

Wilfried Schmitz

Rechtsanwalt

RA Wilfried Schmitz, Mitglied der RA-Kammer Köln

An das

Bundesverwaltungsgericht
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Zustellung über das beA

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Selfkant, den 23.2.2022

**In the military appeal proceedings
of Mr.**

AZ.

I certify under power of attorney that the complainant has appointed me to represent his interests.

A)

The following comments are made on the pleading of the Federal Ministry of Defense (BMVg) dated ...2022:

First of all, a few basic clarifications are made so that the following comments on Section 17 a of the Soldiers' Act (SG) can be understood on their own merits.

Then we will deal with the aforementioned letter of ...2022 and also follow its structure.

The question of whether there is an obligation to acquiesce for the complainant - and also for all other soldiers of the Bundeswehr - with regard to a "vaccination" against COVID-19 is of the utmost importance not for the life and health of the complainant, but for the life and health of all members of the armed forces.

It would be absolutely irresponsible in every respect to pretend that this "coronavirus vaccination" is merely a kind of "routine" act comparable to previous vaccinations based on conventional vaccines.

I.

The following remarks make it clear: It is no exaggeration to claim that the clarification and assessment of all relevant aspects of this "vaccination" campaign is ultimately a matter of life and death.

Even the term "vaccination" is grossly misleading - as we will show below.

These genetic vaccinations are not "vaccination" or "vaccines" in the sense of § 4 para. 4 AMG, but the administration of a gene-based, experimental substance!

See in this regard, inter alia:

1.

Contribution of the online platform "multipolar" with the title "Fact check: Are mRNA injections vaccinations or gene therapy?".

Among other things, it states there:

"Recently, for example, Bayer Management Board member Stefan Oelrich commented on mRNA preparations in a way that raises fundamental questions. Oelrich is head of the Bayer Group's drug division, which last year achieved global sales of 17 billion euros under his responsibility. He spoke at the opening of the annual World Health Summit in Berlin on October 24, alongside the German health minister, the WHO director, the EU Commission president and the UN secretary-general. In his welcoming speech, Oelrich acknowledged:

"The mRNA vaccines are an example of cell and gene therapy. If we had done a public survey two years ago and asked who would be willing to take gene or cell therapy and have it injected into their body, probably 95 percent of people would have rejected it. This pandemic has opened a lot of people's eyes to innovation in a way that wasn't possible before."

As a result, the mRNA injections are not a vaccination in the sense the term has been used. According to Oelrich, they are gene therapy, which until recently was highly controversial.

Other experts also see it that way. On November 2, a week after Oelrich's statement in Berlin, a panel of experts, met in Washington at the invitation of Senator Ron Johnson to assess the campaign to administer the mRNA preparations. Among the invited experts was Peter Doshi, professor of pharmaceutical health services research at the University

Rechtsanwalt

of Maryland and editor at The BMJ, also known as the British Medical Journal, one of the world's most prestigious medical journals. Doshi stated at the meeting:

"I am one of those academics who hold the view that these mRNA products that everyone calls 'vaccines' are qualitatively different from standard vaccines. I found it amazing to learn that the Merriam-Webster dictionary changed the definition of 'vaccine' earlier this year. mRNA products did not meet the definitional criteria for a vaccine that Merriam-Webster had for 15 years. However, the definition was expanded so that mRNA products are now considered vaccines."

Merriam-Webster's dictionaries are the equivalent of the Duden dictionary in English. In fact, the definition there was changed accordingly in January 2021, at the start of the global vaccination campaign (the entries before and after the change). Doshi tied the following question to this:

"How would you feel about a Covid vaccine requirement if we didn't call these preparations 'vaccines'? What if these injections were called drugs instead? The scenario then would be, 'We have this drug, and we have evidence that it doesn't prevent infection or stop viral transmission.' But the drug is supposed to reduce the risk of becoming severely ill and dying from covid. Would you take a dose of this drug every six months, possibly for the rest of your life, if that's what it took to keep the drug effective? And would you not only take the drug yourself, but also support a legal requirement that everyone else take the drug as well?"

Or would you say, wait a minute - if that's all the drug can do, why don't we use regular medicine instead, like we normally take when we're sick and want to get better? And why make taking it mandatory? The point is: Just because we call it a vaccine, we shouldn't assume that these new products are the same as all other childhood vaccines that are mandatory. Every product is something different. If people are OK with making something mandatory just because it's a vaccine and we're making other vaccines mandatory, I think it's time to bring some critical thinking to this discussion."

Change in law made gene therapy a "vaccination"

What is the legal situation in Germany? Where is it defined what can and cannot be considered a vaccination? In January 2021, the Scientific Services of the German Bundestag presented a technical classification on this subject, which, with reference to EU Directive 2001/83/EC, states that "medicinal products containing mRNA are to be classified as gene therapy medicinal products". However, there is an exception to this, namely "drugs with mRNA that are vaccines against infectious diseases".

How can this exception be explained? A search shows that it can be traced back to a change in the law in 2009. Before this change, Section 4 of the German Medicines Act stated:

"Vaccines are medicinal products (...) that contain antigens and are intended to be used in humans or animals to produce specific defense and protective substances."

In 2009, that changed. In March of that year, shortly before the outbreak of swine flu, the German government presented a bill "to amend regulations under pharmaceutical law" that was necessary, among other things, to bring the Medicines Act into line with a European regulation that governed the handling of novel gene therapeutics. The health minister responsible at the time was Ulla Schmidt (SPD). Hidden in the 72-page bill on page 10 was the following inconspicuous proposed amendment, which is difficult to understand without further context:

"In paragraph 4, after the word 'antigens' the words 'or recombinant nucleic acids' and before the period at the end the words 'and, insofar as they contain recombinant nucleic acids, are intended exclusively for the prevention or treatment of infectious diseases' are inserted." By way of explanation, the term "recombinant nucleic acids" also includes artificially produced mRNA. In June 2009, the Health Committee of the Bundestag recommended that members of parliament adopt the government's 72-page draft amendment. The CDU's representative on the committee at the time was Jens Spahn. The draft was passed by the Bundestag shortly thereafter, in July 2009, and thus declared applicable law. Since then, Paragraph 4 of the Medicines Act has read as follows (the new additions are highlighted in bold):

"Vaccines are medicinal products (...) that contain antigens or recombinant nucleic acids and are intended to be used in humans or animals to produce specific defensive and protective substances and, insofar as they contain recombinant nucleic acids, are intended exclusively for the prevention or treatment of infectious diseases."

Without this politically determined change in definition, the mRNA preparations whose mandatory use is currently planned would legally be considered gene therapeutics rather than vaccinations. The physician Wolfgang Wodarg, at that time member of the health committee of the Bundestag, explained on inquiry to Multipolar that this detail of the law change was not well-known also to him at that time. According to Wodarg, the decision was made "in the last session before the election campaign summer break without any debate".

In addition, the EU Commission amended a directive "with regard to advanced therapy medicinal products" in September 2009. Since then, the following definition can be found in this directive:

"A gene therapy medicinal product means a biological medicinal product which has the following characteristics: it contains an active substance comprising a recombinant nucleic acid (...) Vaccines against infectious diseases are not gene therapy medicinal products."

Wilfried Schmitz

Rechtsanwalt

Source:

<https://multipolar-magazin.de/artikel/faktencheck-impfungen-oder-gentherapie>

In all other respects, reference is made to the entire contents of the aforementioned article in order to avoid repetition.

2.

In the article by Prof. Dr. Hockertz on BASEL EXPRESS with the title "This is not a vaccination, but a prophylactic gene therapy" it says among other things (quote):

"But it is much worse that the manufacturers, but also the Paul Ehrlich Institute, meanwhile admit that this vaccination does not prevent an infection at all. So you can still get infected and also infect others. It is now only claimed that this will prevent more severe courses, but this has not yet been proven in any study! But even if I believe in this effect, it is still not a vaccination but a prophylactic treatment, as we know it from malaria prophylaxis. So this is clearly a labeling fraud!

"The manufacturers openly admit that the vaccination is not to prevent any infection, but only severe courses. But even that has not been proven with any study. So by definition it is not a vaccination but at most a prophylactic gene therapy. This is labeling fraud!"

So why is it called a vaccination?

Because the topic of vaccination is positively associated with most people. On the subject of gene therapy, many people would wake up and think of genetically modified corn and genetically modified crops. So resistance to it would reflexively be greater, and not just among lay people, but also among scientists and doctors. And the approval of a gene therapy is even more complex and takes much longer than that of a vaccination. So we are talking about substances whose side effects no one wants to be held responsible for. By the way, health insurance companies refuse to pay for mRNA vaccine damage..."(end quote)

Source:

<https://www.basel-express.ch/redaktion/gesellschaft/3083-das-ist-keine-impfung-sonderneine-prophylaktische-gen-therapie>

In all other respects, reference is made to the entire contents of the aforementioned article in order to avoid repetition.

3.

The experimental character of the gene injections is underpinned by BioNTech's own statements in its English-language report to the SECURITIES AND EXCHANGE COMMISSION in the USA of November 2020:

There, on page 68, the second paragraph states:

"It is possible that none of our product candidates or product candidates that we may seek to develop in the future will ever receive regulatory approval. We have limited experience in submitting and supporting applications required to obtain marketing approvals and may need to rely on outside contract research organizations or CROs, regulatory consultants or collaborators to assist us in this process. To our knowledge, there is currently no precedent for an mRNA-based immunotherapy, such as the one we are developing, being approved for sale by the FDA, the European Commission or any other regulatory authority worldwide. Although we expect to submit BLAs for our mRNA-based product candidates

in the United States and the European Union, mRNA therapies have been classified as gene therapy drugs, other jurisdictions may consider our mRNA-based product candidates as new drugs, not biologics or gene therapy drugs, and require different marketing applications. To obtain regulatory approval, extensive preclinical and clinical data, as well as supporting information, must be submitted to the various regulatory authorities for each therapeutic indication to demonstrate the safety and efficacy of the product candidate. Obtaining regulatory approval also requires the submission of information regarding the manufacturing process of the product to the relevant regulatory authority and inspection of the manufacturing facilities by them. Any product candidates we develop may not be effective, may be only moderately effective or may have undesirable or unintended side effects, toxicities or other characteristics that may prevent our obtaining marketing approval or may prevent or limit commercial use."

