Translated from German to English - www.onlinedoctranslator.com

PROF.DR.IUR.MARTINSCHWAB
Danziger Strasse 45b, 33605 Bielefeld
Phone 01577/4684535
martin.schwab.law@protonmail.com

To the
Federal Administrative Court
Simsonplatz 1
04107 Leipzig

Bielefeld, April 14, 2022

connected
military complaints procedure
Here: …BVerwG 1 WB 5.22 and 1 W-VR 3.22 wg. Inclusion of COVID-19 vaccination in the basic vaccination schedule of the Bundeswehr

In the related military complaints proceedings 1 WB 2.22 and 1 WB 5.22, I hereby report that I have been mandated by the complainant ... for these proceedings (1 WB 5.22/1 W-VR 3.22). The mandate of the lawyers already commissioned remains unaffected. Power of attorney will be submitted immediately. The attachments will be sent separately.

I overview

In order to present the facts, reference is made to the briefs of the other legal counsel for the two complainants. In addition to what the other legal counsel have already submitted, I will now explain, with evidence, that the complainants' obligation to tolerate vaccination against SARS CoV-2 does not relate to Section 17a II 1 No. 1 IfSG from any conceivable point of view can support because

- the vaccinations with the vaccines approved in the EU are not “medical measures” within the meaning of § 17a II SG (below II.). This is because the vaccination changes the human genome (II.1. below) and currently all recipients of the COVID vaccines are taking part in a clinical study without being asked

and without realizing it, because the different batches do not always contain the same substances (below II.2.). In addition, one can die from the COVID vaccinations; however, potentially lethal measures are conceptually not “medical

Measures", because § 17a II 1 SG is closely related to the duty to maintain health from § 17a I SG and § 17a II 2 SG makes it clear that the duty to tolerate only restricts the fundamental right to physical integrity, but not also the fundamental right to life (below II .3.).

- the COVID vaccinations as used by the Respondent (namely by inclusion in a vaccination scheme) do not "serve" to prevent or combat COVID-19 (below III.). The Respondent completely refrains from determining the immunity status of each soldier before the vaccination (below III.1.). This is particularly fatal with the COVID vaccination, because it has been proven there that the vaccination is of no use at best for people who are immunized by a previous infection and in the worst case it is even harmful (below III.2.). The effect also exists of the COVID vaccines in gradually destabilizing the body's own immune system, and thus causes the opposite of what the obligation to tolerate according to § 17a II 1 No. 1 SG is actually intended

  (below III.3.).
- the toleration of the COVID vaccinations, which are currently approved in the EU, is objectively unreasonable due to the nature of the vaccines i. S. of § 17a IV 2 SG (below IV). This results not only from the potential side effects (IV.1. below), but also from the fact that there is insufficient data on these side effects because the reporting system for

  cases of suspected vaccination damage is insufficiently structured and the Paul-Ehrlich-Institut is displaying an increasingly obvious lack of interest in adequately recording and clarifying vaccination damage (IV.2. below).

Before going into all this in detail, it is important to pause for a moment. Because the factual presentation on this side - not only in this pleading, but also in the pleadings of the other procurators, to which I hereby comprehensively refer - tries to prove facts that one would not actually want to imagine in a functioning state: criminal behavior of Vaccine manufacturers, blatant failure by the regulatory authorities to check vaccine

candidates, completely incomprehensible disinterest on the part of the supervisory authorities in investigating vaccine damage and an infection control authority that apparently ignores fundamental immunological basic knowledge when making vaccination recommendations. I ask the discerning senate nonetheless, to listen to the speech below and that of my colleagues in the legal profession. Because we are talking about a vaccination that people can die from.

II. "Medical Measures"

The obligation to tolerate according to § 17a II SG is in a close systematic and teleological connection with the duty to maintain health from § 17a I SG.
“Medical Measures”. In this sense, measures are therefore those that promote health, i.e. measures to cure and prevent diseases. A measure that also changes the human genome (below 1.) or from which one can become seriously ill or even die (below 3.) is therefore no longer "medical" within the meaning of § 17a II SG. Certainly not a medical measure if a soldier is to be forced to take part in the experimental testing of a vaccine (below
2.).

1. Modification of the human genome

By far the most commonly administered COVID vaccine is Comirnaty, manufactured by Pfizer/BioNTech. This is an mRNA vaccine. As is well known, mRNA vaccinations work by using mRNA (modified ribonucleic acid) to induce the body's cells to produce the so-called spike protein, i.e. the substance that is found in the sting of the corona virus (so-called ribonucleic acid). S gene) so that the human body then produces antibodies against this spike gene. . The spike protein alone is enough to make people fall ill with COVID-19. In particular, this protein damages the cells in the inner walls of the blood vessels (so-called endothelial cells).

Proof:

- Lei et al., SARS-CoV-2 Spike Protein Impairs Endothelial Function via down regulation of ACE 2,https://doi.org/10.1161/CIRCRESAHA.121.318902,Annex BF-MS 1.

- Report on this in the Frankfurter Rundschau of May 12, 2021,https://www.fr.de/ratgeber/gesundheit/corona-virus buildup-spike-proteinhttps://www.fr.de/ratgeber/gesundheit/corona-virusaufbau-spike-protein-beguensigt-gefaessopathien-schlaganfall-ausloesen-90567462.htmlfavored-vascular diseases-stroke-trigger-90567462.html,Annex BF-MS 2.

In other words, the human body produces exactly the substance that actually damages it, so that antibodies then develop against this substance. He makes a protein that he wouldn't make without the vaccine, and he's programmed to do just that by the vaccine.

The latest research results now confirm what critics had previously feared: the COVID vaccinations can cause this mRNA to be transformed into human DNA through so-called reverse transcription and onto it
way is integrated into the human genome. That was based on a
Cultivation of Comirnaty in human liver cell cultures (i.e. in vitro).
As a consequence of this change, it is to be feared in particular that cancer diseases will be promoted.

Proof:

(1) Aldén et al, Intracellular Reverse Transcription of Pfizer BioNTech COVID19 mRNA Vaccine BNT162b2 In Vitro in Human Liver Cell Line,https://doi.org/10.3390/cimb44030073,Annex BF-MS 3;

(2) analysis to this study through Peter f mayer,https://tkp.at/2022/02/26/studie-approved-taken-changes-throughhttps://tkp.at/2022/02/26/study-confirms-genome-changes-through-mrna-vaccinations/mrna-vaccinations/,Annex BF-MS 4;

(3) expert opinion.

