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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: 37 + 58 / 2022

Selfkant, den 28.3.2022

In the military appeal proceedings

of the Lord ...

AZ. BVerwG ...

and

of the Lord ...

AZ. BVerwG ...

I kindly ask for the confirmation of the discerning senate that the indication of the court of 24.3.2022 is to be understood in such a way that it is sufficient for the examination of the experts named by us (Tom Lausen, Sucharit Bhakdi and Arne Burkhardt) if they are present on site at the date of 1.4.2022 and in this sense "brought along" by us.

These experts request clarification in this regard as they have not yet received a formal summons from the Court to attend the 1.4.2022 hearing.

The further procedural representatives of the complainants will still comment comprehensively on all factual and legal questions which the adjudicating panel wishes to discuss in the first part of the oral proceedings in accordance with its instructions of 24 March 2002.

Against this background of these further explanations and offers of evidence, the necessary conclusion will then readily arise of its own accord, particularly in view of the fact that the "**Information leaflet on protective vaccination against COVID-19 (Corona**

Virus Disease 2019) - with mRNA vaccines" of 30.11.2021 issued by the German Armed Forces Medical Service Command, which is used here as the

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is materially incorrect and incomplete.

If, for example, under the heading "What vaccines are we talking about?" in the very first sentence of this information sheet, it reads (quote):

"There are several vaccines approved against COVID-19 that are suitable for individual protection against COVID-19 and to combat the pandemic."

then this sentence alone contains three demonstrably false assertions.

These mRNA "vaccines" are demonstrably not "vaccines". They are also indisputably not - which suggests an unconditional approval - "approved". And they are certainly not - which should also be indisputable by now - "suitable" to "protect individuals against COVID-19."

There is also concrete evidence that the claim contained in the same section of the educational fact sheet, "The mRNA contained in the vaccines is not incorporated into the human genome after vaccination," is also not true.

The colleagues will also prove with their presentation that the claim contained in this educational leaflet under the heading "How effective is vaccination?" that a "complete vaccination with mRNA vaccines" offers a "high efficacy" and shows an "efficacy of about 90% with regard to the prevention of severe disease" is also incorrect.

The falsity of the claims under the heading "Are vaccination complications possible?" will become abundantly clear from the further presentation by colleagues Beate Bahner and Dr. Brigitte Röhrig. This will finally prove that this "educational leaflet" irresponsibly plays down the risks.

Statements like "Individuals died." deliberately mislead about the true dimension of the "vaccination death" statistics.

After all, nowhere in this Bundeswehr reconnaissance sheet is there any mention of the fact that the soldiers here are in fact taking part in a study.

Against this background of these further explanations and offers of evidence, it will also formally follow by itself what to think of publications of the RKI and thus also of its daily and weekly reports, the Corona fact sheet and also of its bulletin of 10 March 2022.

The same applies to the safety reports of the PEI, which reveal a total failure of this authority.

As far as the announcements of the RKI refer e.g. to so-called case numbers, 7-day incidence values or the fairy tale of the alleged risk of infection emanating from

symptomless (= healthy) people, they are all based on a demonstrably completely unsuitable PCR test and false basic assumptions.

I have already pointed out the unsuitability of the tests in use to prove a specific virus or an infection or infectivity in the proceedings of Mr. M. ... in my first pleading of 23.2.2022 (there on page 41).

In my entire presentation - as requested by the discerning senate - I have always endeavoured to maintain the thematic reference and have been brief wherever, in my opinion, further elaboration is not necessarily indicated or could lead too far away from the factual and legal issues relevant to the decision.

For the purpose of this proceeding, we may, of course, be pleased to consider the question whether these tests are really wholly unfit, especially if the discerning Senate expresses the intention to take into account the publications of the RKI referred to in its communication of 24.3.2022.

If, however, the Senate, within the framework of its duty to clarify official matters, feels compelled to examine the suitability of the PCR tests, especially since the entire anti-corona policy and thus ultimately also the coronavirus "vaccination campaign" is based to a large extent on PCR test-generated case numbers, then my colleagues and I will be happy to make further submissions on this.

