

[Jérémie Mercier]: *Good evening. My name is Jérémie Mercier. I'm pleased to welcome you for the 15th broadcast of "Science with consciousness" for RéinfoCovid. Tonight, my guest will be Benoît Ochs, general practitioner from Luxembourg and member of the group RéinfoCovid for Luxembourg, who will talk with us about the theme: "Post-injection blood tests: the anxiety is increasing". And you will see that what happens is actually rather disturbing. So, we start in a few seconds and I tell you – so wait a little longer, here we are – so we start in a few seconds. I will just play the credit titles if it works. And we join you after with Benoît. See you next.*

[Introducing music]

Good evening everyone who joins now this broadcast "Science with consciousness" number 15: "Blood tests post-injection: the anxiety's increasing". I will have the pleasure to welcome Benoît Ochs in a few seconds. So, the subject is rather tense since we talk about something quite topical, very censored on the social networks, especially on YouTube. And it's possible, almost certain, that I'll delete this video immediately after the end of the broadcasting on YouTube. It will be hosted on CrowdBunker. We'll put the link under the video. And maybe it will remain on YouTube or it will be censored, I don't know yet. Anyway, the broadcast is live at the moment and I'm about to welcome now Benoît Ochs. Good evening Benoît

[Benoît Ochs]: *Good evening, good evening*

[Jérémie Mercier]: *Are you ok?*

[Benoît Ochs]: *I'm fine, I'm fine!*

[Jérémie Mercier]: *So, Benoît, I will let you introduce yourself. You are in Luxembourg. You're a general practitioner and you have made some discoveries rather astonishing some time ago in fact, and then there are others that are added over time. Me I saw you few months ago – I think, or few weeks, I don't know exactly now – you were talking about D-dimers blood rates. We'll go back over this later, but can you introduce yourself quickly for those who don't know you?*

[Benoît Ochs]: *So, I'm a general practitioner in Luxembourg. I'm a French native. I've been living in Luxembourg for 25 years. I own a consulting room of community medicine. I practice a lot. I consult 40 to 50 patients every day and besides I'm often on duty. So I observe a lot of pathologies. I visit many people and I also end up in emergency situations. I see quite many pathologies at the forefront. That, it is very important to say. I witness the forefront, what really happens with the population. Here, there are very interesting things and I want to reveal that because we are not aware of many things.*

[Jérémie Mercier]: *Ok. And when did you start to realize there was something wrong? After these experimental injections?*

[Benoît Ochs]: *Then, at what time...The beginning of vaccines in various countries, especially in England, in Israel, in Portugal, they began vaccination rather early. And straight away, I tried to get information about the side effects recalled. My luck is to be with Herve Selligman here in Luxembourg, who is inhabitant of Luxembourg and native*

of Israel who’s got connections in Israel and who gave me a lot of information. I’ve got information too from Alexandra Henrion-Caude, who talked about the side effects. I immediately asked the question: “What are the side effects recalled in Israel?”. Because Israel was finally an experimentation for us, in fact, because they began vaccination before us, so we knew by them what really happened in Israel. By the way, Pfizer’s manager said that Israel really was the test site for vaccine.

[Jérémie Mercier]: *He has never hidden that fact. It’s really the term used!*

[Benoît Ochs]: *Like the Inhabitants of Israel were really used as guinea-pigs for the whole world, so. Unfortunately for them! Then yes, especially Alexandra and Herve Selligman talked at once about the cardiovascular effects and the neurological effects. So, right away, I was warned and I was about to search...Finally I was guided to look for cardiovascular problems and neurological pathologies. Soon as I saw something like cardiac or vascular or neurological problems, I was looking for them in fact. I looked for them regularly. And I also searched with blood tests. So each person who went at my practice since about February - because we started vaccines on February in Luxembourg – So each person who came after vaccine, I was asking them to do a blood test. Then, I point out that these persons were in relatively good health and we were waiting a result, even with the vaccine at that period. We were thinking: « right it’s gonna work, since we will vaccinate elderly people, we’re gonna have an immunity as they say.” We didn’t know the immunity’s percentage because we have little trouble trusting them after all that happened. But we were still waiting for an immunity. Then we were thinking “It’s gonna work anyway with the elderly people, but we will see if there are side effects with this vaccine”. So I made some blood tests with some healthy persons, who received the vaccine. And then, by coincidence, we found out the blood tests which were – but really – very, very, very unusual. With D-Dimers which were very, very high. Usually, D-Dimers shouldn’t be up to 500. Then, with elderly people, it could be acceptable up to 700, 800 900, maybe 1 000. 1 000 it’s still acceptable. Up to 1 000, it’s already really pathological. Up to 2 500, then we have to send them to the hospital because we can’t keep a person in a general practice with more than 2 500 D-Dimers. There is normally a risk of pulmonary embolism or phlebitis or cerebrovascular accident. It’s a thrombosis actually. D-Dimers are factors of thrombosis, to search for thrombosis. So here, we can’t keep them because of the risk of thrombosis the next 3 days. Because...They are well when I see them at the practice, but we were thinking “2 500 D-Dimers, it’s a risk of thrombosis, it’s a risk of pulmonary embolism”. We have to send them to the hospital to have a blood test, to check if they don’t suffer of pulmonary embolism or something like that. And for these patients, we find nothing. Nothing at all. There is another factor that I have checked regularly...many other factors. I checked ferritin also to see if there was a growth of ferritin because I was told that there was a growth of ferritin. I found it quite often anyway, but less frequently. CRP, it’s a C-Reactive Protein which is in relation with infections or inflammations. CRP, usually the limit is 5. And there I found regularly CRP more than 50 or even 10, 120, 180. CRP of 120, 180, it means infection, it means appendicitis, it means pneumonia, it means peritonitis. It never means people who come to us feeling healthy. There are people who have chills, who have pain somewhere, who suffer of massive infection. So, we have to send them to the hospital...and we find nothing. We don’t find infection, we find anything at all.*

[Jérémie Mercier]: *And they don’t have any symptoms.*

[Benoît Ochs]: *They are tired, they are just tired. But I have never seen serious cases with these patients. I’ve got 300-350 blood tests and with about 30% we find too high levels of D-Dimers. For about thirty, we found very high level of D-Dimers. About sixty people with high levels of CRP or very high levels, so 20 %. 20% of CRP with very high levels.*

[Jérémié Mercier]: *So 20%... Wow, there is an echo. I may need to cut off your microphone when I talk. So, there is 20% of vaccinated people who have this D-Dimers very high, or there is 20% of your practice population?*

[Benoît Ochs]: *20% of all my vaccinated patients.*

[Jérémié Mercier]: *20% of vaccinated people.*

[Benoît Ochs]: *Yes.*

[Jérémié Mercier]: *Ok, fine. And is it similar with the high levels of CRP?*

[Benoît Ochs]: *Yes...then no. D-Dimers, I’ve got about 30% of high levels; and more women than men. And for CRP, 20% of high levels, but very high levels. So I would say that we still can see high levels of D-Dimers with people who are not pathological. A pregnant woman, for example, has slightly higher level of D-Dimers. But it’s not gonna be higher than 1 000, and if it’s more than 1 000 of D-Dimers, we have to send her to the hospital to check if she doesn’t develop a phlebitis or something like that. D-Dimers level up to 2 500, we send to the hospital, I never keep a person in general medicine with a level up to 2 500 of D-Dimers. There is inevitably a risk of pulmonary embolism, so we can’t leave at home a person with a level of D-Dimers more than 2 500. I’ve got about thirty cases with D-Dimers level more than 2 500.*

