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An das

Bundesverwaltungsgericht
Geschäftsstelle 1. Wehrdienstsenat

schmitz.de
04107 Leipzig

**Zustellung über das beA**

**Bei Zahlungen bitte stets angeben:**
**Rechn.-Nr.:**

**Bei Antworten bitte stets angeben:**
**Aktenzeichen: … / 2022**

Selfkant, den ….3.2022

**In the military appeal proceedings**

**of Mr. ...**

**AZ. ... and BVerwG ....**

the following comments are made on the pleading of the BMVg dated ....2.2022, received here on ....2022:

I.

Has the BMVg really taken note of this presentation? The BMVg's submission does not indicate that it has even rudimentarily appreciated this side's submission. The BMVg thus does not refute this side's submission in any respect, does not even shake it. It can thus be treated as admitted.

On the contrary, the submission of the BMVg of 23.2.2022 gives the impression that it was taken from an internal submission of the BMVg for all proceedings that are currently pending before the BVerwG regarding the question of the obligation of soldiers of the German Armed Forces to tolerate a "coronavirus" vaccination, especially since it is consistent with the submission of the BMVg in the other military appeal proceedings in which I am involved as an authorized representative.

It is not known whether the BMVg knew the letter of the BKK ProVita to the Paul-Ehrlich-Institut of 21.2.2022, which I conveyed to the recognizing senate with written statement of 24.2.2022, already before 23.2.2022.
If yes, then the presentation of the BMVg of 23.2.2022 would be already against this background downright monstrous, since alone already this warning message of the BKK ProVita of 21.2.2022 - in order to speak once in military terms - of such explosive force is that all central assertions of the BMVg as wrong convicts and downright pulverizes.
From the above-mentioned letter of the BKK ProVita, the central statements are once again highlighted:

"...**If these figures are extrapolated to the whole year and to the population in Germany, probably <u>2.5-3 million people</u> in Germany have been in medical treatment because of vaccination side effects after Corona vaccination....**

**We see this as a considerable alarm signal. ...**

**Extrapolated to the number of vaccinated people in Germany, this means that <u>about 4-5%</u> of the vaccinated people have been in medical treatment because of vaccination side effects....**

**In our eyes, there is a considerable underreporting of vaccination side effects.** ..." (end of quote, boldface and underscores added by signatory).

Evidence: as before (Exhibit 7)

These facts alone should have compelled the PEI and also the BMVg to immediately stop the entire coronavirus "vaccination" campaign.

If those responsible at the PEI still delay this decision even in the face of these facts, and even a single person is harmed as a result, then they will hopefully very soon have to face the questions of a conscientiously investigating public prosecutor's office.

And if the further statement of the BMVg of 24.2.2022 was written in knowledge of the aforementioned Annex 7, then this circumstance alone would be suitable to finally convince the discerning Senate that the BMVg deliberately exposes the life and health of all soldiers to quite considerable risks and deliberately violates its duty of care towards all soldiers. Such a total failure on the part of the BMVg is unforgivable.

What a cynicism it is when the BMVg - on page 4 in the last paragraph of its statement of 23.2.2022 - speaks of "0.000024 cases per 1000 vaccinations" against this background with regard to the side effects.

Basically, the presentation could end at this point.

What was already presented on this side gives sufficient reason to stop the coronavirus-"vaccination"-campaign within the Bundeswehr for the protection of life and limb of all affected persons immediately or temporarily and also permanently (!!). The number of victims will not improve if this experiment is continued with the life and health of all soldiers.

In the following, we will only go into a few more extremely alarming facts about these coronavirus "vaccines", especially about what these "vaccines" can be declared as in truth and how the true extent of the vaccination damage and especially "vaccination" deaths in this country has apparently been concealed.

**II.**

The BVerwG could not have known on 22.12.2020, when it issued the decision referred to by the BMVg in the proceedings AZ. 2 WNB 8/20, it could not yet know the figures and

sources already presented on the danger of the genetic "vaccines", which - as already proven - do not deserve the designation "vaccines".

As is known, this coronavirus "vaccination" campaign has started here in Germany only December 2020. On 22.12.2020, the catastrophic figures on the side effects of the coronavirus "vaccines" could not yet be known.

It has already been explained in detail with reference to relevant sources why the coronavirus "vaccines" have demonstrably no positive effect at all, but are associated with such catastrophic side effects that they cannot be justified from any point of view.

Consequently, it sounds like a mockery when the BMVg simply claims, completely unimpressed by scientific facts, that these "vaccines" contribute to the "prevention and control" of infectious diseases or even to the "slowing down of the incidence of infections" or to the reduction of the number of reproductions. The BMVg simply ignores reality.

Phrases such as "The approval of the vaccine" (page 2) hide the fact that all coronavirus vaccines have still only been conditionally approved. There were and are no long-term studies. Even the BMVg cannot deny this.

All people to whom these "vaccines" are administered are therefore - whether they know this or not - participating in a large-scale field trial or study with an experimental "vaccine".

The fact that a special duty of disclosure exists with regard to participation in a study was explained in detail by Ms. Bahner in the legal opinion already submitted as Annex 1 - there on page 26. Reference is made to this in order to avoid repetition.

The complainant has at no time been informed that by participating in the coronavirus "vaccination campaign" he would in fact be participating in a large-scale study. He has also at no other time been informed about all legally relevant aspects of these novel coronavirus "vaccines", as they have been presented at book length by the colleague Beate Bahner in her already mentioned book "Corona Vaccination". So he was especially not informed about the novelty of these "vaccines" (Beate Bahner, ibid., pp. 89 - 97), the risks of their shortened approval (ibid., pp. 108 - 122), the risks and side effects of the Corona "vaccination" (ibid., pp. 134 - 138), certainly not about the side effects reported in Europe and Germany (ibid., pp. 139 - 160), about the risk of death (ibid., pp. 173 - 179).

Evidence: Interrogation, alternatively hearing of the complainant.

The entire content of the aforementioned book sections would be worth to be presented here in full, since already there more than enough sources and arguments have been gathered, which should have led to an immediate end of the coronavirus "vaccination" campaign.

In any case, the principle that "order is order and order is order" becomes life-threatening when ignorance of this legal mandatory reconnaissance program becomes the order-giver.

The BMVg can also spare itself rhetorical deception tricks with so-called straw man arguments by refuting assertions that have not even been made. In any case, I did not

argue that only a "fully protective" vaccine is suitable for the prevention and control of an infectious disease (according to the BMVg on page 2 at the end of the first paragraph). Because if - according to the BMVg - such an assumption was made, then the "individual positive influence on the probability of infection and the course of the disease" would be "completely" ignored.