We would be only too happy to show in detail - also by questioning those responsible at the RKI and PEI - why the pronouncements of the RKI and PEI are wrong and irresponsible in essential respects.

In any case, with regard to the unsuitability of the entire Corona tests, we take a standpoint that is fully shared by very many colleagues and scientists.

Thus it says to these tests among other things on the homepage of the lawyers for clearing up (quotation):

"With an immense number of so-called rapid antigen tests as well as PCR tests, mass testing is being carried out in schools, workplaces, hospitals, but also in public testing centres, etc., in order to detect the SARS-CoV-2 virus and to deduce appropriate consequences for individuals. But not only that. All measures taken so far by the federal government and the individual states are based on these tests, which are simply useless for the detection of such a virus.

(Expert opinions on the rapid antigen test as well as the evaluation of the PCR test by Ulrike Kämmerer, Professor at the University Hospital of Würzburg, have established that the rapid antigen tests used in mass tests cannot provide any information on infectivity, as these tests can only detect protein components without any connection to an intact, reproducible virus. In order to be able to prove such an infectivity, the respective test carried out would rather have to be proven INDIVIDUALLY with a cultivability of viruses from the test sample, which obviously does not take place (and would also not be feasible). In addition, the low specificity causes an enormously high rate of false tests, especially false positive tests.

It should be borne in mind that these useless tests are being used as the basis for measures with significant consequences for the people concerned, which represent an

enormous infringement of the fundamental rights of the individual, such as quarantine, school closures and so on. Not to mention the considerable health risks posed by these tests, which are in no way proportionate, given their uselessness. On top of that, masses of waste are produced. For this reason, testing with the so-called rapid tests should be stopped immediately.

But also the so-called PCR test does not come off much better. In her expert opinion, Professor Kämmerer explains in detail under point 1.3. why the RT-qPRC detection is also not a reliable (and also not an approved) diagnostic method for detecting an infectious (i.e. replication-capable) SARS-CoV-2 virus. In doing so, she notes that this test cannot detect intact, replicable (i.e., infectious) viruses in general due to the methodological procedures, but can only detect nucleic acid of the section being sought. The CT value also plays a decisive role. Here, the expert opinion points out that all CT values higher than 30 can no longer be used to assess whether the person from whom the sample was taken is infectious or not. According to British studies, even a value greater than 25 is no longer meaningful. The CT value of well over 30 (usually 40-45), which has been used as a basis up to now, therefore no longer has any significance whatsoever with regard to infectiousness.

The RT-qPCRT used is not suitable for testing asymptomatic persons on the basis of a nasopharyngeal swab, as is done uncritically in large numbers and often by non-medical personnel WITHOUT taking anamnesis and symptoms from the persons tested, in order to detect infection and, above all, infectivity with SARS-CoC-2.

But it is precisely on these tests, which do not indicate infection or infectivity, that the government has been basing all its measures to combat an undetectable infection and thus a non-existent pandemic for almost 2 years now. Restrictions on fundamental rights, health interventions, violation of human rights, school closures, lockdowns, 3G in the workplace, 2G rules etc etc. All of this is based on a test that cannot detect a Corona virus let alone say anything about whether one person can infect another. This is also known to the government and has been from the beginning. The measures are unlawful and, above all, unconstitutional and must therefore be repealed immediately. Incidentally, not only has the inventor of the PCR test Kary Mullis already stated this several times, but so has Dr. Drosten and last but not least, Dr. Fauci admitted this on American television on 12/30/2021. It is scandalous. Those responsible should be held accountable. "

Source:

https://afaev.de/gutachten-prof-dr-ulrike-kaemmerer-zum-antigennachweis-von-sars-cov-2-mittels-schnelltest-sowie-bewertung-der-eignung-eines-rt-qcpcr-nachweises-zur-infektiositaet-von-personen-fuer-sars-cov-2-mit-ku/

The expert opinion mentioned in the above article by Prof. Dr. rer. Hum. Biol. Ulrike Kämmerer of 30.12.2021 entitled "**Evaluation of the suitability of RT-qPCR detection of infectivity of individuals for SARS-CoV-2**" is presented here as an

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presented.

