yes or no, having or not having, being or not being, being right or wrong. The pioneers of such a form of digitization, most people forget, were the National Socialists. Digitisation, when it relates to people, is an inherently fascist programme. There is no way around this insight, however liberally dressed up.

Whoever then wants to belong in the future – admission to clubs, concerts, social events, churches, restaurants, access to travel and to other countries – will have to contribute this new digital identity. We have already successfully rehearsed this during the Corona crisis. It is working. After all, three quarters of the population have joined in. A large group out of conviction and a very large minority because they did not want to be socially excluded [10].

Problem 5: Truth is no longer established in discourse but by an expertocracy

This will also lead to the existence of a World Ministry of Truth, at least as far as health is concerned. This will be the WHO, or more precisely, those experts and AI systems that will

work for and serve the WHO. They will not only banish undesirable information to the bottom of a search or delete videos from a platform, as they do now. They will ensure that such information no longer appears. Nowhere. Because actively disseminating information that contradicts the prevailing opinion will almost certainly become a criminal offence under the new regulation, similar to incitement of the people. And anyone who does so will be jailed. This will also lead to scientific discourse being straightened out. We had already seen that too. See my respective blogs on our mask study and our benefit-risk analysis of Covid-19 vaccines (German only).

That our original risk-benefit analysis of the new Covid-19 „vaccines“ was correct, by the way, and even too kind, is becoming increasingly apparent. A very sophisticated analysis of Israeli emergency calls by Retsef Levi and his group showed that the vaccines were associated with increased emergency calls for acute cardiac arrest and cardiovascular events among 18- to 39-year-olds and had no effect on infection rates in Israel [11]. And an analysis of excess mortality in the 2021 period after the start of the vaccination campaign in Germany found that vaccination caused at least 16,000 deaths [12]. The authors can derive this because they couple their long-term calculation of excess mortality [3], which I have already discussed, with the data on deaths causally attributed to „vaccination“ from autopsy studies [13]. The „vaccinations“ have thus produced in deaths what my colleagues Hockertz and Bhakdi predicted at the beginning of the campaign: the death of a small German town. Hence, the MWGFD colleagues who organized the symposium were, in my view, right to speak of the „largest pharmaceutical crime of the century„.

Covid-19 was also a dress rehearsal for testing censorship. Analyses of censorship of scientific data during the Covid-19 crisis revealed that probably the „scissors in the head“ of those responsible played a role above all, and then subsequently that of colleagues, whose negative judgement one also does not always want to be exposed to [14-17]. So it has already worked well. If you now spice the whole thing up with legal bindingness, encouraging countries to pass national laws that have to implement all this, then the big journals will refuse to publish dissenting information. Then this is the *one* truth. Such a binding truth has been tried in vain by religions for centuries to install. With the new regulation, such a truth would suddenly be given without alternative. Only this will not be a religious but a pseudo-religious truth.

It is at all frightening to me, as an old Catholic who went through the sponsorship of the Cusanuswerk, with what blindness and conformity the churches have stumbled through this pandemic. Without a critical word, joining in the howls of the press pack who have denigrated critical voices like those of my colleagues Bhakdi, Weikl, Hockertz, Guerot and many others. The few perceptible dissenting voices from church circles have joined forces on the „Christians Stand Up“ page after an early appeal by Cardinal Müller and colleagues

was drowned in the clamour. The Archbishop of Berlin and the German Bishops‘ Conference, to whom I offered my thoughts and information for exchange, did not even respond to my letters (the secretary of the Bishops‘ Conference at least sent a meaningless three-liner, after all).

And, no, dear bishops and church officials, supposedly liberal pastoral assistants and parish councils, these are not fundamentalist voices, any more than I am fundamentalist or right-wing or anything but critical. It cannot be said often enough: the Corona discourse reveals the grimace of a new transhumanist pseudo-religion that will ultimately, if it prevails, lead to a catastrophe for humanity, humanism and Christian religion (and any religion for that matter).

The executive and judicial side

The things I mentioned above were all legislative frameworks. I have only highlighted the most important ones here. But any legislature is only as strong as the executive is able to give effect to the laws. We will not necessarily have a world police force or a world army immediately. But if the set of rules is binding, governments will have to commit to enforcing it and, for example, to put their own police or armies at the service of these rules in the event of civil war. What this means exactly could be seen during the Covid-19 pandemic in Australia, where protests were broken up with extreme violence, or in Canada, where large protests forced the government into temporary hiding. That was probably also a dress rehearsal.