This is in line with findings that the spike proteins generated by the mRNA injection remain detectable in the human body for months.

Proof:

(1) Röltgen et al., Immune imprinting, breadth of variant recognition, and germinal center response in human SARS-CoV-2 infection and vaccination,https://doi.org/10.1016/j.cell.2022.01.018,Annex BF-MS 5;

(2) analysis to this study through Peter f mayer,https://tkp.at/2022/02/09/studie-harmful-vaccination-spikes-remain-monthshttps://tkp.at/2022/02/09/studie-schaedliche-impf-spikes-remaining-months-in-the-body/in the-body/,Annex BF-MS 6;

(3) expert opinion.

Stefan Oelrich, head of the pharmaceuticals division of Bayer AG, therefore admitted at the World Health Summit in October 2021:

"The mRNA vaccinations are an example of cell and gene therapy. If we had taken a public poll two years ago and asked who was willing to take gene or cell therapy and have it injected into their bodies, probably 95 percent of people would have said no. This pandemic has opened the eyes of many people to innovation in ways that were previously not possible."

Proof: Paul Schreyer in multipolar v. 3.12.2021,https://multipolarhttps://multipolar-magazin.de/artikel/faktencheck-impfungen-oder-gentherapie?fbclid=IwAR0NtOFdAESn5It8X0N3RhIQhB4mygGO9DS1t2a4J5O3I1jRJScQL9lhiuImagazin.de/artikel/fact check-vaccinations-or-gene therapy?fbclid=IwAR0NtOFdAESn5It8X0N3RhIQhB4mygGO9DS1t2a4J5O3I1jRJScQL9lhiuI,Annex BF-MS 7.

If only because of the imminent change in the human genome,
COVID vaccinations, at least those based on mRNA, are not "medical measures".

2. Different substances in different batches

In the last three months, there has been a massive increase in evidence that not every

Batch of COVID vaccines has the same content. Analyzes of the US database on vaccination side effects (VAERS = Vaccine Adverse Events
Reporting System) show that only a few batches are responsible for the vast majority of serious side effects. It is noticeable that the harmful batches from the manufacturers BioNTech, Moderna and
Johnson&Johnson were administered in different time frames, indicating concerted behavior by these three manufacturers.

Proof: Wolfgang Wodarg in 2020News from January 9th, 2022,https://2020news.de/wie-terrible-is-yours-charge/,Annex BF-MS 8.

Anyone who has received the vaccination can check on a website set up for this purpose whether the batch administered by im is one of those with the particularly high rate of side effects
(https://www.howbadismybatch.com/).

What exactly is different about the batches is still unclear. What is certain, however, is that a clinical study by Pfizer/BioNTech on dose finding is still ongoing, the conclusion of which is still a long way off
(https://clinicaltrials.gov/ct2/show/NCT04368728). It is therefore possible that, in addition to these studies, varying dosages are also used in the distribution of the vaccines on the market.

Another indication of the assumption that batches with different contents are used is the fact that the vaccine bottles differ in colour. Several chemistry professors have asked why, but so far have received no satisfactory answer from either the manufacturer or the Paul Ehrlich Institute.

Proof:

(1) Berliner Zeitung of January 26, 2022,https://www.berlinerhttps://www.berliner-zeitung.de/news/chemiker-zu-impfstoff-woher-komm-der-grauton-li.208305zeitung.de/news/chemiker-to-vaccine-where from-comes-the-shade of grey-left 208305,Appendix BF-MS 9;

(2) Berliner Zeitung from 28.1.2022,https://www.berliner-zeitung.de/politikhttps://www.berliner-zeitung.de/politik-gesellschaft/biontech-were-response-to-impfstoff-Impression-einer-leichten-faerbung-normal-li.208786society/biotech-answers-to-vaccine-impression-one-lighthttps://www.berliner-zeitung.de/politik-gesellschaft/biontech-were-response-to-impfstoff-Impression-einer-leichten-faerbung-normal-li.208786coloring-normal-left 208786,Annex BF-MS 10;

(3) Berliner Zeitung from February 1st, 2022,https://www.berliner-newspaper.de/healthhttps://www.berliner-zeitung.de/gesundheit-oekologie/chemiker-an-biontech-diese-ANSWER-FINDING-WITH-SOMETHING-irritating-li.209451ecology/chemist-on-biontech-this-reply-Find-we-some-irritatinghttps://www.berliner-zeitung.de/gesundheit-oekologie/chemiker-an-biontech-diese-ANSWER-FINDING-WITH-SOMETHING-irritating-li.209451left 209451,Annex BF-MS 11;

(4) Berliner Zeitung from February 16, 2022,https://www.berliner-newspaper.de/healthhttps://www.berliner-zeitung.de/gesundheit-oekologie/qualitaet-des-impfstoffs-chemiker-stellen-fragen-an-das-paul-ehrlich-institut-li.212298ecology/quality-of-vaccine-Chemist-place-ask-on-the-paulhttps://www.berliner-zeitung.de/gesundheit-oekologie/qualitaet-des-impfstoffs-chemiker-stellen-fragen-an-das-paul-ehrlich-institut-li.212298honest-institute-left 212298,Annex BF-MS 12;

(5) Berliner Zeitung from March 10, 2022,https://www.berlinerhttps://www.berliner-zeitung.de/news/chemiker-richt-weitere-fragen-an-das-paul-ehrlich-institut-li.216247zeitung.de/news/chemiker-judge-Further-ask-on-the-paul-honesthttps://www.berliner-zeitung.de/news/chemiker-richt-weitere-fragen-an-das-paul-ehrlich-institut-li.216247institute-left 216247,Annex BF-MS 13;

Overall, it must be assumed that all people who receive the COVID vaccinations are taking part in a clinical study without this being disclosed to them. However, the obligation to tolerate such participation is not covered by the wording of § 17a II 1 No. 1 SG. Participation in such a study is neither for healing nor for prevention, but for

research into the vaccine and therefore does not constitute a license within the meaning of § 17a II SG
"medical measure".