[Jérémié Mercier]: *All right. Actually, we’ll have to go back to the basics, just because there is a lot of people asking me the question. Maybe we should have spent these few seconds or few minutes to say “What are D-Dimers, and what is CRP? ... What are they?”*

[Benoît Ochs]: *So I resume. A blood test, it will allow us to search for pathologies. D-Dimers are thrombosis blood factor. D-Dimers, it’s a molecule which is the degradation of fibrin, some fibrinogen we find in the blood and that mark the degradation of platelets and then a blood’s inflammation. And when we have a high level of D-Dimers, we have a strong suspicion of thrombosis.*

[Jérémié Mercier]: *So it’s a marker which points out there is a suspicion of thrombosis. And can we mention again what is thrombosis and pulmonary embolism, and I don’t remember the other term you used just now? So thrombosis first.*

[Benoît Ochs]: *Blood circulate in vessels. There are consistently factors which are in blood, which are there to supervise – first, that blood isn’t too liquid, otherwise we risk bleedings – and secondly, that the blood isn’t too thick, for there were no thrombosis. A thrombosis, it will clog up an artery. A clogged-up artery, it’s an organ that doesn’t live anymore. It’s an organ that will necrose. And then, if there is a big artery clogged*

up, for example in a lung, we'll have a pulmonary embolism. Pulmonary embolism with a big artery clogged up, it's the whole part of a lung that doesn't function anymore.

[Jérémié Mercier]: *So, just to say. Thrombosis in a pulmonary artery, it's a pulmonary embolism. It's the same thing.*

[Benoît Ochs]: *It's a pulmonary embolism, yes.*

[Jérémié Mercier]: *And a thrombosis, it's a kind of blood clot which blocks an artery.*

[Benoît Ochs]: *It's a clot, it's a cork. It's a cork made with platelets which had coagulated with red blood cells, which had clotted on top of the others and that blocked the artery.*

[Jérémié Mercier]: *When there is thrombosis or suspicion of thrombosis, it's an emergency?*

[Benoît Ochs]: *It's an emergency. Yes, it's an emergency. If it's a big artery, it's a vital emergency. If thrombosis is in the brain, it's a stroke. It's a risk of death or hemiplegia, or paralysis. If thrombosis is located in the heart, it might be a heart attack. So death can occur early. Pulmonary embolism, if it's a big artery, it's a vital risk. If it's a thrombosis located in a leg vein, it's a phlebitis. Thus, it's something to be treated quickly. There is no vital risk, but it has to be treated quickly. Presently, there may be micro-thromboses. Tiny thromboses that affect the tiny arteries. It's a very, very different diagnosis, with a very, very different prognosis. It's not a short-term prognosis but a long-term prognosis. Because for an organ failure, it means it didn't work anymore, there has to be about 60 to 70 % of blocked arteries – micro-arteries, arterioles that are blocked. And that's my biggest problem at present with D-Dimers precisely because we can't find anything. We've got very, very high levels of D-Dimers, but we find nothing. We don't diagnose pulmonary embolism. We don't diagnose cerebrovascular accident. But they still have these very, very high levels of D-Dimers. And by the way, maybe these D-Dimers are going to clog the tiny arteries.*

[Jérémié Mercier]: *Can we know that, can we have confirmation about that or is it tough?*

[Benoît Ochs]: *Then exactly, we just get to these studies which have been made in Germany with the autopsies. It began with autopsies carried out by Professor [Peter] Schirmacher, who carried out autopsy of 40 persons in August 2021. And he has reclassified 30 to 40% of them as vaccine mortality. It means that he has studied, he carried out autopsies with 40 persons who died of myocardial infarctions or vascular problems. And as he carried out the autopsies, he had noticed many lesions which had made him think these persons were died because of the vaccine. He has reclassified 30 to 40% of the persons he saw, in fact, deaths due to the vaccine.*

[Jérémié Mercier]: *Because they didn't look like classic cardiac events, is that it?*

[Benoît Ochs]: *In fact, when we declare that a person is dead by myocardial infarction, we will find a thrombosis inside a heart's artery. We won't find any other problems with the other arteries, inside other organs. Now, Professor Schirmacher found*

disseminated lesions in the whole body. Then, this is not only death by infraction, it's not the heart the problem. It's a many-side problem with...multi-organs.

[Jérémie Mercier]: *And which can't only be explained by some reaction from the “vaccine”?*

[Benoît Ochs]: *Then he found some – I say – 30 to 40 %. And there are lesions never observed. Which have been described with significant infiltration of lymphocytes in the tissues. Lymphocytes are inflammatory cells. And these lesions have never been observed. It has been confirmed in September 2021 in Reutlingen, near Stuttgart. These 3 pathologists, Dr [Arne] Burkhardt and [Walter] Lang as well, who have made histological studies, precisely, with many other people and who have made histological studies with lesions they have found. And they found a lot of lymphocytes and some kind of lymphomas they have never seen before. There are lesions never observed histologically. And more, they have been surprised cause they didn't search and they had to look closely to find things they have never seen before.*

[Jérémie Mercier]: *Ok, it means – it's once again about autopsies, so about removal of tissues of deceased persons. Is that right?*

[Benoît Ochs]: *And then I remember of Dolores Cahill – I saw an interview with Dolores Cahill, she's an Irish virologist who had talked about histological studies made in 2012. A study published when they have made some tests about Covid vaccine [the episode of the Severe Acute Respiratory Syndrome SARS in 2002-2004 to be clear] in 2012. They concluded we absolutely have to carry out autopsies to prove precisely vaccine mortality. Because they have observed with autopsies carried out in 2012 some micro-thrombosis and inflammation disseminated in the body. And Dolores Cahill said in March, I think, or even before, she said “We have to carry out autopsies”. It was an absolute necessity to carry out autopsies since autopsies are able to prove that people really died because of the vaccine. I remembered this video. Therefore, precisely we can trace these pathologists' confirmations, these histopathologists in Germany.*

[Jérémie Mercier]: *These persons who have some – to revert to patients you saw, who have elevated markers, so both D-Dimers and CRP – is their health condition can give a clue there is something wrong? Or is it only abnormal blood test?*

[Benoît Ochs]: *So them, they have tested dead people. Of courses, anyway, we're carrying out autopsies on dead people.*

[Jérémie Mercier]: *Thus, now, I talk about blood tests of your patients who have very elevated markers. Do those people, then alive, have some specific symptoms? Can we detect something that suggest something's wrong about their health?*