Original text: "... it is possible that none of our product candidates, or any product candidates we may seek to develop in the future, will ever obtain regulatory approval. We have limited experience in filing and supporting the applications necessary to gain marketing approvals and may need to rely on third-party contract research organizations, or CROs, regulatory consultants or collaborators to assist us in this process. To our knowledge, there is no current precedent for an mRNA-based immunotherapy such as the type we are developing being approved for sale by the FDA, European Commission or any other regulatory agency elsewhere in the world. Although we expect to submit BLAs for our mRNA-based product candidates in the United States, and in the European Union, mRNA therapies have been classified as gene therapy medicinal products, other jurisdictions may consider our mRNA-based product candidates to be new drugs, not biologics or gene therapy medicinal products, and require different marketing applications. Securing regulatory approval requires the submission of extensive preclinical and clinical data and supporting information to the various regulatory authorities for each therapeutic indication to establish the product candidate's safety and efficacy. Securing regulatory approval also requires the submission of information about the product manufacturing process to, and inspection of manufacturing facilities by, the relevant regulatory authority. Any product candidates we develop may not be effective, may be only moderately effective, or may prove to have undesirable or unintended side effects, toxicities or other characteristics that may preclude our obtaining marketing approval or prevent or limit commercial use."

Further, on page 69, second paragraph, the report states:

"No mRNA immunotherapy has been approved and may never be approved. The development of mRNA drugs poses significant clinical development and regulatory risks due to the novel and unprecedented nature of this new category of therapeutics. As a potential new category of therapeutics, to our knowledge, no mRNA immunotherapies have yet been approved by the FDA, EMA or other regulatory agencies. The successful discovery and development of mRNA-based (and other) immunotherapies by us or our collaborators is highly uncertain and depends on numerous factors, many of which are beyond our or their control. To date, there has never been a commercialized mRNA-based product. Our product candidates that appear promising in the early stages of development may not advance for many reasons, experience delays in the clinic or in the clinic, or fail to reach the market: ..."

Original text: "No mRNA immunotherapy has been approved, and none may ever be approved. mRNA drug development has substantial clinical development and regulatory risks due to the novel and unprecedented nature of this new category of therapeutics. As a potential new category of therapeutics, to our knowledge, no mRNA immunotherapies have been approved to date by the FDA, EMA or other regulatory agency. Successful

Wilfried Schmitz

Rechtsanwalt

discovery and development of mRNA-based (and other) immunotherapies by either us or our collaborators is highly uncertain and depends on numerous factors, many of which are beyond our or their control. To date, there has never been a commercialized mRNA-based product. Our product candidates that appear promising in the early phases of development may fail to advance, experience delays in the clinic or clinical holds, or fail to reach the market for many reasons, including: ..."

Source:

https://investors.biontech.de/node/8746/html#N1_CORPORATE_INFORMATION

Prof. Dr. Hockertz in the Flyer „Die neue Corona-Impfung“ :

https://christen-im-widerstand.de/wp-content/uploads/2020/12/A4_Impfflyer_Hockertz.pdf

- quoted as follows, among other things:
- "The new Corona vaccine.
- Prof. Dr. Hockertz explains many, partly sobering backgrounds and facts about the upcoming vaccine, which the German government wants to bring to use already from 15.12.2020. We have transcribed the entire interview from the broadcast PUNKT.Preradovic and summarized some key statements here:
- "If we assume a rate of about 5% vaccine damage, then that is (with 83Mio inhabitants) 4 million people who will suffer damage!"
- "With a poorly developed vaccine (such as the current Corona mRNA vaccine), we should expect that even 0.1% of vaccinees will die. That's 80,000 people. A city like Bamberg or Constance that will be completely wiped out because 'state of the art' is not developed."
- "I recently wrote to Mr. Sahin, the CEO of BioNTech, myself and asked him to provide me with the toxicological data on the basis of which human experiments are being done here. And I haven't even received a reply until today."
- "I have to assume that no toxicology has been done at all."
- "I fear mass intentional bodily harm if this vaccine is not developed with proper approval over a period of about eight years."
- "I have also written to the Paul Ehrlich Institute (...) several times, asking again and again, "Where are the data sets?" And I was always evasively answered, "We don't have them.""
- "To develop a vaccine in such a truncated way exposes people to unheard of dangers."
- "I oppose this vaccination against Corona because it has not been reasonably investigated in terms of safety, toxicology, or clinical science, and because the danger to life and limb is outrageous and much greater in risk assessment than if I were to contract Corona!"
- How does mRNA vaccination work?

- Prof. Hockertz explains:
- "Normal vaccines consist of attenuated or killed pathogens that can't cause infection themselves, but allow the immune system to learn from it and build up protection in us against infection."
- "The mRNA vaccination is a completely new principle. This vaccination principle has never been approved for humans."
- "In this process, genetic material (messenger ribonucleic acid - mRNA) is introduced into human cells to be read. The idea is to read a spike protein that exclusively produces the corona virus. This is then to be displayed on the surface of the cells so that our immune system is "made to believe" that this is a Corona infection, so that it can learn from it. That's the thought principle behind this mRNA vaccination."
- "We are not changing DNA, but we are changing protein biosynthesis. We get endogenous cells to produce a corona-type protein. This is an intervention in a regulation of the organism of our cells, which has to be watched very closely."
- "In an experiment, an independent company treated 20 ferrets with an mRNA vaccine against Corona, and 20 were left untreated. Then all the animals were artificially infected (called the challenge experiment). The 20 ferrets that did not receive the vaccine became ill with typical Corona pathology. The 20 ferrets that had been vaccinated died immediately! That is, it is highly dangerous to play around here ignorantly with a corona virus that is undoubtedly capable of initiating a paradoxical immune response."
- *"When we vaccinate people, they usually have to be healthy. We administer a harmful substance to healthy people so that the immune system can learn to fight this pest, so to speak. So we have to be very, very careful and cautious with this system so that the immune system doesn't overreact."*
- *"In the case of swine flu (H1N1), the corresponding vaccine at that time had caused an incurable disease in children, namely narcolepsy, and not insignificantly, so that this vaccination was refrained from again."*
- *"Prof. Bhakdi has described very well in his book how our body actually fights this virus, not at all via antibodies, but via cytotoxic T cells, via so-called killer T cells, which I do not reach at all with a vaccination. That is, I have here an immunological event that actually excludes a vaccination." https://christen-im-widerstand.de/wp-content/uploads/2020/09/Sollte-man-sich-impfen-lassen_-gegen-CORONA.pdf" (end quote)*
-
- *The complete interview with Prof. Dr. Hockertz from 9/30/2020 is at the link:*

Rechtsanwalt

- <https://christen-im-widerstand.de/wp-content/uploads/2020/12/Interview-mit-Prof.-Hockertz-Final.pdf>
- retrievable.
- *As far as it is claimed that this "vaccination" would not be a genetic intervention in the body, then it reads completely different here.*
- *Proof: Obtaining an expert opinion*
- *A "gene therapy" - merely assuming that the term "therapy" could be justified in view of the devastating consequences of these genetic "vaccines" - is precisely not a vaccination in the classical sense, but is and remains a type of "gene therapy".*
-
- *And a gene therapy cannot be ordered obligatory, if the legislator falsified the meaning - and furthermore unnoticed by the public for a long time - already many years ago played around with the terms and misleadingly called or qualified a gene therapy as "vaccination".*
-
- *Lawyers will soon have to think about how this deliberate misleading of people by the legislature itself is to be evaluated in terms of (international) criminal law.*
-
- *To anticipate: It is evident that this gene therapy of the people disguised as a "vaccination campaign" violates the Nuremberg Code, especially taking into account the suppression of the highly alarming reports from all over the world about the consequences of these mass "vaccinations".*
-
- *II.*
- *For many months now, there have been very concrete indications or suspicious facts that can justify the urgent suspicion that the so-called anti-Corona "vaccination" campaign, which has been launched since the end of 2020 in many countries of the world - also in Germany - realizes numerous elements of criminal law due to the way in which it has been implemented.*
- *In this regard, I first refer to the following sources of knowledge:*
-
- 1.
-
- *Legal opinion of the lawyer Beate Bahner from Heidelberg of 27.12.2021 on the criminal liability of the manufacturer BioNTech among other things after the medicament law by the production, spreading and application (vaccination) of the vaccine Comirnaty of Pfizer/BioNTech,*
-
- *available in full text among others at*

•
<https://beatebahner.de/lib.medien/Rechtsgutachten%20zur%20Strafbarkeit%20der%20Impfung%20nach%2095%20AMG.pdf>

A copy of this expert opinion is provided here as

Attachment 1

is submitted.

The contents of this Annex 1 are hereby referred to in full and thus raised to the Complainant's submission.

2.

A very good summary on all relevant legal aspects of "vaccination" with genetic "vaccine" substances is provided in the book "Corona Impfung" by the lawyer Beate Bahner. The criminal law comments on these genetic "vaccination" substances can be found there, among other things, on p. 370 ff.

It is to be mentioned also that the eBook version of this book "Corona vaccination" also for everyone free of charge (!) accessible.

The lawyer Beate Bahner emphasizes in this book rightly particularly that this "Corona vaccination" with most humans, in particular with children, young people and young adults by nothing is indicated and to be justified and in view of the long known possible side effects only as absolutely irresponsible can be designated.

3.

