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Selfkant, June 22, 2022

In the military complaints process

of the Lord ...

and

of the Lord ...

First of all, the complainants thank them for the opportunity at the next meeting to question other representatives of the PEI on questions of statistics and batch quality control. This will lead to further relevant insights.

a)

Open legal discussion and procedural questions:

I

It is suggested that the parties involved in the proceedings hold an open legal discussion at the next meeting, in particular to clarify whether certain facts are undisputed or can be assumed to be true, so that the complainants no longer have to submit any (further) applications for evidence.

The complainants referred to the testimonies of several soldiers to prove the claim that they have suffered from significant side effects since the Covid-19 "protection" injections, which (almost without exception) have not been reported to the PEI. In addition, most witnesses can confirm that their decision

to be exposed to these injections has been influenced by massive pressure within the Bundeswehr.

From § 17 a paragraph 5 sentence 2 SG, however, it clearly follows that § 630 d BGB, which justifies the obligation to obtain the patient's consent "before carrying out a medical measure", also applies to soldiers if the requirements of § 17 a para. 2 and 3 SG are not fulfilled.

We have already explained extensively why the requirements of Section 17 a (2) No. 1 SG, which are relevant here, are not met.

Against the background of the interrogation of representatives of the RKI and the PEI on the 2nd day of the hearing on June 7th, 2022, further explanations will be given as to why the Covid-19 protection injections serve neither to prevent nor to combat communicable diseases.

Consequently, effective consent of all soldiers to these Covid-19 injections is essential. However, such consent cannot be effectively granted from the outset if it is formally coerced from the soldiers with massive pressure.

Based on the documents that have already been submitted, it should now be undisputed that the soldiers of the Bundeswehr are - to this day - downright forced to undergo these Covid-19 injections. Those who refuse must always expect disciplinary and even criminal proceedings.

If we still have to question the soldiers named as witnesses, then we will not be able to close the hearing of evidence on July 6, 2022.

II.

The presiding judge Dr. During the course of the first day of the hearing, Häussler already provided information on the wording of the complainants' motions in the main proceedings.

In our opinion, it has not yet been sufficiently clarified whether the Respondent, at least with regard to the complainants, would revoke all orders up to the BMVg or at least suspend their execution if the adjudicating Senate were to finally announce the decision that the complainants are not obliged to to evade a Covid-19 “protective” injection against her will.

We reserve the right to change the motions for the main issue.

III.

Since the topics about which the other representatives of the PEI are to be questioned require very specific specialist knowledge and experience, the complainants are dependent on expert support for this questioning.

Wilfried Schmitz

Lawyer

The complainants and their lawyers are already being advised by several experts.

1.

It is currently planned that the questions on statistics - on behalf of the complainants and all experts consulted - will be answered directly by Prof. Dr. Christof Kuhbandner, who has held the Chair of Educational Psychology at the University of Regensburg since October 1st, 2013.

Prof. Dr. Kuhbandner is a professor of psychology with expertise in the areas of scientific-empirical methods and diagnostics**and statistics**. He has published around 45 peer-reviewed empirical-scientific articles in international journals and is an expert reviewer for countless international scientific journals and scientific institutions such as the DFG. He has published two peer-reviewed articles on methodological problems in modeling studies on methodological aspects in the field of corona-related research.

Only recently, together with 11 other professors, he completed an article on the PEI's methodologically improper safety analyses.

Prof. Dr. Kuhbandner is therefore excellently qualified to be able to professionally assess the quality of the safety analyzes and the statistical work of the PEI.

The following explanations will show that in particular the way in which the PEI applies the observed-versus-expected method (OvE) can in fact never lead to a "warning signal".

Prof. Dr. Kuhbandner will be able to clarify factual issues such as this OvE by asking the statistics experts at the PEI in a generally understandable way.

He is supported in this by Dr. re. nat. Hans-Joachim Kremer, who has been working as a freelance medical author and consultant for pharmaceutical drugs since 2003.

His outstanding experience and qualifications can be accessed under the following link:

http://www.medical-writing-service.com/pdf/CV-HJKremer.pdf

A copy of his CV and a list of his publications will be provided**fitting** presented.

2.

It has not yet been finally decided who will present the questions on batch quality control for the complainants. This will probably be Prof. Dr. Werner Bergholz, former Professor of Electrical Engineering, but possibly also Prof. Dr. Jörg Matysik from the University of Leipzig.

Prof. Bergholz is currently also a member of the expert committee according to Section 5 (9) IfSG. The website of the Federal Ministry of Health states (quote):

"The legislator has stipulated in Section 5 Paragraph 9 of the Infection Protection Act (IfSG) that the Federal Ministry of Health must carry out an external evaluation of the effects of the regulations in Section 5 IfSG and in the provisions of Sections 5a, 20a, 20b, 28 to 32, 36 and 56 IfSG in the context of the epidemic situation of national importance determined according to § 5 paragraph 1 sentence 1 IfSG and on the question of a need for reform.

The evaluation should be interdisciplinary and examine the effectiveness of the measures taken on the basis of the regulations mentioned, in particular on the basis of epidemiological and medical findings.

Source:

https://www.federal

The list of names of the members of this expert commission can also be found under the aforementioned link.

According to our information, Prof. Dr. Werner Bergholz to be one of the best experts on the subject of batch quality control, not only in relation to Germany.

c)

We therefore hope that the Senate will agree to this approach, especially since on the second day of the hearing it allowed questions to be asked of the PEI representative directly via the expert Tom Lausen.

In the course of the next meeting, I will in any case take a seat next to our experts so that, in agreement with the chairman, Dr. Häussler, our experts also ensure that the survey of the PEI representatives runs smoothly.