[Benoît Ochs]: *So, precisely, with dead persons, they found inflammation and thrombosis in tiny arteries, that allowed them to say they were dead because of the vaccine. And with vaccine's pathogenesis, and in the mortality's physiopathology of vaccine, they found thrombosis phenomena and inflammation phenomena. And then, surprise surprise for me, I think to myself, but it's exactly what I found, me, with these patients still alive, but who are tired, merely tired. And about whom we observe*

precisely this CRP, inflammation phenomenon – so they have described these as inflammatory rheumatics lesions. Inflammatory rheumatism, it doesn't only affect joints, it may affect salivary glands like [Goujerot-]Sjögren syndrom. It may affect skin, like lupus. It may affect vessels like vasculitis. It may affect thyroid like Hashimoto or things similar, Hashimoto diseases, autoimmune diseases. So there are inflammatory rheumatism phenomena. CRP, it may suggest an infection, but it may also suggest inflammatory rheumatism phenomenon. But in inflammatory rheumatics I've already check CRP, it could amount to 10, 20, 30. I have never seen results up to 120, 150, 180. I had never seen that. 120, 150, 180, for me, it was a pneumonia, among other things appendicitis that already persisted for 3 days, peritonitis or something like that. We see these in a hospital, or we send these straight to the hospital because they are emergencies. There, we don't find anything infectious, so we have to turn to something rheumatic, like inflammatory rheumatism, but a very important inflammatory rheumatism. And there, what a surprise, and I was glad to see that with autopsies carries out in Germany because they have described rheumatic phenomena. They have described histological lesions that look like inflammatory rheumatism lesions, with many lymphocyte count, granulocytes and things usually observed with histology of rheumatism pathologies. So this confirms. And more, they observe arteries thrombosis, micro-thrombosis in arteries. So everything is confirmed. What they found histologically is confirmed by what I observed with blood tests. So it's possible to look at blood tests before people died of these pathologies, so we can prevent those problems. So it's urgent. I myself, I've done my job as a general practitioner and I have simply made tests because, actually, I am on the front line. I am on the front line and I see patients who, apparently, show no sign of clinical problem, no symptoms, or only tiredness, but who, in fact, already have biologic signs of pathologies that may appears in future. Do you know what I mean?

[Jérémié Mercier]: *Yes, absolutely. It means these people who seem healthy, except this tiredness, could become in very poor health, with vital risk like those who arrived and have been examined during an autopsy in Germany.*

[Benoît Ochs]: *So there is another professor who is very prominent in Germany, who is very very renowned, who's called professor [Sucharit] Bhakdi, who explains these thrombosis phenomena and who said that if we have micro-thrombosis in the body, in the mid-to-long term, we're gonna necessarily develop – for example we have micro-thrombosis in liver, liver can regenerate, but if we have micro-thrombosis in lungs, it cannot regenerate, and if you have many micro-thrombosis in lungs, you're gonna clog arteries and pressure will appear in pulmonary arteries. And pressure inside pulmonary arteries will impact heart. Then, you will develop respiratory insufficiency and heart failure. Pulmonary hypertension will cause high blood pressure in the heart. Your heart will bloat and you will develop respiratory and heart failure I don't know when. And it's a risk! Me, I've got the elements. I am sure I've got the elements. I could show those studies, those blood tests I've got here. I have the certainty of having that. Risk is compelling. It's not assured. I don't know! It's a new pathology. We are front of...I myself, I've already talked about it in April. I called that “vaccination Covid “, I called that, casually.*

[Jérémié Mercier]: *“vaccination Covid », ok.*

[Benoît Ochs]: *We’ve got a new pathology. And Professors Burkhardt [and Lang] from Reutlingen say it’s a new pathology. Histologically too. They don’t know that. They have never seen that before.*

[Jérémié Mercier]: *Pathology with micro-thrombosis and inflammation of some tissues.*

[Benoît Ochs]: *Yes, inflammation which look like rheumatism.*

[Jérémié Mercier]: *Inflammatory rheumatism, ok. So, it’s a new pathology we are creating, which has no name yet, but which is a priori a consequence of these “vaccines”.*

[Benoît Ochs]: *Well. We have to think about it because they are lesions found in any organs. We find them in any organs, in the whole body. It means that when they have reclassified those patients dead from heart attack or from other cardiovascular diseases, they have reclassified them deaths due to vaccine. Because they are many lesions, multi-organ, we’ve never seen before. And which is actually new about that pathology, it’s vaccine, and it’s vaccine’s side effects.*

[Jérémié Mercier]: *And that is really new. We’ve never seen that before.*

[Benoît Ochs]: *That’s professors Burkhardt and Schirmacher said.*

[Jérémié Mercier]: *Ok. And I have more questions. These people, did you test for example their pulmonary function? And if so, can we examine some changes?*

[Benoît Ochs]: *Then they are tired. I have tested the capacity of some of them, especially cardiac effects, they were sent to have checkup. Some of them are tired, some others who are relatively healthy. Well; with these patients I start aspirin treatment, Cardioaspirine. It’s 100 milligrams of aspirin to thin the blood, to help prevent problems. I succeed to lower D-Dimers’ level with it. CRP, a little bit higher, but it drives it even lower with aspirin. For now, I prevented serious diseases with these people. I’ve got two deaths, but I haven’t tested them before, I didn’t make blood tests. Deaths that are doubtful because they were in their fifties and died suddenly, died unexpectedly. There were no autopsies carried out, so they haven’t been reclassified vaccine’s deaths. We don’t know. But the fact remains, however, that Schirmacher from Reutlingen says vaccine mortality is probably significantly under-appreciated.*

[Jérémié Mercier]: *It means that we pretend they are understandable deaths but a priori they are not.*

[Benoît Ochs]: *Plus, it’s a vaccine propaganda, so we have to make sure not to find deaths due to vaccine because it will conflict with European vaccination policy. That’s where we are. But make no mistake, I am not anti-vaccine. I could quote a lot of vaccines highly effective and even other vaccines, as Dr Raoult said, the flu vaccine, for example for young children, it may be very interesting to make. So, I am not anti-vaccine at all. On the other hand, I could make a good vaccine [Jérémié Mercier’s note: I don’t know for my part “good vaccine” and flu vaccine seem to me a very bad idea]. An improper vaccine, I don’t want it. And probably, these vaccines, with data from*

Eudravigilance actually, are maybe among the worst existing vaccines that have ever existed in history of the vaccinology. I’m gonna explain something by the way, I’ll say one more thing. In 2016-2017, Dengvaxia [dengue vaccine] in the Philippines: official, 600 children are dead. The Filipino people told me there were at least 10 000 deaths, anyway, let’s talk about the 600 deaths. Vaccine has been stopped instantly and Sanofi Pasteur was put on a tremendous trial. In France a factory was supposed to develop this vaccine, and has been closed because they won’t make this vaccine on a large scale again. So, I ask the question: If we stop vaccine in a country with 250 million inhabitants [N.B.: 110 million in fact, not 250 million], If we stop vaccine because of 600 deaths, why do we continue in Europe with 27,000 deaths registered by EudraVigilance?” And why Sanofi is put on a trial because of 600 deaths? And why Pfizer isn’t put on a trial with 27,000 deaths?

