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Rechtsanwalt

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An das

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Selfkant, den 6.5.2022

In the military appeal proceedings

of the Mr ...

AZ.

and

of the Mr ...

AZ. ...

Prof. Dr. Wölfel stated at the meeting of 2.5.2022 that there had been repeated "distortions of facts", by which he probably meant the public debate of the last two years.

When applied to many demonstrably false claims made by proponents of the so-called anti-Corona policies over the past 2 years, this statement that lies, deception and fraud have been perpetrated over and over again cannot be passed.

As far as the state of the secured knowledge and the legal evaluation of the whole unspeakable "anti-Corona measures" of already end of December 2020 (!) is concerned, I would like to refer to the also very well substantiated 190-page constitutional complaint (VB) of the judge at the LG Dr. Pieter Schleiter of 31.12.2020, Az: 1 BvR 21/21, which everybody can download in the web under the link

<https://2020news.de/deutscher-richter-erhebt-verfassungsbeschwerde-in-sachen-corona/>

and download the full text free of charge.

I would like to refer to this in particular in this context, since no one will deny that without a scientific basis there can ultimately be no basis for epidemiological assessments.

If, however, the case numbers that have formed and still form the basis for assessing the pandemic from the very beginning are generated with - demonstrably unsuitable - tests based on the Corman/Drosten protocol, then it is simply scientific fraud, or rather a "distortion of facts" and an extremely serious deception of the public and of numerous decision-makers, if the development of an (alleged) pandemic is supported on the basis of such case numbers and such a pandemic then serves to justify far-reaching restrictions of fundamental rights and even conditional approvals of completely new gene injections.

I have already named Prof. Dr. Ulrike Kämmerer as an expert witness on issues relating to this context in my brief of March 28, 2022.

Our colleague Beate Bahner has already commented in detail on the assertion of a "pandemic" on the basis of PCR tests in her submission of 13.4.2022 and also referred to the contributions of Prof. Dr. Ulrike Kämmerer in this regard.

Dr. Ulrike Kämmerer is also called as an expert witness for all subsequent questions related to the PCR test or to the critical appraisal of the PCR test based on the "paper" or protocol of Corman/Drosten.

To sum up:

In particular, Prof. Dr. Ulrike Kämmerer will be able to confirm that the PCR test used worldwide, which is based on the paper by Drosten/Corman,

is based on 10 gross deficiencies with which the test result can be massively manipulated (at least in part),

cannot detect a specific virus or infection or infectivity, so a positive test result in an asymptomatic person (i.e., a person with no symptoms of disease) does not justify the claim that a person is "infected" or "diseased."

cannot distinguish a coronavirus from other viruses (e.g. influenza viruses),

so that it is scientifically untenable or scientific fraud to claim that the case numbers generated by this test have any significance with regard to the real development of a pandemic.

Evidence: Testimony of Prof. Dr. rer. hum. biol. Ulrike Kämmerer, as before

In addition, the expert witness Prof. Dr. Ulrike Kämmerer will be able to confirm that these PCR test-based "case numbers" can be manipulated at will by increasing or decreasing the number of tests, so that one merely has to carry out as many tests as possible in order to obtain as many positive test results as possible.

Proof: as before

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Prof. Dr. Ulrike Kämmerer will also be able to confirm that the testing of asymptomatic people, i.e. people without symptoms of disease, makes no sense, since the assertion that people without symptoms of disease could infect or infect fellow human beings is demonstrably untrue.

Proof: as before

Finally, Prof. Dr. Ulrike Kämmerer will be able to confirm that this PCR test is also so unreliable that a considerable number of so-called "false-positive" test results must always be expected, so that in many tests it can regularly be expected that certain (in particular low) incidence values will be exceeded due to the large number of false-positive test results that can always be reliably expected.

Proof: as before

You just have to have as many tests as possible so that these incidence values are reached or exceeded.