Dr. Krämer, Prof. Matynik and Prof. Kuhbandner will be present as witnesses at the next meeting on July 6th, 2022. It is therefore not necessary to summon these experts.

b)

Appreciation of the statements of the representatives of RKI and PEI on June 7th, 2022

I

The available data suggest that the COVID vaccines pose an unprecedented risk to life and limb in comparison to other vaccines.

Wilfried Schmitz

Lawyer

At a**Observed versus Expected Analysis**the number of deaths is first determined, which is purely statistical in the group of vaccinated peopleindependently from vaccination in a certain period after vaccinations, e.g. 30 days,is to be expected ("expected") – the so-called**background incidence.**

This value is then compared to how many deaths in the group of vaccinated people within 30 daysindeed occurred ("observed").

If there are statistically significantly more deaths than expected, a warning signal is given, which is then followed up in further studies.

Whether more people have died than expected is determined by the PEI in the so-called **standard mortality ratio**, to the**SMR value**, expressed.

Calculating the SMR value is very simple: just divide the number of actually observed Deaths ("observed") divided by the number of statistically expected deaths ("expected").

If the resulting value is 1, then just as many people have died as expected. If the resulting value is greater than 1, more people have died than statistically expected.

An example: If one were to observe 100 deaths and one would have expected 100 deaths, this would result in an SMR value of 1 (= 100 cases observed : 100 cases expected). If 200 deaths were observed when only 100 deaths were expected, the SMR would be 2 (= 200 observed : 100 expected), which would be a warning signal.

There is one nowcentral requirement , so that such an analysis provides meaningful values. For example, the technical article on the basic standards of an observed-versus-expected analysis, which the PEI specifies as the scientific basis, states:

"Indeed, the method used to define cases for estimating the background incidence rate must be consistent with the one used during the medical assessment of spontaneous cases."

"The method used to define the cases for the background incidence rate estimation must be consistent with the method used in the medical evaluation of the spontaneous attacks."(Translated with Deepl)

Source:

PEI safety report of August 19, 2021, page 36 there, penultimate paragraph, reference in footnote 32 to "Mahaux O et al.: Pharmacoepidemiological considerations in observedto-expected analyzes for vaccines. Pharmacoepi Drug Safety 2016, 25: 215-222":

https://www.pei.de/SharedDocs/Downloads/DE/newsroom/dossiers/security reports/sicherheitsbericht-27-12-bis-31-07-21.pdf

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5063172/

What does that mean in the case of the safety analysis of the PEI for the deaths? the expected Number of deaths includes yesEveryone Deaths that (should) occur within 30 days across all causes of death. So one must also count the indeed deaths that have occurred ("observed")Everyone Deaths are counted that actually occur within 30 days across all causes of death.

If instead you are on the side of theindeed If the deaths that occurred included only those deaths in the analysis that were suspected to be related to vaccinations, a safety signal would only emerge if the number of suspected vaccine-related deaths were higher than the total number of deaths due to all other causes combined (heart attack, stroke, cancer, accidents, etc.) occurs within 30 days - which would be completely absurd.

But exactly this mistake is made in the security analyzes of the PEI .

This can first be illustrated using the security report of August 19, 2021, where the PEI presents the type of observed-versus-expected analysis used in more detail.

There (page 14, last paragraph, and Table 3 on page 15, 1st paragraph), the PEI calculates, based on the number of deaths from the Federal Statistical Office for the year 2020, that in relation to the group of people vaccinated with the BioNTech vaccine Comirnaty at that time in a period 30 days after the vaccinations "75,284.37" deaths due to other causes of death were statistically to be expected ("expected number").

https://www.pei.de/SharedDocs/Downloads/DE/newsroom/dossiers/security reports/sicherheitsbericht-27-12-bis-31-07-21.pdf

That means – and this fact may not have come out very clearly during the hearing of the experts of the PEI:**With regard to Comirnaty, there would only be a warning signal if statistically significantly more than 75,284 (actually occurred) deaths ("observed") occurred in the group of people vaccinated with Comirnaty.**

You would have to actually determine how many peopleall in all – regardless of the cause of death! – in the group of people vaccinated (with Comirnaty) actually died within 30 days. If that were statistically significantly more than 75,284, a warning signal would result.

However, the PEI does not compare the total number of 75,284 statistically expected deaths with the total number of deaths within 30 days in the vaccinated group of peopleindeed deaths that occurred ("observed"), as would be methodologically correct**. The PEI only compares the number of reported suspected deaths (as "observed") with the total of 75,284 statistically expected deaths ("expected") – that was 926 suspected deaths for the BioNTech vaccine at the time.**

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This number 926 can also be found in Table 3 on page 15, paragraph 1, in the PEI safety report of August 19, 2021.

https://www.pei.de/SharedDocs/Downloads/DE/newsroom/dossiers/security reports/sicherheitsbericht-27-12-bis-31-07-21.pdf

Calculation of the PEI for the medicinal product Comirnaty (ibid., SB of the PEI from August 19, 2021, page 15, table 3, 1st column):

926 ("Observed") : 75,284.37 ("Expected") = 0.0123 OvF

And from the observation that the number 926 (vaccine suspected deaths / "observed") is smaller than the number 75,284 (statistically expected number of deaths from all other causes of death / "expected"), the PEI concludes that there is no warning signal and the vaccines are safe. Such a conclusion is absolutely invalid:**This safety analysis, improperly applied, would only give a safety signal if more than 75,284 suspected deaths were reported.**

It is absolutely obvious that such an analysis can practically never provide a safety signal.

The number of deaths expected by the PEI - i.e. the threshold that must be exceeded by the number of reported suspected deaths in order for the PEI to recognize a warning signal - can also be calculated for the current safety report using the SMR values given there for the various vaccines . With an SMR value of 1, the number of observed deaths would correspond exactly to the number of expected deaths. Based on the number of suspected deaths reported for a vaccine and the SMR value calculated for this by the PEI, one can mathematically deduce how high the number of statistically expected deaths for the vaccine vaccinated group.