But what if a citizen finds himself deprived of his human rights? Where does he go then? As far as I know, there is no World Administrative Court before which one could sue the WHO. So you have to go to the local courts and climb through the tedious process. On top of that, in Germany: there is a Procedural Code that allows state governments to intervene in ongoing investigations and, for example, to ensure that a prosecutor must bring charges or may not quash a case if there is a public interest [A]. Moreover, in Germany, judges and prosecutors are dependent on the ministries of justice for their careers and thus the judiciary is no longer independent. We have experienced this as well. My colleague Dr. Weikl was found guilty by two instances of having issued forged documents, until the third instance recently justified him and overturned the lower instance judgements. Not everyone will have the stamina and nerve for a gruelling appeal.

The examples in Germany teach: If politics has agreed on a narrative – in the future: is willing to support and implement the new WHO PHEIC targets – then it will be extremely difficult to challenge this political default by legal means.

In essence, this means that we will be subjected to the health dictates of a world supreme

authority without even being able to defend ourselves against them. I call such a situation „health fascism“. Anyone who has a better term for this or who has good reasons for evaluating it differently, please send them to me. I am always happy to learn.

Conspiracy practice? For advanced students!

Well, all these developments didn’t fall from the sky, after all. Without the latest change in the concept of a pandemic, which removed the need for a pandemic to be lethal, Covid-19 would never have become a global pandemic with PHEIC status. It was this situation that made it possible to make Covid-19 a pandemic, with all the consequences: Emergency approval of inadequately tested new pharmacological substances, interference with basic human rights, reversal of evidence, and all the rest.

It doesn’t take much imagination to see that further tightening of the conditions that can lead to PHEIC, and especially the lack of criteria to stop it, will lead to a permanent state and thus a dictatorship. Is this a natural evolutionary process to improve human living conditions, as some commentators suggest? I think not.

So what is at work here? There is always the possibility of seeing the whole thing as a somewhat impersonal, systemic event, in that certain ideological developments coupled with economic interests more or less automatically lead to such developments from certain branching points onwards [18].

One such obvious development is the fact that the possibility of making profit by conventional means is reaching its limits. Digitization will destroy more and more conventional work and make service processes that were previously associated with profit increases cheaper. One example is my own website: I have it translated with the AI engine DeepL, which gives me perfectly formatted English text in near-perfect English in about 2 minutes. If I had to do it myself, I would be busy for about 2–3 hours and a translator would take about the same time, except that I would have to pay for it. So the fun costs me a few euros a month. The same goes for transcribing spoken texts. These are only small examples. The service sector will be taken over by artificial intelligence on a large scale. Following its own logic, digitization will take over all areas of life.

Closing commodity and waste chains will also increasingly curb trading and making money from commodities such as raw materials, ores, etc. The only commodity that is still unexploited is the human body. Several authors have already observed this, and I can’t remember who I first read this idea from. But the analysis is compelling. Only if you can continuously supply the human body with something that does not come from natural sources but is subject to an artificial value creation process can you make really fat money.

mRNA prevention technologies or other new pharmaceutical products, for example, are such new value creation potentials. The clever thing about it is that you can use the propaganda machinery to scare people enough so that they see the introduction of these products as salvation and redemption and the public sector, i.e. the people themselves, are prepared to put down relatively large sums of money for them. If you can now declare a new pandemic every few years, regardless of whether it represents a real danger or not, then you can also operate this machinery anew. One can also use it to replace „outdated“ techniques, i.e. replace conventional vaccinations with m-RNA or vector DNA „vaccines“. This is a new value creation, just as selling new car models established a new value creation for decades. The car industry is on the decline. For some, the new pharmaceutical industry is the new beacon of hope. How did Chancellor Scholz put it when, as candidate in the election, he answered the question at an economic forum in Potsdam how he intended to pay off the debts of the Corona crisis? „Germany will be the world champion in vaccination“, just as it used to be the world champion in car manufacturing. (This was reported to me by a colleague who was at this event in person). That is precisely what is meant by this:

With these new pharmaceutical technologies, the human body becomes a commodity in a new value chain.

Maybe Matthias Desmet is right and this is simply a logical systemic consequence of the prevailing ideology.