Criminal complaint of the lawyer Tobias Schmid of March 2021, which - as far as known - has been submitted to all (!) public prosecutor's offices in Germany, see for this among other things:

www.epochtimes.de/politik/deutschland/vertreter-der-impfgeschaedigten-ist-empoertstaatsanwalt-weist-53-seitige-strafanzeige-zurueck-a3472049.html

4.

Complaint to the International Criminal Court in The Hag for various crimes under international law in connection with the Corona virus "vaccination" campaign:

<https://www.rechtsanwalt-wilfried-schmitz.de/wp-content/uploads/2022/01/Beschwerde-an-den-Internat.-Strafgerichtshof-wegen-Verstoessen-gegen-den-Nuernerger-Kodex-und-Voelkerrechtsverbrechen-durch-die-Corona-Virus-22Impfstoffe22.pdf>

A copy of this complaint is attached hereto as

Attachment 2

is submitted.

The contents of this Exhibit 2 are hereby incorporated by reference in their entirety and thereby made the Complainant's submission.

Wilfried Schmitz

Rechtsanwalt

The original English version of this complaint is linked at the end of the following article:

<https://telegra.ph/Whistleblower-Aktivisten-reichen-Klage-beim-Internationalen-Strafgerichtshof-ein-und-werfen-Big-Pharma-Gates-Fauci-und-britische-12-18>

It should be readily ascertainable that the situation as presented in the above complaint compares very favorably with the situation in other European countries.

5.

Dr. Mike Yeadon, in the 86th meeting of the Corona Committee, explains the catastrophic side effects of the genetic "vaccine" substances and concludes that these effects are not an unintended "side" effect, but appear to be about harming people with these "vaccine" substances:

<https://odysee.com/@Corona-Committee:3/Mike-Meeting-86-en:6>

Dr. Mike Yeadon also reports in this interview that he also wanted to inform and thereby warn the public via so-called mainstream media, but his efforts in this regard were blocked by media representatives.

He conclusively states that if the media had even once adequately educated the public about all the dangerous aspects of these new genetically engineered "vaccine" substances, this whole "Corona Protection Vaccine" campaign would have ended immediately.

6.

!! Subsequent note of 8.11.2022: An expert examination has shown that the death figures mentioned here under point 6 are not correct, so that the correctness of the following information is questionable. For this reason, the statements here under point 6 were subsequently crossed out!

~~Also, articles such as the following should have caused all federal and state agencies and departments to realize months ago that there is no alternative to the uncompromising rejection of these Corona genetic "protection" "vaccines."~~

~~"Secret Pfizer Documents: 1223 Deaths and 158,000 Adverse Events in 90 Days After Emergency Approval."~~

~~Source:~~

~~<https://corona-transition.org/geheime-pfizer-dokumente-1223-todesfalle-und-158-000-unerwunschte-ereignisse-in>~~

~~Once again:~~

~~An official Pfizer document titled:~~

~~"Cumulative Analysis of Post-Authorization Adverse Event Records Reports"~~

~~contains data on adverse effects of the vaccine. According to the document, tens of thousands of adverse effects from the vaccine were recorded over a 90-day period, from December 1, 2020 to February 28, 2021. 2020—February 28, 2021.~~

~~During this period, there were 1,403 cases of cardiovascular problems, representing 3.3% of the data set.~~

~~Even more troubling, there were also 1,223 deaths during the 90-day period.~~

~~The data included only "serious" adverse effects. All adverse reactions that were classified as "non-serious" were to be processed in a separate report within 90 days. The data included in this paper were also collected on a voluntary basis, as indicated in the methodology section.~~

~~Nevertheless, the paper concludes that the vaccine was deemed safe and ready for market after "review of available data." Shortly thereafter, the FDA approved its use in an emergency.~~

~~Additional documents will be released in the coming weeks. Public Health and Medical Professionals for Transparency have filed another motion to compel the FDA to expedite the release of the requested documents.~~

~~Source:~~

~~<https://nationalfile.com/pfizer-documents-reveal-1200-vaccine-deaths-90-day-trial-period/>~~

7.

Extremely shocking data also on how these genetic "vaccinations" affect pregnancy:

<https://nationalfile.com/pfizer-documents-reveal-1200-vaccine-deaths-90-day-trial-period/>

8.

Prof. Dr. Martin Schwab of the University of Bielefeld states in his "Sample Letter Vaccination in Health Care": "In the meantime, the highly dangerous and sometimes fatal vaccination side effects are described in 1,014 scientific studies (... - and new studies are added daily."

Source:

https://www.rechtsanwalt-wilfried-schmitz.de/wp-content/uploads/2022/01/Musterschreiben-Impfung-unter-Druck-zugestimmt_inkl-Anlagen.pdf

Annex 1 referred to by Prof. Schwab in his aforementioned sample letter is reproduced here as

Attachment 3

is submitted.

The content of these studies on Annex 3 is hereby fully referred to and thus raised to the complainant's submission.

Wilfried Schmitz

Rechtsanwalt

The only objection to this submission by the esteemed colleague Prof. Dr. Schwab is that a person should not declare his willingness to engage in such a life-threatening experiment with his health and life precisely out of fear for his job, not even for "tactical" reasons in the context of a dispute with his employer.

9.

The criminal relevance of the persistent silence of the responsible persons of the public broadcasters and other authorities with regard to the considerable risks and dangers of the so-called corona "vaccination" has already been pointed out by Friedemann-Willemer in his article of 3.1.2022, available at:

<https://apolut.net/die-strafrechtliche-relevanz-der-corona-schutzimpfung-von-friedemann-willemer/>

legally appreciated.

Incidentally, to prove the assertion that all genetic coronavirus "vaccination" substances are associated with significant risks to life and limb, it is necessary to

Obtaining an expert opinion

requested.

However, it will be assumed that the Federal Administrative Court will clarify ex officio for a comprehensive clarification of the factual issues relevant to the decision here.

10.

Criminal complaint filed by Kinderrechte e.V. regarding the "coronavirus vaccination campaign" concerning children:

<https://kinderrechtejetzt.de/strafanzeige/>

11.

Contribution of Critical Judges and Prosecutors to "Immunization Teams" in Schools:

<https://netzwerkkrista.de/2021/08/19/impfteams-in-schulen-strafrechtliche-fragen/>

12.

A good and clear summary of important facts - also about the coronavirus "vaccination" campaign - can be found in the "Corona phase-out concept" of the "Society of Physicians and Scientists for Health, Freedom and Democracy e.V." from January 2022:

<https://www.rechtsanwalt-wilfried-schmitz.de/wp-content/uploads/2022/01/2022-01-28-MWGFD-Corona-Ausstiegskonzept-Web.pdf>

13.

Neither vaccinating the complainant nor vaccinating all still unvaccinated soldiers can be expected to make a substantial contribution to positively influencing this "pandemic."

According to a Harvard study that examined 68 countries and 2947 counties in the United States, there is no correlation between infection rates and vaccination rates. On the contrary, the study actually found a slight tendency for infection rates to increase as vaccination rates increase. The results of the study are consistent with the negative experience of some countries with particularly high vaccination rates (Gibraltar (about 100%), Iceland, Ireland, Portugal), which have seen an increase in infection numbers despite high vaccination rates. According to this Harvard study, a positive effect of the vaccination rate on the incidence of infection cannot be proven

Source:

<https://netzwerkkrista.de/2021/12/10/10-gruende-gegen-die-impfpflicht/>

According to the official reports of August 2021 from the U.S. CDC and the U.K. PHE, and according to four other studies, vaccinated people have a viral load comparable to that of unvaccinated people when they become infected. This means that vaccinated people are just as contagious as unvaccinated people, vaccinated people pose a comparably high risk of infection as unvaccinated people.

Source:

(<https://netzwerkkrista.de/2021/12/10/10-gruende-gegen-die-impfpflicht/>).

14.

From a comprehensive data analysis of 165 countries: highest Covid 19 death rates in the most vaccinated countries:

<https://dailyexpose.uk/2021/11/03/worldwide-data-proves-highest-covid-19-death-rates-are-in-most-vaccinated-countries/comment-page-1/>

15.

Two German scientists came to the same conclusion - excess mortality in Germany is closely correlated with vaccination rates:

<https://corona-transition.org/die-ubersterblichkeit-wachst-mit-steigender-impfquote>

16.

On "tkp - the blog for science & politics" you can find the article "Vaccine as pandemic: increase in covid deaths from vaccination start in several countries:

<https://tkp.at/2021/05/13/impfstoff-als-pandemie-anstieg-der-covid-todesfaelle-ab-impfbeginn-in-mehreren-laendern/>

Wilfried Schmitz

Rechtsanwalt

17.

Further is letter of the BKK ProVita to the Paul Ehrlich institute of 21.2.2022 in this context of special interest.

There it says (quote):

"...the Paul Ehrlich Institute has announced by means of a press release that for the calendar year 2021 244,576 suspected cases of vaccination side effects after Corona vaccination were reported.

The data available to our institution give us reason to believe that there is a very significant under-reporting of suspected cases of vaccine adverse events following Corona vaccination. I am enclosing an evaluation of this in my letter.

The data basis for our evaluation is physician billing data. Our sample is from the anonymized data set of the company health insurance funds. The sample comprises 10,937,716 insured persons. So far, we have the physicians' billing data for the first half of 2021 and approximately half for the third quarter of 2021. Our query includes valid ICD codes for vaccine adverse events. This analysis has shown, although we do not yet have the complete data for 2021, that based on the available figures we now already assume 216,695 treated cases of vaccination side effects after Corona vaccination from this sample. If these figures are extrapolated to the whole year and to the population in Germany, probably 2.5-3 million people in Germany have received medical treatment for vaccination side effects after Corona vaccination.