Based on the values given in the safety report for the 30-day window (Corminaty: 1369 suspected deaths, SMR value: 0.011; Spikevax: 136 suspected deaths, SMR value: 0.0045; Vaxzevria: 230 suspected deaths, SMR value: 0.018; Jcovden: 39 suspected deaths, SMR value: 0.011) results in a threshold ofexpected deaths totaling 171,000 deaths.

The PEI would therefore only recognize a warning signal if statistically significantly more than 171,000 suspected deaths had been reported between the start of vaccinations and the end of March 2022. Even with 171,000 suspected deaths reported, the result of the PEI's improperly applied safety analysis would be that there was no warning signal and the vaccines were safe.

As a precautionary measure, a comment on why the PEI observed-versus-expected analysis in sinus vein thrombosis nevertheless provides a safety signal. This is because this disease is so rare that the statistically expected value is close to zero. This means that even a few reported suspected cases are sufficient to trigger a warning signal. If the expected value is in the

In the order of, for example, more than 100,000 or – as explained above – 171,000 “expected” deaths, it is practically impossible for the analysis used by the PEI to produce a warning signal.

This applies to all side effects that have a high background incidence.

As mentioned by SV Tom Lausen, the number of pulmonary embolisms treated in hospital (tens of thousands) has risen in connection with the "vaccinations".

In the safety report of the PEI, there is still no safety signal, because pulmonary embolisms can also be caused by a number of causes other than vaccination, and the PEI again shows the - comparatively large - number of statistically expected ("expected") pulmonary embolisms regardless of the compares the cause with the subgroup of pulmonary embolisms suspected of being vaccinated.

So one can definitely say:

The assertion made by the PEI, based on the observed-versus-expected analyses, that there is no warning signal and that the vaccines are safe, is definitely not scientifically valid.

Conversely, this does not necessarily mean that there is a warning signal. To do this, one would have to know how many of the vaccinated people actually died within 30 days, regardless of the cause of death, which is not known.

However, a closer look at the available data strongly suggests that the COVID vaccines are in fact associated with a threat to life and limb unprecedented for vaccines.

By the end of March 2021, 2,810 suspected deaths were undisputedly reported. One methodological strategy is to compare this number with the number of suspected deaths that have been and are being reported for other vaccines. There is a peer-reviewed published article in which such an analysis was made using the suspected deaths reported in the European surveillance database EudraVigilance.

Source: https://www.frontiersin.org/articles/10.3389/fpubh.2021.756633

Taking into account the number of vaccinations administered, the number of suspected deaths reported for the COVID vaccines was 42.5 times that for the influenza vaccines, which are also frequently administered to the elderly.

If the number of suspected deaths reported in Germany is related to the number of people who have been vaccinated at least once,**one suspected death for every 23,000 vaccinated people**reported. This does not take into account that there is probably a considerable number of unreported suspected deaths.

On June 7th, 2022, we heard from the PEI expert on June 7th, 2022 that the PEI in its own estimates defaulted to an underreporting of 50 percent

calculates. According to this, one suspected death would be reported for every 11,500 people vaccinated at least once.

We have already stated that, given the reporting rates from other countries and estimates from meta-analyses of the reporting frequency, it is even very likely that only 20, 10, 5 or even just 1 percent of suspected deaths in Germany will be reported. If we were to assume 20%, then there would be one suspected death for every 4,600 vaccinated people (= 20% of 23,000).

However, it is unclear how many of the suspected deaths actually or demonstrably have a causal connection with the vaccinations. Here, too, a closer look at the PEI's security reports reveals that a representation is chosen that creates the illusion of security that may not actually exist.

The PEI always first states the number of suspected vaccination deaths reported to date and then reports the number of suspected deaths for which the PEI has assumed a causal connection with the vaccinations. The current safety report of May 4th, 2022 (on page 8, middle) states that 2,810 suspected deaths were reported and 116 cases were assessed by the PEI in such a way that a causal connection is likely.

As a naïve reader, one intuitively concludes that the proportion of cases in which there is actually a causal relationship is very small. In the case above, only four percent of the cases actually appear to be causally linked. However, this is a fallacy: Based on this type of presentation, it is assumed that the other 96 percent of the reported suspected deaths would all have been checked and the vaccinations would definitely have been ruled out as the cause. However, the security report does not provide any information on the situation for the other 96 percent.

For example, it is not known how many of the reported suspected deaths could be checked at all. It could be the case, for example, that many suspected deaths have not yet been investigated in more detail due to a lack of time or data. In this respect, the questioning of the PEI representative did not bring any clarity.

In fact, there are indications that no more detailed information is available on a relatively large number of suspected deaths. In the previously described observed-versus-expected analysis, the PEI only includes those deaths in which the time interval between vaccination and the onset of symptoms is known.

In the analysis with the longest time window of 30 days, the**2,810** reported suspected deaths related to the time interval of 30 days only**1,774** included = 1,369 Comirnaty cases + 136 Spikevax cases + 230 Vaxzevria cases + 39 Jcovden cases.

Source: SB of the PEI from May 4th, 2022, page 9, table 2.

That means: More than 1,000 suspected deaths (exactly: 1,036 cases) - or in other words 37 percent of the cases - were not included here. Since very rarely deaths are reported that occur later than 30 days, I am dealing with the

The majority of these cases appear to be cases for which no more detailed information is available.

The autopsy results of the pathologist Prof. Peter Schirmacher from Heidelberg, already referred to, suggest that the proportion of suspected deaths actually caused by the vaccinations is significantly higher than intuitively suggested by the safety reports of the PEI. According to his findings, vaccination was actually the cause of death in 30-40 percent of the suspected deaths he autopsied.

Source:

https://www.aerzteblatt.de/nachrichten/126061/Heidelberger-Pathologe-pocht-auf-mehr-Obduktionen-von-Geimpfte

Of the actual Portion the causal on the vaccinations deceased According to these figures, suspected deaths would be 8-10 times higher than it appears according to the PEI's representations in the safety reports.