[Jérémie Mercier]: *Yes, that’s a real question, for sure. Somebody asks if kidney function is affected, if there were tests about it and he talks about GFR – I don’t know this word, I don’t know what is “GFR”.*

[Benoît Ochs]: *It’s Glomerular Filtration Rate. And I look over creatinine. And I haven’t really observed any change about creatinine. Thus, kidney has capacity to regenerate. Liver has capacity to regenerate. I didn’t observe the exacerbation of renal function.*

[Jérémie Mercier]: *Ok, then, I received a lot of questions...I have submitted this discussion together tonight. Some people asked me questions about blood transfusion. Are there “vaccinated” people – who maybe have elevated markers and who donate their blood – Is there a risk for a person who received this blood from “vaccinated” people with elevated markers?*

[Benoît Ochs]: *So, with vaccinated people who have elevated D-Dimers and high rate of CRP, in fact, we would probably observe more lymphocytes and inflammatory blood phenomenon. There is then more lymphocytes and granulocytes in blood, but it remains very small quantities in regard to blood cells and platelets. Lymphocytes count is grossly lower. For example, per milliliter of blood, you have 5 millions of blood cells and 6 000 white blood cells. Lymphocytes and granulocytes are very much lower than blood cells. So maybe you’ll have an increase of lymphocytes and granulocytes, but it shouldn’t be noticed very much in blood test, neither with packed blood cells used for transfusions. On the other hand, Alexandra Henrion-Claude said that when you are vaccinated there are 4 thousand million small strands of DNA that enter in blood, that pass through endothelial cells and that will generate spikes proteins. So when we take vaccine and we donate our own blood, inevitably we’re also giving spikes. So we are giving thousand million spikes to people transfused with vaccinated blood. And spike is probably the small protein at the origin of vaccine’s toxicity. We are not quite sure yet, though even so pathologists are practically sure, and said they are sure...*

[Jérémie Mercier]: *That this protein, so the spike, could be to blame for micro-thrombosis and inflammatory rheumatism?*

[Benoît Ochs]: *That vaccine pathologies and lesions histologically speaking are probably due to the spike.*

[Jérémie Mercier]: *Hyper workaday question, someone asks “in Luxemburg, are doctors not “vaccinated” ? Because in France there is “vaccinal” obligation – well, then, I use the term of “vaccine”, but you know that I rather use the term of “experimental injection”. Are you concerned as doctor in Luxemburg or not? Because in France is obligatory at the moment.*

[Benoît Ochs]: *No, no obligation yet. On my side, I am not vaccinated. But I developed Covid in April 2020, and I still have a very, very high immunity. I am logic. I say to myself : «Why, considering I’ve got high immunity – so I can’t contract the virus like other vaccinated people, and I can’t transmit the virus like other vaccinated people who transmit it, well, me I can’t transmit it and I can’t contract it, I’ve got very, very strong immunity – so why would I take the risk of vaccine which has still considerable pathogenicity ?” I have no reason to take risk. I’m not gonna take this risk.*

[Jérémie Mercier]: *Unfortunately, in France, doctors had no choice. Well, except those who had recovery certificate of less than 6 months or... I don’t know precisely.*

[Benoît Ochs]: *They have to find a new job!*

[Jérémie Mercier]: *Well, yes! I think so...otherwise, I’m wondering...*

[Benoît Ochs]: *We don’t forget!*

[Jérémie Mercier]: *About blood transfusions stuff. And so, maybe there isn’t so much risk because of lymphocytes and granulocytes low transfused blood concentration. But is there a risk of blood with spike, precisely, that would generate some problems with transfused people?*

[Benoît Ochs]: *But yes, I told you, I was just saying it. In transfused blood, there is spike!*

[Jérémie Mercier]: *That’s it, because in this case, we get that. Blood itself is not problematic. It’s this foreign spike introduced through « vaccine ».*

[Benoît Ochs]: *It’s a tiny protein, they can’t remove it. They can’t clean it out, they can’t filter blood to take this protein out, to take this spike out. In Israel, they’re already working on it, some researchers are trying to make some kind of dialysis with immunoglobulins to clean out blood. They are already trying to work on it.*

[Jérémie Mercier]: *For cleaning blood, for eliminate spike and other toxic chemicals [in it].*

[Benoît Ochs]: *Some scientists are already launching studies about create machines to clean out spike from vaccinated blood.*

[Jérémie Mercier]: *Alright, so, they are prototypes. Ok. Can we imagine that each additional dose – because in France, they talk about third dose, in Israel they already talk about fourth dose – can this additional dose increase those markers already very high-level?*

[Benoît Ochs]: *Don't know, I don't know. We, we have started third dose here in Luxemburg. As usual, we model our behavior on that of Israel's behavior. They have started vaccination [third dose] in Israel in early July and Hervé Seligmann has gone into study...*

[Jérémié Mercier]: *Third dose you mean...Third dose in July?*

[Benoît Ochs]: *Yes, third dose. They were the first to do it. So, as usual, they are model for the whole world. They have made about 100 000 vaccines a day and they managed to 4 million vaccines [third dose] for 9.5 million inhabitants. So they are in close correlation with... But then we are in complete correlation between vaccination rates and daily deaths. We have observed totally similar curves with vaccination and daily deaths. At a certain point, there were 40 deaths a day in Israel and during about one month and a half, there were about 1 000 deaths. And I quote Dr Haviv, who is the Director of Hertzog hospital in Jerusalem – a huge hospital – who said 95% of severe forms were vaccinated people, and 90% of Covid were vaccinated.*

[Jérémié Mercier]: *Ok...*

[Benoît Ochs]: *It's tremendous! And Haviv warns everybody; He says: “Stop it! Stop the vaccine!” And he's not the only one in Israel. In Israel, there are other doctors to say we have to carry on.*

[Jérémié Mercier]: *Well, according to what we are saying, I am almost certain I will have to remove this ended video from YouTube, otherwise my channel would be suppressed as well as Réinfocovid's. I have to inform Louis [Fouché] he will have to deal with it !*

[Benoît Ochs]: *I'm not here to please anyone. I am here just to talk about specific case of Israel!*

[Jérémié Mercier]: *Yes, I know. But there are things we are not allowed to discuss on social networks nowadays. Doxa these days, it's “vaccines are safe and effective”, “we're allowed to discuss everything but numbers”. Well, we hear about incredibly stupid things, it's so awful we are wondering if it's not a nightmare. And thus, saying truths become difficult and tightly submitted to censorship.*

[Benoît Ochs]: *In passing, Kovi Haviv talked on a public television channel – often, Haaretz newspaper gives the same results – so they admit anyway reality about what happens in Israel. So, there is maybe more democracy in Israel than in our country!*

[Jérémié Mercier]: *Yes, perhaps... though they're having fourth dose anyway. But well, there are liberty spaces and strong constraint spaces. And what can we say to those people, maybe “vaccinated”, double-dose, three-times-dose, maybe they are watching us tonight and said “Oops, maybe I made a mistake...” What can they do?*

