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Steuernummer: 210/5145/1944
USt.-IdNr.: DE268254583

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 ...

there is actually no need to comment on the BMVg's brief of March 1, 2022, received here on March 2, 2022.

With yesterday's brief everything is said.

If the executive committee of the BKK ProVita is fired, only because it pointed the PEI in a publicly admits letter to certain alarming facts, then one can recognize from it, in which condition this country is.

It also fits that the VirchowBund cited by the BMVg has already published on its website on 24.2.2022 an article with the defamatory title "Schwurbel-BKK gibt falsch Alarm bei Impfnebenwirkungen", see:

https://www.virchowbund.de/pressemitteilungen/details/schwurbel-bkk-gibt-falschen-alarm-bei-impfnebenwirkungen

This VirchovBund article states, among other things.

"If, on the other hand, it is a suspicion of side effects "beyond the usual level", physicians are obliged to report them to the PEI. "This is a glaring difference that the cash register is letting slip under the radar here..."

What the Federal Chairman of the Virchowbund, Dr. Dirk Heinrich, himself "lets fall under the table" here in the aforementioned publication, that is the fact that physicians are indeed obligated to report side effects "exceeding the usual level", but very often do not fulfill this obligation.

Dr. Dirk Heinrich should therefore know that the statement that medical personnel in many cases do not comply with their legal obligation to report vaccination complications is not an "untenable assumption".

For example, the "abstract" or summary of a study by Lorna Hazell and Saad A.W. Shakir, published Jan. 20, 2021, states, among other things:
"The purpose of this review was to estimate the extent of under-reporting of adverse drug reactions (ADRs) to spontaneous reporting systems and to investigate whether there are differences between different types of ADRs. A systematic literature search was carried out to identify studies providing a numerical estimate of under-reporting. Studies were included regardless of the methodology used or the setting, e.g. hospital versus general practice. Estimates of under-reporting were either extracted directly from the published study or calculated from the study data. These were expressed as the percentage of ADRs detected from intensive data collection that were not reported to the relevant local, regional or national spontaneous reporting systems. The median under-reporting rate was calculated across all studies and within subcategories of studies using different methods or settings.
In total, 37 studies using a wide variety of surveillance methods were identified from 12 countries. These generated 43 numerical estimates of under-reporting. The median under-reporting rate across the 37 studies was 94% (interquartile range 82-98%). There was no significant difference in the median under-reporting rates calculated for general practice and hospital-based studies. Five of the ten general practice studies provided evidence of a higher median under-reporting rate for all ADRs compared with more serious or severe ADRs (95% and 80%, respectively). In comparison, for five of the eight hospital-based studies the median under-reporting rate for more serious or severe ADRs remained high (95%). The median under-reporting rate was lower for 19 studies investigating specific serious/severe ADR-drug combinations but was still high at 85%.
This systematic review provides evidence of significant and widespread under-reporting of ADRs to spontaneous reporting systems including serious or severe ADRs. Further work is required to assess the impact of under-reporting on public health decisions and the effects of initiatives to improve reporting such as internet reporting, pharmacist/nurse reporting and direct patient reporting as well as improved education and training of healthcare professionals."
Translation (using Google Translator):
"The purpose of this review was to estimate the extent of underreporting of adverse drug reactions (ADRs) to spontaneous reporting systems and to examine whether there are differences between different types of ADRs. A systematic literature search was conducted to identify studies that provided a numerical estimate of underreporting. Studies were included regardless of the methodology used or setting, eg, hospital versus family practice. Undercoverage estimates were either extracted directly from the

published study or calculated from study data. These were expressed as the percentage of ADRs detected during intensive data collection that were not reported to the appropriate local, regional, or national spontaneous reporting systems. The mean underreporting rate was calculated across all studies and within subcategories of studies with different methods or settings.

A total of 37 studies using a variety of surveillance methods from 12 countries were identified. These generated 43 numerical estimates of underreporting. The median underreporting rate in the 37 studies was 94% (interquartile range 82-98%). There was no significant difference in the median underreporting rates calculated for general practice and hospital studies. Five of the ten general practice studies provided evidence of a higher median underreporting rate for all ADRs compared with more serious or severe ADRs (95% and 80%, respectively). In comparison, the median underreporting rate for more serious or severe UAW remained high (95%) in five of the eight hospital studies. The median underreporting rate was lower for 19 studies examining specific serious/severe UAW drug combinations, but was still high at 85%.

This systematic review provides evidence of significant and widespread underreporting of ADRs to spontaneous reporting systems, including serious or severe ADRs. Further work is needed to assess the impact of underreporting on public health decisions and the impact of initiatives to improve reporting such as Internet reporting, pharmacist/nurse reporting, and direct patient reporting, as well as improved education and training of health professionals." (End quote, bold added by signatory)

Source:

https://link.springer.com/article/10.2165/00002018-200629050-00003

Also the good Dr. Dirk Heinrich does not mention that very many of the physicians, whose interests its federation represents, with their ready conversion of the Coronavirus "inoculation campaign" a golden nose earned itself, thus surely no interest in the fact have that there some admonisher, yes a regular fun brake steps on the plan, whose admonitions could be bad for the mad conversions with inoculate and boostern.