We regard this as a considerable alarm signal that must be taken into account in the further use of vaccines. In our view, the figures can be validated relatively easily and also in the short term by asking the other types of health insurance funds (AOKs, substitute health insurance funds, etc.) for a corresponding evaluation of the data available to them. Extrapolated to the number of vaccinated people in Germany, this means that about 4-5% of vaccinated people received medical treatment for vaccination side effects.

In our opinion, there is a considerable underreporting of vaccination side effects. It is an important concern to identify the causes for this in the short term. Our first assumption is that, since no compensation is paid for reporting vaccine adverse events, reporting to the Paul Ehrlich Institute is often not done because of the great expense involved. Physicians have reported to us that reporting a suspected vaccine adverse event takes about half an hour. This means that 3 million suspected cases of vaccine adverse events require about 1.5 million working hours of physicians. That would be almost the annual workload of 1,000 physicians. This should be clarified in the same short term. A copy of this letter will therefore also be sent to the German Medical Association and the National Association of Statutory Health Insurance Physicians.

The GKV-Spitzenverband will also receive a copy of this letter with the request to obtain corresponding data analyses from all health insurance companies.

Since danger to human life cannot be ruled out, we request that you provide feedback on the measures initiated by 22.2.2022 18:00.

Yours sincerely

Andreas Schöfbeck Executive Board" (end of quote, boldface added by signatory)

Evidence: Copy of the letter from BKK ProVita to PEI dated 21.2.2022 in Annex 7.

18.

Other sources:

The current safety report of the Paul Ehrlich Institute, covering the period from Dec. 27, 2020 to Sept. 30, 2021, records 172,188 suspected cases of adverse events or vaccine complications in temporal association with vaccination, 21,054 suspected cases of serious adverse events, and 1,802 suspected cases of a fatal outcome for Germany. Although the causality of the vaccination for the side effects in a suspected case is not proven, the causality would have to be able to be excluded with high probability, which neither the PEI nor other reputable scientists have been able to do so far.

For this also the following contribution on report24:

PEI admits at least 24,600 serious vaccination injuries in Germany:

<https://report24.news/pei-gibt-mindestens-24-600-schwere-impfschaeden-in-deutschland-zu/>

If one wanted to exclude or confirm the causality of vaccination and a fatal outcome, autopsies would have to be performed. In very few cases, however, a postmortem examination is performed, so that only an estimate can be made on the basis of the few postmortem examinations as to the proportion of suspected cases in which causality of the vaccination actually exists. The Heidelberg pathologist Prof. Peter Schirmacher estimates, based on the autopsies he has performed, that 30-40% of the suspected cases are those who died as a result of vaccination. This estimate is confirmed by the autopsies of the pathologists Prof. Dr. Burkhardt and Prof. Dr. Lang (www.pathologie-konferenz.de). The pathologists published in the conference of 04.12.2021 that a causality was considered "very probable" in 5 of 15 cases, "probable" in 7 of 15 cases, "possible" in 2 of 15 cases, and could be excluded in only one case and thus for just under 7% of the cases.

In addition, all pathologists suspect a considerable number of unreported cases. This was also not unusual, they said, because there was always considerable underreporting when adverse drug reactions or vaccines were reported. The most cautious estimates assume an estimated number of unreported cases by a factor of 5 (very instructive on the subject of the number of unreported cases and side effects of the COVID-19 vaccines is the practical report by the Berlin physician Erich Freinsleben.

Based on the data at Statista, the PEI safety report and the PEI database, the reported suspected cases regarding the Covid-19 vaccines up to 09/30/2021 are higher by a factor of 22.9 (2,190%) than the suspected cases of adverse reactions reported to the PEI for all other administered vaccines in the period 01/01/2000!!! up to 12/31/2020.

Thereby, the suspected cases for serious adverse events are higher by a factor of 550%, the suspected cases for deaths are increased by a factor of 28.3 in the above data and thus by 2,730% for this one year only.

A graphical representation of the above data can be found here: <https://corona-reframed.de/#immunitaet>.

Biontech itself described the dangers posed by these novel vaccines in its 2019 annual report as follows:

Wilfried Schmitz

Rechtsanwalt

"No mRNA immunotherapy has been approved and may never be approved. There are significant clinical development and regulatory risks associated with the development of mRNA drugs due to the novel and unprecedented nature of this new category of therapeutics."

...

"In addition, clinical trials may not be sufficient to determine the efficacy and safety consequences of taking our product candidates over a multi-year period."

https://www.sec.gov/.../00015645.../bntx-20f_20191231.htm...

More concerns in 2016, Statnews:

"Transport - actually getting RNA into cells - has long been a problem across the field. On their own, RNA molecules have a hard time reaching their targets. They work better when wrapped in a transport mechanism, such as nanoparticles of lipids.

However, these nanoparticles can lead to dangerous side effects, especially if a patient has to take repeated doses over months or years.

Novartis has abandoned the related field of RNA interference because of toxicity concerns, as have Merck and Roche.

Moderna's most advanced competitors, CureVac and BioNTech, have recognized the same challenge with mRNA."

<https://www.statnews.com/.../moderna-therapeutics.../>

Cancer risk in review 2012:

"Nevertheless, gene therapy is still in development and carries risks: for example, in France, four patients who received gene therapy for severe immune disease developed leukemia years later as a result."

<https://www.gesundheitsforschung-bmbf.de/.../rna-statt...>

The contents of the documents and sources mentioned above under No. I No. 1 - 18 are referred to in their entirety in order to avoid repetition, and are thus elevated to the complainant's submission.

Against the background of this information on the side effects of these genetic coronavirus "vaccines", it must be assumed that these coronavirus "vaccines" - which indisputably contain recombinant nucleic acids - are not medicinal products at all within the meaning of Section 4 (4) of the German Medicines Act (AMG), because they

neither

"intended to be used in humans for the production of specific defense and protective substances"

nor

"intended to be used in humans for the prevention or treatment of infectious diseases."

In this respect, we would like to refer to the enlightening explanations in the already above-mentioned "Corona phase-out concept" of the "Society of Physicians and Scientists for Health, Freedom and Democracy e.V." from the end of January 2021, which we present here as an

enclosure 4

present.

There it says among other things starting from page 10 (quotation):

"Additional dangers due to structural changes in the mRNA

Another important point of criticism of the novel, genetically engineered immunization experiments are the massive changes in the mRNA used. One of the aims of this is to ensure that it is not degraded as quickly in the target cells. [38] Thus, the mRNA can be read by ribosomes much longer and more often, which contributes to increased and sustained spike protein production.

For this purpose, in addition to modifications of the mRNA ends by so-called "caps", the base uracil "U" was exchanged for pseudo-uracil "Ψ" as a crucial step at all sites of the mRNA. The product is a technically optimized so-called "nucleoside modified RNA" (modRNA), which does not occur in nature in this way [39].

This modified modRNA containing pseudo-uracil is many times more stable than the nature-identical mRNA variant. Because modRNA is degraded more poorly, it can form the spike protein in the target cells particularly effectively and for a long time [39]. In addition, the immune response is modulated by the fact that in the dendritic cells the so-called "Toll-Like Receptors 7 and 8", which play a very important role in the activation of our innate immune system, are switched off by modRNA [40, 41]. Dendritic cells are immune cells with many dendrites, i.e. "projections" (see above). Their function is antigen recognition and antigen presentation of structures previously recognized as foreign and ingested intracellularly, such as microorganisms and their constituent parts [42]. Thus, they are "sentinels" of the innate immune system that activate the adaptive immune system in the presence of infectious microorganisms, or even cell mutations. This natural immune system is the most important part of our immune system because it recognizes and eliminates all foreign substances very quickly and, above all, non-specifically. The artificial mRNA used therefore reprograms the natural immune system, at least temporarily [40]. This switching off of the natural, innate immune response is a necessary immunological active principle of these novel interventions, so that the modRNA can enter the cells at all and become active there. Thus, on the one hand, the activation of the immune system to fight infections and, on the other hand, the recognition and destruction of malignant cell mutations, which is so important for cancer defense, are weakened. The fact that the dendritic cells are to be specifically modified with the modRNA is described by U. Sahin in an interview (<https://www.diepresse.com/5861311/teil-des-covid-19-vaccine-could-come-out-of-osternia>; <https://www.aerzteblatt.de/nachrichten/121745/Biontech-nanoparticles-are-more-difficult-to-produce-than-mRNA>; <https://orf.at/stories/3193977/> all accesses on 16.1.2021). In a technical publication, he then also refers to the weakening of dendritic cells by modRNA sequence as "de-immunization" [39].

The T-lymphocytes depleted by self-destructive (autoimmune) reactions and the T-lymphocytes killed by the "brother and sister fights" in the lymph nodes (after transfection with the modRNA and subsequent spike protein formation) are absent in the "keeping in check" of latent viral infections (herpes, Epstein-Barr, cytomegaloviruses) and also in the recognition of degenerate body cells, which is important for cancer defense. This, in turn,

Rechtsanwalt

explains the frequent re-infections with mononucleosis and shingles observed after "COVID vaccination", as well as the frequent occurrence of fast-growing malignant tumors or cancer recurrences.

In this letter, we deliberately do not wish to discuss the frequently cited contamination of vaccines with substances that are hazardous to health [43], because the biological mode of action of these "vaccines" alone, as described, gives rise to sufficient criticism.

In a letter to all physicians, declared as "liability information", further scientific proofs are listed, which speak against the "COVID vaccination". (<https://www.mwgfd.de/2021/11/call-for-distribution-of-this-mwgfd-d4ce-and-aefa-information-letter-liability-notice-to-medical-doctors-and-head-of-authorities/accessed-1/23/2022>). (end of quote, bold added by undersigned).

So these "mRNA vaccines" produce spike proteins and thus a toxin that counteracts the natural immune system or the production of defense and protective substances in the human body.

Evidence: Obtaining an expert opinion.

Moreover, they are demonstrably completely unsuitable to contribute to the prevention or treatment of infectious diseases, no matter what "purpose" the respective manufacturer has attributed to them.