There is another indication that the vaccinations are associated with a high risk to life and limb. Due to the lack of data, it is not possible to consider whether more people died than statistically expected in the vaccinated group of people. But you can look at the population as a whole to see whether more people died during the vaccination period than was statistically expected. And such an analysis reveals more warning signs.

Recently, two publications by the CODAG group of the LMU Munich led by Prof. Kauermann appeared in a specialist journal, in which such analyzes were made for the year 2020 - a pandemic year without vaccinations - and the year 2021 - a pandemic year with vaccinations. In 2020, 6,317 more deaths were observed than statistically expected, and in 2021 this figure increased almost fourfold to 23,399. Of course, one cannot validly conclude that this increase in unexpected deaths is actually caused by vaccination, but there is further evidence. For example, the increase in unexpected deaths was not in the older age groups, which would have to be the case if it were a COVID-related increase. **Instead, the largest increase in the number of unexpected deaths is found in the age group 40-49.**Taking into account the probability of death, which has been falling over the years, 9 percent more people died here than actually expected.

Sources:

Publication for the year 2020: https://link.springer.com/article/10.1007/s11943-021-00297-w

Publication for 2021: https://link.springer.com/article/10.1007/s11943-022-00303-9 https://osf.io/v62dw/download

Additional proof possible through: expert testimony of Prof. Dr. Christof Kuhbandner, as before

It should be noted that this value is the average for the entire year. Looking at the number of unexpected deaths over the year shows a**another warning sign**: The number of unexpected deaths jumps exactly in parallel with the increase in vaccinations in April, then remains on a higher plateau in the period of the first and second vaccinations, then falls briefly in the period between the second and booster vaccinations, where vaccination was low then to rise sharply again exactly at the start of the booster vaccinations in October, until values of 20 percent more deaths than expected are reached in December.

Source:

https://osf.io/v62dw/download

Additional proof possible through: expert testimony of Prof. Dr. Christof Kuhbandner, as before

Since no figures are available on whether the increase can be observed primarily in the group of vaccinated people, these are only correlations that must be interpreted with great caution with regard to causal relationships. However, there is further evidence for a possible causality. For example, such temporal connections between the number of vaccinations and the number of deaths can also be found at the level of the individual federal states, although there are sometimes very different vaccination courses.

Evidence: expert testimony of Prof. Dr. Christof Kuhbandner, as before

Furthermore, sudden changes in the number of vaccinations caused by external factors are also reflected in the number of observed deaths. For example, in the short period of suspension of the Astrazeneca vaccinations, the total number of observed deaths fell at the same time. Taken together, the various correlative observations converge in the direction of the assumption that a causal effect of the vaccinations may actually be shown here.

Evidence: expert testimony of Prof. Dr. Christof Kuhbandner, as before

In summary, it can be said that the safety analyzes used by the PEI are methodologically flawed and would not produce a warning signal even if the number of vaccine-related deaths was very high. The statements in the safety report that there is no warning signal here and that the vaccines are safe are definitely not scientifically valid. Rather, a closer look at the available data reveals several strong warning signs.

Evidence: expert testimony of Prof. Dr. Christof Kuhbandner, as before

II.

In the following, I would also like to consciously focus on such claims by the representatives of the RKI and PEI that can be absolutely scientifically and irrefutably refuted.

For this reason, not all of the statements made by the representatives of the RKI and PEI on June 7, 2022, which could be contradicted, are dealt with here. Anything that has not been expressly granted remains contradicted.

Let's first address the question**how high the risk of infection**actually is.

The RKI expert said that the risk of hospitalization with Omicron was 70-80 percent lower than with the previous variants. That's already a pretty high risk reduction.

The RKI has now taken the position that this is at least partly due to the vaccinations.

1st objection:

According to the weekly report of April 28, 2022 cited by the RKI - the last in which the incidences for vaccinated and unvaccinated people are still reported by the RKI - are**the risk of becoming seriously ill and dying is extremely small even for those who have not been vaccinated**–the following figures refer to the age group 18-59, i.e. to the age group relevant to the Bundeswehr:

- **Intensive care unit risk in the unvaccinated**: 16 ICU admissions per 29,280 symptomatically infected =**0.05 percent**
- **Risk of death in the unvaccinated**: 7 deaths per 29,280 symptomatic infected = **0.02 percent**

Source:

RKI weekly report of April 28, 2022, page 28, table 3

2. Objection:

It is important here that the basic rate of infections, to which the percentage of seriously ill cases refers,**Number of symptomatically infected people**is. One must therefore also include in the calculation the persons who are (allegedly) not symptomatically infected (note: the complainants are known to take the position that asymptomatic persons are generally not infected.)

That**The risk of becoming seriously ill in the event of an infection is therefore even lower**! Unfortunately, the numbers are not known as to how many of the unvaccinated people develop symptoms at all when infected.

But the risk of becoming seriously ill with an infection is definitely even smaller than the above values (although these are already so small anyway).

This does not include whether someone is in an intensive care unit or dies because of or just with an infection. The above RKI weekly report states that only “symptomatic COVID-19 cases cared for in the intensive care unit” and “deceased symptomatic COVID-19 cases” were included in the analysis.

Source:

Weekly report of the RKI from April 28th, 2022

But that doesn't mean they do eitherbecause who had symptoms of COVID-19 were in intensive care or have died.

On the one hand, it is relevant here that the expert from the RKI stated on June 7th, 2022 that "certainly a certain percentage are incidental findings in hospitalized patients" (i.e. these people are not in intensive care because of the COVID disease), and that the figures should be submitted later !

On the other hand, data are relevant here that show that the**The proportion of people who actually died from and not just with the corona virus at Omicron is significantly smaller**than the previous virus variants.