[Benoît Ochs]: *Then me, I usually see vaccinated people in my consulting-room. I take heed of them and I'll be there for them. Me, I don't make any difference between vaccinated and unvaccinated people. When I found high level of D-dimers and CRP, I try not to worry them and I say “treatments exist, there is certainly*

something to do, but we absolutely still have to make blood analysis before”. Fortunately, we find nothing. But I am insistent about still making blood analysis regularly to check their blood and be careful. Nowadays, I recommend to each vaccinated people to visit their family practitioner or a doctor and make some blood test. Then, I haven’t talked about something, CPK and troponin. CPK is a muscle’s enzyme from the heart. Because we know that Pfizer-BioNTech and Moderna – they sent us a paper when we started vaccination with young children, 12-18 years old, well young people, 12-18 years old adolescents – when we started this vaccination they sent a paper with this information “You’ll find myocarditis and pericarditis among young people”. And then they told us “myocarditis and pericarditis evolution, among vaccinated person, is the same as usual’. They don’t want to say there is a risk of cardiac arrest, but they notice in the end that doctor is responsible for the vaccination and that he has to warn his patient, about myocardial infarction. It’s written! it’s there in black and white. This, I can send it to you, this paper. It had been sent to us from Pfizer-BioNTech and Moderna managements, from Brussels. [find this document on blog article XXX]. So, I also check steadily CPK and troponin, the cardiac enzymes. When you suffer from inflammation, myocarditis heart’s inflammation, CPK-MB and troponin’s levels will increase. That’s also to be checked. So many factors are to be checked from vaccinated people : D-dimers, CRP, ferritin – that maybe get high too, probably in connection with some metal in the vaccine, that, I checked that ferritin too, and one of my colleagues who is microbiologist, told me he saw many high levels of ferritin, and that was probably concerning vaccine, but me, I haven’t seen it so often...I saw very, very high levels, but I haven’t it seen many of them – CPK and CRP to check myocarditis, myocarditis or pericarditis beginning in the heart. In figures – now I’m talking about myocarditis – from myocarditis numbers, we can consider only one myocarditis out of 100 will die from vaccine side effects. Very few. It’s still very few. There are not so many myocarditis, but there are some anyway. In the other hand, what is very, very important, is that myocarditis – and I didn’t know that, I’ve learned it from cardiologists and precisely pathologists and histopathologists from Germany – they say myocarditis is 50% of deaths over 5 years, and a lot of deaths over 10 years.

[Jérémié Mercier]: *Ah yes!*

[Benoît Ochs]: *Then the well-being of a person who suffer of myocarditis because of the vaccine...tremendous risks are taken! In fact, questions remain. We said “Is that vaccine – and the Covid epidemic, everybody start to say this epidemic is less severe than flu – does it worth it having vaccine with so many risks?” And we’ve got facts now. We have data to say there is a tremendous risk over the medium to long term. Then, it’s still time to stop and I think I wouldn’t like to stand in decision-makers shoes who are asking us to keep making vaccine, besides vaccinate children aged 5 to 12. This is madness. At present, we notice more deaths of teenagers aged 12 to 18 due to vaccination than Covid.*

[Jérémié Mercier]: *Well there are no deaths due to Covid [in this age group] so it’s pretty obvious!*

[Benoît Ochs]: *yes*

[Jérémié Mercier]: *ok, I think, here we are now with all these elements coming back from statistics analysis from everywhere, If we want to force someone to “vaccination”*

with many quotes, it's a will to harm, simple as that. Well, there are no other reasons. I can't see anything else, anyway. Or to follow very, very odd plans made with manufacturers. I received also questions about pregnant women since it's the first time, I think, they say we must "vaccinate" pregnant women whereas before, they say rather "don't touch pregnant women, don't do nothing". And then, they say "Yes, absolutely! We certainly have to "vaccinate" pregnant woman to protect her from this nasty Covid!". Do you have some pregnant women as patients? Do we have feedback on what's happening to them?

[Benoît Ochs]: *I managed to gather around fifty doctors who think as I do here in Luxemburg. We meet periodically, and among these doctors, there are 3 gynecologists. It would be very interesting to have a feedback, but they haven't seen a lot of things. However, some results are troubling, those results from CDC. Christine Cotton worked hard, and she has submitted her work to France Soir. She found in CDC results, Center for Control Disease in the USA, she found a lot of problems. There are 27 % of miscarriages, 10% of severe prematurity. There are 4% of abnormality in children.*

[Jérémy Mercier]: *Wow, there are very, very high figures...*

[Benoît Ochs]: *Numbers are high, and we looked with Hervé Selligman. We read comments – because CDC comments about all gynecological side effects – and we have searched clots in placenta. Clots are thrombosis, inside placenta. And we found many CDC descriptions about placental clots. Then, we find micro-thrombosis or thrombosis within newborn babies' placenta, which could be in keeping with vaccine's physiopathology*

[Jérémy Mercier]: *So, some babies born alive with placenta full of clots?*

[Benoît Ochs]: *In fact, we always examine placenta after birth. And then we look at it. We could even send it to histology to find out if there are thrombosis in placenta. And apparently, and nurses and midwife told me – because it's midwife who often examine placenta – and they told me they regularly find tiny thrombosis within placenta, they haven't seen before. That will be a research study! We should absolutely make this study, and examine every placenta, and maybe send to histology each placenta et look if there are results like that. Some signs would be very interesting. But are we in watchfulness or in vaccinal propaganda? If we are in vaccinal propaganda, we absolutely mustn't find anything. If we are in watchfulness, we have to know the risks for population.*

[Jérémy Mercier]: *Ok. And since "vaccination" not any babies are born on time...babies of "vaccinated" pregnant women.*

[Benoît Ochs]: *yes, there are some.*

[Jérémy Mercier]: *Since it began around February-March, we're getting right to 9 months after "vaccination", I have this feeling.*

[Benoît Ochs]: *Something told by gynecologists. They told me they see much more babies with low birth weight, with weights lower than 3 kilos. This too we don't know*

why. Normally newborn child weights between 3 to 4 kilos, and there, many babies weight lower than 3 kilos. Is it due to vaccine? We don't know. We could suppose, but there are studies to make. There is certainly investigation to make. Do states want to investigate to find out problems?

[Jérémie Mercier]: *I've selected a question, somebody asks “is D-dimers rate can high many months after vaccination? Thirty-four years-old friend had chest pain and rash. Blood test revealed high level of D-Dimers: 2 200, when limit is 500”. Could these D-Dimers soar up belatedly?*

[Benoît Ochs]: *Yes, I confirm. These people have D-Dimers high 2 days after vaccination or 6 months after vaccination. These are elderly people, young people, women, men. There is no distribution in there. I've seen D-Dimers long, long time after vaccination.*

[Jérémie Mercier]: *It means people who didn't have high D-Dimers shortly after, but after few months, then, it soars, is that it?*

[Benoît Ochs]: *A patient of mine who is about 65 years-old, was vaccinated straight away in February. And in July, I found 5 000 D-Dimers in his blood test. So it was long time after.*

[Jérémie Mercier]: *I was asking a very practical question, but I don't have the answer, so I ask it too. Frédéric is asking: “ Who declares there is a need for autopsy and what are the criteria ?”. Because nowadays, I hear, myself, it would be useful to practice many autopsies of “vaccinated” people to find out if their deaths are due to something about this new pathology created by “vaccine”, a priori. Or if they are natural deaths? how do we decide “this person, do we have to practice an autopsy, or not?”*