In the aforementioned "Corona phase-out concept" for Annex 4, starting on page 13, in the section titled "Mandatory vaccination is constitutionally untenable," it states, among other things (quote):

"Before we even discuss compulsory vaccination - be it general, be it facility-related - the state that wants to introduce compulsory vaccination must think about what purpose it wants to pursue with the introduction of such a duty: self-protection? Protection of others? Protection of the health care system? The assessment of whether compulsory vaccination is suitable, necessary and appropriate must then be based on this objective. To explore this, an evidence-based determination must be made as to whether vaccination is necessary, safe, and effective.

There is considerable doubt about the effectiveness of COVID vaccines. This is because COVID vaccination does not produce "sterile immunity." Vaccinated persons can therefore still fall ill, carry a similarly high viral load as unvaccinated persons and thus also pass on the virus. At the same time, this implies that compulsory vaccination for the protection of others must not be introduced. Because whoever is administered one of the approved COVID vaccines cannot protect other people from an infection with SARS CoV-2. To date, there has not been a single scientific study that has shown that unvaccinated people pose a risk to vaccinated people, regardless of the disease. Compulsory vaccination would therefore not even be a suitable means of achieving the goal of protecting others.

A vaccination obligation for the self-protection of the obligated is already problematic at the outset, because the individual is primarily responsible for protecting his or her own health. The exercise of this responsibility is part of the right to physical integrity resulting from Article 2 (2) sentence 1 and may therefore be exercised by the state for the individual under very narrow conditions at best (quasi in trust). Quite apart from this, however, compulsory vaccination for self-protection cannot be justified on medical grounds.

Particular attention must be paid to the aspect of vaccine safety. If life-threatening side effects can result from vaccination, there is already no place for compulsory vaccination

in the coordinate system of the Basic Law. As the BVerfG stated in its ruling of February 15, 2006 - 1 BvR 357/05 (air safety ruling), the state may not sacrifice lives in order to save lives. Now, however, vaccination side effects are proving to be a particularly sore point. For a frightening increase of heavy inoculation complications speak even the official data. Because in addition also SARS-CoV-2 is subject to the laws of the evolution and becomes therefore ever more infectious however ever less dangerous, the benefit risk relationship of the "COVID vaccines" worsens still more.

Valid studies are lacking for an alleged protection against "severe courses". None of the pivotal studies had a clinically relevant primary endpoint such as mortality, hospitalization, or need for intensive care [47]. Moreover, for the clinically and socially irrelevant primary efficacy endpoint "prevention of confirmed COVID-19 disease", where mostly mild disease courses were recorded, not the absolute risk reduction of about 1% was reported, but its relative risk reduction of about 95% [48]. This has been criticized on various occasions (https://aletheia-scimed.ch/IMG/pdf/2021-07-08_offener_brief_an_swissmedic_sofortige_sistierung_covid-19_impfstoffe_webversion-2.pdf ; <https://doctors4covidethics.org/letters/> doctorsforcovidethics-letters/ accessed on 1/16/2022).

Für eine erschreckende Zunahme schwerer Impfkomplicationen sprechen selbst the official data. Another important counter-argument against compulsory vaccination is that not a single scientific study has ever proven that unvaccinated people pose a risk to vaccinated people, regardless of the disease. At best, this is suggested by modeling. A vaccination obligation is in no way compatible with the right to physical integrity guaranteed to everyone in Art 2.2 of the Basic Law.

With this topic also competent lawyers of the ..." KRiStA - Netzwerk Kritische Richter und Staatsanwälte n.e.V. ...(netzwerkkrista.de) dealt with this issue and developed the text quoted in sections below.

(Vaccination side effects and human dignity - Why a vaccination obligation offends against article 1 exp. 1 GG - KRiStA - network critical judges and public prosecutors n.e.V. (netzwerkkrista.de))

"The COVID-19 vaccines blow up with the side effects the framework of everything with vaccines so far known. The comparison of the suspicion reports with conventional vaccines turns out dramatically, ...

Figure 1 - Adverse reactions (suspected cases, serious suspected cases, and deaths for all vaccines during the past 20 years and the Covid-19 vaccines from January 2021 to the end of September 2021 -.

Sources: <https://de.statista.com/statistik/daten/studie/467046/umfrage/impfstoffverbrauch-in-deutschland/>, **Statista:**
<https://www.pei.de/SharedDocs/Downloads/DE/newsroom/dossiers/reports/safety-report-27-12-20-to-30-09-21.pdf>, **PEI safety report:**
<https://www.pei.de/DE/arzneimittelsicherheit/pharmakovigilanz/uaw-datenbank/uaw-datenbank-node.html#UAWDB>; **PEI safety-database:**

Graphic available at: <https://corona-reframed.de/#immunitaet>

Visualized, this is as follows: ...

safety-reports/safety-report-27-12-20-to-30-09-21.pdf, PEI database:
<https://www.pei.de/DE/azneimittelsicherheit/pharmakovigilanz/uaw-datenbank/uaw-datenbank-node.html#UAWDB>;

Graphic available at: <https://corona-reframed.de/#immunitaet>

One must keep in mind: the increased number of suspected deaths by a factor of 28 concern a short year of observation. The comparison period of the other impdients (blue bar for normalization) concerns 20 years. Converting this time, the COVID-19 "vaccines" generate a factor of 460 more suspected cases and a factor of 560 more deaths than all other vaccines.

"So what does all this mean for the constitutional argument? Mandatory vaccination - because it will cover a large enough number of people - will inevitably lead to deaths among people who have been vaccinated only because of mandatory vaccination and who otherwise would not have been at risk of becoming seriously ill or even dying either because of the vaccination or because of the disease. Responsible for these deaths is the state, which ordered the vaccination obligation and all those, which called for such a vaccination obligation. To be clear, by making vaccination compulsory, the state is deliberately killing innocent people. This is not compatible with the right to life under Article 2(2) sentence 1 of the Basic Law in conjunction with the guarantee of human dignity under Article 1(1) of the Basic Law. Article 1(1) of the Basic Law prohibits making human beings mere objects of the state. But this is exactly what happens when people are killed by compulsory vaccination; in this case, the state treats them as mere objects for the protection of others." (...)

"Since the death of innocent people will be an inevitable consequence of compulsory vaccination, there should be constitutional agreement per se thereafter that compulsory vaccination violates the right to life in connection with the guarantee of human dignity. And even if there were no deaths, but "only" serious, permanent damage to health and disabilities, which according to the safety report of the Paul Ehrlich Institute occur in considerable numbers, a violation of the human dignity of the affected people could be argued with good reasons, because even if "only" serious damage to health is inflicted on people in order to protect others from illness or death, they are made objects of state action."

"What has been said here also applies not only to a general duty to vaccinate, but also to the duty to vaccinate for certain occupational groups that has now been enacted by law (§ 20a Infection Protection Act). Although the individual can escape this vaccination obligation by giving up his/her profession (whereas one can escape the general vaccination obligation only by emigration or suicide), if he/she decides to remain in the profession and to be vaccinated, vaccination is therefore not a free decision in the legal sense. It has been coerced by the state under the threat of a serious evil (loss of employment!). The state remains responsible for the consequences of the vaccination.

Remains the urgent hope that the Federal Constitutional Court, if it will decide on the constitutionality of the vaccination obligation, will not get past the reality of the heavy vaccination side effects and vaccination deaths, as it still succeeded in many in the past discussion of the constitutional lawyers. Otherwise, in principle, anything is possible."

Mandatory vaccination also breaks with an ethical tradition established by the Nuremberg trials. It states that the good of the state or community does not justify limiting the integrity of individuals. In particular, no experiments may be carried out on human beings without their knowledge and consent. However, mandatory vaccination, especially with a

substance whose long-term effects and side effects are unknown, is precisely such a human experiment." (end of quote, bold added by signatory).

In a nutshell: the genetic vaccines - if one takes the law literally - all of them do not even fulfill the legal requirements according to § 4 para. 4 IfSG.

Proof: Obtaining an expert opinion

But also independent of whether one affirms the prerequisites of § 4 para. 4 AMG with regard to these genetic "vaccines" or not: Against the background of these extremely worrying reports, it should be self-evident that the BMVg immediately suspends the further implementation of the entire coronavirus vaccination campaign, if only because of its duty of care towards all soldiers.

Who can and would want to live with the (criminal) guilt if the above-mentioned highly alarming claims, studies and other sources of knowledge would prove to be true?

III.

§ Section 17a of the Soldiers' Act (SG) requires soldiers to maintain good health.

There it says among other things (quote):

- (1) The soldier must do everything in his power to maintain or restore his health. He must not impair his health intentionally or through gross negligence.
- (2) The soldier must only tolerate medical measures against his will if they are
- (3) 1. serve to prevent or combat communicable diseases, or
- (4) 2. serve to determine the soldier's fitness for service or deployment.
- (5) ...
- (6) ...
- (7)
- (8) If the soldier refuses a reasonable medical measure and his fitness for duty or employment is impaired as a result, he may be denied care in this respect. A medical measure that is associated with a considerable danger to life or health is not reasonable.
- (9)
- (10) 1.
- (11)
- (12) However, a soldier would obviously act **at least grossly negligent** in the sense of § 17 a para. 1 SG, if he endangered his health and even his life with an experimental gene therapy, which, according to official registers (such as the EMA), was already associated with countless serious side effects.
- (13)

Rechtsanwalt

- (14) It is here - in addition to the already above-mentioned sources - **only the "vaccination death balance" with 18,928 deaths in the EU - as of 17.7.2021 highlighted**, which must also be known to the doctors in the service of the armed forces.
- (15) The article of the same title in the online magazine Rubikon of 24.7.2021 states, among other things:
- (16) "EudraVigilance, the European Union's database for suspected drug reactions, which is also responsible for registering vaccine adverse reactions, reports - as of July 17, 2021 - the almost unbelievable number of 18,928 deaths and 1,823,219 injuries in the European Union after COVID-19 'vaccinations' (1 to 6). Since usually only a small part of the number of vaccination injuries is reported and the half sentence 'is not related to the vaccination' in case of injuries after a 'corona vaccination' is now standard, one must even assume a considerably larger number of deaths and injuries. Among British Airways pilots, the 'death factor' was about 1:1000 (7) ...".
- (17) Quelle: <https://www.rubikon.news/artikel/die-impftoten-bilanz>

2.