3. Potentially fatal side effects

It should be remembered once again that the duty to tolerate under § 17a II SG is related to the duty to maintain health from § 17a I SG: Medical measures are there to promote health maintenance, and if they do not do this, it is no longer a matter of medical measures. In this context, the finding of interest is that life-threatening vaccination side effects, lasting damage to health and even death have been described as consequences of COVID vaccinations in more than 1,000 scientific studies (there are several collections on the Internet, e.g. this one here:https://www.saveusnow.org.uk/covid-vaccine-scientific-proof-lethal/).

Vaccinations that can cause these effects are also not available
"medical measures" within the meaning of § 17a II 1 SG. The obligation to tolerate according to § 17a II 1 No. 1 SG is based on the idea that "the dissemination of transferable
Diseases can significantly weaken the operational readiness of military units" (BVerwG of December 22, 2020 - 2 WNB 8/20, para. 7 = BeckRS 2020, 38518). Consequently, medical measures worthy of the name must be designed in such a way that they do not in turn weaken the operational readiness of the Bundeswehr. However, this is exactly what is to be feared, as counsel for the court Beate Bahner has already explained and as can also be seen from the more than 1,000 studies already mentioned on the most severe side effects of vaccinations. You don't win wars with dead or disabled soldiers.

Vaccinations that can kill one soldier are also from another
Reason no "medical measures" within the meaning of § 17a II 1 SG: § 17a II 2 SG makes it clear that the basic right to physical integrity is restricted by virtue of the obligation to tolerate, but not the right to life. An interpretation of § 17a II 1 SG, which made it possible for a soldier to tolerate a

To order vaccination, from which he could die, would therefore be unconstitutional because of the violation of the citation requirement in Art. 19 I 2 GG. In addition, the key statements from the aviation security judgment of the BVerfG (judgment of February 15, 2006 - 1 BvR 357/05) also apply to the obligation to tolerate under § 17a II 1 SG: The state must not sacrifice life in order to save life. Certainly a soldier's life is at stake when he is sent into combat. In this respect risking one's own life is one of the typical occupational risks of a soldier. But that's not what the duty to tolerate is about. It is all about ensuring that the soldier is still physically fit to be deployed in combat at all. A potentially deadly vaccine cannot do this.

4. Intermediate result

For the reasons just explained, the COVID vaccinations are not “medical measures”. The first element of the offense of § 17 II 1 SG is therefore not fulfilled. For this reason alone, an obligation on the two complainants to tolerate the COVID vaccinations is out of the question. For the same reason, the COVID vaccinations are to be removed from the Respondent's basic vaccination schedule.

III. "To serve"

But even if, contrary to the view expressed here, one wanted to view the COVID vaccinations as "medical measures", they certainly do not "serve" i. S. of § 17a II 1 No. 1 SG of the prevention or control of infectious diseases.

1. Determination of individual immunity status

Medical treatment "serves" to prevent or control infectious diseases when it is appropriate and intended for that purpose.

The Respondent's decision to include the COVID vaccinations in the basic vaccination scheme is based on the assumption that these vaccinations are abstractly suitable for preventing the infectious disease COVID-19. However, this assumption does not meet the objective of Section 17a II 1 No. 1 SG. Rather, the suitability of the vaccinations to prevent COVID-19 must be determined in the person of the soldier who is specifically

requested to be deported. This means that each soldier's immunity status must be determined before being ordered to tolerate vaccination. Because anyone who is already immune – for example due to a previous infection that has been overcome – does not have to be immunized again. Vaccination of an already immunized soldier does nothing, but also not to contribute anything to the prevention of COVID infections. she
"Serves" therefore in the sense of § 17a II 1 No. 1 SG not to prevent or combat an infectious disease.

The fact that this interpretation alone is correct is also indirectly confirmed by the Respondent. Because in paragraph 208 of the central service regulation A 840/8 it says (emphasis in the original):

“Before vaccination and prophylactic measures are carried out, the health suitability of the person concerned for vaccination and the probable health suitability of the person to be vaccinated for the intended
Use determined by the medical vaccination staff."

If the medical suitability has to be determined ad personam, it is only a small step to also determine the medical necessity ad personam.

This insight is of fundamental importance. It follows from it that the use of a vaccination scheme is illegal from the outset. It is possible and reasonable for the Bundeswehr to organize permanent monitoring of the immunity status of its soldiers. The Bundeswehr must be fundamentally interested in ensuring that the troops are ready for action at all times, and this is exactly the purpose of both the
Health maintenance obligation according to § 17a I SG as well as the toleration obligation according to § 17a II SG. But then the Bundeswehr must have a vital interest in knowing at all times to what extent the armed forces are actually through
infectious diseases are threatened. § 36 III IfSG obliges the lines of certain
Facilities to collect the vaccination and serostatus (!) of their employees in relation to COBID19. Serostatus means: blood tests must be carried out to determine whether a previous infection with SARS CoV-2 has taken place. If this is possible in the facilities

specified in § 36 I, II IfSG, the Bundeswehr must also be able to do this. As will be shown below, the serostatus in particular can provide indications of an existing immunity.

However, the Respondent has so far not made any efforts to determine the individual immunity status of its soldiers before the COVID vaccinations. As long as this condition remains, all COVID vaccination orders are void because they are not covered by § 17a II 1 No. 1 SG. The inclusion of COVID vaccinations in the basic vaccination scheme is also not covered by this. Rather, the use of such schemes should be avoided in the future as a matter of principle.

2. The effectiveness of the natural human immune system in defending against SARS CoV-2

These insights are of particular importance in the context of COVID vaccinations.
Because it corresponds to the scientific knowledge that

a) the encounter with a virus often does not lead to an infection i. S. of § 2 No. 2 IfSG, because the virus already fails on the mucous membranes in the mouth and nose and therefore does not even succeed in penetrating the cells of the human body;
b) a survived COVID infection to a humoral immune response (antibodies) that last for months;
c) recovering from COVID-19 leads to robust T-cell immunity, which is likely to last for life or at least several years;
d) the vaccination of people who are already immunized by previous infection does not add any value after all.