This may also be the only real reason why these tests have become more and more widespread over the last two years, especially with the successive inclusion of all school children and teachers, and eventually even all workers, in this testing pandemic.

In a nutshell, you could say:

No (high) case numbers without meaningless (mass) testing,

without case numbers, there is no evidence of a pandemic,

in the absence of a pandemic, there is (already) no basis for the conditional approval of novel "vaccines" (which are in fact gene therapeutics), and

certainly no basis for ordering Bundeswehr soldiers to tolerate such mRNA injections.

The fundamental remarks of the aforementioned VB by Pieter Schleiter, insofar as they concern the defectiveness of the PCR test, can still be made fruitful for these defence appeal proceedings, so that they are also hereby referred to in full and raised to the appellants' submission.

In this VB, among other things - which will be discussed in more detail below - the **ten(!) gross deficiencies / errors of this PCR test** identified by renowned scientists have been summarised from page 84 onwards.

It states (quote):

"(e) Lack of adequacy due to insufficient informative value of the so-called PCR test for the pandemic event

Contrary to the mantra-like repetitions of the politicians and the responsible persons of the Robert Koch Institute, the PCR test proves to be frighteningly weak in its significance with regard to the infectiousness of a person and the epidemic event as a whole on closer examination on the basis of recent scientific investigations. The significance is so low that it already gives rise to doubts as to whether this test in its current implementation can and may be **"THE"** basis for all the measures. In any case, this circumstance must be taken

into account in the question of the appropriateness of the measures, with the consequence that the restrictive measures cannot be justified, at least in their scope and in various manifestations. In detail: An international team of 22 renowned scientists⁴⁵

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1) Dr. Pieter Borger (MSc, PhD), Molecular Genetics, W+W Research Associate, Lörrach, Germany; 2) Rajesh Kumar Malhotra (Artist Alias: Bobby Rajesh Malhotra), Former 3D Artist / Scientific Visualizations at CeMM - Center for Molecular Medicine of the Austrian Academy of Sciences (2019-2020), University for Applied Arts - Department for Digital Arts Vienna, Austria; 3) Dr. Michael Yeadon BSc(Hons) Biochem Tox U Surrey, PhD Pharmacology U Surrey. Managing Director, Yeadon Consulting Ltd, former Pfizer Chief Scientist, United Kingdom; 4) Dr. Clare Craig MA, (Cantab) BM, BCh (Oxon), FRCPath, United Kingdom; 5) Kevin McKernan, BS Emory University, Chief Scientific Officer, founder Medical Genomics, engineered the sequencing pipeline at WIBR/MIT for the Human Genome Project, invented and developed the SOLiD sequencer, awarded patents related to PCR, DNA Isolation and Sequencing, USA; 6) Prof. Dr. Klaus Steger, Department of Urology, Pediatric Urology and Andrology, Molecular Andrology, Biomedical Research Center of the Justus Liebig University, Giessen, Germany; 7) Dr. Paul McSheehy (BSc, PhD), Biochemist & Industry Pharmacologist, Loerrach, Germany; 8) Dr. Lidiya Angelova, MSc in Biology, PhD in Microbiology, Former researcher at the National Institute of Allergy and Infectious Diseases (NIAID), Maryland, USA; 9) Dr. Fabio Franchi, Former Dirigente Medico (M.D) in an Infectious Disease Ward, specialized in "Infectious Diseases" and "Hygiene and Preventive Medicine", Società Scientifica per il Principio di Precauzione (SSPP), Italy; 10) Dr. med. Thomas Binder, Internist and Cardiologist (FMH), Switzerland; 11) Prof. Dr. med. Henrik Ullrich, specialist Diagnostic Radiology, Chief Medical Doctor at the Center for Radiology of Collm Oschatz-Hospital, Germany; 12) Prof. Dr. Makoto Ohashi, Professor emeritus, PhD in Microbiology and Immunology, Tokushima University, Japan; 13) Dr. Stefano Scoglio, B.Sc. Ph.D., Microbiologist, Nutritionist, Italy; 14) Dr. Marjolein Doesburg-van Kleffens (MSc, PhD), specialist in Laboratory Medicine (clinical chemistry), Maasziekenhuis Pantein, Beugen, The Netherlands; 15) Dr. Dorothea Gilbert (MSc, PhD), PhD Environmental Chemistry and Toxicology. DGI Consulting Services, Oslo, Norway; 16) Dr. Rainer J. Klement, PhD. Department of Radiation Oncology, Leopoldina Hospital Schweinfurt, Germany; 17) Dr. Ruth Schrufer, PhD, human genetics/ immunology, Munich, Germany; 18) Dr. Berber W. Pieksma, General Practitioner, The Netherlands; 19) Jan Bonte, MD (GJ), Consultant Neurologist, The Netherlands; 20) Dr. Bruno H. Dalle Carbonare (Molecular biologist), IP specialist, BDC Basel, Switzerland; 21) Dr. Kevin P. Corbett, MSc Nursing (Kings College London) PhD (London South Bank) Social Sciences (Science & Technology Studies) London, England, United Kingdom; 22) **Prof. Dr. Ulrike Kämmerer**, specialist in Virology / Immunology / Human Biology / Cell Biology, University Hospital Würzburg, Germany

