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To the
Federal Administrative Court
Simsonplatz 1
04107 Leipzig

Bielefeld, July 20, 202222 July 2022

connected
Military Complaints Procedure
Here: [redacted]
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 above-mentioned military complaints procedure, I raise in the name of and on behalf of the complainant I represent [redacted] against the decision announced on July 7th, 2022 to his detriment

hearing complaint.

I. Ignorance of the evidence as a violation of the right to be heard

The hearing complaint raised here may come as a surprise at first glance. Because, as has to be admitted, the senate that recognized it patiently listened to the defense complaint and raised extensive evidence over a total of four days of the hearing – albeit not on all of the evidence we offered.

Since Article 103.1 of the Basic Law also includes the right of those involved in the proceedings to collect evidence that is offered, the right to be heard is only guaranteed if the court takes note of the evidence and takes it into account in the decision. This also includes that the proof result *with the right content* must take into account; otherwise the taking of evidence would be meaningless.

To illustrate this with a simple example: If the plaintiff in a traffic accident liability case names a witness to prove the fact that the traffic light was red for the defendant, the witness states this and the court dismisses the lawsuit on the grounds that the witness credibly stated that the traffic light had shown the defendant green, *the right to be heard is violated*. Because the court did not take into account the result of the evidence in its decision, but its complete opposite.

This is a comparable case. The Senate has certified the PEI to carry out the risk assessment of the COVID injections on a solid data basis, although the evidence - especially on July 6th, 2022
- showed the complete opposite. This is to be explained in more detail below.

II. For the interrogation of Dr. Doris Oberle (PEI) am

07/06/2022

The interrogation of Mrs. Dr. Doris Oberle, who was named by the PEI as an expert in statistics on the evidence topic of the observed-versus-expected analysis, made it clear in the result of her survey that the PEI is doing everything possible to ensure that the COVID injections do not send any risk signals see.

1. Double standards for Observed and Expected

An observed-versus-expected analysis is about determining a possible safety signal based on a data comparison: how many deaths did we expect in a period X in a certain person cohort, and how many deaths there are in this period in this one cohort actually given? If the number "Observed" divided by the number "Expected", the so-called*standard mortality ratio*, is greater than 1 - so much greater than 1 that the deviation can no longer be explained solely by possible counting errors - there is a risk signal.

Of course, such a comparison presupposes that identical parameters are used for the "Observed" and "Expected" categories. The same cohort must be observed in the same time period, and it must - important! – the same range of causes of death are observed. So if under the heading "Expected" all deaths regardless of the cause of death (so-called total mortality or also*All Cause Mortality*) were considered, all the deceased must also be counted under "Observed" regardless of the cause of death.

And that's exactly where the catch lies with the PEI: With "Expected" the PEI counts the total number of all deceased regardless of the cause of death, but with "Observed" only those deaths that are suspected to have been caused by the COVID vaccination! If you “calculate” like this, it will of course take forever before you even recognize a risk signal. Prof. Dr. Christof Kuhbandner had calculated how many suspected deaths the PEI would have needed to recognize a risk signal based on the data in the safety report from May 4, 2022 (namely a little more than 124,000) and asked Ms. Oberle whether this number was correct. Ms. Oberle said yes! She tried to justify this number by saying that so many vaccine doses had already been administered. But the number 124,000 was never in question.

It would be almost too polite to call the observed-versus-expected analysis in the PEI's safety reports a comparison of apples and oranges. It's more like comparing apples and elephants.

2. Dual Measure of Observed and Background Incidence

However, the observed-versus-expected analyzes at the PEI suffer from another inaccuracy. In order to fill the "Expected" column with life, I need valid data from which I can calculate the frequency with which a certain event (e.g. death) occurs in the cohort examined. In the oral hearing, this was illustrated by the event "Apoplex" (stroke): The PEI assumed 164 strokes per 100,000 people for a certain period of time. So the cohort "Expected" is defined by a certain number of *persons*.