I have argued - as I said - that these genetic interventions with the label "vaccine" do not offer any protection at all, and what does not offer any protection does not have any "positive effect", especially not when such a "vaccine" has obviously already harmed millions of people and many people have died in temporal connection with such a "vaccination".

It is not so long ago that every vaccination campaign was immediately stopped as soon as the first severe side effects of vaccination appeared. It is one of the basic principles of medical healing that a medical measure must not cause more harm.

In view of the gigantic profits that this "vaccination" campaign has brought to the manufacturers, everyone should ask themselves what motives are responsible for the fact that the guiding principle of medical action, the "Primum noch nocere", no longer seems to apply since March 2020 (note: the quote reads in full "primum non nocere, secundum cavere, tertium sanare", in German: "first do no harm, second be careful, third heal").

The comparison with the thalidomide scandal is obvious. But there are extremely significant differences to the thalidomide scandal.

"...In the thalidomide scandal, alarmed doctors and outraged mothers generated widespread public pressure. The pictures of babies with fin-like atrophied little arms and legs went around the world, causing an outcry that led to the banning of this drug and the enactment of new drug safety laws (12). Yet, as if Germany had never had a thalidomide and subsequent drug scandals, millions of vaccine victims worldwide (see below) are willfully ignored and negated. The protection of the pharmaceutical industry (13) now takes precedence over the protection of human lives. Doctors and nurses who speak out with concern about vaccine damage are threatened with dismissal, and mothers who want to prevent their children from being vaccinated lose in court. The difference between the thalidomide scandal and this overt vaccination disaster is the active prevention of publicity, but so is the blatant coercion of vaccination, the compulsory vaccination through many back doors..." (end quote)

Source: https://www.rubikon.news/artikel/contergan-versus-corona

Because it is simply absolutely obvious also everyone should have grasped long ago, how much the public with regard to the true dimension of the Coronavirus "inoculation" damage by official places was deceived and downright for stupid sold."

The article "Dying after vaccination" of the online portal Rubikon of 5.3.2021 already stated, among other things:

"Everything is connected with Corona. If a person who had once tested positive for Covid-19 two months earlier, but showed no symptoms, dies in a car accident, he is counted as a "Corona death." The situation is different for deaths after vaccinations. Here, officially, there may never be a connection. People have always died "with" the vaccine serum, never "from" it. Here the evidence stinks to high heaven. Since the vaccination has been running, the death rate among the very elderly is about six times higher than in ordinary times....The reports of deaths after Corona vaccinations, often in old people's homes or care facilities for the sick and disabled, are oppressively reminiscent of the well-known dystopian novel "Fahrenheit 451". In it, firefighters don't go out to put out fires, but to burn books or set fire to the homes of government critics. In our country, the police and the public prosecutor's office ride in on the deaths after Corona vaccinations and explain to the dumbfounded public that the deaths have nothing to do with the vaccination, are pure coincidence despite the close temporal connection, and in general: "There is nothing to see, go on! Do not resist against the state power!". According to numerous media reports, these deaths are then counted as "Corona deaths". According to an initial analysis based on Robert Koch Institute figures on deaths among people at least 80 years old, as many elderly people died in most cities and counties in the first two months of 2021 as died in all of 2020 (1-3). This represents a six-fold increase in deaths during the current vaccination campaign. In 51 counties, the mortality rate is over four times higher, and in 22 counties of these, it is over six times higher. This represents at least twenty-four and thirty-six-fold death rates, respectively, during the current senior immunization campaign..." (end quote)

Source: https://www.rubikon.news/artikel/das-sterben-nach-der-impfung

In all other respects, reference is made to the contents of the aforementioned online article in order to avoid repetition and to maintain the clarity of the brief.

Regarding the statistical manipulations to fake a Corona pandemic and a pandemic of the unvaccinated:

The "vaccination" propaganda claims that we have a pandemic of the unvaccinated. This serves as a pretext for more and more coercion to get people to consent to genetically engineered vaccination.

This propaganda is supported by statistical manipulation.

The testing mandates focus on the unvaccinated, so it is largely kept out of the statistics how many of the vaccinated would test positive. Most of the mRNA/DNA vaccinated - if tested - would test positive because they produce a genetically engineered corona spike protein for life.

And post-vaccination damage is redefined as damage from the unvaccinated via an unscientific cut-off date rule.

In a classical vaccination, it would be normal to assume that full protection exists at a certain point after injection. However, the behavior of RKI and CDC described below is not normal and serves de facto to redefine health harms and deaths resulting from mRNA/DNA "vaccinations" into those of unvaccinated people and even into corona cases.

This in turn serves as a bogus argument to force even more people to receive the ("gain of function" experimental genetically manipulating) mRNA/DNA "vaccinations".

The RKI does not count people as "vaccinated" against Sars-CoV-2 until 14 days have passed since the second vaccination (except Johnson & Johnson, who receive only one vaccination). Thus, all people with health problems or deaths from the Corona "vaccinations" are considered unvaccinated in Germany up to and including the 14th day after the second vaccination (except Johnson & Johnson, see above). It follows that all people in Germany who receive only one injection are also considered unvaccinated.

Proof: Obtaining information from the RKI

In this way, the RKI deliberately disguises an unknown number of serious health damages and deaths and redefines them as corona infections of (allegedly) unvaccinated people.

It is obvious that this manipulation is intended to get more people to accept the "vaccines".

Even before the vaccination campaign there was a big statistical deception.

The PCR test of Prof. Dr. Christian Drosten et al. systematically shows many false positive results. Not only is it so non-specific that it reacts to both corona viruses and influenza viruses.

Extensive work has already been done on this.

This PCR test was and is deliberately used as a pretext for all corona shock measures. Thus, for Germany, it primarily follows the BMI strategy paper "How we get Covid-19 under control", which is currently no longer available on the BMI website.

In order to achieve the apparently desired effect, the testing obligations have been extended further and further (airports, borders, schools, workplaces, hospitals, homes, events, stores, demonstrations, etc.), moreover, the frequency of the tests has been increased. As I said, we are talking about a test that cannot show whether there is a sufficient viral load to make someone sick.

Only those who have been vaccinated are (for the most part) exempt from the test, because otherwise it would very quickly become apparent that they have more spike proteins than all other people.

In an article from 1.10.2021, the online magazine Rubikon then delved deeper into the question of how the true dimension of the "vaccination deaths" is concealed, for example, also in the USA.