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in the recently published "**Corman-Drosten Review Report**" subjected the PCR test for SARS-CoV-2 (co)developed by virologist Christian Drosten and the related publication to a scientific review and came to a devastating conclusion: The test is useless and unsuitable for drawing conclusions about the presence of an infection. The original summary states: "*the SARS-CoV-2 PCR test is useless*" and "*the test unsuitable as a specific diagnostic tool to identify the SARS-CoV-2 virus and make inferences about the presence of an infection*".

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Ansgar Neuhoff, on December 2, 2020, summarized the publication as follows: "[...]"

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The worldwide use of this test is based on a publication by Victor Corman, Christian Drosten and other authors entitled "Detection of 1919 novel coronavirus (2019- nCoV) by real-time RT-PCR" in the journal Eurosurveillance on Jan. 23, 2020. The publication is therefore also called the **Corman/Drosten paper**. In it, the authors present a diagnostic workflow and a realTime qPCR protocol for the laboratory diagnostic detection of SARS-CoV- 2.

The scientists who reviewed the Corman/Drosten paper come to the following assessment: "*Neither the presented test nor the manuscript itself fulfils the requirements for an acceptable scientific publication.* " [In the original: "*Neither the presented test nor the manuscript itself fulfils the requirements for an acceptable scientific publication.* "]

According to the researchers, they conducted a point-by-point review of the Corman/Drosten paper, reviewing all components of the presented test design, evaluating the RT-qPCR protocol recommendations, and comparing the parameters to the relevant scientific literature on the subject.

As a result, the scientists call on the journal Eurosurveillance to withdraw the Corman/Drosten publication due to numerous scientific and technical errors. Allegations: flawed test design, lack of standardization and lack of validation.

The scientists criticize the following points in particular:

- - a vague and flawed test design,
- - an inadequate primer design (e.g. inaccurate base composition, incorrect GC content),
- - a binding temperature that is too high (which may result in the detection of gene sequences other than those of SARS- CoV-2),
- - a problematic and insufficient RT-qPCR protocol,
- - a lack of standardisation,
- - No explanation of what defines a positive or negative test result,
- - the omission of a Ct value,
- - the failure to validate at the molecular level,
- - the absence of a positive control to assess specificity,
- - the absence of a negative control to exclude other coronaviruses.

The extent to which this scientific criticism is justified cannot, of course, be judged here.

The scientists involved include Michael Yeadon (former head of research at Pfizer), Kevin McKernan (geneticist, holder of several patents in the field of PCR diagnostics), Pieter Borger (molecular geneticist), Fabio Franchi (specialist in infectious diseases and preventive medicine), Makoto Ohashi (microbiologist and immunologist), Ulrike Kämmerer (cell biologist).

