

Wilfried Schmitz

Rechtsanwalt

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An das

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Steuernummer: 210/5145/1944

USt.-IdNr.: DE268254583

Bei Zahlungen bitte stets angeben:

Rechn.-Nr.:

Bei Antworten bitte stets angeben:

Aktenzeichen: 58 / 2022

Selfkant, den 18.3.2022

AZ. ...; Military appeal proceedings of the

Dear Dr. Häußler,

Thank you for your message today.

The contact details you requested for Prof. Dr. em. Bhakdi are:

Phone no.:

Address:

The outcome of these proceedings is of such immense importance and, moreover, is connected with the very highest hopes of so many servicemen and servicewomen that I decided yesterday - after consultation with my clients - to involve other lawyers and experts in representing and advising my client.

The circle of these lawyers includes Prof. Dr. Martin Schwab from the University of Bielefeld, Ms. Beate Bahner from Heidelberg, Dr. Brigitte Röhrig from Altenkirchen and, if applicable, Mr. Sven Lausen from Hamburg.

These colleagues will indicate to your Senate at short notice which of my clients and complainants will be additionally represented by them.

And there will also be further lectures before the deadline on 1.4.2022, so that all relevant aspects can really be illuminated and conveyed as exhaustively as possible.

My clients and I are very pleased to be able to include the special expertise of my aforementioned colleagues now.

We hope that you and your Senate will understand that, as a precautionary measure, we would like to point out to your Senate at short notice a number of extremely important objections to this coronavirus "vaccination" requirement, and that we would also like to name a few more expert witnesses and, if necessary, whistleblowers, whose hearing is considered indispensable.

The Senate must know all the relevant facts so that a proper decision can be reached here, and we absolutely must and want to live up to this responsibility.

The circle of expert advisors will include, among others, the non-fiction author Tom Lausen. He will also be present at the meeting on 1.4.2022.

Thus the expert Tom Lausen will be able to refer founded to it position that an overloading of our health system and in particular the intensive medicine threatened at no time.

In this regard, reference is already made to his statement of 14.3.2021 in the Committee for Health of the Bundestag, which is available in full text under the link

https://www.bundestag.de/resource/blob/883938/7d235144f04619373179440fcd21422b/20_14_0013-8-ESV-Tom-Lausen_lfSG-data.pdf

There, on page 2, it states, among other things:

"In 2020, despite 111,324 COVID-19 cases, a total of **2.5 million fewer cases** were treated as inpatients in German hospitals than in 2019.

Although there were significantly more COVID-19 cases hospitalized in 2021 (276,332), there were also again a total of **2.5 million fewer** inpatient cases than in 2019.

Conclusion:

There is obviously a significant amount of unused capacity in German hospitals. The sharp reduction in the number of cases also meant that staff shortages also not to be assumed. A shortfall of hospital staff, who had cared for 2.5 million more cases in 2019, has not become publicly known. **Accordingly, hospital overcrowding, particularly from COVID-19 patients, never occurred.**" (End quote, bold added by undersigned).

It goes on to say from page 3 below:

"In 2020, despite 27,469 COVID-19 cases receiving intensive medical treatment, a total of **217,871 fewer cases** received intensive medical treatment in the intensive care units of German hospitals than in 2019.

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Although significantly more COVID-19 cases were treated in intensive care units of German hospitals in 2021 (68,228), also again significantly fewer cases were treated with intensive care than in 2019 . Overall, there were **370,117 fewer cases** than in 2019.

It is equally evident that this results in a significant amount of unused capacities in German intensive care units. There has never been an overload of intensive care units, especially by COVID-19 patients.

Conclusion:

The sharp declines in inpatient case numbers also made themselves felt in the German intensive care units. **Here, too, overload was ruled out because of the sharply lower case numbers.** As in the normal wards, the loss of a large proportion of the intensive care

intensive care staff was not made public. There were even efforts by the maximum care hospitals and also by smaller hospitals to train the existing staff in respiratory medicine with extensive training and "refresher courses". In some cases, functional checks were also performed there for all devices by the medical technology department and formal briefings were given in accordance with the Medical Devices Act for all types of devices by anesthesiologists authorized to give briefings." (end of quote, boldface added by signatory).

Evidence: expert testimony of Mr. Tom Lausen

For the rest, in order to avoid repetitions and to maintain clarity, reference is made in its entirety to the aforementioned testimony of Mr. Tom Lausen, SV, whereby this is elevated to the complainant's submission.

Mit freundlichen Grüßen

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