Of course, one can also see human actors at work behind this, acting not only as vicarious agents of a systemic constraint, but with tangible interests and their own intentions.

Little conspiracy theory thought exercise:

Imagine you are one of the richest men in the world, with truly almost infinite resources. You also have what you think is a completely clever idea about how to save the world while becoming even richer yourself, or increasing your wealth in such a way that you can go on saving the world. You have also already proven how you not only create a product desired by many with your ideas, but even expand the power base associated with it. The idea you have does not even have to be right. It only has to be plausible and perhaps even have some useful aspects, for example, that vaccination is always good and right in every respect, e.g. to prevent serious epidemic diseases such as diphtheria or polio. Now all you need to do is expand this idea: Vaccination is *always* good, and prevention of infections is even better. You buy a few companies or invest heftily in those that produce such new vaccines and preventives. Now they have so much financial means that they can influence international legislation through a network of some big foundations. And there you have your perpetual motion machine, with which you can generate money again and again and supply people

with ever new vaccines and even pin on yourself the halo of the world saviour, so that you can go down in history as the one who conquered infectious diseases forever. (That they may also go down in the history books as the one who then also created and put up with a great deal of suffering and other diseases, that stupidly only occurs to you too late or not at all.)

Maybe sounds a bit simplistic, true. But is pretty much what happened. One of the richest people in the world has set up a number of foundations and initiatives, including GAVI, the foundation that provides vaccines worldwide, or the grouping that ensures the world is ready for the next pandemic, CEPI, the Committee on Epidemic Mouse Coughing. He was also allowed to appear on the German Tagesschau on Easter Sunday 2020 to preach the gospel of the resurrection of the world through vaccination to the German world in 7 minutes. He bailed out BioNTech in October 2019 when the company was on the verge of bankruptcy and made tens of billions of dollars from it and its mRNA substances, if I am rightly informed. He was not stupid, of course, and has also invested in other similar companies in parallel. This is exactly what he is doing: earning vast sums of money, which he reinvests in his programme to save humanity. This allows him to influence the legislative processes. For the WHO is financed by the countries of the world, first and foremost Germany. In second and third place come the Bill and Melinda Gates Foundation and the vaccination alliance GAVI, which is also significantly co-financed and controlled by Gates (this information is also from Mr Kruse’s lecture). So you just have to keep Germany warm, then you have quite a lot of weight in the WHO. It’s not that difficult. Germany is closely tied to the US through the German-American Friendship Treaty. Some even mock that Germany is the 51st state of the United States, without the Germans knowing it (I think I read that in Mr Rügemer’s book, but I am no longer sure [19]).

Before the warning lights over the category „conspiracy“ start flashing in everyone’s heads, one last word about this unword. The term „conspiracy theory“ has become a non-word in the Corona crisis. It was used in an attempt to exclude unwelcome information from the discourse. If one were to keep a register of what was called a conspiracy theory, when and by whom, and how long it took for the opposite to be considered a conspiracy theory – first the recommendation to wear face masks was part of a conspiracy theory, then the claim that they were harmful – it would be a register of misjudgements, miserable research and political propaganda. The term is ultimately nothing more than an attempt to make ideas, data and analyses taboo because they don’t suit someone who happens to be in charge. In my view, anyone who uses it ultimately shows nothing other than that they are ill-informed or lazy in their thinking, and usually both.

In the end, it makes no difference to us whether an impersonal force such as the systemic regularity of a complex social system is behind the development of the WHO’s new

pandemic legislation or the action of human actors who like to think of themselves as the good Lord and who rule and command accordingly. *We* have the power. By having our governments prevent this perversion of health, human dignity and democratic rights. Therefore, dear readers, talk to your MPs and make sure that Germany vetoes the consultations to change the WHO statutes and agreements.