For the above-mentioned reasons, such a "medical measure" in the form of gene therapy is also clearly **"unreasonable"**, in the sense of § 17 a para. 4 SG, as it is associated with considerable risks to life and (!) health.

Evidence: Obtaining an expert opinion

In this regard, it should be emphasized once again that new findings are said to have revealed that the main components of the Comirnaty vaccine consist of ingredients that are not even approved for use on humans.

The manufacturers are companies specialized in the "networking of devices".

The nano-lipids and nano-particles ALC-0315 and ALC-0159 can only be used for research purposes and are produced by technology companies - not pharmaceutical companies.

According to the assessment of the colleague Beate Bahner, which she substantiates in more detail in her above-mentioned expert opinion, these are massive violations of the German Drug Law. All persons who take part in these vaccinations are threatened with imprisonment of up to 10 years according to § 95 AMG.

The company Echelon. Inc, which manufactures these nano lipids for Biontech/Pfizer, writes on its homepage:

"...these lipids are used in the BioNTech vaccine "BNT162b2", but are not approved for use on/in humans but exclusively for research purposes."

The original states:

"ALC-0315 is an ionizable lipid which has been used to form lipid nanoparticles for delivery of RNA. ALC-0315 is one of the components in the BNT162b2 vaccine against SARS-CoV-2 in addition to ALC-0159, DSPC, and cholesterol. This product is for research use only and not for human use."

Sources:

<https://www.echelon-inc.com/product/alc-0315/>
<https://www.echelon-inc.com/product/alc-0159/>

So the substance, which is to be used explicitly for research purposes only, is actually contained in the vaccine BNT162b2 from Biontech/Pfizer.

This in the official EMA document on the Biontech preparation on page 16 under "other ingredients" to read.

Source:

https://www.ema.europa.eu/en/documents/product-information/comirnaty-epar-product-information_de.pdf

Here is yet another manufacturer of these nano lipids from China that also clarifies:

"... research use only"

Sources:

https://www.sinopeg.com/2-polyethylene-glycol-2000-n-n-ditetradecylacetamide-alc-0159-cas-1849616-42-7_p477.html

https://www.sinopeg.com/4-hydroxybutyl-azanediy-bis-hexane-6-1-diyl-bis-2-hexyldecanoate-alc-0315-cas-2036272-55-4_p476.html

Evidence: Obtaining an expert opinion

3.

In addition - as already shown above - the requirements of § 17 a para. 2 no. 1 SG are not fulfilled, since this gene therapy, as the complainant has also already asserted, is demonstrably just **not (!) suitable to contribute "to the prevention or control" of transmissible diseases.**

Thus - as also already stated above - at the same time the prerequisite according to § 4 para. 4 AMG is not given, according to which only medicinal products, as far as they contain recombinant nucleic acids, **"are intended exclusively for the prevention or treatment of infectious diseases."**

Wilfried Schmitz

Rechtsanwalt

This genetic "therapy" does not protect against infection from SARS-Cov-2 and does not protect against passing on the virus.

In this respect, we would like to refer to avoid repetitions but again to the enlightening explanations from page 13 in the already above-mentioned "Corona exit concept" of the "Society of Physicians and Scientists for Health, Freedom and Democracy e.V." from the end of January 2021, which we have submitted here as Annex 4.

Incidentally, this paper also contains a very good summary of important facts, arguments and data on relevant aspects of the corona pandemic and the new genetic coronavirus "vaccines" (from page 5, last paragraph).

How fragile the entire justification structure for compulsory vaccination is is then further elaborated in the aforementioned source starting on page 16.

In order to avoid repetitions, reference is made to the complete content of Annex 4, which is thus elevated to the complainant's submission.

IV.

In order to further substantiate the complainant's need for legal protection, the following is also attached here as

Exhibit 5

the "daily order" of the Inspector General of the German Armed Forces dated 31.1.2022, in which it states in the 3rd paragraph, among other things (quote):

"At the same time, I call upon all disciplinary superiors to live up to their responsibility with regard to the seamless implementation of the basic vaccination scheme in their subordinate areas."

In this regard, his special thanks go to "all those who have set a good example here without any ifs or buts even before the duty to tolerate."

There may be situations for a soldier where he must act "without ifs and buts" because otherwise a strategy cannot be implemented.

In this context, a vaccination of the Bundeswehr with highly dangerous genetic "vaccines" "without ifs and buts" - as explained and proven in detail - is absolutely irresponsible.

This fact, which has long been generally known, cannot be denied by the Federal Ministry of Defense, especially since it is confirmed by numerous scientific sources.

Evidence: Obtaining an expert opinion

On the contrary, there is reason to believe that it is precisely those who have been vaccinated who pose a threat to the health of the unvaccinated.

In this regard, too, reference is made to the book "Corona Vaccination" by Beate Bahner, p. 230 ff. with further sources.

Evidence: Obtaining an expert opinion

Further, the complainant's need for legal protection is evidenced by the following documents and orders from the complainant's superiors:

1.

The complainant was verbally informed by his professional superior, ..., that he and his comrades had to vaccinate themselves. This should be undisputed.

Evidence in case of dispute:

Interrogation, alternatively hearing of the complainant.

2.

...

Evidence: as above

3.

...

4.

....

C)

A "duty to vaccinate" is also a duty to vaccinate if it is described as a "duty to tolerate" - as is the case with soldiers in the German armed forces - and, in the context of such a duty, is ultimately to be enforced against the will of the soldiers - including by means of disciplinary law.

However, such an obligation to tolerate and vaccinate is also subject to various legal barriers in the case of soldiers in the German armed forces:

I.

Constitutional limits:

1.

Any form of compulsory vaccination violates in particular **the dignity of a human** being pursuant to Article 1 (1) of the Basic Law and the **fundamental right to physical integrity** pursuant to Article 2 (2) sentence 2 of the Basic Law.

Rechtsanwalt

According to Art. 1 Para. 3 GG and Art. 20 Para. 3 GG, all state authority is bound by fundamental rights and law and order, even if the BVerfG's case law apparently no longer feels bound by the GG and the guiding idea of a free democratic basic order.

According to the established case law of the BVerfG, human dignity as defined in Article 1 (1) sentence 1 of the Basic Law protects people precisely from being made the object of state action (see, inter alia, BVerfGE 88, 203, 251 f.).

But it would make a human being such an object of - in this case irresponsible - state action, if such an intervention into the bodily integrity is forced upon him by an "obligation to vaccinate", and this especially when the high risks of the novel genetic "vaccine" substances had to be known from the very beginning, even before the (extremely abbreviated and without long-term studies, etc.) approval, and - as shown above - were probably also known to the vaccine manufacturers and, moreover, have been confirmed since the approval by numerous cases of severe and most serious side effects, even death.

"Inviolability of human dignity means that a violation of human dignity cannot be justified by other fundamental values of the constitution; the claim to respect of human dignity is categorical."(Sachs/Höfling, GG, Art. 1 Rn. 18).

Both compulsory vaccination in the Bundeswehr and an order forcing the soldier to be vaccinated and sanctioning his refusal also constitute a violation of human dignity because the vaccines have not only minor and rare side effects and represent serious and permanent damage to health and the death of the soldier cannot be ruled out with sufficient probability.

An obligation to vaccinate not only the general public but also individual segments of the population is compatible with human dignity only if the vaccination is highly unlikely to cause any physical harm to those vaccinated. This applies in particular where special obedience is required, as here in the case of the complainant. If, therefore, a vaccination requirement in the German armed forces is unlawful because it is unconstitutional, the order to have such a vaccination carried out on oneself, as well as the ordering and enforcement of disciplinary measures in the event of refusal, must be unlawful and unconstitutional.

The order to vaccinate or the order of arrest for refusal to vaccinate is a most serious and irreversible interference with the right to life and physical integrity.

Every citizen, thus including the complainant, has been treated as a potential threat to the health of third parties and the troops since March 2020.

If every citizen, and thus also every soldier, is considered a danger from which others must be protected, he is at the same time deprived of the possibility to decide what risks he exposes himself to, which is a fundamental freedom, with exceptions in principle also of a soldier. The free subject, who assumes responsibility for his own health and that of his fellow citizens and the troops, is completely suspended by the obligation to vaccinate. All citizens are regarded by the state as potential sources of danger to others, each soldier to the entire force, and thus

Within the framework of the evaluative overall assessment, the question must be answered as to whether, in principle, circumstances could be conceived under which the enforcement of an obligation to vaccinate could nevertheless be considered compatible with human dignity.

A taboo violation in the area of state action encroaching on fundamental rights is not acceptable even to avert a very exceptional emergency. But even those who would affirm such a violation as acceptable could justify this violation at most with a general health emergency, in the case of the German Armed Forces the concrete danger to the operational capability of the troops, and moreover only if a substantial contribution to averting or limiting the emergency or averting the danger could be expected from the taboo-violating fundamental rights intervention, the vaccines had no or only minor side effects and there was no alternative, less dangerous and equally effective treatment option.

In the context of the above, however, it has been demonstrated that these "vaccines" - which are not vaccines - are associated with life-threatening side effects and that there are also alternative, less dangerous and (at least) equally effective or significantly better treatment options.