The conclusion of this opinion is (on page 25):

"Informative value of RT-qPCR assays for the detectability of infectivity with SARS-CoV-2 coronavirus.

1. In view of the problems outlined in point 1.3, RT-qPCR is not a suitable reliable (and approved) diagnostic tool for the detection of infectious (replication-capable) SARS-CoV-2 viruses.
2. Furthermore, the pure RT-qPCR test result is only a laboratory value which, in view of the aspects described, does not allow any statement to be made about the presence of infectious viruses and may only be used at all in conjunction with a clinical symptom diagnosis (ascertained by health care providers, in Germany medical doctors).

Summary: For the testing of asymptomatic persons on the basis of a nasopharyngeal swab, as it is done uncritically in large numbers and predominantly by non-medical personnel WITHOUT (here decisive: contrary to the WHO requirement!) anamnesis and symptom collection from the persons tested, the RT-qPCR used is **not suitable to detect an** infection and above all an infectivity with SARS-CoV-2". (end of quote, bold added by signatory).

In order to prove the assertions made in the aforementioned conclusion, the summoning of the expert witness Prof. Dr. rer. Hum. Biol. Ulrike Kämmerer is requested.

Mrs. Prof. Dr. rer. hum. biol. Ulrike Kämmerer can be invited via the

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For the rest, in order to avoid repetition, reference is made to the contents of this opinion, which is to be elevated to the appellants' submission.

The further expert opinion of Prof. Dr. Kämmerer dated 28.12.2021 entitled "**The antigen detection of SARS-CoV-2 by means of a rapid test" is** published here as a

Annex K 10.2

presented.

The conclusion of this opinion is (on page 10):

"The rapid antigen tests used for mass testing cannot **provide any information on infectivity,** as they can only detect protein components that are not associated with an intact, reproducing virus.

1. In order to allow an estimation of the infectivity of the tested persons, the respective positive test (similar to RT-qPCR) would have to be individually compared with a cultivability of viruses from the test sample, which is impossible under the extremely variable and unverifiable test conditions.
2. The low specificity of the tests causes a **high rate of false positives**, which result in unnecessary personnel (quarantine) and societal (e.g. schools closed, "outbreak notifications") until they turn out to be false alarms." (end quote, bold added by undersigned).

In order to prove the assertions made in the aforementioned conclusion, the summoning of the expert witness Prof. Dr. rer. Hum. Biol. Ulrike Kämmerer, contact details as above, is requested.

For the rest, in order to avoid repetition, reference is made to the contents of this opinion, which is to be elevated to the appellants' submission.

So when the RKI speaks of "corona deaths", it is indisputably relying on data that have not been verified in autopsies and are ultimately based solely on these completely unsuitable tests.

Evidence: Expert testimony of Prof. Dr. med. Arne Burkhardt, as before.

From this point of view, the data of the RKI and the official statistics, as far as they contain number games concerning the corona deaths, must be emphatically questioned and disputed.

This is all the more true when - as already stated - experts such as Prof. Dr. med. Klaus Püschel have publicly stated that in the course of his 200 autopsies he has come to the conclusion that no one has ever died "of" Corona.

It should also not be misunderstood that the high number of corona deaths is ultimately also largely due to the fact that hospital operators receive (or have received) massive subsidies when they bill or have billed for "corona patients" - i.e. patients who have tested positive for corona.

Evidence: Expert testimony of Dr. Wolfgang Wodarg, as before

The press release of the Federal Statistical Office No. 563 of 9.12.2021 confirms, moreover, the data of the expert Tom Lausen, as far as the hospital cases in the Corona year 2020 are concerned. There it says among other things (quote):

"Hospital cases in Corona year 2020 at lowest level since mid-2000s

The high occupancy rate of hospitals due to COVID 19 patients, the keeping of bed capacities free for COVID 19 treatment cases as well as stricter hygiene concepts led to the fact that scheduled treatments and operations had to be postponed early in the course of the pandemic.