In the “Observed” category, on the other hand, the observed events are divided by a different divisor in the PEI: the number of observed cases (e.g. stroke) per 100,000 *vaccine doses* measured. This leads to distortions because, as is well known, the "basic immunization" (in the terminology of the RKI) is already used for all vaccines approved in the EU except for Johnson & Johnson *two* vaccine doses and as of March 31, 2022 (data status of the last PEI safety report) a number of people had already received the first, and in some cases even the second, booster vaccination. The divisor by which the number of events in the "Observed" column is to be divided should actually be much smaller. then "Observed" would come out with a larger number and we would be closer to a risk signal.

Ms. Oberle admitted that there could be distortions. But they weren't that dramatic. After all, every single injection carries the risk of side effects. So if you get two or three injections, you are also exposing yourself to the risk of side effects for the second or third time.

I am very grateful to Ms. Oberle for admitting that the risk of vaccination complications increases with every new injection. To what extent her answer is supposed to eliminate the concern about distortions in the observed-versus-expected analysis is not clear to me. Against this background, this accumulation of risks should really give reason to calculate the events per person and not per vaccination dose in the "Observed" category - right?

3. The comparison with the side effects of influenza vaccines

During the oral hearing, Ms. Oberle was confronted with the fact that 42.5 times more vaccination side effects were reported for COVID vaccines than for influenza vaccines.

Ms. Oberle replied that this had to be examined more closely. There were fewer cases of influenza because people were better protected (what does that have to do with side effects of vaccination?). You can get corona and influenza vaccines in the

Other than that, don't compare. After all, with the COVID vaccinations, you get so many reports.

Yes, that's why side effects with COVID vaccinations occur 42.5 times as often as with influenza vaccinations! Ms. Oberle has therefore confirmed that there are increased safety problems with the COVID injections.

4. Dramatic understaffing of the vaccine complications registration unit

During her interrogation, I confronted Ms. Oberle with the billing data of the National Association of Statutory Health Insurance Physicians, according to which almost 2.5 million vaccine side effects were billed. I asked Ms. Oberle a hypothetical question: Assuming that behind all of these billing numbers there are suspected cases that must be reported (in the sense of Section 6 Paragraph 1 Sentence 1 No. 3 IfSG), and suppose that all of these almost 2.5 million cases would also be reported to the PEI – would the PEI even be able to manage such a large number of reports? What would the PEI do if confronted with such a large number of reports?

Ms. Oberle's answer was simple: The PEI would then have to hire new people! So the PEI is currently not prepared for such quantities! We already know from the hearing of Dr. Dirk Mentzer (PEI) from June 7, 2022 that the department responsible for recording vaccination complications consists of just 13 employees, some of whom also do this work as a part-time job alongside their studies. Under these circumstances, we will probably have to wait a while before the PEI recognizes a risk signal.

5. Inadequate research into causality in suspected deaths

In the safety report of May 4, 2022, the PEI reported 2,810 deaths after vaccination, of which it considers the causal connection with the vaccination to be probable in 116 cases. Mr. Kuhbandner asked Ms. Oberle how the situation was with the remaining 2,694 cases: Has the PEI checked the causality in these cases at all?

Ms. Oberle gave a remarkable answer: The PEI researches each individual case, but often struggles with the difficulty of not getting the information it needs because the treating doctors didn't answer the phone and didn't answer letters.

We remember what Mr. Mentzer stated during his interrogation on June 7th, 2022: 90% of all reports do not come from doctors, but from those affected or their relatives. And now we learn from Ms. Oberle that the doctors are steadfastly refusing to cooperate with the Vaccine Regulatory Authority!

Mr RiBVerwG Dr. During the oral hearing on June 8, 2022, Langer, a member of the Senate, could not have imagined that the doctor he trusted would not meet his statutory reporting obligations. Now we have the explanation: the same doctors who don't answer the phone when the PEI calls are probably the ones who don't report any suspected cases themselves.

I have explained the possible reasons for the doctors' reluctance to report in both my brief and in my plea: Doctors who report a suspected case have to overcome several psychological barriers. They have to admit that their own vaccination may not have been a good idea, that they may not have informed their patients sufficiently before the vaccination and are now facing liability and criminal penalties, and that the big promise that the vaccination could lift us all off the ugly yoke of the pandemic like a house of cards is collapsing. This admission is tantamount to a painful correction of one's own previously rigid worldview. Many doctors probably lack the mental strength to do this. Media reports about doctors, We have pointed out in large numbers in our pleadings that their patients do not take their patients seriously when they contact them with complaints after the vaccination and suspect a connection with the vaccination. The senate completely ignored this important aspect in its decision-making process.