The enforcement of compulsory vaccination in the Bundeswehr will therefore - since it will affect a sufficiently large number of soldiers - inevitably lead to deaths among soldiers who are vaccinated only because of compulsory vaccination. Responsible for these deaths is the state that ordered mandatory vaccination for members of the armed forces. To put it clearly: With a vaccination obligation the state **kills deliberately innocent humans!** This is not compatible with the right to life according to article 2 paragraph 2 sentence 1 GG in connection with the human dignity guarantee of article 1 paragraph 1 GG. Article 1 paragraph 1 GG forbids it to make humans the bare object of the state. But this is exactly what happens when people are killed by compulsory vaccination; in this case, the state treats them as mere objects for the protection of others. The fact that the state does not know in advance which people will be affected is irrelevant for the legal assessment. The argument that the state treats those affected as mere objects cannot be countered with the argument that vaccination also serves to protect the self of those vaccinated, because only those killed may be considered for the question of the violation of human dignity, and vaccination definitely does not offer them any self-protection. Because of the absolute nature of human dignity, the state is also prevented from offsetting the human lives of those killed by it against the human lives of those (presumably) saved from death by COVID-19.

Thus also

<https://netzwerkkrista.de/2021/12/17/impfnebenwirkungen-und-menschenwuerde-warum-eine-impfpflicht-gegen-art-1-abs-1-gg-verstoessst/>; BVerfG 1 BvR 357/05)

And even if there were no deaths, but "only" serious, permanent damage to health and disabilities, which according to the safety report of the Paul Ehrlich Institute occur in considerable numbers, there are good reasons to argue that the human dignity of the people affected has been violated, because even if people "only" suffer serious damage to their health in order to protect others from illness or death, they are turned into objects of state action.

Wilfried Schmitz

Rechtsanwalt

(<https://netzwerkkrista.de/2021/12/17/impfnebenwirkungen-und-menschenwuerde-warum-eine-impfpflicht-gegen-art-1-abs-1-gg-verstoest/>).

The individual soldier can refuse this vaccination obligation, but this would result in disciplinary proceedings, in particular disciplinary arrest, and thus deprivation of liberty and ultimately a dishonorable discharge without pension entitlements.

Under the actual circumstances, the state violates the right to respect for human dignity by making vaccination compulsory for members of the Bundeswehr.

The COVID-19 vaccination is also in no way comparable to the measles or smallpox vaccination, since the COVID-19 vaccination, in contrast to the measles and smallpox vaccination, does not protect against infection and transmission of the virus: COVID-19 vaccination, unlike measles and smallpox vaccination, does not result in sterile immunity. A positive effect of COVID-19 vaccination on the incidence of infection with SARS-CoV-2, in contrast to measles and smallpox vaccination, cannot be proven. Moreover, the lethality of smallpox is around 30%, while the infection mortality of SARS-CoV-2 is on average 0.23% according to WHO. Already because of the different danger, but also because of the completely different type of vaccine, the smallpox or measles vaccination cannot be used as a comparison. (<https://netzwerkkrista.de/2021/12/10/10-gruende-gegen-die-impfpflicht/>).

As is well known, a violation of human dignity can never be justified. Any encroachment on the dignity of a human being is unconstitutional and illegal from the outset.

2.

In addition it injures each believing humans in its faith liberty in accordance with **article 4 exp. 1 GG**, if it is to permit also still at its own body an interference into the creation of God.

No human being is entitled to tamper with God's creation by means of genetic engineering.

The complainant also invokes his freedom of faith in this context.

II.

European law limits:

Also according to Art. 1 of the Charter of Fundamental Rights of the European Union (2010/C 83/02).

(Quote):

"Human dignity is inviolable. It shall be respected and protected."

According to Art. 3 of this Charter, the following also applies (citation):

"Right to the integrity

(1) Every human being has the right to physical and mental integrity.

(2) In the context of medicine and biology, the following must be observed in particular:

a) the free informed consent of the person concerned, in accordance with the details established by law,

b) the prohibition of eugenic practices, in particular those aimed at the selection of human beings

c) the prohibition of the use of the human body and parts of it as such for the purpose of profits,

d) the prohibition of reproductive cloning of human beings."

Para. 2 lit. a) is self-explanatory.

In court, concrete evidence could be presented that this corona vaccination in fact serves "eugenic practices", precisely because there are concrete indications that people become infertile or incapable of procreation after these genetic interventions (see, among others, Beate Bahner, Corona vaccination, pp. 143, 144, 175, 259 f. with further evidence).

The consequences thus imposed by these genetic interventions are evidently not only incompatible with the right under Article 9 of this Charter to marry and to found a family. They systematically attack this right.

And aren't the bodies of people "used" by such "genetic experiments" here also in the sense of para. 2 lit. d) to achieve profits for the pharmaceutical industry?

In the motion of some members of the Bundestag of 24.3.2021 - printed matter 19/27851 - the resolution 236 of the Parliamentary Assembly of 27.1.2021 is accurately summarized as follows:

"1.

Rechtsanwalt

The Parliamentary Assembly of the Council of Europe (PVER), in its hybrid session of 27 January 2021, adopted Resolution 236 "Covid-19 vaccines: ethical, legal and practical considerations." The Council of Europe is the association of 48 European states. While the Assembly has no legislative or executive powers, since its founding, Council of Europe resolutions have been a guide to democratic action in member states and the beginning of governmental

legislative initiatives.

2.

The resolution describes the ethical, legal and practical problems of turbo-developing a COVID-19 vaccine. For example, already in number 3 it is clearly stated that: "[...] even rapidly deployed, safe and effective vaccines [are] not an immediate panacea." (Resolution 2361 (2021)).

3.

The aforementioned motion also addresses potential discrimination against those who are unvaccinated or unwilling to be vaccinated:

"7.3. with a view to ensuring a high level of acceptance of vaccines.

7.3.1. ensure that citizens are informed that vaccination is NOT compulsory and that no one is politically, socially or otherwise pressured to be vaccinated if he or she does not want to be;" (ibid).

„7.3.2. ensure that persons who are not vaccinated because it is not possible to do so because of possible health risks or because the person does not want to do so are not discriminated against;" (ibid.)."

Source: <https://dserver.bundestag.de/btd/19/278/1927851.pdf>

Those who consider the resolutions of the Council of Europe to be non-binding recommendations should further note that there are also other legal barriers:

III.

International law limits:

The order at issue also does not observe the rules of international law. The rules of international law are also covered by the European Convention on Human Rights (ECHR). The ECHR also covers the right to life under Article 2.

Article 25 of the Basic Law makes it clear that the general rules of international law are part of federal law, take precedence over the laws and create "rights and obligations directly" for the inhabitants of the federal territory.

Here, the **International Covenant on Civil and Political Rights (ICCPR)** is to be particularly observed, of which Art. 7 is likely to be relevant in the case of threatened or realized compulsory vaccination:

"No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In particular, no one shall be subjected to medical or scientific experimentation without his voluntary consent."

Thus, the second sentence of Article 7 of the **ICCPR** prohibits anyone residing in one of the States Parties from being subjected to medical or scientific experimentation without his voluntary consent. This prohibits compulsory vaccination at its very inception.

In the context of the above statements by BioNTech in the annual report, taking into account Art. 7 para. 2 **IPbPR**, a subsumption must therefore be made to the effect that the inhabitants of the contracting state Federal Republic of Germany (also applies to Austria and Switzerland) must in any case give their voluntary consent to the injection of mRNA genetic engineering and that, conversely, an obligation to vaccinate - and, in the possible escalation, an obligation to vaccinate - violate the **IPbPR** and thus applicable international law.

In the systematics of the **ICCPR**, one can see in further articles that exceptions to guaranteed human rights are permissible in certain cases, e.g. in Art. 21 ICCPR.

However, in the case of the prohibition and requirement in Art. 7 ICCPR, there are no such exceptions.

Therefore, this provision cannot be overridden.

IV.

Moreover, as is well known, these "vaccines" are only "**conditionally**" approved.

The official confirmation from the Paul Ehrlich Institute (retrieved 12/26/2021) can be found under the link "How many vaccines against COVID-19 are currently approved?", where it explicitly states:

"Currently, five vaccines against COVID-19 are conditionally licensed, two mRNA vaccines, two vector vaccines, and one protein-based vaccine. Additional vaccine candidates against COVID-19 are in registration or clinical trials."

Source:

Wilfried Schmitz

Rechtsanwalt

<https://www.pei.de/DE/service/faq/coronavirus/faq-coronavirus-node.html>

If this approval is only conditional, no one can be obliged to be vaccinated or tolerated with such a vaccine, otherwise they would be forced to participate in a trial that is still ongoing.

However, participation in a clinical trial is always voluntary. No lawyer would seriously dispute this.

The test person or "human test animal" is free to participate in such an irresponsible "study". He can also discontinue such a study at any time.

V.

Any coercion - be it in the health care system or in any other professional group - is illegal and violates our basic rights and liberties.

No civil servant / soldier / judge / employee violates his duties if he rejects such "gene therapies", especially against the background of the vaccination death statistics.

Even more clearly formulated: Nobody is obliged to play Russian roulette with his life and health.

Those who see things differently should ask themselves how they can allow themselves the presumption of being able to determine the life and health of their fellow human beings. Does he have rights to the lives and bodies of his fellow human beings?

Whoever rejects any enlightenment and information and is prepared to play Russian roulette with his life for no reason because he no longer knows what a dignified, self-determined life actually is, may do so. But he may spare his fellow men such demands.

VI.

According to § 17a Abs. 5 i. V. m. § 630c Abs. 2 BGB the treating (physician) is obligated to explain to the soldier in an understandable way at the beginning of the treatment and, as far as necessary, in the course of the treatment all circumstances essential for the treatment, in particular the diagnosis, the probable health development, the therapy and the measures to be taken to and after the therapy.

Without adequate information, no human being and no soldier need be "vaccinated" and certainly not "genetically modified".