Sources and literature

1. Schreyer P. Chronik einer angekündigten Krise: Wie ein Virus die Welt verändern könnte. Frankfurt: Westend; 2020.
2. Wiesendanger R. Studie zum Ursprung der Corona-Virus Pandemie. Research Gate preprint. 2021. doi: https://doi.org/10.13140/RG.2.2.31754.80323.
3. Rockenfeller R, Günther M, Mörl F. Reports of deaths are an exaggeration: German (PCR-test-positive) fatality counts during the SARS-CoV-2 era in the context of all-cause mortality. MeRxiv. 2022; https://doi.org/10.1101/2022.11.18.22282534
4. Axfors C, Pezzullo AM, Contopoulos-Ioannidis DG, Apostolatos A, Ioannidis JP. Differential COVID-19 infection rates in children, adults, and elderly: Systematic review and meta-analysis of 38 pre-vaccination national seroprevalence studies. J Glob Health. 2023;13:06004. Epub 2023/01/20. doi: 10.7189/jogh.13.06004. PubMed PMID: 36655924; PubMed Central PMCID: PMCPMC9850866 Form (available upon request from the corresponding author) and disclose no relevant interests.
5. Levitt M, Zonta F, Ioannidis JPA. Excess death estimates from multiverse analysis in 2009-2021. medRxiv. 2022:2022.09.21.22280219. doi: https://doi.org/10.1101/2022.09.21.22280219.
6. Ioannidis JPA. The infection fatality rate of COVID-19 inferred from seroprevalence data. Bulletin of the World Health Organization. 2021;99:19-33F. doi: https://doi.org/10.2471/BLT.20.265892.
7. Axfors C, Ioannidis JPA. Infection fatality rate of COVID-19 in community-dwelling populations with emphasis on the elderly: An overview. medRxiv. 2021:2021.07.08.21260210. doi: https://doi.org/10.1101/2021.07.08.21260210.
8. Frank G. Der Staatsvirus. Ein Arzt erklärt, wie die Vernunft im Lockdown starb. Berlin: Achgut; 2021.
9. Szymanski A. On the scapegoating of the unvaccinated: A media analysis of political propaganda during the COVID-19 pandemic. Kritische Gesellschaftsforschung/Critical Society Studies. 2022;1. doi: https://cdoi.org/1.2/059/000015.
10. Walach H, Ofner M, Ruof V, Herbig M, Klement RJ. Why do people consent to receiving SARS-CoV2 vaccinations? A Representative Survey in Germany. BMJ Open. 2022;12(8):e060555.

11. Sun CLF, Jaffe E, Levi R. Increased emergency cardiovascular events among under-40 population in Israel during vaccine rollout and third COVID-19 wave. Scientific Reports. 2022;12(1):6978. doi: https://doi.org/10.1038/s41598-022-10928-z.
12. Mörl F, Günther M, Rockenfeller R. A brief estimation of deaths in Germany caused by short-term adverse reactions to SARS-CoV-2 vaccines. Eingereicht. 2023.
13. Schwab C, Domke LM, Hartmann L, Stenzinger A, Longerich T, Schirmacher P. Autopsy-based histopathological characterization of myocarditis after anti-SARS-CoV-2-vaccination. Clinical Research in Cardiology. 2022. doi: https://doi.org/10.1007/s00392-022-02129-5.
14. Shir-Raz Y, Elisha E, Martin B, Ronel N, Guetzkow J. Censorship and suppression of Covid-19 heterodoxy: Tactics and counter-tactics. Minerva. 2022. doi: https://doi.org/10.1007/s11024-022-09479-4.
15. Elisha E, Guetzkow J, Shir-Raz Y, Ronel N. Retraction of scientific papers: the case of vaccine research. Critical Public Health. 2022;32(4):533-42. doi: https://doi.org/10.1080/09581596.2021.1878109.
16. Elisha E, Guetzkow J, Shir-Raz Y, Ronel N. Suppressing Scientific Discourse on Vaccines? Self-perceptions of researchers and practitioners. HEC Forum. 2022. doi: https://doi.org/10.1007/s10730-022-09479-7.
17. Elisha E, Guetzkow J, Shir-Raz Y, Ronel N. Going against the flow: Motivations of professionals with critical views on vaccination. Temida. 2022;25(2):155-78. doi: https://doi.org/10.2298/TEM2202155E.
18. Desmet M. The Psychology of Totalitarianism. London & White River Junction VT: Chelso Green; 2022.
19. Rügemer W. Blackrock und Co enteignen. Frankfurt: Nomen; 2021.

Footnote

[A] This is governed by paragraph 90 of the Rules of Procedure. I know of a case where a state authority wants to prosecute a private person. The public prosecutor wanted to discontinue the proceedings because he saw no reason to prosecute. However, he was forbidden by the authority to discontinue the proceedings.