This is shown by data from Denmark, where the death certificates could be used to break down whether deaths reported as "COVID deaths" were caused by COVID or only died with a positive test:

Source:

Official report of the Danish National Serum Institute ("Statens Serum Institut") from 06/09/2022:https://www.ssi.dk/- /media/cdn/files/covid19/tendensrapport/rapport/ugentlige-tendenser-covid19-andreluftvejs-uge23-2022-kq23.pdf - there Figure 11 (p. 20).

Additional proof possible through: expert testimony of Prof. Dr. Christof Kuhbandner, as before

The results summarized on June 10, 2022 on the "tropeninstitut.de" portal22 studies from 12 countries - it says, among other things:

- Hospitalization rate reduced by 53 to 90%

- Stay in hospital reduced by 3 to 4 days

- Risk for intensive care unit reduced by 70 to 87%

- Risk of ventilation reduced by 84 to 100%

- Risk of death reduced by 70 to 91%

- No overloading of the healthcare system in Germany and Switzerland to be expected

- No more severe course of disease in Omicron-BA.2 compared to BA.1

- BA.4 and BA.5 wave shows little impact on severe courses and deaths

- Significant differences between "with or because of Corona" in hospitalization and deaths

- Vaccination protects against severe disease progression

Source:

https://tropeninstitut.de/aktuelle-medizinsmelden/31.12.2021-welt-omikron

Can such data - at least currently - justify an obligation to tolerate?

It is also worth remembering that Dr. When asked in court, Ole Wichmann confirmed that the Omicron variant is less dangerous than the original variant. And we have repeatedly stated that according to Prof. Ioannidis' meta-analysis, even the IFR for this original variant was only 0.15%, which corresponds to the value of a normal flu epidemic.

4. Objection:

There is a new study (in Nature Medicine) that, according to the usual criteria, has been published very highly and confirms the low risk of unvaccinated people becoming seriously ill, see:

https://www.nature.com/articles/s41591-022-01887-z

There, the risks for 222,688 Omicron infections were determined in a high-quality recorded group of people and compared with the risks for the predecessor variant Delta, including separately for the vaccinated and unvaccinated. The authors themselves describe the most interesting finding in this regard as follows:

"Among cases followed from an outpatient SARS-CoV-2 diagnosis, infection with the Omicron variant was associated with substantially lower risk of progression to severe clinical outcomes including hospital admission, symptomatic hospital admission, ICU admission, mechanical ventilation, and mortality, in comparison to infection with the Delta variant. (...).**Notably, differences in risk of severe outcomes associated with Omicron versus Delta variant infection were greatest among unvaccinated cases**."

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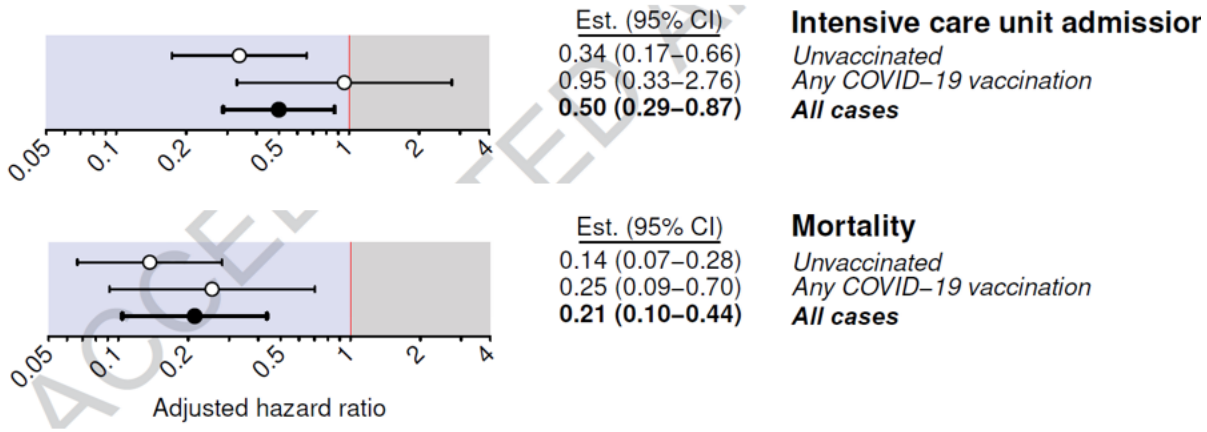
Translation:

“In the cases followed up after outpatient SARS-CoV-2 diagnosis, infection with the Omicron variant was associated with a significantly reduced risk of progression to severe clinical outcomes compared to infection with the Delta variant, including hospitalization, symptomatic hospitalization, intensive care unit, mechanical ventilation and mortality. (...). Notably, the differences in risk of serious outcomes related to infection with the Omicron variant compared to the Delta variant were greatest in the unvaccinated cases." (Translated with www.DeepL.com/Translator)

So the risk reduction of serious illness with Omicron is not only great in itself, it's even greater in the unvaccinated than in the vaccinated!

Here are the graphs - the values shown tell how much the risk is reduced from the reference value of 1 in terms of delta (red vertical lines):



A particularly powerful argument is how extremely small the remaining risk of Omicron becoming seriously ill is.

Here are the risks at Omicron for the unvaccinated and vaccinated - the numbers refer to the number of cases per 1,000 infections:

		Cumulative events over observed follow-up (*n* of events per 1000 cases)	
		No SGTF (Delta)	SGTF (Omicron)
ICU admission			
	Unvaccinated	20 (2.0)	22 (0.3)
	Any COVID-19 vaccination	4 (0.3)	28 (0.2)
Mechanical ventilation			
	Unvaccinated	16 (1.6)	12 (0.2)
	Any COVID-19 vaccination	1 (0.1)	12 (0.1)
Death			
	Unvaccinated	12 (1.2)	5 (0.1)
	Any COVID-19 vaccination	7 (0.5)	12 (0.1)

According to this high-quality study, the risk of an Omicron infection in unvaccinated people is actually even lower than according to the figures from the RKI weekly report above:

- **Intensive care unit risk in the unvaccinated:0.03 percent**
- **Risk of death in the unvaccinated:0.01 percent**

Proof: as before

This low risk alone should actually lead to the absurdity of compulsory vaccination!