As will be shown, all of this can be scientifically proven.

a) The importance of the mucous membranes in the defense against pathogens

None other than Christian Drosten made it clear in the NDR podcast Coronavirus Update No. 97 from September 3rd, 2021 that the immune defense already begins on the mucous membranes (see there p. 16, Annex BF-MS 14):

But actually it is not the goal for all time to always have to be vaccinated. I believe that the majority of infection biologists and medical professionals are saying at the moment: We actually have to look at the endemic situation as a cold situation. This means that we are then also in the situation that our immune update, i.e. the booster immunization, does not actually happen here, but through recurring contacts with the virus and that the population's immunity also becomes more and more resilient, because then it is here really infections. And then I get mucosal immunity, which is local. You then have your own T cells sitting there, local B cells that make antibodies locally. So this immunity to infection is more robust in the long run.

However, it is not understandable why this mucosal immunity should only be able to build on a previous vaccination. Rather, the ability of the mucous membranes to prevent pathogens from penetrating the human body forms an integral part of the natural human immune system, and this is completely independent of which pathogen the human body encounters. This insight is part of the basic knowledge of immunology and has lost none of its validity with SARS CoV-2.

proof: expert opinion.

It can be assumed that mucosal immunity prevents infection in the first place in a considerable part of the population. For a more recent study, 34 subjects were specifically contacted with SARS CoV-2; 18 of them became infected. The virus didn't stand a chance in the other 16 subjects.

proof:

- Killingley et al., Safety, tolerability and viral kinetics during SARSCoV-2 human challenge,https://doi.org/10.21203/rs.3.rs-1121993/v1,Annex BF-MS 15.
- Analysis of this by Peter F. Mayer,https://tkp.at/2022/02/05/studie-Withhttps://tkp.at/2022/02/05/studie-mit-abstract-covid-infected-haelfte-stayed-healthy/intentionally-covid-infected-half-stayed-healthy/,Annex BF-MS 16.

- expert opinion.

This finding is in line with the fact that not all contact persons of COVID-19 patients become infected themselves, but are - despite the lack of infection - able to develop a so-called T-cell immunity (see c below).

Proof:

- Wang et al., Exposure to SARS-CoV-2 generates T-cell memory in the absence of a detectable viral infection,https://doi.org/10.1038/s41467https://doi.org/10.1038/s41467-021-22036-z021-22036-e.g,Annex BF-MS 17.
- expert opinion.

Where the virus already fails on the mucous membranes, the human immune system is particularly robust. Vaccination then no longer provides any added value.

b) antibodies

As early as autumn 2020, a study from Austria showed that an infection with SARS CoV-2 leads to antibody-based immunity lasting at least 6 months.

proof: Deisenhammer et al., 6-month SARS-CoV-2 antibody persistency in a Tyrolian COVID-19 cohort,https://doi.org/10.1007/s00508-020-01795-7,Annex BF-MS 18.

A little later, a study was presented that shed light on the entire immune memory of the human body after infection with SARS CoV-2, i.e. both the humoral and the cellular components. The study came to that
Result that the immune memory protects against a new infection for an estimated 8 months.

proof:

- Dan et al., Immunological memory to SARS-CoV-2 assessed for up to eight months after infection,https://doi.org/10.1126/science.abf4063,Annex BF-MS 19.
- Analysis of this by Peter F. Mayer,https://tkp.at/2020/11/18/studiehttps://tkp.at/2020/11/18/study-confirms-long-lasting-and-robuste-immunity-after-infection/approved-long-ongoing-and-sturdy-immunity-after-infection/,Annex BF-MS 20.

in the December 2021 became one study released, the from the

Funded by the Federal Ministry of Health and which revealed antibody-based immunity of at least 14 months after infection with SARS CoV-2. This study is particularly noteworthy because six of the eleven authors are employed at the Paul Ehrlich Institute.

proof: Scheiblauer et al., Antibody response to SARS-CoV-2 for more than one year – kinetics and persistence of detection are determined primarily by avidity progression and test design,https://doi.org/10.1016/j.jcv.2021.105052,Annex BF-MS 21.

At the same time, the above statements mean that the definition of the recovered status in § 22a II IfSG is immunologically completely unfounded: As has been shown, the humoral immune response already leads to a significantly longer-lasting immunization. And the cellular immune response, which will be discussed shortly, is completely ignored by the legal definition of recovered status.

c) Cellular immunity

However, even if the antibodies have receded, the immunity is not over yet. Rather, the human body has an immune memory. One could describe the mechanism as follows (quoted from Peter F. Mayer,https://tkp.at/2021/09/12/ueberblick-above-studies-to-more natural-immunity-and-thttps://tkp.at/2021/09/12/ueberblick-ueber-studien-zu-natuerlicher-immunitaet-und-t-zellen-als-essenlichen-factor/cells-as-essential-factor/):

“When it first comes into contact with a virus, the innate immune system produces specific CD4+ T cells, called helper cells, and CD8+ T cells, called killer cells. The killer cells are immediately active against the virus attack, the
Helper cells connect to the B cell's receptor via the T cell receptor (TCR) and activate it to produce antibodies.

The cellular immunity must therefore always kick in so that antibodies can develop at all. The lymphocytes, i.e. the different types of T and B cells, decrease with advancing age and with immunodeficiency. If there are too few, no antibodies can develop. The T and B cells have storage forms that are permanently stored in the bone marrow and represent the immune memory that can be reactivated at any time.”

To put it simply: the human immune system "remembers" contact with a virus and can therefore fight the pathogen faster and more effectively the next time it comes into contact with it. This mechanism also applies to SARS CoV-2: If someone has already been infected with SARS CoV-2, the likelihood of being infected with this pathogen again is very low. Several studies have shown that pre-infection with SARS CoV-2 leads to robust long-term cellular immunity.

Proof:

- Sekine et al., Robust T Cell Immunity in Convalescent Individuals with Asymptomatic or Mild COVID-19,https://doi.org/10.1016/j.cell.2020.08.017,Annex BF-MS 22.
- Explanation of this in German by Wolfgang Gesierich, PNEUMONEWS 2020;12 (7-8), Annex BF-MS 23.
- Turner et al., SARS-CoV-2 infection induces long-lived bone marrow plasma cells in humans,https://doi.org/10.1038/s41586-021-03647-4,Annex BF-MS 24.
- Cohen et al., Longitudinal analysis shows durable and broad immune memory after SARS-CoV-2 infection with persisting antibody responses and memory B and T cells,https://doi.org/10.1016/j.xcrm.2021.100354,Annex BF-MS 25.