Drosten test with 1.3 percent false positive rate

One point from the Corman/Drosten paper should be mentioned, however, which is not at all about one of the deficiencies complained of, but which nevertheless makes even a layman wonder:

Allegedly, according to the authors, the tests did not work on other viruses (e.g. influenza viruses), so there were no false-positive test results. However, this statement is a sham. This is because four results out of 310 samples and virus isolates tested that contained

viruses other than SARS-CoV-2 (see Table 2 of the Corman/Drosten paper) were initially positive. Makes a false positive rate of 1.3 percent. Only in the second attempt at retesting did negative results emerge and the rate dropped to 0.

Interesting the reasoning of Corman/Drosten on what the false-positive results were based: most likely (!) on handling problems (!) caused by the rapid introduction of new diagnostic tests and controls during this evaluation study. So Corman/Drosten do not know what was the reason for the false-positive results, one only conjectures. Shouldn't scientists be expected to find their source of error before going public? And if the highly specialized test inventors already had problems with the handling, what can one expect from the countless more or less qualified and semi-skilled laboratory staff in thousands of laboratories worldwide? One is now no longer surprised that numerous football players first test positive, then negative. But what does that mean for the countless positives who are not immediately retested?

No sufficient peer review of the Corman/Drosten paper

The scientists of the Corman-Drosten Review Report also criticise the journal Eurosurveillance for not having subjected the Corman/Drosten paper to sufficient peer review, i.e. a scientific review, before publication. They complain that there was only one day between the submission of the article (21.01.2020) and its acceptance by the journal (22.01.2020). In the meantime, at best a review of poor quality had been possible. As a rule, such peer reviews take considerably longer, in some cases months. It is also noted as incomprehensible that the journal's peer review report has been withheld from the reviewing scientists to this day on the grounds that "*disclosure would undermine the purpose of the scientific investigation.*"

In this context, it is also criticized that two of the authors - namely Drosten and Chantal Reusken - belong to the editorial board of the journal. This, together with the extraordinary speed of publication, does indeed have a stink about it. Even if one assumes that the journal has rules on how to proceed when editorial board members publish their own articles. " **(end of quote)**

Incidentally, the aforementioned VB of Judge Pieter Schleiter should have been taken note of as early as the end of December 2020 by anyone who has to deal with the question of the unconstitutionality of the Corona protection ordinances of the Länder and the (lack of) justification of the various anti-Corona measures - in particular also the compulsory testing that is of interest here.

According to the explanations given by this VB, in particular the federal government's ruling through legal ordinances of the Länder within the framework of the decisions in the Minister Presidents' Conferences, the de facto self-disempowerment of the parliaments (violation of the parliamentary reservation) and the far-reaching authorisation of a Minister of Health to change regulations of health law were clearly unconstitutional. However, this is only mentioned here in passing.

The decision of the AG Weimar of 15.3.2021 - 6 OWi 583 Js 200030/21 is also extremely worth reading, as it shows that and why since the end of March 2020 (!) there was and is evidently no situation that deserves to be called an "epidemic situation of national scope", even if the Bundestag - among other things through the regulation in § 5 InfSchG - (contrary to the facts) assumed such a situation.

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In this extremely readable decision of the AG Weimar of 15.3.2021, whose explosive force the representatives of the so-called mainstream press unfortunately could not or did not want to grasp, it says finally (quote):

"...Murswiek (Die Corona-Waage - Kriterien für die Prüfung der Verhältnismäßigkeit von Corona-Maßnahmen, NVwZ-Extra 5/2021, p. 14) summarizes this view of things, which in the meantime (not only since the emergence of advocates of a no-covid strategy) is apparently no longer self-evident, as follows: "In such a situation, the lockdown served only a relatively minor reduction of the risk of dying from covid-19 or becoming very seriously ill. However, this risk, the reduction of which is specifically at issue, is arguably no greater to the individual than many other risks of life. Moreover, anyone who feels burdened by the risk has the opportunity to reduce the risk even further through their own behaviour - as is the case with other life risks. No one can expect all of public life to be shut down in order to mitigate even a little bit a risk that is on the order of otherwise generally accepted risks without governmental countermeasures." **(end quote)**

Following the decision of the Lisbon Court of Appeal of 11.11.2020, cf.