Source: https://www.rubikon.news/artikel/die-toten-verschleierung

And because the BMVg in its statement (on page 2 in the last paragraph) refers to "current studies from Israel, which characteristically does not compare - what would be possibly productive - data from unvaccinated and vaccinated, but from persons over 70 years of age (!) with "Boster" and "without third vaccination", I would like to refer to the following section of the above-mentioned article "The death cover-up", which gives a more realistic picture of the true situation in Israel and also provides more interesting data for this procedure:

"Whatever the reason, real data from areas with high Covid-19 vaccination rates reveal a disturbing trend. For example, on August 1, 2021, Israel Health Services Director Dr. Sharon Alroy-Preis announced **that half of all Covid-19 infections occur among the fully vaccinated.** Signs of more severe disease among the fully vaccinated were also emerging, she explained, particularly among those over 60 years of age.
A few days later, on August 5, 2021, Dr. Kobi Haviv, the director of Herzog Hospital in Jerusalem, was a guest on Channel 13 News and reported **that 95 percent of severely ill Covid 19 patients were fully vaccinated and that they accounted for 85 to 90 percent of all corona-related hospitalizations overall**…" (end of quote; bold added by undersigned)

Source (as before): https://www.rubikon.news/artikel/die-toten-verschleierung

By the way, it is really remarkable that the BMVg refers to persons in Israel "Ü70". The age of these persons can hardly be compared with the age of active German soldiers.

The statement of the BMVg thus gives reason to believe that things are no better in this country than in the USA. Apparently - as the saying goes - one should not believe any statistics that one has not falsified oneself or - to describe the causes better - whose survey criteria one has not manipulated oneself.

The above-mentioned letter of the BKK ProVita of 21.2.2022 already lets guess the true dimension of the dark figure of the not seized inoculation side effects. The true extent of the Underreporting might lie in addition, still much more highly, since of the physicians surely not all inoculation side effects are recognized as such, treated and accounted for.
The colleague Beate Bahner determines in her extrapolation of her above mentioned book "Corona vaccination" on the basis of a reporting rate (for the coronavirus vaccination side effects) of 1 percent among other things the following figures

a)

for Europe:

About 330 million side effects,
of which about 24 million were serious side effects
about 1.8 million life-threatening adverse events,
about 7 million hospitalizations,
about 1.3 million deaths.

b)

For Germany:

About 13 million adverse events in total,
about 1.4 million severe adverse events,
about 125,000 deaths.

Source: Beate Bahner, Corona vaccination, page 184 - 186. with further references.

Against the background of such figures, the BMVg, of all people, now refers on page 3 (middle) of its statement to its "duty of care from § 31 SG for all soldiers", by which it admittedly means only those soldiers "who would otherwise be exposed to a health hazard through the spread and infection of COVIOD-19."

Those responsible within the BMVg could and should have asked themselves at this point:

Why should the vaccinated be protected from the unvaccinated, of all people, when the vaccinated should actually be protected due to their vaccination and the unvaccinated, as long as they are asymptomatic (= healthy), clearly and obviously cannot pose any danger to anyone, not even a vaccinated person?

Since when are unvaccinated people held responsible for the ineffectiveness of a vaccination or a vaccine?

It is not the task of the unvaccinated to protect the vaccinated, that is the task of the vaccine. This realization is dictated by common sense.

Is it really just the (propaganda-related) prejudices against the (still healthy) unvaccinated that are being instrumentalized here?

Does such pressure not amount to a massive unlawful indirect compulsion to vaccinate?

For example, has the recognizing Senate ever taken note of § 2 No. 2 of the COVID-19 protective measures exemption regulation?

Whoever grasps the content of this regulation can figure out for himself why - allegedly - only "unvaccinated persons" should lie in hospitals. Because vaccinated are considered according to this legal definition automatically as unvaccinated, as soon as they have symptoms (sic!).

Really speechless makes the sentence (quote): "Insofar as it is also repeatedly referred to the fact that there would be a considerable danger to life and health if the currently approved vaccines were used, reference is first made to § 7 SG, according to which the fear of personal danger may not prevent a soldier from fulfilling his official duty."

The question arises whether the BMVg simply wants to take the recognizing senate for fools.

What does the fear of a soldier, which he may be exposed to in combat and which he then has to accept, have to do with the justified fear of the dangers to life and health which these genetic "vaccines" must trigger in him?

Does the BMVg want to tell us that the soldier should fearlessly engage in this absolutely unnecessary Russian roulette game called "coronavirus" vaccination, because he should not otherwise be deterred from fulfilling his official duty on the basis of fear?

The BMVg also argues here with a circular argument. For the question in dispute here is precisely whether a soldier is subject to a duty of acquiescence in this context (within the scope of his official duties). This question cannot be answered with a reference to the fact that the soldier may not otherwise be deterred from his official duties by a fear of personal danger.

If the PEI, the RKI and the STIKO do not take into account facts such as those already presented, then these institutions have failed completely. "Recommendations" that ignore such facts can, if necessary, be interpreted as a gift to the pharmaceutical lobby, but in my opinion, against the background of Section 138 (1) No. 5 of the German Criminal Code (StGB), obligate them to immediately report the matter to the competent law enforcement authorities and to immediately issue a warning to all those "threatened" within the meaning of Section 138 (1) of the German Criminal Code (StGB), in this case: all soldiers of the German Armed Forces.

There is no need to comment on the BMVg's further statements, so I would like to limit myself to a few brief remarks in this respect:

A "continuous monitoring" by the European and national regulatory authorities does not change the facts presented above, in particular the fact that all people are in fact participating in a study and have certainly not been informed about the considerable dangers of these genetic "vaccines".

We have also already shown that the claim of the BMVg, according to which "in the temporal connection with all ...vaccinations ...(only) a total of 15 deaths" shall have occurred, "of which an actual connection with the vaccination is assumed for 3 cases on the basis of autopsy reports", is simply an irresponsible false claim.

Even PEI reports in its safety report dated Feb. 7, 2022, available at:

https://www.pei.de/SharedDocs/Downloads/DE/newsroom/dossiers/sicherheitsberichte/sicherheitsbericht-27-12-20-bis-31-12-21.pdf?__blob=publicationFile&v=5

on page 7 the following (quote):
"By Dec. 31, 2021, a total of 244,576 individual case reports of suspected adverse events or vaccine complications after vaccination with COVID-19 vaccines were registered in the adverse event database of the Paul Ehrlich Institute in Germany, including 141,894 suspected reports after Comirnaty, 41,193 after Spikevax, 51,130 after Vaxzevria, and 9,426 after COVID-19 Vaccine Janssen. In 933 case reports, the vaccine was not specified.
And on page 9, it states ibid:

"In 2,255 suspected case reports, a fatal outcome was reported at varying time intervals from vaccination (0 days to 234 days)."
The whole professional community knows that there has always been a very large underreporting of vaccination adverse events - not only in this country - i.e. that only a small fraction of true vaccination adverse events are recognized, reported and recorded as such. Sources for this can be found in the book "Corona Vaccination" by Beate Bahner on pages 179 - 192. For the sake of clarity, this is referred to.