- Sakharkar et al., Prolonged evolution of the human B cell response to SARS-CoV-2 infections https://www.science.org/doi/10.1126/sciimmunol.abg6916,Annex BFMS 26.
- Grifoni et al., SARS-CoV-2 human T cell epitopes: Adaptive immune response against COVID-19,https://doi.org/10.1016/j.chom.2021.05.010,Annex BF-MS 27.
- Jagannathan/Wang, Immunity after SARS-CoV-2 infections,https://doi.org/10.1038/s41590-021-00923-3,Annex BF-MS 28.
- Schiffner et al., Long-Term Course of Humoral and Cellular Immune Responses in Outpatients After SARS-CoV-2 Infection,https://doi.org/10.3389/fpubh.2021.732787,Annex BF-MS 29.
- expert opinion.

The strength of the natural immune system is shown here by the fact that the human immune memory can recognize different parts of the virus genome, so-called epitopes. As a result, the cellular immunity also protects against virus mutations: the virus cannot escape the human immune memory.

Proof:

- Di Muzio et al., Unbiased interrogation of memory B cells from convalescent COVID-19 patients reveals a broad antiviral humoral response targeting SARS-CoV-2 antigens beyond the spike protein,https://doi.org/10.1016/j.jvacx.2021.100098,Annex BF-MS 30.
- Grifoni et al., SARS-CoV-2 human T cell epitopes: Adaptive immune response against COVID-19,https://doi.org/10.1016/j.chom.2021.05.010,Attachment BF-MS 27, already named.
- Hellerstein, What are the roles of antibodies versus a durable, high quality T-cell response in protective immunity against SARS-CoV-2?,https://doi.org/10.1016/j.jvacx.2020.100076,Annex BF-MS 31.

- Sureshchandra et al.,Single-cell profiling of T and B cell repertoires following SARSCoV-2 mRNA vaccine,https://doi.org/10.1172/jci.insight.153201,Annex BF-MS 32.
- Redd et al., CD8+ T-Cell Responses in COVID-19 Convalescent Individuals TargetConserved Epitopes From Multiple Prominent SARSCoV-2 CirculatingVariants,https://doi.org/10.1093/ofid/ofab143,Annex BF-MS 33.
- Tarke et al., Comprehensive analysis of T cell immunodominance and immunoprevalence of SARS-CoV-2 epitopes in COVID-19 cases,https://doi.org/10.1016/j.xcrm.2021.100204,Annex BF-MS 34.
- Tarke et al., Impact of SARS-CoV-2 variants on the total CD4+ and CD8+ T cell reactivity in infected or vaccinated individuals,https://doi.org/10.1016/j.xcrm.2021.100355,Annex BF-MS 35.
- expert opinion.

Even – if not exactly – those people who have survived an infection with SARS CoV-2 with no or only minor symptoms build up such robust cellular immunity.

Proof:

- Le Bert et al., Highly functional virus-specific cellular immune response in asymptomatic SARS-CoV-2 infection,https://doi.org/10.1084/jem.20202617,Annex BF-MS 36.
- Jung et al., SARS-CoV-2-specific T cell memory is sustained in COVID19 convalescent patients for 10 months with successful development of stem cell-like memory T cells,https://doi.org/10.1038/s41467-021-24377https://doi.org/10.1038/s41467-021-24377-11,Annex BF-MS 37.
- Sekine et al., Robust T Cell Immunity in Convalescent Individuals with asymptomatic or Mild COVID-19,https://doi.org/10.1016/j.cell.2020.08.017,Annex BF-MS 22, already named.
- expert opinion.

That shouldn't come as a surprise: anyone who hasn't even developed symptoms and therefore doesn't get sick or infect others has apparently been able to do a lot to counteract the virus.

Cellular immunity may also be mediated by a previous exposure to endemic human cold coronaviruses, specifically pre-infection with human beta-coronaviruses (OC43 and 229E).

Proof:

- Bonifacius et al., COVID-19 immune signatures reveal stable antiviral T cell function despite declining humoral responses,https://doi.org/10.1016/j.immuni.2021.01.008,Annex BF-MS 38.
- Le Bert et al., SARS-CoV-2-specific T cell immunity in cases of COVID-19 and SARS, and uninfected controls,https://doi.org/10.1038/s41586https://doi.org/10.1038/s41586-020-2550-z020-2550-e.g,Annex BF-MS 39.
- Loyal et al.Cross-reactive CD4+ T cells enhance SARS-CoV-2 immune responses upon infection and vaccination,https://doi.org/10.1126/science.abh1823,Annex BF-MS 40.
- expert opinion.

In such cases, one speaks of cross-immunity: some epitopes in the virus genome of OC43 and 229E are so similar to those of SARS CoV-2 that the immune system, which was previously confronted with OC43 and 229E, also detects SARS
CoV-2 recognizes and triggers an effective immune response. Anyone who has such cross-immunity has a good chance of surviving the encounter with SARS CoV-2 without any infection or at least of being infected with SARS CoV-2 without any symptoms (and therefore not contagious) or at most with minor symptoms.

For the context of interest here, it is particularly important to realize that – as the studies presented here show – cellular immunity can be measured. It is therefore all the more incomprehensible that the Respondent is not making use of the existing options for determining the immunity status of the armed forces.

d) Overall: Broad immunity in the general population

It is already apparent that the human immune system, considered for the entire population, was and is much better prepared for the pathogen SARS CoV-2 than was claimed at the beginning of the corona crisis. Assuming an infection mortality of 0.15% with John PA Ioannidis,

Proof:

- John PA Ioannidis, Reconciling estimates of global spread and infection fatality rates of COVID-19: An overview of systematic evaluations,https://doi.org/10.1111/eci.13554,Annex BF-MS 41.
- Analysis of this by Peter F. Mayer,https://tkp.at/2021/03/29/neuehttps://tkp.at/2021/03/29/neue-ioannidis-studie-infection-mortality-worldwide-about-015-percent/ioannidis-study-infection mortality-worldwide-about-015-percent/,Annex BF-MS 42.

so the conclusion seems justified that such a percentage cannot be the effect of a "Koller virus" that the human immune system cannot cope with. Unsurprisingly, infection mortality increases with age.

Proof: Axfors/Ioannidis, Infection fatality rate of COVID-19 in communitydwelling elderly populations,https://doi.org/10.1007/s10654-022-00853-w,Annex BF-MS 43.