6. Conclusion: The PEI purposefully turns a blind eye

If the PEI continues to work as before, it will never detect a risk signal. The whole system at the PEI is designed to ensure that most vaccination complications will never find their way into the safety reports. Contrary to what the Senate thinks, the PEI is not providing solid data; on the contrary, it is flying data blind.

Insofar as the judging senate attempted to put the significance of the billing data from statutory health insurance physicians into perspective in its verbal justification on the grounds that one does not know how serious the vaccination complications behind the billing figures really are, it refutes its own assessment of the solidity of the PEI data itself.*Precisely because we do not know, there is no valid basis for statements about the safety level of the COVID injections!*

And so there was no basis for a benefit-risk assessment worthy of the name for the Respondent. With this insight, all statements made by the Senate on the principle of proportionality are also invalid. If I don't even know the real extent of the risk, I can't weigh it up against the benefit.

If the adjudicating senate had respected my client's right to be heard and had based its decision on the correct evidence regarding the weaknesses of the PEI safety reports in terms of data and statistics, it would have had no choice but to decide in my client's favour.

III. For questioning of Dr. Ralf Wagner (PEI) am

07/06/2022

It was hardly any better for the questioning of Dr. Ralf Wagner, who was named by the PEI as an expert on the topic of batch testing. The questioning of Mr. Wagner yielded the clear result that the batch inspection by the PEI was purely a token event.

1. How bad is my batch? "We do not know!"

In my letter of July 1, 2022, I had already referred to the page “How bad is my batch?” pointed out - to the fact that, according to the findings of several international researchers, a small proportion of the batches are responsible for the vast majority of serious vaccination complications. During his interrogation on June 7th, 2022, Mr. Mentzer said he had never heard anything from this side, and Mr. Wagner was also this side - at least that was his answer to the question from Prof. Dr. Werner Bergholz – unknown.

This answer must surprise you. Be that as it may, the Senate should have followed up on this information. We then confronted Mr. Wagner with the question of whether an accumulation of vaccination complications with certain batches gave the PEI reason to request the reserve samples from the manufacturer. Mr. Wagner answered this question in the negative without any comprehensible justification: it doesn't make any sense with an opened batch. Why actually?

Mr. Wagner was asked whether the PEI correlated its own data from the batch test with the suspected reports of side effects. Herr Wagner denied this; the batch numbers were not available for all suspicious activity reports. Lazy batches? It just can't exist...

2. Graphene Oxide? "We don't care!"

Mr. Wagner was also asked how the PEI reacted to letters pointing out possible foreign bodies or other irregularities in the COVID vaccines. The widespread concern that the COVID injections could contain graphene oxide was pointed out as an example.

Mr. Wagner replied that the PEI only follows up on such indications if they are supported by peer-reviewed studies. This lack of interest is surprising. Because one can hopefully expect an authority like the PEI to proactively determine the study situation and not have to first point out relevant research work to the interested public!

An agency whose job it is to ensure safety in every respect, especially with a completely new vaccine, would not behave in this way if it really took this job seriously.

3. Inspection of the manufacturing company? "We won't!"

According to Mr. Wagner, there is no inspection of the manufacturing companies. The manufacturers apparently deliver the samples to the PEI, as well as a certain number of measurements from sample and final checks carried out in the manufacturing companies.

According to Mr. Wagner, the PEI carries out 30 laboratory tests during batch testing, the manufacturers performed many times more. This means that the PEI relies to a large extent on the manufacturer's information, *without* conduct independent tests.

You have to imagine it: no hot dog stand, no matter how small, can offer its services for sale without first being visited by the health department. But here we are talking about a completely new type of vaccine that is administered in the hundreds of millions in Germany alone - and the gates of the manufacturers remain closed to the supervisory authorities?

Where does the PEI get the confidence that a manufacturer with a market value in the billions, whose profits depend largely on the distribution of the COVID injections, does everything properly without external control? We had offered the testimony of former Pfizer employee Brooke Jackson, who could have testified that she was being severely thwarted internally in her attempts to ensure proper manufacturing processes. If the Senate had listened to this offer of evidence, it would have assessed Mr. Wagner's statements much more critically.