[Benoît Ochs]: *I'm going to tell you how it takes place in Luxemburg, but I'm not sure it's the same way in France, but I think it's the same in France. When we sign death certificate, we can notice death is suspicious and then ask for an autopsy. General practitioner can ask for an autopsy, but the prosecutor is entitled to refuse autopsy. Usually the prosecutor is the one who decide to practice an autopsy or not, because it's paid by the State. Then it's a judicial order to see if there is a problem with...It's usually in case of criminal investigations. So, judicial decides if autopsy is practiced or not. Then autopsy can be refused by the prosecutor, here in Luxemburg, and I think in France too. Yet, a new bill has passed in Germany about a month ago, since they have carried on autopsies precisely in Reutlingen and Heidelberg. They've authorized the public to decide an autopsy, it means everybody can ask for an autopsy, but they have to pay it themselves. An autopsy is quite expensive, it costs about 2 000 euros, but they can decide to practice an autopsy. They can ask for an autopsy on their own.*

[Jérémie Mercier]: *Without going through the doctor or anyone else, is that it?*

[Benoît Ochs]: *without going through the doctor and without going through the prosecutor. They have the right to ask for. We had the case here in Luxemburg, with a 70 years-old person who died, and the family asked for an autopsy, that was rejected by the doctor. They went through lawyer, court, judicial, to ask for the autopsy. Autopsy has been accepted and the woman has been reclassified like dead because of vaccine.*

[Jérémié Mercier]: *In Luxemburg, then.*

[Benoît Ochs]: *Yes, in Luxemburg*

[Jérémié Mercier]: *Ok, so, it would contradict – that’s very surprising – French minister Olivier Véran, who said there were no death – or even no... I don’t remember how he said that, well, he recently said a sentence like: “vaccines are safe and effective, don’t nitpick, there’s no problem”.*

[Benoît Ochs]: *It’s serious! I dare to say it, because it’s incredible. And I hope he knows how responsible he is when he says something like that. Because if, on a given day, we are able to give the real number of dead people because of the vaccine and to certify it at that point, I don’t know if he’ll know what to do with himself, I don’t know where he will hide.*

[Jérémié Mercier]: *That kind of questions are often returning: “is spike is sexually transmitted from vaccinated to no-vaccinated people”?*

[Benoît Ochs]: *Well, inevitably, yes. Why? There, I’m fortunate to be with Hervé Seligmann and who have precisely surveyed spike transmission and who try to find correlation with vaccination and infections, and infection’s transmission. It’s likely that there is contagiousness, but anyway, sexually, let’s simply talk about sexuality, spermatozoon, inevitably, can transport spike. And Sertoli cells [that allow human spermatozoon maturation], that are very, very important cells, can transport not only spike, but can transport RNA transmitted with vaccine, and usually can carry, even transfer...spermatozoon can meet Sertoli cell...RNA can be transmitted to a child, that is practically certain, nowadays. We’re quite sure of that. And Alexandra Henrion-Caude talked about it and said us to be very, very, careful with it.*

[Jérémié Mercier]: *Does it mean babies of vaccinated people could integrate “vaccinal” RNA into their genome?*

[Benoît Ochs]: *It’s now obvious, it’s fair to say.*

[Jérémié Mercier]: *That bodes well for the future! That’s what I said recently, Twitter censored it. My Twitter page is censored for now. At present, it’s frozen. We’re talking about human sacrifice. Me, I talked about the young people who have to be “vaccinated” even though no self-benefit has been proved. It’s obvious there is a very unfavorable scales between benefit and risk. Then we can talk about sacrifice. But there, it really looks like it this will to “vaccinate” everybody, elderly, middle-age, youth, and soon young kids, indeed babies probably. It’s very, very disturbing all the same.*

[Benoît Ochs]: *I’m quite optimistic usually...But in fact, I was listening to [Luc] Montagnier, I was listening to [Christian] Perrone, I was listening to [Peter] McCullough in USA, [Vladimir] Zelenko who is catastrophic, [Geert] Vanden Bossche who is also catastrophic. I didn’t really want to believe them because I had a sort of denial, I still want to think in a positive way and still feel hopeful. I try to remain pragmatic. But when I look at blood tests results, I have to acknowledge myself there is a serious problem and a risk that could perhaps become very, very considerable in middle or long term.*

And with Hervé Seligmann, we’re still looking at statistics. Actually, in EuroMOMO, with age bracket from 15 to 44 years old and from 45 to 65 years old, there is an increase in mortality

more than 50% in these age brackets. Between 50 and 100%, in Europe [careful, there is a problem with numbers – I’m checking it]. For example: per week, age bracket 15-44 years old, there are usually 7 000 deaths per week [NB: per month not per week] in Europe. And there, there is mortality surplus of 4 500 deaths per week [NB: for a year, not per week!], it means we have passes from 7 000 to about 12 000 deaths per week [NB: well, there is also a mistake...]. And we can’t explain that. So we don’t know. And it’s a regular increase. It’s steady since February. So something is happening and we are regularly following this and we say “disaster is gonna happen inevitably”. We are watching disaster coming and we are waiting for it to become visible. Unfortunately.

[Jérémie Mercier]: *I had interviewed Astrid Stuckelberger in August, I think, Who talked about different possible cures to get rid of some particles that could be in “vaccines”, notably graphene oxide, but I’m not sure there is a final conclusion about “is there some or not ?” But at that time she was talking about glutathione, suramin...I don’t know exactly what would have been the interesting different remedies or supplements. Do you have feedback about that people who would have tested some specific approaches for “detoxifying” after “vaccine”?*

[Benoît Ochs]: *Well, I’m a general practitioner. I see 50 patients a day. Everyday some people come to me and ask “do you have remedies, do you have detoxifying products? – cause some vaccinated people come to me and ask me if I could give them cures for that. And they come with their theories, all of them, because they have watched “plotist” on social networks who told us there is graphene, immune disorders, there will be infertility, etc., etc...Yes, all these theories are possible, all these treatments are possible and I’ve got treatments. And glutathione is one of them, and I give treatments. I mainly give aspirin, and glutathione, yes. And especially N-acetylcysteine.*

[Jérémie Mercier]: *yes, NAC, I forgot.*

[Benoît Ochs]: *Which is preceding glutathione. Well now, go and look for all these theories, it’s not necessarily what we are concerned with. There’s no need seeking all these theories. We already have official facts to say “something is happening”. So, I insist, and maybe I am a forerunner in this research. D-Dimers and CRP are factors of vaccination gravity. If we already check these two elements, we’ve already got main things to observe vaccinated people developing problems or not. And we should urge persons in charge to do studies, and medical centers to do studies this way to find this vaccine pathogenicity. And people have to be care about that. To care about that, they have to do blood tests. I think the day that doctors will do blood tests and search this, inevitably they will find abnormal results, and people will begin to worry. And the more they worry, the more they will talk about it, and the earlier we’ll succeed to stop the whole system.*

[Jérémie Mercier]: *So in some ways, vaccinated people should be seriously exhorted to do blood tests, at least, D-Dimers and CRP, is that it?*

[Benoît Ochs]: *As quick as possible, and the more tests have been done, the more tests have been done by doctors, and the more we would understand what happens*

and above all stop risk. I don't even say stop vaccine, but I say we stop risk, vaccine risk.