<https://www.salto.bz/de/article/19112020/pcr-test-nicht-zuverlaessig>

then also the Administrative Court of Vienna in its judgement AZ. VGW-103/048/3227/2021-2 that a PCR test is not suitable for determining infectivity, see:

www.info-direkt.eu/2021/03/31/oesterreichisches-gericht-kippt-urteil-pcr-test-nicht-zur-diagnostik-geeignet/

Furthermore, the colleague, attorney Dr. Reiner Fuellmich, in his statement of claim dated 23.11.2020, which can be found, inter alia, at the link

<https://corona-transition.org/volksverpetzer-de-wurde-von-wolfgang-wodarg-uber-250-000-euro-verklagt>

is available in full text from page 23 onwards, summarises all scientifically verified sources available at the time, which clearly prove that the PCR test, which is based on the "Drosten-Corman-Paper", was and is completely unsuitable to detect a SARS-CoV2 virus or an infection for several reasons.

On page 50 of his statement of claim, RA Dr. Füllmich - essentially with the 10 gross deficiencies of the PCR test already set out above - comes to the following conclusion in summary (quote):

"The Drosten-Corman paper contains the following specific errors:

- There is no specified reason to use these extremely high concentrations of primers in this protocol. The concentration described leads to increased non-specific binding and PCR product amplification, making the test unsuitable as a specific diagnostic;
- Six unspecified wiggly positions lead to enormous per-lab variability in test design; the confusing nonspecific description in the Drosten-Corman paper does not lend itself to standard operational protocol;

- The test cannot distinguish between whole virus and viral fragments. Therefore, the test cannot be used as a diagnostic for intact (infectious) viruses;
- a difference of 10° C w.r.t. of the annealing temperature Tm for primer pair1 (RdRp_SARSr_F and RdRp_SARSr_R) is a very serious error and makes the protocol unusable as a specific diagnostic tool;
- A major error is the omission of the Ct value to be determined when a sample is considered positive and negative. This Ct value is also not found in additional submissions and official publications/supplements;
- the PCR products have not been validated at the molecular level, which renders the protocol useless as a specific diagnostic tool;
- The PCR test does not contain a single positive control to demonstrate specificity for SARS-CoV-2 or a negative control to exclude other coronaviruses, making the test unsuitable for specific diagnosis;
- Most likely, the Drosten-Corman paper was not peer-reviewed;

Proof: as before

It is intended to bring Prof. Dr. Ulrike Kämmer to the next hearing as a present witness.

It will also not take her long to finally expose as a myth the fairy tale of the suitability of PCR testing to serve as the basis for claims of a "pandemic". Such a clarification is years overdue. Infinite suffering has befallen countless people, now including many soldiers, because the construct of a pandemic has been supported on the basis of these mass tests.

By the way, Prof. Drosten expresses himself in the following video (quote):

"If we didn't test, then in many countries we wouldn't even know this virus existed."

Source:

<https://t.me/NetzwerkkritischerExperten/26471>

And then we would certainly not have noticed that there was supposed to be a pandemic at all. It would have been perceived by the public as a completely normal "flu wave".

Proof: as before

So much, then, for the statement that facts are repeatedly "twisted" or "falsified". Those who - like Prof. Dr. Wölfel - are against constant distortions of facts will expressly welcome the expert statements of the expert witness Prof. Dr. Ulrike Kämmerer.

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