After all, Mr. Wagner referred to the responsibility of the state offices, which are responsible for the relevant production sites. However, I was not able to hear a statement from Mr Wagner that the PEI would then at least ask the state offices if everything is in order.

4. Impurities? "We don't check!"

According to Mr. Wagner, the injections from BioNTech/Pfizer are a white to off-white dispersion. Prof. Dr. Jörg Matysik, who months ago, together with some colleagues, had asked the PEI and the RKI critical questions about this (without having received even a halfway useful answer to date), wanted to know how the PEI determined whether the vaccine of a batch is still white enough or already too gray. Mr. Wagner replied that the sample was held against a white and against a black background. A more precise measurement of the coloring does not take place.

This may be a tried and tested method for a chemistry experiment kit for children of primary school age. This amateurish approach is simply out of the question for batch testing by an authority that has to monitor a new type of vaccine.

Our question as to whether the PEI checks the batches for contamination was answered in the negative by Mr. Wagner: The vaccines consist of so few starting materials that there is no need to check whether the vaccine is contaminated. When we pointed out that graphene oxide, square objects and tinsel-like threads had been found under the microscope in the BioNTech vaccine, Mr. Wagner replied that the vaccine was tested for particles at the manufacturer's; the PEI does not carry out its own examination in this regard. As previously mentioned, Mr. Wagner did not find it necessary to pursue such leads unless they were substantiated by peer-reviewed studies.

It is possible that the PEI does not have the appropriate equipment to carry out the necessary tests itself. Prof. Dr. Jörg Matysik addressed the urgent suggestion to Mr. Wagner that the PEI should purchase a Raman spectroscope (sc.: which is required to detect graphene oxide).

Mr. Wagner also showed no awareness of the problem for other inconsistencies. The permitted size range for the lipid nanoparticles in which the mRNA is packaged is defined as 40 to 120 nanometers. Mr. Matysik said that in this size range you should actually see colors instead of a milky-grey appearance. Herr Wagner only said he had no explanation for that; the substance is simply grey. Mr. Matysik also asked Mr. Wagner whether Mr. Wagner considered this (actually very broad) size range to be appropriately defined. Mr. Wagner replied that he was not interested, the only important thing was whether the PEI had the opportunity to check compliance with this size range, and this opportunity existed. Mr Matysik also asked if it was really okay that the allowable interval for pH is 1 (namely 6.9 to 7.9), although deviations within this interval could entail significant differences in biological properties. Mr. Wagner replied without further justification that he considered the interval to be

appropriate. Mr. Wagner also had no problem with the fact that the permissible content of intact mRNA can vary by a factor of 2.

5. Responsible for testing the entire product? "We have not got that!"

The PEI states on its website that it aligns its quality management system with the requirements of DIN EN ISO 9001 (https://www.pei.de/SharedDocs/Downloads/DE/regulation/qm/broschuerequalitaetsmanagement.pdf?__blob=publicationFile&v=6). This provoked critical questions from Prof. Dr. Werner Bergholz. Both his questions and Mr. Wagner's answers were tough:

A central QM requirement in DIN EN ISO 9001 is the presence of an SPC – *statistical process control*. Mr. Wagner was asked whether the PEI had SPC control charts. Mr. Wagner did not know what that is, nor what a process capability index is.

The main deficiency in batch testing is that the PEI does not appoint a person responsible to bundle and evaluate all information from the testing process before releasing a batch. There is, if you will, no one who takes the responsibility if there are actually problems with a batch despite approval. In an emergency, the scenario threatens that every person involved in a single test step denies responsibility. This is exactly what must not happen with quality management certified according to DIN EN ISO 9001.

At the PEI, however, there is apparently no quality management at all, but quality avoidance.

6. Conclusion: No batch testing, batch waving through!

It is difficult to even call the procedure practiced at the PEI when it comes to checking the batches of COVID injections an “examination”. Serious research into safety-related deficits is carried out neither before the release nor after the start of marketing of a batch that has already been released. Information from the interested public is persistently ignored. If the adjudicating senate had observed my client's right to be heard and taken this evidence into consideration in its decision, it would have had to come to the conclusion that my client's defense complaint was successful.