[Jérémié Mercier]: *Yes. Then CRP, D-Dimers, CPK and troponin, they are the most important right? ... and ferritin too, possibly?*

[Benoît Ochs]: *And ferritin too, yes.*

[Jérémié Mercier]: *That would provide an overview, well by now that people realize that's something wrong, and look further. Because nowadays, no one talks about that in medias.*

[Benoît Ochs]: *No. They scared us with positive tests, and now I would prefer people starting to be scared, precisely of these factors. Me, I don't mean to frighten people, but unfortunately, I'm not here to hide the truth. One thing: If really vaccine is catastrophic, could you imagine people wanting to do another vaccine in future? Nobody will want to do vaccine. That is happening in Africa. In some places they vaccinated with polio vaccine, oral vaccine which has brought tremendous flabby paralysis. Nobody wants to do vaccine anymore. This vaccinal propaganda about a bad vaccine – we can say it, I can say it with certainty, it's a bad vaccine – It will perhaps leave an indelible mark for hundred years.*

[Jérémié Mercier]: *Ok. If truth is coming, but for now we are very, very crushed by vaccine propaganda and health authorities.*

[Benoît Ochs]: *Truth will come, for sure. When we look at histopathology, it's not possible, it's strictly impossible, truth will come. We just need...as Raoult says, science, it has plenty of time. And science will prove. It will prove someday.*

[Jérémié Mercier]: *Ok, so, let's recap, urgency today, is that vaccinated persons do the tests I've mentioned, so I recap...ah yes, before recap, another question: “Have you done gamma-GT tests ?”*

[Benoît Ochs]: *Yes, always*

[Jérémié Mercier]: *And? What is ...?*

[Benoît Ochs]: *No, I didn't find anything significant, no.*

[Jérémié Mercier]: *Alright, ok. I go back to the 5 parameters, so: D-Dimers, then CRP, CPK, troponin and ferritin. Is that right? 5 parameters to examine urgently with “vaccinated” people. Then, I think there is maybe another recommendation or demand to do. It's that people who, in his family circle, see relative dying of a weird cardiac stuff, maybe young, he has to request an autopsy so!*

[Benoît Ochs]: *Insisting to carry on autopsies with people who suddenly died with cardiovascular pathology. It's very important. For example: I use the example of a doctor here in Luxemburg. He found his son dead in his bed in the morning and they didn't carry on autopsy. He did vaccine, he was healthy, he wasn't depressive, nothing special. He died in the morning in his bed, suddenly. They found him dead in his bed.*

Ordinarily, prosecutor should, even the family doesn't want to do autopsy, prosecutors should ask for an autopsy just for vaccines vigilance. It's a societal problem I think.

[Jérémie Mercier]: *I've put Irina's message here: "Good evening everybody, support, my friend has died 9 days after second shot : massive heart attack".*

[Benoît Ochs]: *We see these things regularly. We regularly hear about these kinds of things. I knew a woman found dead in her kitchen. She was 50 years old. Her husband found her dead in the kitchen. It hasn't been notified death of the vaccine. Another one, café owner who died on his counter. We find regularly, we hear regularly these kinds of story. I only talk about stories in Luxemburg. But there are stories in France, we often heard about these. Young people dead in Germany during sport and who died on football ground. We often heard of stories like these. I think in Germany, at present, 45 children have died of myocarditis post vaccine. Them, they have been officially registered as dead because of the vaccine. I saw young teenager, who came to my office with heart pains, myocardial infarction and sent them straight away to the hospital.*

[Jérémie Mercier]: *Ah yes...And who pull through?*

[Benoît Ochs]: *They pulled through yes, but I have learnt afterwards – and that, I didn't know it – myocarditis of young people, he has a life expectancy very, very, limited.*

[Jérémie Mercier]: *Yes, that's what you say just now. Ok. Besides, it's a question that come back too. It's why do we see – I have the feeling that mainly, it's frequent to see – sportsmen then, who fall, cardiac arrest, young, 20, 30, 40 years old? Why sportsmen in particular? Does effort could increase risk of accident? How does it happen?*

[Benoît Ochs]: *Well, myocarditis often takes place 15 days after vaccination. Let's take the example of Belgium. Belgium told vaccinated people not to practice sport during 15 days after vaccination. It's weird, isn't it?*

[Jérémie Mercier]: *Terrific, terrific. And then, avoid sport during 15 days, It could limit the risk of serious trouble?*

[Benoît Ochs]: *If we suffer of inflammatory, if myocarditis begins 15 days after inflammatory, during these 15 days after inflammatory your cardiac capacity is run-down, and you have a risk. You have inflammatory risk.*

[Jérémie Mercier]: *And do you find any differences with blood tests of vaccinated people between Pfizer, Moderna, Johnson, or AstraZeneca, or is it slightly the same?*

[Benoît Ochs]: *I tried to find out. No, I haven't seen any difference.*

[Jérémie Mercier]: *They have produced the same..." rubbish"!*

[Benoît Ochs]: *I read study from Japan, where, apparently, the batches would be different. Japanese sent off a vaccine batch to Spain. After that, they have tested each batch and they noticed their inside chemicals concentration were different. Some had*

heavy metals and others not at all. It could be possible that vaccine batches are different from one another.

[Jérémie Mercier]: *All of this really looks like experiment. In any event it's very, very, disturbing. I'm reading a lot of messages. A lot of people are watching us now. This broadcast must be shared many times, I think.*

[Benoît Ochs]: *In fact, what I saw, it's about blood tests. At a time, I found nothing at all. I had no problem with blood tests. And some other period I found a lot of problems. In July I found nothing. I had no problem with blood tests.*

[Jérémie Mercier]: *What do you deduce from that? What does it mean?*

[Benoît Ochs]: *I said to myself “it's not possible”, and the question came to my mind. I talked with Hervé Seligmann, we talk about it frequently, and we thought “eventually it could be possible batches used in July weren't pathogenic”. I know nothing, I don't know!*

[Jérémie Mercier]: *And these persons who didn't have high levels, high markers in July. If you would test them now, did they still have low markers?*

[Benoît Ochs]: *I haven't retested them.*

[Jérémie Mercier]: *Because it will be interesting to check if therefore there is time-lag...*

[Benoît Ochs]: *I already have so much work...*

[Jérémie Mercier]: *I understand. Ok, well...*

[Benoît Ochs]: *I'm doing my best; I work a lot. I hope I could rest one day.*

[Jérémie Mercier]: *Did you try to notify health authorities in Luxemburg or even WHO, I don't know, about that?*

[Benoît Ochs]: *Ah, my dog is coming to say hello...My dog that is in the back.*

[Jérémie Mercier]: *Hello dog!*

[Benoît Ochs]: *Here it comes. Its name is Youri, it's very, very kind.*

[Jérémie Mercier]: *Did you manage to inform authorities about this, and what happens when you talk about that, if you ever talked them about that?*

[Benoît Ochs]: *No, I am brought before the court because I talked. I have talked too much. I had duty of secrecy and I didn't obey Luxemburg code of ethics because besides, I have treated patients, I wasn't allowed to do it. I came and visited patients; I wasn't allowed to. And I spoke of emergency protocols...Emergency protocols are criminal for me. Then I am in trouble with the courts. I was brought before civil service tribunal; they ask for suspension during a year. I 'm now before Court of Appeal. At*

present they set aside. By now, I’ve got huge prominence among population in Luxemburg. I am prominent because I am the only one who speak.