There is no mention of this underreporting in the safety reports of the PEI, so that no extrapolation can be found there.

The findings of the BKK ProVita of 21.2.2021 could of course not yet be taken into account on 7.2.2022.

For it the executive committee of the health insurance company BKK ProVito for its effort for clearing up was already quit without notice. Numerous media have reported on this, including the online portal "Deutsche Wirtschaftsnachrichten" on 3/1/2022.

Source:

https://deutsche-wirtschafts-nachrichten.de/517839/Nach-Enthuellungs-Studie-zu-Impfnebenwirkungen-Vorstand-der-BKK-wird-fristlos-gekuendigt

And how do our leading media deal with this news? They don't. They are silent! This mass phenomenon of silence is treated among other things in the Rubicon article "Vaccination victims under the radar" from 25.2.2022.

Among other things, it states there:

"Danger to life not ruled out: After an evaluation of almost eleven million insured data, the BKK now alerted the Paul Ehrlich Institute and medical associations. According to the letter, doctors treated up to three million side effects last year. The incident shows that it is by no means just speculation from the "Corona skeptics" milieu that points to a considerable under-reporting of vaccine damage. The figures of the company health insurance fund even state that there were more sick days due to the side effects of the injection than due to infections with COVID-19 itself. Yet the federal health ministry, health authorities, other health insurers and most media are in no hurry to investigate the incidents..."

Source:

https://www.rubikon.news/artikel/impfopfer-unter-dem-radar

So, in truth, this is the effort of those in charge and the "media makers" in this country when it comes to adequate education and especially also warning the population of the true extent of the side effects of the coronavirus "vaccines".

If it were not so malicious, then one could laugh about it if necessary, if the PEI before the background of millions vaccination side effects of it blabbers that "serious side effects"

occur nevertheless only "very rarely and do not change the positive benefit risk relationship of the vaccines."

Such gross distortions of reality, by which people are deliberately lulled into a false sense of security, will one day fall back on those responsible at the PEI, of that I have no doubt.

If the BMVg then refers on page 5 in the 1st paragraph among other things also still the US-American CDC, then it would have better already for tactical reasons from it refrained, because - also - the CDC is a model example for manipulation. Let's limit ourselves to the CDC and not go into how often the Standing Commission on Vaccination has deviated from its original recommendation and what the (political) reasons for this were.

The gigantic manipulation of the CDC is worked out very beautifully in the already above-mentioned article of the on-line magazine Rubikon "the dead veiling" from 1.10.2021. Because there it is called among other things (quotation):

**"The story at a glance**

● According to the U.S. Centers for Disease Control and Prevention (CDC), you are not considered fully vaccinated until a full 14 days have passed since the second injection in the case of Pfizer or Moderna, or 14 days after the first dose in the case of Janssen, even though more than 80 percent of post-vaccine deaths occur in this window. How convenient.

● Anyone who dies within the first 14 days after injection is counted as an unvaccinated death. Not only does this inaccurately inflate the number of unvaccinated deaths, but it also obscures the real dangers of Covid-19 vaccinations, because the vast majority of deaths from these vaccines occur within the first two weeks.
● In addition, the CDC has two different testing guidelines - one for vaccinated patients and one for unvaccinated patients. For unvaccinated individuals, the CDC recommends a threshold cycle (Ct) value of 40, which is known to lead to false positive results. For vaccinated individuals, a Ct value of 28 or less is recommended, which minimizes the risk of false positive results.

● CDC also hides vaccine breakthroughs and promotes the "pandemic of the unvaccinated" narrative by counting only those breakthrough cases that result in hospitalization or death.

● Hospitals also report non-corona-related illnesses as Covid-19.While public health officials and the mainstream media claim that the Covid-19 pandemic is now "a pandemic of the unvaccinated," we now know that these statements are based on highly misleading statistics.

At the July 16, 2021 White House press briefing, CDC Director Dr. Rochelle Walensky claimed that "more than 97 percent of people currently hospitalized are unvaccinated." **A few weeks later, in a statement on Aug. 5, 2021, she inadvertently revealed how that statistic is actually arrived at.**

As it turns out, the CDC looked at hospitalization and mortality data from January through the end of June 2021 - a period when the vast majority of the U.S. population was still unvaccinated.

But that is now not the case at all. The CDC is also playing with statistics in other ways to create the false and inaccurate impression that unvaccinated people account for the bulk of infections, hospitalizations, and deaths. For example, we now find that the agency counted anyone who died within 14 days of injection as unvaccinated.

Not only does this inflate the number of deaths among the unvaccinated, **but it also obscures the true dangers of Covid vaccines, since the vast majority of deaths from these vaccines occur within the first two weeks. Now, these deaths are counted as deaths of the unvaccinated, not as deaths due to vaccine damage or Covid 19 vaccine breakthroughs!**..." (end of quote; bold and underlining added by undersigned)

Source: https://www.rubikon.news/artikel/die-toten-verschleierung

The rest of this Rubicon article is also really worth reading. Reference is made to this for the sake of clarity of this brief.

Such embarrassing facts about the activities of the CDC only allow the conclusion that the BMVg either has no idea how dubious the CDC acts in order to be able to recommend "with special urgency the vaccination against COVID-19 including the booster to all unvaccinated", or that the BMVg once again wants to deceive the discerning Senate about the true factual situation to the disadvantage of all soldiers and wants to take them for fools.

In such a situation, it seems like pure cynicism when the BMVg states that the classification of the COVID-19 vaccination in the basic vaccination scheme is, among other things, an "expression of the duty of care of the employer towards his personnel" and that the refusal of such a vaccination is "incomprehensible".

If the BMVg considers such a "vaccination" policy to be welfare, then it is probably high time to immediately reassign positions in authorities such as the RKI, the STIKO and the PEI and in the Bundeswehr. In any case, the BMVg has been fundamentally misadvised. The reasons for this must be addressed, not only in the interest of all soldiers.

It was already shown on the basis of the figures of Prof. Ioannidis that the SARS-CoV-2-"pandemic" is basically no danger for people under 70 years of age, precisely because regularly only severely pre-sick and very old people are seriously threatened by this virus. The BMVg should deal with such facts, which even a STIKO cannot deny, and not limit itself to repeating clear untruths.

And that an individual risk assessment should take place within the framework of the contraindication test is also not true. I know from numerous conversations with nurses that many doctors are now so intimidated that they no longer dare to confirm such a contraindication.

Moreover, in view of the catastrophic dimension of the side effects, it would be better to assume a medical contraindication for everyone. Those who like to play Russian roulette are free to do so. But he should leave his fellow human beings alone.