IV. Again on the question of the (in)effectiveness of the COVID vaccines

The Senate accepts the RKI's assertion that the COVID injections still offer relevant protection against the transmission of SARS CoV-2 even under the predominance of the omicron variant. In doing so, he ignores both the factual presentation and the result of the taking of evidence.

The Respondent had to admit that the incidence of COVID-19 in the troops had risen dramatically since the start of the vaccination - just like in the civilian population. The attempt to put this finding into perspective with the hypothesis that without the vaccination the incidence would perhaps be much higher, we have compared the federal states, which clearly indicates that the incidence is higher, the higher the vaccination rate in the respective federal state . And we had presented scientific research papers that provide the medical explanation for this phenomenon: the COVID injections gradually destroy the natural human immune system. This state of the proceedings was not taken into account by the Senate in violation of Art. 103 (1) GG when making the decision.

In my pleading and also in writing, I stated that the human immune system is typically intact, especially in soldiers who have to be physically above-average for their job. The assessment of the recognized Senate that even under the predominance of the omicron variant one could become seriously ill with COVID-10 may in general be correct - this assessment applies precisely to the group of people who are to be vaccinated here, namely the soldiers of the Bundeswehr but not to! The already low case mortality from COVID-19, even according to the RKI (0.02% in week 24), will not affect the soldiers of the Bundeswehr from the outset; they are expected to have a case mortality of zero.

The Respondent persistently refused until the end (even on July 6, 2022, when I expressly asked again) whether the two soldiers who had died of COVID-19 were vaccinated. The Respondent based the refusal on patient confidentiality, although this same confidentiality did not prevent her from citing COVID-19 as the cause of death. In this behavior of the Respondent lies a breach of good faith frustration of evidence. The legal consequence is that the Respondent must allow herself to be treated as if it had been proven that the two soldiers concerned were vaccinated. But then an evaluation of the content that the COVID vaccination protects against fatal courses is prohibited.

In general, it is noticeable that the verbal reasons for the judgment contain no consistent line of thought. As a norm purpose of § 17 Section 2 Sentence 1 No. 1 SG, the recognizing Senate had the duty of the soldier to maintain his *own* health highlighted. But then he uses the argument for the effectiveness of the vaccines

of *foreign protection* back by attesting to the positive effectiveness of the COVID injections against the transmission of SARS CoV-2.

But be that as it may: Had he recognized Senate, the present lecture on the minor impact of soldiers from the threat of SARS CoV-2, on the increasing incidence since the start of vaccination and on the destruction of the natural immune system by the COVID injections in his decision , he should have come to the conclusion that the COVID injections i. S. of § 17a Para. 2 Sentence 1 No. 1 SG does not "serve" the prevention or control of communicable diseases. In its verbal justification of the verdict, the judging senate stated that the characteristic "serve" was already fulfilled if the medical measure *have purpose* to prevent or control communicable diseases; it is not necessary for this purpose to be achieved. But there should be agreement on one thing: the feature "serve" cannot be fulfilled in the case of a measure that serves the intended purpose *not suitable* or even *counterproductive* is. And this is exactly what we have presented in writing and orally, and it has been substantiated by the Respondent's submissions: The COVID injections are not only unsuitable for preventing the spread of SARS CoV-2, no, more: they fuel this very spread also! *The corona injections make everything much worse!*

If the adjudicating senate had based its decision on this insight, a decision in favor of my client would have been preordained.

V. Quotation requirement

Although according to the result of the taking of evidence it is undisputed that one can die from the COVID injections, the adjudicating Senate has so far not addressed my objection that § 17a (2) sentence 2 SG only covers the fundamental right to physical integrity, but not that as well right to life and therefore an interpretation of § 17a Section 2 Sentence 1 No. 1 SG, which declares a possibly lethal vaccination to be tolerated, violates the citation requirement of Art. 19 Section 1 Sentence 2 GG.

This omission is a violation of the right to be heard, which is also relevant to the decision: If the adjudicating Senate had considered this argument, it would have had no choice but to allow my client's defense complaint.