Accordingly, the literature criticizes that the immunity status in the placebo group was examined far too little in the approval studies for the COVID vaccines.

proof: Doshi, Covid-19: Do many people have pre-existing immunity?,http://dx.doi.org/10.1136/bmj.m3563,Annex BF-MS 44.

It is therefore very likely that the soldiers of the Bundeswehr - who have to be physically strong due to their job - are seriously at risk from COVID-19 at most in absolutely exceptional cases. It would have been all the more natural for the Respondent to initiate broad immunological investigations.
However, this has not been done at all.

e) Increased risk of side effects when vaccinating those who have recovered

After all, giving the COVID injection does not add any value to immunization if someone has been infected with SARS CoV-2 before. But there is more: anyone who has ever been infected with SARS CoV-2 and only then receives the injection has to live with an increased risk of harmful side effects of the vaccination.

Proof:

- Raw et al., Previous COVID-19 infection, but not Long-COVID, is associated with increased adverse events following BNT162b2/Pfizer vaccination,https://doi.org/10.1016/j.jinf.2021.05.035,Appendix BF-MS 45 (p. 401-403).
- expert opinion.

3. Destabilization of the immune system by the COVID vaccinations

A vaccination of soldiers who already have a - however mediated -
After all, having immunity to SARS CoV-2 makes no sense; she "serves" i. S. of § 17a II 1 No. 1 SG not the prevention or control of the infectious disease COVID-19.

Vaccination with the COVID-19 vaccines approved in the EU also has a negative effect on the human immune system. To clarify this almost inexpressible finding once again: Vaccination with these vaccines not only does not lead to any immunization, but on the contrary to a destabilization of the human immune system.

A study was presented in May 2021 that concluded that the BioNTech vaccine reprograms the human immune system.

Proof:

- Föhse et al., The BNT162b2 mRNA vaccine against SARS-CoV-2 reprograms both adaptive and innate immune responses,https://doi.org/10.1101/2021.05.03.21256520,Annex BF-MS 46.
- Analysis of this by Peter F. Mayer,https://tkp.at/2021/05/17/changes-in the-congenitalhttps://tkp.at/2021/05/17/veraenderungen-im-innate-immune-system-due-to-corona-vaccinations/immune system-through-corona-vaccinations/,Annex BF-MS 47.

Elsewhere, the impact of COVID vaccinations on the human immune system is described as follows: The more often the vaccination is administered, the more the human body gets used to it. This means that the immune system becomes tolerant to the pathogen: the virus first multiplies in the human body without the symptoms of a respiratory infection developing. At some point, however, the immune system will become active - and then attack the pathogen where it is currently located. This could be the explanation for e.g.

spread of pathogens must be eliminated".

Proof:

- Peter F Mayer,https://tkp.at/2022/02/04/multiple-vaccinated-more vulnerablehttps://tkp.at/2022/02/04/multiple-vaccinated-susceptible-for-infection-and-death-part-2-possible-causes/for-infection-and-deaths-part-2-possible-causes/,Annex BF-MS 48; The quote just reproduced comes from there.
- expert opinion.

Immune tolerance not only weakens the immune system, but can also lead to the immune system attacking the body it is supposed to protect. The dismantling of the human immune system by the COVID vaccinations is described in great detail in a recent study, and that dismantling is held responsible for numerous observed vaccination side effects.

Proof:

- Seneff et al, Innate Immune Suppression by SARS-CoV-2 mRNA Vaccinations: The role of G-quadruplexes, exosomes and microRNAs,https://doi.org/10.22541/au.164276411.10570847/v1,Annex BF-MS 49.
- expert opinion.

In summary, it can be said that a vaccine that enables the human body to produce part of this virus, namely the spike protein, on its own without first encountering the virus, will not protect the human immune system in the long term strengthens, but rather confuses it - with fatal consequences.

But also the primary effect of vaccination, namely the protection of the human body against infection with SARS CoV-2, does not take on the promised extent. This applies in particular to the booster vaccinations. An Israeli study shows that the effectiveness of the vaccination decreases with each new booster, which ascribes no significant contribution to immunization to the second booster - i.e. the 4th vaccination in total.

Proof: Regev-Yochay, Efficacy of a Fourth Dose of Covid-19 mRNA Vaccine against Omicron,https://doi.org/10.1056/NEJMc2202542,Annex BF-MS 50.

In the 18-65 age group, which is decisive for the current procedure, the RKI weekly report of April 7, 2022 lists a total of 253,889 symptomatic COVID-189 cases, including 50,727 without vaccination, 53,398 with basic immunization and 149,764 with booster vaccination. In this age group, 58.98% are accounted for by the group that had undergone the booster vaccination. For the total population, this report finds that 58.8% of the population would have received the first booster shot. It cannot be inferred from the report whether this quota also applies to the age group of interest here. However, if one assumes this, the figures reported here do not support the assumption that the booster vaccination actually has a significant protective effect.

This finding is important for the present proceedings because, according to the Respondent, the soldiers of the Bundeswehr should not only have to tolerate the first two vaccination doses, but also an indefinite and to this day unforeseeable number of booster vaccinations - which, as shown, will in the long run do the opposite of what they are intended to do. With each refresher, the soldiers are gradually inoculated into an immune deficiency and thus permanently into a pathological physical condition. This finding speaks against the fact that the

COVID vaccination a "medical" measure i. p. of § 17a II SG; In any case, the COVID vaccination does not “serve” to prevent or combat an infectious disease.

IV unacceptability

According to § 17a IV SG, the obligation to tolerate does not apply if the disputed medical

action is unreasonable. This unreasonableness must be determined objectively.
In the case given here, there are several objective reasons for assuming that no (!) soldier can be expected to administer the COVID vaccines approved in the EU:

- The side effect profile of the vaccines is far too dangerous, even potentially lethal.
- There is insufficient data on the side effects of vaccination, and efforts by the authorities to close the data gap are even more insufficient.
- There are less risky prevention methods available.
- Contrary to popular belief, COVID-19 can be treated well clinically, with existing drugs in on-label use (!).

1. Again: Potentially Fatal Side Effects

According to the view taken here, those are dangerous and even potentially deadly Side effects Reason enough not to regard the COVID injections as "medical measures" (above II.3.). In any case, in view of this profile of side effects, it is objectively unreasonable for a soldier to have the injection carried out on him against his will.