On page 7 the BMVg admits then after all in the 1. paragraph expressly that the vaccines in question against the SARS CoV-2 virus are only conditionally certified. However, it does not draw the legally required conclusions from this, in particular that no person may be forced to participate in a study.

The BMVg really does provide a jumping-off point for another embarrassing rebuttal in almost every paragraph.

On page 7, in the 2nd paragraph, it actually says: "In the countries of the EU, vaccine manufacturers are therefore also subject to product liability under pharmaceutical law...".

In the very readable Rubikon article "The end of a fairy tale" of 6.10.2021, callable under:

https://www.rubikon.news/artikel/das-ende-eines-marchens

in which by the way also on the basis of scientific data it is proven that the Durchimpfung of the population cannot terminate the alleged Pandemie, it is clarified that the vaccine manufacturers released themselves from any adhesion. It states, among other things (quote):

"The fact that the vaccine manufacturers have exempted themselves from any liability in the contracts with the states is only an additional oath of revelation. Apparently, the manufacturers do not trust their own product and fear serious losses through claims for damages. Liability has therefore been assumed by the state. It can do this, because the probability of success with a claim for damages is vanishingly small, and the proceedings often drag on for a long time. So, in case of doubt, the injured parties are left to fend for themselves..."

The ntv article linked in the above section, entitled "The manufacturers are sitting on the longer end of the stick," dated Feb. 3, 2021, clarifies:

"The fact that the negotiations between the European Union and the vaccine manufacturers took so long was also due to the fact that the EU Commission did not want to assume the entire liability, says Chancellor Merkel. The recently published contract with Astrazeneca, however, promises the manufacturer "the complete opposite" and frees it from almost all liability, says lawyer Niko Härting in an interview with ntv.de. After a year of Corona policy, "the manufacturers are simply sitting on the longer end of the stick."

Source:

https://www.n-tv.de/politik/Die-Hersteller-sitzen-am-laengeren-Hebel-article22335844.html

A lot more material could be added to this point. But since these questions about the non-existent liability of the coronavirus "vaccine" manufacturers are ultimately not relevant to the decision of this case, we will refrain from doing so.
With regard to the further substantively incorrect statements of the BMVg, I could only repeat myself now.

False claims that have long since been refuted do not become any more true when they appear in the joint statement by the BZgA, the RKI and the BMG quoted by the BMVg on page 8. So every tenth person must expect a severe course of COVID-19? This is simply stupid stuff, which is no longer worth a reply.

Even the BMVg knows that the transmission of SARS-CoV-2 from infected COVID-19 vaccinated persons is possible? Well, that's a start. But this group of people must "not necessarily be ill" for transmission? Well, what is actually transmitted if this vaccinated person is not ill? Doesn't this describe the phenomenon of the so-called shedding, as it is based on § 21 IfSG?

In any case, there are now a large number of impressive reports according to which not only vaccinated, but also non-vaccinated persons develop the most diverse complaints after (sometimes only brief) contact with vaccinated persons (see Beate Bahner, Corona vaccination, page 231 ff. with numerous further proofs).

When the BMVg speaks of "vaccinated force(s) with asymptomatic SARS-CoV-2 infection" on page 9 in the 3rd paragraph, it not only obscures the fact that a person who is asymptomatic or without symptoms is simply healthy and therefore could not endanger anyone. With this formulation, the BMVg also obscures the fact that these "vaccinated" persons probably do not in fact have an "asymptomatic infection", but are probably quite simply "spreaders" or propagators of self-propagating vaccines within the meaning of § 21 IfSG.

If people who reject these genetic experiments with such coronavirus "vaccines" are ultimately "vaccinated" unnoticed through their contact with vaccinated persons - without knowing or wanting it - then it would be appropriate to call this a scandal of the century.

When the BMVg states on page 10 in the 3rd paragraph that vaccinated persons "are clearly not exposed to the same risk of disease as unvaccinated persons", then this is certainly true, but in exactly the opposite sense: An unvaccinated person, in contrast to a

vaccinated person, does not have to fear any of the many extremely harmful and possibly fatal side effects of a coronavirus "vaccination". Rather, an unvaccinated person may continue to rely on the natural defenses of his or her immune system, which has protected mankind for the past 200,000 years - that is, long before the advent of the pharmaceutical industry hardly more than 100 years ago.

The further statements of the BMVg are also irrelevant or simply wrong.

One can deny the temporal connection and thus the obvious causality of vaccination and diseases and deaths occurring shortly thereafter (for the first time) in order to cover up the dangers of the vaccination campaign. A responsible health policy and adequate information of the population looks completely different, especially since it is generally known that almost no autopsies are performed on people who died a few days, weeks or months after a vaccination.
Every person with common sense will have noticed long ago that it is strange that basically every person who was tested positive for the corona virus before his death (sometimes even afterwards !) was considered a "corona dead person". So here the connection was always arbitrarily affirmed. But with the registration of the vaccination damages it is exactly the other way around. One can die a short time after the vaccination, but here there is of course no connection between vaccination and death, unless, most exceptionally, an autopsy is performed before the deceased is cremated.

There is much that could be said on this subject. But the remarkable double standards of our highest health authorities should have become clear long ago.

Gene-based vaccines are "indeed new," as even the BMVg cannot deny (page 12, 4th paragraph), but that supposedly "does not change anything about a solid technology of this form of vaccine production that has been developed for decades."

Solid?

What more is there to say? It is a well-known fact that gene-based vaccines have never (!!) been used in humans before 2020, and all previous animal experiments with such mRNA vaccines have been so disastrously bad that they have been terminated.

Evidence: Obtaining an expert opinion.

And without all the data that can only come from a long-term study, how can you talk about a "solid" vaccine technology??? Such a claim is absolutely unserious.

I hope the patience of the recognizing senate with the BMVg is exhausted by now.

Because what the BMVg states is partly so outrageous that a factual comment is hardly possible.

On page 13, for example, it actually says in the 2nd paragraph: "Although a lot of testing continues to be done, the infection figures are now nevertheless skyrocketing to record levels."

"Oh wonder!", one would like to exclaim with much irony in one's voice. How numbers are skyrocketing "despite" all the testing. How is that possible? Perhaps "because of" all the testing?

We could certainly repeat here for the umpteenth time that these tests demonstrably cannot prove infection. But the BMVg would not take note of that. It doesn't have to, because this case will be decided by the BVerwG.

Keyword to the rest:

It is simply not true that young sufferers are exposed to the risk of severe health progressions.

At no time in the last 2 years was there a threat of overcrowding in hospitals and intensive care units.

Unvaccinated people do not have to worry about the DELTA variant (which still exists at all?), even less about the current Omikron variant.