VI. Conclusion and further procedure

The above statements have shown that the adjudicating senate violated my client's right to be heard in a way that was relevant to the decision. To go back to the example given at the beginning: The traffic light does not show green for the PEI, but straight red. The taking of evidence has clearly shown that

the COVID vaccinations cannot reach their goal from the start and that the PEI safety reports do not provide any reliable basis for a benefit-risk assessment. The Respondent therefore acted incorrectly by relying on the RKI and the PEI when including the COVID injections in the basic vaccination scheme.

The Respondent had repeatedly referred to the judgment of the BVerfG on the institution-related obligation to provide evidence according to § 20a IfSG (BVerfG of April 27, 2022 - 1 BvR 2649/21). The judging senate seems – as I understood the verbal reasoning of the verdict – to also want to build on this decision. However, this overlooks the fact that the BVerfG did not take any evidence and, in particular, did not allow any critical questions to be put to the PEI and RKI. Instead, the Federal Constitutional Court sings the praises of these two authorities and praises their outstanding expertise and expertise. In contrast, the taking of evidence in the local proceedings has shown that the RKI and especially the PEI do not have this expertise and expertise very far. Such gross mistakes are made at the PEI in particular

If there are further indications of a violation of the right to be heard from the written justification of the contested decision, I reserve the right to make a supplementary statement.

For a new oral hearing to be scheduled, I am already requesting that PD Dr. Ole Wichmann (RKI) and Dr. Dirk Mentzer (PEI):

- Mr. Wichmann could explain to us the monthly report on the monitoring of COVID injections, which the RKI published on July 7th, 2022, a few hours after the publication of the decision contested here (https://www.rki.de/DE/Content/Infekt/Impfen/ImpfungenAZ/COVID-19/Monatsberichte/2022-07-07.pdf?__blob=publicationFile). He may explain how the RKI can, in this report, on the one hand admit that 82% of COVID intensive care patients are fully vaccinated, but on the other hand claim that the risk of having to be hospitalized with COVID-19 is for unvaccinated people around the age of 6 .7 times increased (see the criticism at https://reitschuster.de/post/82-percent-der-covid-intensivpatientenvollstaendig-geimpft/).

- Mr. Mentzer should explain to us what the following urgent report from the Federal Ministry of Health, which was published today (July 20, 2022) is all about (screenshot from July 20, 2022 at 7:32 p.m. at https://twitter.com/BMG_Bund/status/1549688073478455297?s=20&t=U0jD8k XLVd1QP6MKpWUJxw), in particular how this breaking news is compatible with the previous safety reports of the PEI:

It is becoming increasingly clear that the promise of salvation that was made available to the population in Germany and in many other countries through the COVID vaccination offers was in fact a gigantic illusion right from the start, if not to say a large-scale deception.

Immediately after the contested decision was announced, the attorney-in-fact Tobias Ulbrich suggested that political influence could have been exerted on the Senate (https://www.epochtimes.de/politik/deutschland/soldatenimpfpflicht-erheitzt-gemueteranwalt-sicht-darin-eine-political-decision-a3888213.html). If the members of the recognized Senate were actually put under pressure, I can only send out a personal appeal:*If you don't flex the muscles of your judicial independence now, you'll never get that independence back!*

Expressly*Not*On the other hand, I make my own speculations that the doctoral topic of Ms. RiBverwG Dr. Eppelt could have had any influence on the outcome of the proceedings. Miss Dr. Eppelt asked the experts from the RKI and PEI as well as the representatives of the respondent very clever and critical questions - just like Mr. VRiBVerwG Dr. Häußler and Mr. RiBVerwG Dr. Longer. During the four days of hearings preceding the contested decision, I got the impression that the adjudicating Senate understood the yield of the taking of evidence very well. I understand all the less that the adjudicating senate did not draw the mandatory legal conclusion from the result of the evidence: my client's defense complaint would have been successful according to this result of the evidence*have to*!

The appreciative Senate should see the hearing complaint raised here as an opportunity to make the urgently needed decision for the lives of thousands of Bundeswehr soldiers who have not yet been vaccinated against SARS CoV-2. Since July 7, 2022, there has been a great danger that many of these soldiers will be vaccinated with SARS CoV-2 under threat of disciplinary violence.*The members of the Sensing Senate will have any of these soldiers who backfire on the vaccine forever on their conscience!*

Prof. Dr. Martin Schwab