And these figures also show the low effectiveness of vaccinations at Omicron: There are deaths**NONE**Difference in risk of death between vaccinated and unvaccinated. Neither the risk of admission to an intensive care unit nor the risk of mechanical ventilation nor the risk of death shows a reduction in the risk in the vaccinated group of people compared to the unvaccinated group of people. Rather, the ICU risk and the risk of death are descriptively even higher in the vaccinated group.

Proof: as before

The study can also be used to methodically question the RKI's own scientific approach to the effectiveness of vaccinations against serious illnesses.

According to the statements of the RKI expert from June 7th, 2022, the RKI is currently doing an "extensive" study on the effectiveness against serious diseases in cooperation with 13 clinics. This is a very small, one might say absurdly small sample.

In view of the very low risk, it can be assumed that with a size of 13 clinics there will be hardly any cases in intensive care units or even deaths. It is highly unlikely that anything valid can be derived from a sample of this magnitude. For comparison, this is the sample size in the Nature study:

"We sought to compare clinical outcomes among cases with Omicron and Delta variant SARS-CoV-2 infections within the Kaiser Permanente of Southern California (KPSC) healthcare system. As an integrated healthcare organization serving**4.7 million individuals (~19% of the population of southern California)**, KPSC provides comprehensive care to its members across virtual, outpatient, emergency department, and inpatient settings."

Translation:

"We wanted to compare the clinical outcomes of cases of Omicron and Delta variant SARS-CoV-2 infection within the Kaiser Permanente of Southern California (KPSC) healthcare system. As an integrated healthcare organization serving 4.7 million people (~19% of Southern California's population), KPSC offers its members comprehensive care in virtual, outpatient, emergency medical, and inpatient facilities." www.DeepL.com/Translator)

5. Objection:

As stated in the post entitled "Data from Israel show the ineffectiveness of the mRNA vaccines" from June 19, 2022 as an introduction:

"Official data from the "global research laboratory" Israel shows again: The COVID injections protect neither against a positive test nor against a severe course. Again, however, the numbers suggest the opposite effect. Those who are vaccinated become infected more easily and are more likely to get sick."

Source:

https://tkp.at/2022/06/19/daten-aus-israel-showen-efficacy-of-mrna-vaccines/

It is therefore not surprising that even the RKI data from June 1st, 2022 show: the more people are vaccinated, the higher the incidence.

Source:

https://tkp.at/2022/06/04/rki-daten-showen-je-mehr-geimpft-desto-hoeher-die-inzidenz/

III.

On June 7, 2022, Dr. Mentzer on the study by Dr. Mathis on the side effects of the Covid vaccines that his study had not been registered at all.

This argument appears formally correct. Without registration, there is no evidence that a study can claim prospective status. This property is indeed an important aspect of the "*bias reducing techniques*", i.e. of measures to reduce potential bias or bias in the analysis and interpretation of data.

Evidence: expert testimony of Mr. Hans-Joachim Kremer, Alemannenstr. 101, 79117 Fribourg

However, the accusation of a lack of prospectiveness seems very unusual here. Because before Dr. Mentzer had probably never made such a requirement for safety analyses.

Proof: as before

Because it is in the nature of pharmaco- and vaccinovigilance that the specific evaluations are almost necessarily retrospective, i.e. always carried out with at least rough knowledge of the (already available) data. The PEI will practically never do or be able to do otherwise.

Proof: as before

The demand for prospectiveness of a security analysis also has a "G'schmäckle" for other reasons. So far, such demands have essentially been made for "positive claims", i.e. above all when pharmaceutical companies claim a certain effectiveness. Then the "*bias reducing techniques*" be ramped up to the maximum. As far as we know, however, prospectiveness is not an essentially important property in safety studies, precisely because the interests are usually the other way around.

Proof: as before

It is all the more surprising that Dr. Mentzer did not even want to look at the data from Prof. Matthes' study, citing the lack of prospectiveness.

We are convinced that this problem also sheds light on the self-image of the PEI and RKI.

Apparently, the RKI has few problems with also using retrospective, i.e. non-registered studies as proof of effectiveness.

It should be emphasized that the obvious basic attitude of the RKI is deeply alienating. Because the RKI shouldn't actually do "the business" of pharmaceutical manufacturers and look for arguments about how great the vaccines work, but rather whether there is still enough evidence that the effectiveness in actual use is still there or whether it might be even decreases. Proof of effectiveness is not the responsibility of the RKI and only to a very limited extent the responsibility of the STIKO.

This is how the RKI employees in the most recent (prospective) "*living systematic review*" on the protective effect of the Covid-19 vaccines against the omicron variant [1] almost exclusively on retrospective studies. Even the largest and best-known observational study on the effectiveness of Covid-19 vaccines (such as Dagan et al 2021 [2]) was purely retrospective.

Proof: as before

On the FAQ page of the RKI, an Israeli study [3] is cited on the question of the effectiveness of vaccination against "Long-Covid". The methodology of this previously unpublished study states:

“... nested in a prospective longitudinal cohort study ...”

Translation:

"... embedded in a prospective longitudinal cohort study ..."

This suggests that while the main study may have been prospective, the analysis cited here was not. In fact, there is no reference to registration in the article.

The RKI is actually aware of the huge distortions in the evaluation of effectiveness. This is what it says in the above “Living systemativ review” [1], in which Dr. Wichmann contributed as a co-author:

"Further, we cannot exclude a risk of potential bias as real-life observation are based on retrospective analyzes which are not registered." (translated with DeepL)

Translation:

"In addition, since the real-life observations are based on retrospective analyzes that are not systematically recorded, we cannot exclude the risk of possible bias." (translated with DeepL)

The question of prospective or retrospective is by no means the only possible or only relevant bias in such analyses.