To the question of what doctors earn who "vaccinate" against the coronvirus, it says in an article of capital.de from 26.12.2021 among other things (quote):

"28 euros receive established physicians per Corona vaccination in their own practice, on weekends and holidays even 36 euros. Health Minister Karl Lauterbach also wants to pay the increased fee for the period from December 24 to January 9. This is significantly more than for other vaccinations. Berlin doctors, for example, receive between just under 8 and 20 euros per vaccination against other diseases for AOK-insured patients. How much an individual physician vaccinates against Covid-19 is not recorded centrally, but can at least be calculated as an example. The Association of Statutory Health Insurance Physicians (KV) in Berlin, for example, counted a total of 2,932,999 vaccinations by 3276 physicians in 2676 practices from mid-March to mid-December - an average of 99 vaccinations per month and physician.
With this average value, a physician would receive between just **under 2800 and 3600 euros per month before taxes**, minus his or her own costs, such as for staff and practice. If one divides the total number of the doses supplied country widely to practices and

company doctors by all approximately 108,000 inoculating physicians, results even in an amount at present around the 8500 to 10,900 euro. Thus, according to the Federal Ministry of Health, almost 8.2 million doses were delivered to practices and company doctors in the week ending December 5, an average of about 76 per physician. According to professional associations, about 93,000 physicians in private practice vaccinate against Corona, as well as an estimated 9,000 private physicians and about 6,000 company doctors..."

Source:

https://www.capital.de/allgemein/das-verdienen-aerzte-die-gegen-corona-impfen

One could deepen the topic further with quotations from books such as "The intensive mafia: Of the shepherds of the Pandemie and their profits", in order to be able to make the Polemiken of the Dr. Dirk Heinrich perhaps somewhat more understandable. But that is left to the clarification by the recognizing senate to get to the bottom of the presumed motives of those, which promoted the business of the Pharmaindustrie, some hospital carriers and many physicians with their public statements, recommendations and measures.

And if the BKK executive committee in the mentioned letter to the PEI of 21.2.2022 expressed the "first assumption" that a report to the PEI "in many cases omits", because for it no remuneration is paid and the expenditure of such a report is to be large, then that is still very noble thought.

Which physician wants to document a vaccination damage, for which he must be responsible due to unsatisfactory clearing-up if necessary adhesion-legally?

So far, I have never met a single vaccinated person who had been comprehensively informed before his corona virus "vaccination" - and that means: about all relevant aspects, as they have been explained by the colleague Beate Bahner in her book "Corona vaccination".

It must also strike everyone that immediately so many places express themselves defensively, if one is expressed somewhere criticism of the official narratives to the so-called Corona Pandemic and to the inoculation campaign.

The executive committee of the BKK ProVita did not "mix" anything, but concretely explained, on the basis of which findings he assumes a "considerable under-reporting of the vaccination side effects" and a "considerable alarm signal", but exactly with it he seems to have disturbed the interests of certain profiteers of the fear and the vaccination campaign.

Currently, no one has yet clarified the facts that the BKK ProVita has raised, but already now the BMVg and the Virchowbund want to know exactly that the board of the BKK ProVita seems to have handled the data "very generously", so that the BMVg recognizably interprets its duty of care for all soldiers in such a way that it shares the "assessment" of the Virchowbund "without reservation".

If currently still "no valid conclusions" are possible about possibly increased and beyond the usual level of vaccination complications, then with mere speculations of the BMVg nothing is eliminated. But the BMVg limits itself to mere speculations when it states that the deviation of the figures extrapolated by the Bkk ProVita "might essentially" be due to the fact that the coded vaccination side effects are, for the most part, "vaccination reactions" that are not reportable.

How will the BMVg be able to know this, if it itself admits that it is "not known" "when the first reliable data will be available"?

It has already been sufficiently explained which figures result if one assumes a reporting rate of 1%. Even if one were to assume a reporting rate of 5% or 10% for the reported vaccination complications, then the figures for vaccination complications would still be catastrophically high.

But well, apparently the state's duty to protect and duty of care no longer applies much in this country, so that now apparently one also acts quite carelessly when it is "only" the life and health of soldiers and ultimately also the defense capability of the country that is at stake.

I may be wrong, but "some" news channels have been reporting constantly for days that peace in Europe is said to be in danger. Don't these circumstances create a certain incentive to keep the troops defensible?

The BMVg is welcome to examine the formal illegality of the measures under attack here if it has itself identified starting points for doing so. For the sake of an ultimately successful submission, we can limit ourselves here to statements on the evident substantive unlawfulness of the challenged measures.

It is - by the way - of course gratifying that the BMG explicitly acknowledges that it finds the annexes submitted by me "interesting". They are more than that. They will help the complainant to succeed, since the BMG cannot even shake the contents of these attachments.

Since the recognizing senate had so far also no cause for a reference in accordance with § 86 exp. 3 VwGO, I also assume that it recognized - in contrast to the BMVg - also that the presentation on this side supports and/or substantiates naturally all made requests.

The measures challenged here must be temporarily suspended, since the complainant must succeed on the merits.

If the BVerwG also wishes to hear this case on April 1, 2022, then I can attend this hearing.

Schmitz
Rechtsanwalt