Mutations of viruses are completely normal, but have been abused for more than a year to put people into shock again and again.

Why should military personnel be exposed to a high risk of infection? That is denied. Individual deployments in disaster relief have not changed this. There is no evidence for this assertion.

Natural herd immunity is perfectly sufficient for COVID-19 immunization. And it has already been explained that there are very well tolerated alternative remedies against COVID-19.

Two soldiers of the German Armed Forces have died from COVID-19 so far (page 19, 2nd paragraph)? Has this finding been confirmed by an autopsy? Are these persons multiply pre-diseased? And because of these two persons, the entire army should now be vaccinated?

Also the distinction between vaccination reaction and vaccination complication (from page 20, middle) does not change anything about the already presented numbers of mass vaccination complications up to death.

As of Jan. 28, 2022, there should have been a total of only 47 suspected reports of vaccination complications in the German armed forces? Already in view of the massive distortions by the BMVg, as they become apparent in this correspondence before the discerning Senate, it may be reliably assumed that there is also a massive underreporting of such suspicious reports at the Bundeswehr.

If the BVerwG were to request all soldiers in the Bundeswehr to submit their SARs directly to the BVerwG, the figures would certainly look quite different.

Here, a comprehensive investigation should be conducted ex officio by a panel of experts completely independent of the BMVg and other federal agencies to determine the true extent of vaccination complications in the ranks of the Bundeswehr.

"In the interest of public health" the conditional approval of the SARS-CoV-2 "vaccines" has certainly not taken place, since at that time - and until today - no long-term studies were and are available and the data on the "vaccination" complications that have occurred, which have become known in the meantime, have long since provided proof that only the sales of the vaccine manufacturers have profited from this approval practice, no one else.

The maximum achievable protection rate against a severe or fatal SARS-CoV-2 disease after a booster (3rd vaccination) should be about 90 to 95 percent? Is this referring to absolute or relative risk reduction? The BMVg does not present the data determined for this calculation.

If the figures of the hospitals are delivered to the PEI in such a way that they serve the official narrative of PEI and RKI, then the recognizing senate should be clear about how the case numbers to the occupancy of the intensive care units come about.

To the entrance into the topic "corruption" from the book "wrong Pandemien" of Dr. Wolfgang Wodarg the chapter "the institutional corruption" (P. 314 - 331) and in particular also the chapter "what happens in the hospitals and homes" (P. 206 - 231) is recommended.

In this book by Dr. Wodarg it says on page 207 f. (with numerous further references) among other things (quote):

"The public is misled, if many possible causes for illness, death and abuses in the clinics are now whitewashed with the label COVID-19. Even more so when, at the same time, the most massive reduction in beds in the last 30 years is being carried out and numerous clinics are being closed - simply quickly - in a crisis. Currently, the clinics are earning a lot of money - our money - through staff cuts, COVID-19 diagnostics and COVID-19 coding, bed cancellations or empty beds. If the test is positive, significantly more money flows daily depending on the level of care..."

So financial incentives and billing manipulations create "cases." Dr. Wodarg continues in this regard (ibid. from page 218), among other things (quote):

"The Initiative Quality Medicine (IQM) counted COVID-19 cases for its 310 clinics in the first half of 2020. Twenty-four percent tested positive for SARS-CoV-2 and 756 percent were billed as COVID-19 cases without any evidence of pathogens..."

Well, if in this way thus as it were on devil coming is manipulated with the numbers, then also nobody may be surprised, if for example "for the first time in September 2021" "more 18 to 59 year olds than humans over 60 years in the intensive care units" are to have lain.

If numbers can be manipulated in such a way, then politics can always get the numbers they want to prepare and execute their next steps in the vaccination propaganda

campaign. Such fake numbers therefore do not "prove" anything "clearly", even if the BMVg would like to see it differently.

The facts presented here were not taken into account by the BVerfG in its decision on AZ. 1 BvR 2649/21, so that it started from completely wrong premises. It therefore deserves no further appraisal, quite apart from the fact that § 20 a IfSG introduced an obligation to provide evidence, not an "obligation to vaccinate", as is to be enforced de facto by the soldiers' obligation to tolerate.

The alleged coronavirus "vaccination protection" is thus neither legal nor suitable, necessary or proportionate to protect anyone from severe courses of disease, etc., and to establish or maintain the functioning of the Bundeswehr.

**III.**

A few more words on why these genetic "vaccines" qualify as genetically engineered, experimental, and possibly even bioweapons.

Let us first ask ourselves whether these vaccines qualify as "bioweapons":

Article 1 of the Biological Weapons Convention prohibits "in all circumstances, the development, production, stockpiling, or other acquisition or retention of.

(1)microbial or other biological agents or toxins, regardless of their origin or method of production, of types and in quantities not justified by prophylactic, protective, or other peaceful purposes;

(2) weapons, equipment, or means of delivery designed to use such agents or toxins for hostile purposes or in armed conflict.".

Neither the preamble nor the articles of the Biological Weapons Convention require a specific threshold of lethality or serious damage to health, infectivity, or a percentage of vaccinated persons with serious damage to health.

Beate Bahner in her book "Corona Vaccination" on page 142 - as of 8/20/2021 - lists a total of 35 medical conditions associated with Corona "vaccination" including acute heart disease, respiratory distress, myocardial infarction, pulmonary disease, stroke, blood clotting disorder, thrombosis and embolism, tremors and convulsions.

It is the artificial spike protein, the genetic manipulation of humans to produce this spike protein for life, and the nature and extent of their side effects that make these coronavirus vaccines bioweapons, designated "other biological agents" under Article 1(1) of the Biological Weapons Convention.
The very concept of genetically manipulating the human body to produce for life the very spike proteins that are responsible for severe disease progression means nothing more than that the vaccinated will be chronically ill with vascular disease for at least a lifetime, and that their immune systems will be partially diverted from any other future pathogens with which their bodies come into contact. This alone is sufficient to qualify the mRNA/DNA preparations as bioweapons.

Evidence: Obtaining an expert opinion

A certain amount of a virus ("viral load") is required to cause a disease. The genetically engineered mRNA/DNA "vaccines" cause the human body to produce a synthetic version of the spike protein for life. It was the genetic manipulation that made the spike protein dangerous to humans. The true bat coronavirus, Sars-CoV-2, is dangerous only to bats, not to humans, because it can attach only to bat ACE2 receptors, and only when it enters their blood. Similarly, human coronaviruses are dangerous only to humans, not to bats, and only if they enter their blood.
The bat coronavirus Sars-C0V-2 did not infect humans, neither in Wuhan, nor in Bergamo, nor in Heinsberg, nor in New York, nor in Brussels.