As stated in the conclusions of the *living systematic review*" [1]:

"Risk of bias was moderate to critical across studies and outcomes. GRADE-certainty was very low for all outcomes."

"The risk of bias was moderate to critical across all studies and outcomes. GRADE confidence was very low for all endpoints." (translated with DeepL)

In other words: In contrast to the emphasized self-confidence with which Dr. Wichmann said something about the effectiveness of the vaccines on June 7th, he writes as a co-author in his current review for the RKI that all these analyzes are on extremely shaky ground.

Evidence: expert testimony of Mr. Hans-Joachim Kremer

"*moderate to critical*" means: this analysis does not contain any data that were subject to no or only a slight bias. In addition, this statement does not allow an assessment of whether most of the data *moderate bias*“ or vice versa most of a “*critical bias*" documents.

Proof: as before

One should refrain from making any statement about the effectiveness at all if the analysis "*severe*" or even "*critical bias*" found.

At least that's the rules *Cochrane Collaboration*, which lay the ground rules for such “s *systemic reviews*“ basically worked out.

Proof: as before

That is also logical: If the data or evaluation method is so questionable, you will not be able to make any meaningful statement about its effectiveness.

But if the effectiveness of the Covid 19 vaccinations is in itself highly questionable, since it has never been clearly proven in terms of clinically relevant endpoints, especially not with the randomized controlled studies.

Proof: as before

So if there is almost nothing on the one scale of effectiveness, then even harmless and bearable side effects, which almost everyone suffers, inevitably drag the other scale down.

As we have now learned, however, the risks of the Covid-19 vaccines are by no means harmless. Apart from the direct consequence of death, which is by no means rare, there are numerous side effects that are immediately life-threatening or that lead to a lasting reduction in quality of life, such as blindness, stroke, major organ dysfunction, etc.

There can therefore no longer be any talk of a favorable benefit-risk ratio for the Covid-19 vaccines.

1. Külper-Schiek W, Piechotta V, Pilic A, et al. Facing the Omicron variant – How well do vaccines protect against mild and severe COVID-19? Third interim analysis of a living systematic review. MedRXiv. Posted 27 May 2022. doi: https://doi.org/10.1101/2022.05.25.22275516
2. Dagan N, Barda N, Kepten E, et al. BNT162b2 mRNA Covid-19 Vaccine in a Nationwide Mass Vaccination Setting. N Engl J Med2021;384:1412-23. doi:10.1056/NEJMoa2101765
3. Kuodi P, Gorelik Y, Zayyad H, et al. Association between vaccination status and reported incidence of post-acute COVID-19 symptoms in Israel: a cross-sectional study of patients tested between March 2020 and November 2021. MedRXiv. Posted 17 January 2022. doi: https://doi.org/10.1101/2022.01.05.22268800.

D)

What impressed me the most was that the representative of the PEI, when asked how many people had to die - demonstrably or presumably - as a result of these injections for the PEI to assume that there was a warning signal or that it was a questionable drug within the meaning of Section 5 para. 2 AMG, was unable to provide a concrete answer.

It was also extremely astonishing that the PEI in this context, even with 2,810 suspected deaths under a self-assumed underreporting of 50%, still cannot or does not want to perceive any warning signals, just because these cases should not all be "necessarily causal".

After all, it is now undisputed that the PEI has not fulfilled its pharmacovigilance obligations in accordance with Section 13 (5) IfSG.

The Covid-19 "protection" injections thus take place in a data blind flight.

On June 9, 2022, the German Medical Association even published an article on its website entitled "Good basis for further pandemic management", which states, among other things (quote):

"...In the last two and a half years we have experienced a veritable data blind flight, which was not a good basis for rational decisions..."

Source:

https://www.bundesaerztekammer.de/presse/pressemitteilungen/news-detail/gute-basis-fuerweiteres-pandemiemanagement/

Even such a data blind flight, which is now undisputed, makes it an irresponsible undertaking to urge soldiers to carry out such experimental Covid 19 “protective” injections as part of a duty to tolerate.

It should also be remembered that the PEI representative spoke of a total of 240 side effects registered with the PEI, so the side effects shown in the safety reports are not complete. How is it possible to adequately educate the population – also by vaccinating doctors – if the population is not informed about all (!) relevant side effects?

The failure to provide complete information also makes it more difficult for people who suspect they are suffering from a vaccination complication to be able to assign their symptoms to a specific clinical picture as early as possible that corresponds to these registered side effects.

Incidentally, the statement by the RKI representative, according to which he (compared to these gene-based injections) allegedly had no alternative remedies (such as chlorine dioxide, which anyone can legally and easily purchase - including by mail order -) and treatment protocols (such as those of Dr .Vladimir Zelenko from the USA) are known.

The whole world is now aware of alternative high potency remedies and protocols like these.

It should only be mentioned in passing: In autumn 2020 I was able to completely heal myself from the variant of the SARS-CoV-2 virus that was prevalent at the time in just two days with (per day) 1 teaspoon of chlorine dioxide solution mixed with 0.2 liters of water .