2. Insufficient data on the side effects of vaccination

Mandatory COVID injections are also objectively unreasonable because there is no reliable data on the spread of side effects. On the contrary, we have to assume that the side effects are dramatically underreported.

a) Structural inadequacies of a spontaneous reporting system

The Deutsches Ärzteblatt had repeatedly pointed out the deficiencies in the reporting system, even before the Corona crisis. One of the main reasons for a doctor not to report the side effect of a drug or a vaccine is that for reporting a suspected case, although this is legally obligatory (here: according to § 6 I 1 No. 3 IfSG), there is hardly any time in everyday practice because reporting involves prohibitive administrative work that is not remunerated.

Proof:

- *Godler*et al, Too many doctors are "tired of reporting", Deutsches Ärzteblatt Jg. 96, issue 25, June 25, 1999, p. A 1704, Annex BF-MS 51.
- *Gahr*et al., Why reports are not made, Deutsches Ärzteblatt Jg. 113, issue 9, June 4, 2016, p. A 378, Annex BF-MS 52.

The Frankfurter Allgemeine Zeitung addressed the inadequacy of the reporting system in an article dated March 2nd, 2022. It reports on a doctor in whose practice 260 suspected cases had accumulated, of which she had only reported 60 at the time of reporting - because of the high effort involved.

Proof: FAZ v. 2.3.2022, https://zeitung.faz.net/faz/natur-andhttps://zeitung.faz.net/faz/natur-und-wissenschaft/2022-03-02/47a5dbf61a32296a8ad90e24b5a6b5a0/?GEPC=s5science/2022-03-02/47a5dbf61a32296a8ad90e24b5a6b5a0/?GEPC=s5, Annex BF-MS 53.

It should be noted that this is a doctor who is open to the idea that a vaccination she administered herself could have caused serious damage.

b) Ignorance of the medical profession regarding post-COVID injection injuries

However, many other doctors do not show this openness. They already reject a limine the idea that the COVID injections could be the cause of the condition that their patients are presenting to them for after the vaccination. The guest article by an employee of the Mainz city administration in the Berliner Zeitung from January 24th, 2022 was just as informative as it was moving.

Proof: Donut newspaper from the 24.1.2022, https://www.berliner-zeitung.de/news/seit-mine-vaccination-is-Nothing-more-how-it-was-left 207931,Annex BF-MS 54.

On April 2, 2022, FOCUS interviewed a 35-year-old man whose physical fitness had dramatically declined since the second dose of the vaccine and who was labeled as a simulated victim by his doctors.

Proof: FOCUS v. 4/2/2022, https://www.focus.de/gesundheit/coronavirus/seltene-but-seriushttps://www.focus.de/gesundheit/coronavirus/seltene-aber-serious-side-effects-seit-seiner-zweiter-vaccination-ist-ken-35-krank-doch-seine-aerzte-wimmeln-ihn-ab_id_60755037. htmlside effects-since-his-second-vaccination-is-know-35-Sick-yet-hishttps://www.focus.de/gesundheit/coronavirus/seltene-aber-serious-side-effects-seit-seiner-zweiter-vaccination-ist-ken-35-krank-doch-seine-aerzte-wimmeln-ihn-ab_id_60755037. htmldoctors-teeming-him-ab_id_60755037.html,Annex BF-MS 55.

Elke Bodderas, editor of WELT, reported there about her severe rheumatic complaints after the vaccination. What is interesting about the article is not only that five out of six doctors she consulted categorically denied a causal connection with the vaccination, but also that the author herself took months to admit that there could be such a connection. And this article also talks about doctors who, due to a lack of remuneration, shy away from the high workload involved in reporting a suspected case.

proof:°world°from°7.4.2022, https://www.welt.de/debatte/kommentare/plus238020193/Corona-

vaccination_side_effects-It-took-until-at-me-the-pennies-fell.html?, Appendix BF-MS 56.

In fact, ignorance in the medical profession about the harm caused by the COVID injections should not be an isolated case. Because there are - apart from the unpaid work involved in reporting a suspected case - tangible psychological obstacles to classifying a suspected case as such and then also to reporting it:

- A doctor who suspects that his patient's condition could be causally related to the vaccination must at the same time admit to himself that that his own vaccination possibly a wrong decision was.
- A doctor who suspects that his patient's condition could be causally related to the vaccination must question his own vaccination practice and open up to the idea that the possibility of a clinical picture that the patient presents to him has not been explained beforehand. He therefore has to fear from now on that he will be prosecuted under criminal and liability law for his own vaccination behavior.
- A doctor who overcomes these inhibitions and reports vaccination damage must fear that public pressure will be built up on him by his diagnosis being called into question by the health authorities and the Paul-Ehrlich-Institut. Because, as will be shown below (c below), the authorities are currently in no way interested in clarifying vaccine damage.

There is also an eminently important aspect: The medical profession is exposed to the same media environment as the entire population. The federal government's strategy for communicating the threat of SARS CoV-2 was to create fear and guilt. People shouldn't just be scared (to death) of contracting SARS CoV-2. They should also be afraid of infecting others and being responsible for their deaths. The strategy paper "How to get COVID-19 under control" (Annex BF-MS 57) states verbatim on page 17:

"In order to achieve the desired shock effect, the concrete effects of a contagion on human society must be made clear:

1) *Many seriously ill people are brought to the hospital by their relatives, but are turned away and die at home, struggling to breathe. Choking or not getting enough air is a primal fear for everyone. The situation in which there is nothing you can do to help relatives who are in mortal danger, too. The pictures from Italy are disturbing.*
2) *"Children will hardly suffer from the epidemic": False. Children will be easily infected, even with exit restrictions, e.g. from the neighborhood children. When they then infect their parents and one of them dies in agony at home and they feel guilty about it because they forgot to wash their hands after playing, for example, it's the most terrifying thing a child can ever experience can."*

From then on, all parts of the scientific discourse that would have been suitable for calming people were suppressed in media reporting, and anyone who dared to question the federal government's portrayal of the pandemic faced unprecedented media disparagement. I have documented and critically appreciated this on 180 pages using the example of the reporting on Wolfgang Wodarg, one of the most prominent critics (Martin Schwab, Freedom of opinion and scientific discourse in the Corona Crisis, available under https://clubderklarenworte.de/wphttps://clubderklarenworte.de/wp-content/uploads/2020/10/Prof.-Schwab-zu-Wodarg.pdfcontent/uploads/2020/10/Prof.-Schwab-to-Wodarg.pdf).