Evidence: Obtaining an expert opinion

In this context, further submissions could also be made about the "gain of function" research, its partial transfer to the WIV in Wuhan, and the efforts to cover up this research.

"Gain of function" research is about manipulating pathogens to make them more dangerous to humans. This serves two main purposes, namely the development of "vaccines" or drugs against such pathogens and against bioweapons based on manipulated pathogens. This research could therefore have been merely a pretext to undermine the Biological Weapons Convention.
If the recognizing senate considers this to be necessary, I kindly ask for a corresponding reference.

Therefore, for the time being, I will limit myself to the following remarks:

At a 2018 conference at the University of North Carolina, Prof. Dr. Ralph Baric gave a talk titled "Imagining the Next Flu Pandemic - and Preventing it!" which was posted on YouTube on 5/29/2018:

In his talk, he confirmed that the "spike protein mediates species specificity" (at about 10:42). He explained that in an experiment, the spike protein genes of an epidemic strain are replaced by the spike proteins of a bat coronavirus. According to him, 3 out of 5 experiments resulted in viruses with spike proteins that were able to "replicate flawlessly and use human receptors for entry," and that they were tested on human epithelial cells (in mice). He interpreted the results as evidence of the pandemic potential of bat coronaviruses.

At about 26:00, he informed that both influenza and coronaviruses can cause acute respiratory distress syndrome if they violate the boundary between the lungs and blood vessels, causing fluid to enter the lungs and blood clots to form in the blood vessels.

Beginning at about 34:00, he explained that "pandemics are times of opportunity" for "political, financial, and personal gain." He predicted "DNA vaccines" available in Internet commerce, "dozens of experimental vaccines" available within weeks, and "experimental drugs that work in cell cultures," all without FDA approval and not "really safety tested," for a future pandemic. He also predicted "misleading stories" and "conspiracy theories" and called (at about 35:40) for "leaders and health professionals to maintain their credibility, speak with one voice, and tell the truth."

Source:

https://www.youtube.com/watch?app=desktop&v=UuERPvBFfco&t=14s&ab_channell=uncpublichealth

For example, Prof. Dr. Baric himself confirmed that the particular spike protein makes the difference in which species a coronavirus is dangerous to. However, his conclusion about pandemic potential is misleading. The fact that researchers had to genetically engineer the viruses shows that it is highly unlikely that the same thing would ever happen by random mutation in nature.

And he revealed in his talk that genetically engineered DNA "vaccines" have already been advertised in 2018 with shortened approval procedures.

On the mRNA and DNA method:

In the mRNA method, which is used by Biontech/Pfizer and by Moderna, among others, the manipulated genes are transported via lipid nanoparticles.

In the DNA method, which is used by AstraZeneca and Janssen (Johnson & Johnson), among others, the manipulated genes are transported via adenovirus envelopes.

In both methods, human body cells are manipulated to produce a spike protein purported to belong to Sars-Cov-2 and to be targeted by the human immune system.

The genetic manipulation of the human body by the mRNA method is evidenced by EMA's statements on Comirnaty (Biontech/Pfizer) and Spikevax (Moderna) in the "How does Comirnaty work?" and "How does Spikevax work?" sections, respectively:

"...It contains a molecule called mRNA which has instructions for making the spike protein. This is a protein on the surface of the Sars-Cov-2 virus which the virus needs to enter the body's cells. When a person is given the vaccine, some of their cells will read the mRNA instructions and temporarily produce the spike protein. The person's immune system will then recognize this protein as foreign and produce antibodies and activate T cells (white blood cells) to attack it... The mRNA from the vaccine does not stay in the body but is broken down shortly after vaccination."

Translation:

"...It contains a molecule called mRNA, which contains instructions for making the spike protein. This is a protein on the surface of the Sars Cov-2 virus that the virus needs to enter the body's cells. When a person is given the vaccine, some of their cells read the mRNA instructions and temporarily produce the spike protein. The person's immune system then recognizes this protein as foreign and produces antibodies and activates T cells (white blood cells) to attack it.... The vaccine mRNA does not remain in the body, but is degraded shortly after vaccination.")

Sources:

www.ema.europa.eu/en/medicines/human/EPAR/comirnaty
www.ema.europa.eu/en/medicines/human/EPAR/spikevax-previously-covid-19-vaccine-moderna

The EMA's last sentences are worded somewhat misleadingly. It is not claimed that the genetic manipulation would leave the human body, only that the mRNA carried by the shot does not remain unchanged in the human body. Correct, it enters human cells and is incorporated into their DNA.

The genetic manipulation of the human body by the mRNA method is further evidenced by the EMA statements on Vaxzevria (AstraZeneca) and Janssen (Johnson & Johnson) respectively in the section "How does Vaxzevria work? "3and "How does Covid-19 Vaccine Janssen work?":

"...It is made up of another virus (adenovirus) that has been modified to contain the gene for making the Sars-Cov-2 spike protein. This is a protein on the surface of the Sars-Cov-2 virus which the virus needs to enter the body's cells. Once it has been given, the vaccine delivers the Sars-Cov-2 gene into cells in the body. The cells will use the gene to produce the spike protein... The adenovirus in the vaccine cannot reproduce and does not cause the disease."

Translation:

"...It consists of another virus (adenovirus) that has been modified to contain the gene to produce the Sars Cov-2 spike protein. This is a protein on the surface of the Sars-Cov-2 virus that the virus needs to enter the body's cells. After administration, the vaccine introduces the Sars Cov-2 gene into the body's cells. The cells use the gene to produce the spike protein.... The adenovirus in the vaccine cannot replicate and does not cause the disease.")

Sources:

www.ema.europa.eu/en/medicines/human/EPAR/vaxzevria-previously-covid-19-vaccine-astrazeneca
www.ema.europa.eu/en/medicines/human/EPAR/-covid-19-vaccine-janssen

The EMA's last sentence is worded a bit misleadingly. It does NOT claim that the DNA transported into the human body would not replicate or that the DNA would not cause disease. It only accurately states that the adenovirus envelope (the means of transport for DNA in the human body) does not replicate and that the adenovirus envelope itself does not cause disease.

Also, the VFA, the lobbying organization of pharmaceutical companies with its own research in Germany, shows on its website in pictures the differences between the methods mRNA "vaccines" transported with lipid nanospheres, DNA "vaccines" transported with adenovirus vectors, and classical dead virus vaccines.

Source:

www.vfa.de/de/arzneimittel-forschung/woran-wir-forschen/impfstoffe-zum-schutz-vor-coronavirus-2019-ncov

**Biontech** also self-confirms that mRNA "vaccines" genetically manipulate the human body:

"...These vaccines contain information from mRNA, including the 'blueprint' or codes of a specific viral trait (viral antigen). Using the information, the body can produce this antigen itself: The mRNA transmits the information for producing the antigen to our cellular machinery, which makes proteins. Cells in our body then present the antigen on their surface, triggering the desired specific immune response...Thus, unlike conventional vaccines, an mRNA vaccine does not contain any viral proteins itself, but only the information our own cells need to produce a viral trait that triggers the desired immune response..."