This is reflected in the hospital statistics: in 2020, there were **almost 2.5 million or 13.1 % fewer hospital treatments in** Germany **than in the previous year. The last time the number of cases was this low was in 2006. The number of operations also declined: in 2020, 690,000 or 9.7 % fewer patients were operated on in German hospitals than in the previous year - as few as last in 2005. The** basis of the evaluations is the hospital statistics based on flat rates per case (DRG statistics)." (end of quote)

So that the discerning Senate can recognize that the pathologist Prof. Dr. med. Arne Burkhardt named by me is only one of very many pathologists worldwide who criticize the so-called anti-corona policy and/or the coronavirus "vaccination" as a whole or at least in partial aspects, I would like to conclude by quoting the Canadian pathologist Dr. Rober Hodkinson, who addressed the world public a few days ago with the following message (quote):

"I am Dr. Roger Hodkinson a freedom loving pathologist from Canada. I am a member of the American College of Pathologists, the Royal College of Physicians and Surgeons of

Canada, received my medical degree from Cambridge University in the United Kingdom, and have held a number of distinguished positions. These include Assistant Professor at the University of Alberta, President of the Association of Laboratory Physicians of Alberta, Chairman of the Canadian Board of Examiners, and Managing Director of a large community pathology laboratory. I am currently Chairman of an American biotechnology company involved in DNA sequencing.

I have a number of important messages for you arising from this unprecedented horror show, the worst in the history of medicine. I am deeply outraged by this totally unnecessary, grotesque human tragedy.

So **my first message** is this: don't believe anything you're told, it was all a bunch of lies. Pure propaganda from start to finish. It is nothing more than a bad seasonal flu, with a slightly increased risk for older people with co-morbidities.

My second message is that this is, above all, a pandemic of fear. A fear that has been deliberately fueled by two major factors, the infamous PCR test and the brutally effective suppression of any counter-representation. The PCR test produces over 95% false positives in perfectly healthy people and drives the charts in the morning paper by labeling these false positives as cases. There is no such thing, they are lying to you.

The second reason for fear is the brutal concealment of the truth by the three sources you would normally rely on to form an independent judgment. The politicians, the media and the doctors, especially the medical profession, who by their cowardly silence have decided to put income above ethics. The ethics that we doctors should actually hold dear, above all "do no harm and informed consent".

Fear, in turn, became the excuse for politicians and unelected bureaucrats to impose the ridiculous, completely arbitrary regulations for whose efficacy there is no consensus in the medical literature. None!

I am talking here about masks, social distancing, travel bans and closures. They could not work, have not worked and will not work.

So **my third message** is this, read my lips: nothing works except effective prophylaxis or vitamin D and early treatment according to Dr. McCullough's protocol.

This is a political game with medicine and it is a very dangerous game. They adorn themselves with the flag and claim that only they can protect you from all the risks of life. That is not possible!

As a pathologist, I can tell you with categorical certainty, death happens, life is risky. Get used to it, just like you did during the past flu epidemics and every day when you drive your car.

Governments need to get used to the fact that modern medicine is totally incapable of controlling the spread of respiratory viruses. We simply have to adapt to it, as we have done most effectively in past flu epidemics.

With generous doses of the cheapest and most effective medicine, that's common sense.

Flipflop Fauci created Covid-19 when his gain-of-function research escaped from the Wuhan lab.

You should not be forced to put your life and your child's life at risk by getting vaccinated just to solve the problem he created.

This is government tyranny and indescribably offensive.

So for heaven's sake, don't be intimidated to get vaccinated!

Tell them to stop the vaccinations!

Thank you!" (**end quote**)

Source:

Broadcast by Dr. Roger Hodkinson on the Corona Lie, from the "Corona Tools" broadcast series - www.corona-tools-ch

https://www.kla.tv/22034&autoplay=true

There is no clearer way to express the criticism and get to the point.

I'd be happy to provide Dr. Hodkinson's contact information.

Schmitz
Lawyer