As soon as the COVID injections were approved as vaccines, they were praised in the media as a promise of salvation - as salvation not only from the threat of the virus, but also from the vile shackles of lockdown measures. Anyone who admits to themselves that the vaccinations that are supposed to provide this liberation are in fact themselves associated with dangers must fear being thrown back into their original fears: if the promise of salvation collapses, the threat from the virus and possibly the virus return Lockdown measures are back and the long-awaited return to normal life is once again a long way off. Even doctors cannot always free themselves from this dynamic.

The underreporting of the damage caused by COVID injections has at least recently become the focus of media reporting (in addition to the articles just cited, see also

- FOCUS v. 1.4.2022,https://www.focus.de/gesundheit/news/charite-researcherhttps://www.focus.de/gesundheit/news/charite-forscher-harald-matthes-im-interview-minimum-70-percent-under-recording-bei-den-mpfnebeneffekten_id_76570926.htmlHarald-matthes-in_the-interview-at_least-70-percent-undercoverage-at-thehttps://www.focus.de/gesundheit/news/charite-forscher-harald-matthes-im-interview-minimum-70-percent-under-recording-bei-den-mpfnebeneffekten_id_76570926.htmlmpfside-effects_id_76570926.html,Appendix BF-MS 58;
- FOCUS v. 5.4.2022,https://www.focus.de/gesundheit/ausmass-remains-not clearhttps://www.focus.de/gesundheit/ausmass-bleibt-unklar-viele-impfnebeneffekten-non-reported-ministerial-verschleppte-important-data-collection_id_79102312.htmlmany-vaccine_side_effects-Not-reported-ministry-abducted-importanthttps://www.focus.de/gesundheit/ausmass-bleibt-unklar-viele-impfnebeneffekten-non-reported-ministerial-verschleppte-important-data-collection_id_79102312.htmldata_acquisition_id_79102312.html,Appendix BF-MS 59).

For those who have had the COVID injection but have not experienced any side effects, there is at least one reassuring message: they were probably given a batch with few side effects (see above
II.2.).

c) The authorities' lack of interest in investigating damage caused by the COVID injections

The underreporting of vaccination side effects is also due to the fact that the Paul-Ehrlich-Institut shows no interest in clarifying and fully recording vaccination damage. The Paul-Ehrlich-Institut knew very early on that a systematic collection of billing data from the health insurance companies could provide information about the spread of side effects, but did not do enough to force the consolidation of this data.

Proof:FOCUS v. 5.4.2022,https://www.focus.de/gesundheit/ausmasshttps://www.focus.de/gesun

dheit/ausmass-bleibt-unklar-viele-impfnebeneffekten-non-reported-ministerial-verschleppte-important-data-collection_id_79102312.htmlremains-not clear-many-vaccine side effects-Not-reported-ministryhttps://www.focus.de/gesundheit/ausmass-bleibt-unklar-viele-impfnebeneffekten-non-reported-ministerial-verschleppte-important-data-collection_id_79102312.htmlabducted-important-data acquisition_id_79102312.html,Appendix BF-MS 59, already named).

Christof Kuhbandner, Chair of Educational Psychology at the University of Regensburg, published an analysis paper in January 2022. In it he found that the mortality of the total population has risen in temporal correlation to an increased amount of vaccine doses administered.
Christof Kuhbandner interpreted this as a risk signal that the Paul-Ehrlich-Institut had to investigate.

Proof: Christof Kuhbandner, The increase in excess mortality in connection with the COVID vaccinations, Appendix BF-MS 60.

Christof Kuhbandner defended this analysis paper in a media article against the smokescreens with which so-called "fact checkers" tried to combat his theses.

Proof: Christof Kuhbandner, multipolar v. 21.2.2022,https://multipolarhttps://multipolar-magazin.de/artikel/ein-Sicherheitssignal- wird-ignoriertmagazin.de/artikel/ein-security signal-becomes-ignored,Annex BF-MS 61.

To date, the Paul Ehrlich Institute has not responded to this analysis.

3. Lower-risk prevention methods

If you want to prevent an acute respiratory infection (regardless of the pathogen!), there is a cheaper and more effective option in the form of a sufficiently high vitamin D level. Numerous studies have shown that severe and fatal courses of COVID-19 can be prevented in this way.

Proof:

- Borsche, L.; Glauner, B.; von Mendel, J.: COVID-19 Mortality Risk Correlates Inversely with Vitamin D3 Status, and a Mortality Rate Close to Zero Could Theoretically Be Achieved at 50 ng/mL 25(OH)D3: Results of a Systematic Review and Meta-Analysis. Nutrients 2021, 13, 3596. https://doi.org/10.3390/nu13103596,Annex BF-MS 62.
- Yisak, H. et al.: Effects of Vitamin D on COVID-19 Infection and Prognosis: A Systematic Review, Risk Management and Healthcare Policy 2021:14 31-38, http://doi.org/10.2147/RMHP.S291584,Appendix BF-MS 63.
- Petrelli, F. et al., Therapeutic and prognostic role of vitamin D for COVID19 infection: A systematic review and meta-analysis of 43 observational studies, Journal of Steroid Biochemistry and Molecular Biology 211 (2021) 105883, https://doi.org/10.1016/j.jsbmb.2021.105883,Annex BF-MS 64.

Mind you: Vitamin D alone has a high prophylactic effect. Other possible options for prophylaxis and therapy have not yet been mentioned here. Should the senate consider further presentation necessary in this regard, I ask for a judicial notice.

4. Treatment of COVID-19 quite possible

A South African doctor, Dr. Shankara Chetty, has successfully treated thousands of COVID-19 patients with the treatment protocol shown in Attachment BF-MS 65. Should the senate consider further explanations to be necessary, I would ask you in the judicial notice.

Incidentally, I refer to the written submissions of all legal counsel in both proceedings (i.e. also in proceedings 1 WB
2.22 and 1 W-VR 1.22) reference.

Prof. Dr. Martin Schwab