Source:
https://biontech.de/de/covid-19-portal/mRNA-Impfstoffe

Finally, Moderna also confirms that its mRNA "vaccines" genetically manipulate the human body and that to do so, they must first bypass the human immune system and use human ribosomes to produce the viral protein in question:

"...We need to get the mRNA into the targeted tissue and cells while evading the immune system. If the immune system is triggered, the resultant response may limit protein production and thus, limit the therapeutic benefit of mRNA medicines. We also need ribosomes to think the mRNA was produced naturally, so they can accurately read the instructions to produce the right protein. And we need to ensure the cells express enough of the protein to have the desired therapeutic effect..."

Translation:

"...We need to deliver the mRNA to the target tissues and cells bypassing the immune system. If the immune system is triggered, the resulting response may limit protein production and thus the therapeutic benefit of mRNA drugs. We also need to make sure that ribosomes assume that the mRNA was produced naturally so that they can properly read the instructions to produce the correct protein. And we need to make sure that the cells express enough of the protein to produce the desired therapeutic effect.... ")

Source:

www.modarnatx.com/mrna-technology/mrna-platform-enabling-drug-discovery-development

Currently 4 drugs have provisional approval in the EU as "vaccines" against Sars-Cov-2:

| Datum | Firma | Name des Medikaments | Az. der Zulassung | Art der Behandlung |
|---|---|---|---|---|

| | | | | |
|---|---|---|---|---|
| 21.12.20 | BionTech (Pfizer) | Comirnaty | EU/1/20/1528 | mRNA |
| 06.01.21 | Moderna | Spikevax | EU/1/20/1507 | mRNA |
| 29.01.21 | AstraZeneca | Vaxzevria | EU/1/21/1529 | Vector with DNA |
| 11.03.21 | Janssen (Johnson & Johnson) | Covid-19 Vaccine Janssen | EU/1/20/1525 | Vector with DNA |

Source:

https://www.pei.de/DE/arzneimittel/impfstoffe/covid-19/covid-19-node.html

We hold:

All four drugs with provisional approval by the EMA as "vaccines" against Sars-Cov-2 genetically manipulate many cells of the human body to produce the spike proteins that supposedly belong to Sars-Cov-2.

Thus, they all do not fulfill the classical concept of a "vaccine" (see above).

Why are the mRNA/DNA vaccines experimental?

The genetically engineered mRNA/DNA "vaccines" against SARS-CoV-2 are still experimental because they leave only conditional approval.

In the EU, for example, BioNTech has a deadline of Dec. 31, 2023, and Moderna has a deadline of Dec. 31, 2022, to submit to the EMA the remaining studies that normally must be conducted and submitted before approval (2020 News article "Mass void vaccine consents," Jan. 30, 2021).

Source:

42 https://2020news.de/massenhaft-nichtige-impfeinwilligungen/

How unserious the RKI is acting is already evident from the fact that the RKI's educational leaflet "on vaccination against Covid-19" does not inform that the Corona vaccines only have a conditional approval and are therefore experimental, let alone which tests and studies still have to be conducted. It also does not clearly indicate that the mRNA/DNA "vaccines" genetically manipulate humans. And it does not inform that they are based on "gain of function" research.

Evidence: fact sheet from the RKI "on vaccination against Covid-19," available at the link

https://www.rki.de/DE/Content/Infekt/Impfen/Materialien/Downloads-COVID-19/Aufklaerungsbogen-de.pdf?__blob=publicationFile

Why are "vaccines" used?

There is an international tradition, developed during World War I, that vaccine manufacturers are exempt from civil liability. So, pharmaceutical companies have a huge interest in preferring vaccines over other medicines, regardless of which is medically better, to reduce liability risks.

EU Directive 2009/120/EC contains a legal definition of a gene therapy medicinal product and an important exception to it:

"(a) It contains an active substance which contains or consists of a recombinant nucleic acid administered in humans to regulate, repair, replace, add or remove a nucleic acid sequence;
(b) Its therapeutic, prophylactic or diagnostic effect is directly related to the recombinant nucleic acid sequence it contains or to the product resulting from the expression of that sequence."

So in 2009, EU law allowed the production of drugs that genetically engineer humans. And if these genetically engineered drugs are produced as vaccines against infectious diseases, they may be marketed as "vaccines" rather than "gene therapy."

A classic "vaccine" contains a whole pathogen or part of it, attenuated or dead. Thus, those who are vaccinated receive immune protection and are exposed to fewer risks in return than exposure to a live pathogen would pose to them. The immune protection lasts even when there is nothing left in the body from the injected pathogens.
In contrast, the mRNA/DNA vaccines cause the human body itself to produce the most dangerous part of the pathogen (in this case the spike proteins) in its own body cells for life.
Evidence: Obtaining an expert opinion.

Many people do not understand the difference and think when they hear "vaccine" that the risk is no greater than with a classical vaccine.

Another purpose of presenting the genetically engineered substances as "vaccines" is probably to avoid the appearance that these substances may violate the Biological Weapons Convention.

To what extent do the mRNA/DNA "vaccines" create a pandemic in those vaccinated?

The people injected with the mRNA/DNA genetically engineered vaccines have chronic vascular disease in the form that many of their body cells produce the spike protein, and an as yet unknown percentage of them get resulting acute illnesses. The spread of the disease is mainly through "vaccination" and has already caused vascular damage in as many people as a pandemic.
They produce the spike protein, but not whole replicable viruses that they could transmit to other people. They can only make other people sick by transferring many of their own

body cells with spike proteins to other people. That is, they can make other people sick to the extent that they donate their blood or organs.
There has been demonstrated research into making the mRNA "vaccines" infectious, and Johns Hopkins University in 2018 supported the idea of making such infectious ("self-propagating") "vaccines. "64

In Germany, even Section 21 of the IFSG has been amended to allow such "self-propagating" "vaccines."

In sum, we also do not have a pandemic of the vaccinated.

There are enough severely ill people after mRNA/DNA vaccination who test positive for Sars-C0V-2, but who are not infectious enough to cause a pandemic, except for blood, organ donations, and perhaps breast milk.

§Section 138(1)(5) of the German Criminal Code obliges all residents of Germany, according to its wording, not only to inform law enforcement authorities of acts that are part of a crime against humanity, but also to contribute to the information of people who have been victims of the crime or who are at risk of becoming victims of the crime

Schmitz
Rechtsanwalt