[Jérémie Mercier]: *Ah yes, That’s incredible. And you said about 50 doctors think roughly your way, but they don’t dare talk, them?*

[Benoît Ochs]: *They have risks, so now some of them are beginning to speak. But at present, none of them have spoken and I understand them because it’s risqué. Especially for the young ones. So it’s impossible for me to talk with people... Well, maybe soon, I would have an argument with the minister of Health. The Health Director, I think it’s impossible to argue with him. Representatives, Doctors from scientific committee, I knew them. I was regularly in touch with them. One of the doctors who is chief scientist in Luxemburg, I told her we haven’t the same purpose with medicine, to be kind. Then I think I am not able to argue with them.*

[Jérémie Mercier]: *Yes, I understand. It’s not clear.*

[Benoît Ochs]: *I tremendously bother. Unfortunately, me, I insist...Ah yes, something else. Since last year, I had cured with hydroxychloroquine, with azithromycin, with ivermectin and for now, I haven’t heard about deaths with my patients. I am up close to 800 therapies. So I tremendously bother, and nobody complains either. And that is bothering too. The only complaints I received are from Medical College which is Luxembourgian “Order of Doctors”, that doesn’t agree because I didn’t obey.*

[Jérémie Mercier]: *It means we aren’t allowed to cure people. A doctor is not allowed to cure people nowadays – is that right? – well, about Covid!*

[Benoît Ochs]: *No. They think I took a risk with my patients when I was given them hydroxychloroquine, when I was given them azithromycin. Well, I think I cured them. And they thought I took a risk when I was home visited patients who were suffocating.*

[Jérémie Mercier]: *Everything is reversed. It’s truly delirious, well, it’s unfortunately. the case everywhere.*

[Benoît Ochs]: *That’s why I called it “legal” failure to help a person in danger.*

[Jérémie Mercier]: *Of course.*

[Benoît Ochs]: *Nowadays, it’s legal to let people die at home*

[Jérémie Mercier]: *Ok, well...Thanks a lot for this fascinating discussion, very disturbing. I hope this will awake a lot of people because it’s time. You maybe want to say something more before we end, or ...?*

[Benoît Ochs]: *Well I may insist about one thing. General practitioners are very important during Covid and vaccination. They are the one who can – first, Covid, cure, see them directly, indeed before complications arise. Then general practitioners are the most important people during Covid, in Covid history. They are the ones who diagnose. They are the ones who cure them and who can avoid complications. They are the ones who can follow them and prevent death. [Second], They are the one who can meet vaccinated people and check if there is a risk before getting into trouble,*

while they are still healthy, just tired. They have a very, very important part. Front line with Covid it's the most important. Right?

[Jérémie Mercier]: *Then, nowadays, unfortunately the main difficulty – at least in France, perhaps less in Luxembourg – but in France, most people consult their general practitioner, and the general practitioner wants to “vaccinate” them and nearly force them to do “vaccine”, do without their consent, etc....Well, it became the norm...and, above all, no cure.*

[Benoît Ochs]: *Well, I know many doctors. At present, I managed to gather fifty doctors. Some of them call me on the phone, and say “Benoît, we understood. We have to stop, because morally we can't carry on this way”. “We have done vaccine, but we, we can't carry on this way because we see results. That's policy. We know we haven't medical practice anymore”.*

[Jérémie Mercier]: *Luxembourg doctors or French one too?*

[Benoît Ochs]: *Luxembourg is very interesting, because it's international. There are doctors from everywhere. The population comes from everywhere, a real international population. I can meet 20 nationalities a day, regularly. So, there are doctors from Belgium, from France, especially from Germany, but also from Portugal, also...All nationalities are here, so it's very interesting*

[Jérémie Mercier]: *But you talk about doctors who practice in Luxembourg, they are not under French law so
?*

[Benoît Ochs]: *Yes, doctors who live in Luxembourg. This afternoon, I meet a Romanian doctor, who newly settle in here in Luxembourg*

[Jérémie Mercier]: *Right. Ok, so it's good. Anyway, at least fifty doctors in Luxembourg, it's a lot for this tiny country, I think!*

[Benoît Ochs]: *I gathered 50 doctors, but I know at least 200.*

[Jérémie Mercier]: *Ah yes, it's tremendous, then there is a real awareness from doctors in Luxembourg!*

[Benoît Ochs]: *There are 2 000 doctors in Luxembourg. And I think 200 of them have their doubts or agree with me.*

[Jérémie Mercier]: *It's tremendous!*

[Benoît Ochs]: *They call me or they write. They say “well done, carry on, etc.”!*

[Jérémie Mercier]: *I'm very impressed with this number, which is huge, I think.*

[Benoît Ochs]: *Well, I'm known since February and they didn't succeed to prevent me from speaking. I've made some short videos with videographers or on social networks in Luxembourg. I made videos to talk about what happens and of what I see. I always say I never speak up. I speak about what I factually see. So I have been followed by*

many people since now. I still have big notoriety here in Luxembourg and then I've got network of persons around me, and some persons more or less prominent call me regularly. So, I've got support. Perhaps this support is protecting me because I've been waiting for two months now for having the date set by the Court of Appeal, and for now I haven't got it. I'm waiting. Maybe I will inspire them tonight, here, don't know!

[Jérémié Mercier]: *I don't know. I hope something positive will emerge from this video for everybody, as well for you than for the people who listen to us, and for the “vaccinated” who could be in serious danger.*

[Benoît Ochs]: *There's a threat.*

[Jérémié Mercier]: *Honestly, it was exciting. Thanks a lot for giving me time and for sharing these information, especially recent information about these new markers, not only D-Dimers. Do you want to say one last thing?*

[Benoît Ochs]: *Me I was very, very happy to be with you because I have learned many things thanks to you and I'm grateful for all the work you've done, all this work of information you gave us, because we've learned so much thanks to you too.*

[Jérémié Mercier]: *Listen, thank you very much. I'm really pleased...and it will go on. By the way I will meet you up next week [in 2 weeks actually] with Denis Rancourt and Marine Baudin. We'll talk once more about analysis of mortality, which, once again in the USA, tell there's no trace of pandemic. In contrast, we see traces of sanitary politics which have catastrophic consequences. That's all. So it will be the talking point.*

[Benoît Ochs]: *There is a lot of change in the USA at the moment. American states will perhaps change the whole story and maybe overthrow the whole system. I don't know, we'll. We hope!*

[Jérémié Mercier]: *Suspense, suspense. Well, anyway, Thank you. Thanks everybody...Well, I don't know where my short end credits is. Doesn't matter, never mind. Good evening to you Benoît. Thanks a lot for this discussion. Good evening everyone. Take care of you, then share this video. I will probably have to take it away from YouTube soon. I'm not sure yet. Maybe YouTube will make an exception, won't censor it, I don't know. Anyway, you will find it on CrowdBunker, on Facebook and I'm gonna write a newsletter that I will post there soon. That's all. Thanks to you Benoît. Thanks everybody. Take care and see you soon. Bye!*