The study is now available ”Self-reported outcomes, choices and discrimination among a global COVID-19 unvaccinated cohort ”(“Self-reported Outcomes, Choices, and Discrimination in a Global Unvaccinated COVID-19 Cohort”)**according to which unvaccinated people who pay attention to their health hardly ever get seriously ill with Covid-19.**

Source:

https://report24.news/new-study-makes-mainstream-rotate-unvaccinated-hardly-have-severe-covid-progressions/?feed_id=17648

This also confirms the latest studies, according to which natural immunity is superior to "vaccination", see, among other things:

https://tkp.at/2022/05/31/neue-studie-aus-israel-natuerliche-immunitaet-ist-impungueberlegen/

https://www.wochenblick.at/corona/british-study-confirms-much-less-unvaccinated-with-covid-in-hospital/

This fact that natural immunity is superior, meanwhile even the medical journal has taken note, see (with numerous studies on this):

https://tkp.at/2022/06/04/erstaunlich-deutsches-aerzteblatt-takes-natuerlicheimmunitaet-als-ueberlegen-zur-kennung/

There is another new and**extremely important preprint**a high profile group whose chief author is Peter Doshi, Editor of the very prestigious British Medical Journal. This paper used BionTech and Moderna's Phase III pivotal trials (these are the large pivotal trials with a large vaccine group and a large placebo group) to demonstrate that for both "vaccines" the cost in the form of severe vaccine damage outweighs the benefit in the form of severe COVID prevented -Diseases clearly predominate. There it says:

"Comparing the excess of serious AESI [adverse events of special interest] against the reduction of serious complications of COVID-19 among the vaccinated is essential for harm-benefit analyses. The results show an excess risk of serious AESIs greater than the reduction in COVID -19 hospitalizations in both Pfizer and Moderna trials."

Translation:

"Comparing the excess of serious AESI [adverse events of special interest] to the reduction in serious complications of COVID-19 among those vaccinated is essential for harm-benefit analyses. The results show an excess risk of serious AESI, which is greater than the reduction in COVID-19 hospitalizations in both Pfizer and Moderna studies." (Translated with DeepL)

Source:

https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4125239

Further proof possible by:expert testimony of Prof. Dr. Christof Kuhbandner, as before

This is very important because these are the only real randomized controlled trials (“gold standard”) that exist. From a methodological perspective, findings from such studies carry significantly more weight than the findings from the many methodologically questionable observational studies.**The finding that, according to the large, randomized, controlled approval studies, the costs outweigh the benefits, is therefore practically indisputable.**In view of the finding, the vaccines should not have been approved.

Evidence: expert testimony of Prof. Dr. Christof Kuhbandner, as before

Given that in the two major pivotal trials of the BionTech vaccine and the Moderna vaccine, the costs in the form

severe vaccination side effects have clearly exceeded the benefits in the form of prevented severe COVID diseases: How is it possible that the PEI comes to the conclusion that the benefits would exceed the costs?

E)

fittingI hand over the report of the expert Prof. Dr. Ulrike Kämmerer from June 20th, 2022 with the title "Assessment of the suitability of the RT-qPCR technique for the detection of a possible infectivity of persons for SARS-CoV-2", with which they supplement and round off their presentation before the Senate of June 7th, 2022 and would like to offer the discerning Senate an additional source of knowledge.

Prof. Kämmer formulates her conclusion there on page 33 as follows (quote):

"**5. Conclusion: Significance of the RT-qPCR tests for detecting infectivity with the coronavirus SARS-CoV-2**

1. Against the background of the problems and technical limitations presented here, RT-qPCR is not a suitable, reliable (and approved) diagnostic tool for detecting infectious (replication-capable) SARS-CoV-2 viruses.

2. Furthermore, the pure RT-qPCR test result is only a laboratory value which, in view of the aspects presented, does not allow any valid statement about the presence of infectious viruses and may only be used in conjunction with a clinical symptom diagnosis (collected by healthcare providers, doctors in Germany).

Summary: The RTqPCR used is not suitable for testing asymptomatic people using a nose and throat swab, as is done en masse uncritically and predominantly by non-medical personnel WITHOUT (here decisive: contrary to WHO requirements!) anamnesis and symptom collection in the tested persons, an infection and above all to detect an infectivity with SARS-CoV-2." (**Quote end**)

Otherwise, to avoid repetition, the content of the report by Prof. Dr. Ulrike Kämmer referred, with which this should be elevated to the allegations of the complainants.

In view of these clear findings, the Respondent is urgently recommended to work up internally as quickly as possible, whose professional misjudgment is partly responsible for the fact that the healthy (and symptom-free) members of the Bundeswehr were also subjected to these absurd mass tests for so many months.

The representatives of the Respondent should therefore no longer defend these test orgies with so much zeal in the interests of their soldiers, just as if the sentence had to**"**It is unbelievable how much spirit is summoned up in the world to prove stupid things.” (Christian Friedrich Hebbel) so that at the same time it is absolutely necessary to prove them.

Anyone who has made a mistake and does not correct it is known to make a second one. "And to cover up a mistake with a lie is to replace a spot with a hole." (Aristotle).

If the Bundeswehr's ability to function was occasionally impaired, it was probably only because the nonsense of sending healthy soldiers (without symptoms of illness) into isolation was declared reasonable.

To try the effects of this nonsense on the operations of the Bundeswehr as a (further) justification for dangerous experiments with completely new types of gene therapy drugs really knocks the bottom out of the barrel.

Since the Respondent is even taking disciplinary and criminal proceedings against those who refuse to receive the Covid-19 “protective” injections, the Respondent’s explanation as to why such zeal for prosecution does not also unfold in the enforcement of the “influenza vaccination” is eagerly awaited became.

We already know from the Bundeswehr's own statements that the vaccination rate for influenza vaccination is not as high as that for Covid-19 "protective" injections.

F)

On the aspects that are also extremely relevant for this procedure, which Dr. F. Mayer in his June 13, 2022 under the heading "Do vaccinated pilots meet the legal requirements for flight safety?” on the online portaltkp.at has published, the colleague Tobias Ulbrich will go into more detail.

Source:

https://tkp.at/2022/06/13/correspond-to-vaccinated-pilots-den-legal-requirements-to-flight-safety/

The legal situation presented there is also decisive for all members of the Air Force and thus also for the complainants, regardless of whether they are deployed in the Air Force as active pilots, experts or “ground personnel”.

Schmitz
Lawyer