This follows not only from the Nuremberg Code, but also from national law (cf. inter alia § 630 e BGB, see also Beate Bahner, *ibid.*, p. 36 ff., inter alia with reference to case law of the BGH).

An "obligation to vaccinate" is thus irrelevant even if the legislator would dare to order such irresponsible gene therapy in this way.

He could only allow himself such presumption as long as he would keep people in the dark about the true nature of these "vaccinations" and about their - long established - extremely high risks.

The Bundeswehr's demands to all soldiers that they expose themselves to the risks and dangers of such genetic experiments within the framework of their obligation to tolerate them are absolutely irresponsible in every respect against the background of the objections presented here.

It is unlikely to serve the defense capability of the Federal Republic of Germany if many soldiers die or become seriously ill due to the consequences of this coronavirus vaccination campaign.

VII.

As a highly precautionary measure, we would like to state the following:

1

According to § 11 para. 1 sentence 2 SG, insubordination does not exist if an order is not obeyed that violates human dignity or that was not given for official purposes.

We have already explained the violation of human dignity above.

2.

There is neither an exceptional emergency nor a threat of one that could endanger the operational capability of the troops.

According to the report of the Federal Audit Office dated June 9, 2021, there was no overloading of the healthcare system in Germany in the first pandemic year 2020. On the contrary, there were even more hospital beds occupied in 2019 than in 2020. An analysis of hospital performance and the compensation lump sum in the Corona crisis dated April 30, 2021, by the Advisory Council of the Ministry of Health also [concludes](#) that, on average for the year, four percent of all intensive care beds were occupied by Corona patients and that the pandemic did not push inpatient care to its limits at any time. According to the report of the Federal Audit Office and the analysis of the Advisory Council of the Ministry of Health of April 30, 2021, there was no overloading of the health care system during the first, second and third "pandemic waves". The question arises why there should now be an overload in the context of the fourth "wave", especially since 70% of people are now vaccinated and should therefore be protected against a severe course. Therefore, there should be no overloading of the health care system at this time if the COVID-19 vaccinations actually offered protection against a severe course (<https://netzwerkkrista.de/2021/12/10/10-gruende-gegen-die-impfpflicht/>). The medical service of the Bundeswehr was also never even close to a load limit, so there was no danger to the operational capability of the troops at any time.

Even in the current situation, there is no threat of an overload of our healthcare system, as according to the DIVI Intensive Care Register, for which the Robert Koch Institute (RKI) is responsible, there has been no increase in the overall utilization of intensive care beds.

Wilfried Schmitz

Rechtsanwalt

Rather, there are currently even slightly fewer total ICU beds occupied than in April 2021. Furthermore, according to the weekly report of the Influenza Working Group, there is also no increase in acute respiratory illnesses. The incidence of acute respiratory illness, which includes COVID-19, is in the range of previous years 2017, 2018, and 2019. (<https://netzwerkkrista.de/2021/12/10/10-gruende-gegen-die-impfpflicht/>) The same is true for the Armed Forces.

3.

The order in dispute also violates the superior's duty of care pursuant to Sec. 10 (3) SG.

Within the scope of this duty of care, the superior must in particular ensure that the subordinates, and thus also the complainant, are protected against dangers to life and physical integrity, insofar as these dangers are not reasonable and necessary for the existence and functioning of the Bundeswehr. That the vaccination is neither reasonable nor necessary for the existence and functioning of the force has already been explained above.

4.

The order to vaccinate and/or its enforcement also violates the comradeship requirement according to § 12 SG.

The superior has to respect the dignity, honor and rights of the complainant. The above violation of dignity and the order to commit crimes blatantly contradicts the comradeship requirement.

D)

It is also pointed out to the cognizant court that there has long since been published relevant specialist literature that has shed light on all essential aspects of the current pandemic theater, so that no one would have to become a victim of an obviously planned shock strategy.

The following publications deserve special mention:

1.

"Virus Delusion" by Dr. med. Köhnlein et al.

Already the first 130 pages of this book should be completely sufficient to finally treat every human being for the rest of his life from every manifestation of the virus delusion.

2.

Further good "arguments against the rule of fear" have been delivered by Dr. Wolfgang Wodarg in his book "False Pandemics".

It is not known that those who so readily attack Dr. Wodarg personally because they cannot refute him on the merits can even begin to shake the statements in this book.

3.

A very good summary on all relevant legal aspects of "vaccination" with genetic "vaccine" substances is provided by the book "Corona Vaccination" by colleague Beater Bahner, which has already been mentioned several times above.

4.

Whoever, in addition to the widespread virus delusion, would like to finally rid himself of the delusion that the pharmaceutical industry is only interested in the health of all people and that the health care system is free of any corruption, should read the book "Deadly Medicine and Organized Crime" by Peter C. Gotzsche.

Anyone who has read this book will probably feel the impulse to dispose of his crime novels, since reality is sometimes much more impressive than the fiction of a crime writer.

5.

The highly instructive book "The Shock Strategy - The Rise of Disaster Capitalism" by Naomi Klein should be required reading for everyone. Because then everyone would know: There is nothing new about these shock strategies. And they always serve a purpose.

The persistent ignoring of in quantitative and often also qualitative respect highly weighty objections by the policy, their so-called "advisors" and straight also by the so-called public and so-called mainstream media produced - as shown above - disastrous consequences.

The Bundeswehr should not also actively seek to perpetuate this catastrophe in its ranks.

According to constant case law of the BVerfG, the following applies (quote):

"In its classical content, Article 2 (2) sentence 1 of the Basic Law protects the right to life and physical integrity from state intervention. According to the case law of the Federal Constitutional Court, however, the fundamental right is not exhausted in a subjective right of defense against such interventions. Rather, a duty to protect the protected legal interest on the part of the state and its organs is also to be derived from it, the neglect of which can in principle be asserted by the person concerned by means of a constitutional complaint (cf. BVerfGE 77, 170 <214>; 77, 381 <402 f.>). The duty to protect requires the state to protect and promote endangered human life, in particular to protect it from unlawful interference by third parties (cf. BVerfGE 39, 1 <42>; 46, 160 <164>; 49, 89 <141 f.>; 53, 30 <57>; 56, 54 <73>). Such a duty to protect also exists with regard to the dangers of abuse that emanate from the handling of firearms (cf. BVerfGK 1, 95 <98>).

In fulfilling this duty to protect under Article 2 (2) sentence 1 of the Basic Law, however, the legislature, like the executive power, has a wide scope for assessment, evaluation and design (cf. BVerfGE 77, 170 <214>). The decision as to which measures are required can only be reviewed to a limited extent. The Federal Constitutional Court can therefore only find a breach of the duty to protect if the public authority has not taken any protective

Wilfried Schmitz

Rechtsanwalt

measures at all or if the measures taken are wholly unsuitable or wholly inadequate to achieve the required protective objective (cf. BVerfGE 56, 54 <80 f.>; 77, 381 <405>; 79, 174 <202>; case law)." (BVerfG - 2 BvR 1676/10)

This governmental duty to protect cannot be reminded often enough in the context of current policies designed to contain the spread of the SARS-CoV-2 virus:

There was and is no evidence-based basis for declaring a coronavirus "pandemic" and mandating so-called anti-corona measures such as mandatory testing and masking.

In particular, the direct or indirect introduction of a "compulsory vaccination" with conditionally approved, completely novel genetic "vaccine" substances (without any long-term study) was at no time indicated or justifiable.

For introduction, please refer to the judgment of the AG Weimar of 11.1.2021 on AZ. 6 Owi - 523 Js 202518/20, according to which the current anti-corona measures can only be judged as unconstitutional and a blatant political misdecision, see:

<https://openjur.de/u/2316798.html>

Even more extensively elaborated is the (acquitting) judgment of the district court Weimar in the OWi case to AZ. 6 Owi 583 Js 200030/21 from 15.3.2021.

https://www.rechtsanwalt-wilfried-schmitz.de/wp-content/uploads/2021/05/AG_Weimar_6_OWi_583_Js_200030-21_JURE210007322.pdf

Particularly noteworthy in this context is also the decision of the Family Court Weimar of 8.4.2020, which was issued in child protection proceedings pursuant to § 1666 (1) and (4) BGB, in which it was determined, among other things, that two Weimar schools are prohibited with immediate effect to require students to wear mouth-nose coverings of all kinds (especially qualified masks such as FFP2 masks), to order participation in rapid tests and the distance requirements.

A complete printout of the aforementioned order of the family court of Weimar dated 8.4.2021 certainly does not have to be transmitted to the recognizing court. It is among other things under the following link in the full text for everyone callable:

<https://www.rechtsanwalt-wilfried-schmitz.de/wp-content/uploads/2021/04/Beschluss-des-Familiengerichts-Weimar-vom-8.4.2021-9-F-14821-im-Volltext-.pdf>

To avoid repetitions, the entire content of the aforementioned judicial decisions with all evidence results is fully referred to and raised to the presentation of this opinion.

Due to the density of the evidence and the indisputably high qualification of the experts, which the family court Weimar consulted, further explanations or even a further taking of evidence to the questions of evidence relevant for the decision here should not be necessary basically at all.

Let us return to the sources that have fundamentally - and, as far as is known, to this day unrebutted - questioned the Corona policies.

As far as the state of the secured knowledge and the legal evaluation of the whole unspeakable "anti-Corona measures" is concerned, I would like to refer especially to the 100-page legal opinion of Prof. Dr. Dietrich Murswiek of 4.10.2021 with the title.

"Restrictions of freedom for unvaccinated persons"

which proves the unconstitutionality of the discrimination of the unvaccinated, in particular also of the 3G and 2G regulations.

This opinion is available in full text and in a summary version at the end of the link

<https://impfentscheidung.online/rechtsgutachten-verfassungswidrigkeit-impfzwang/>

available to anyone free of charge.

In addition the judge Pieter Schleiter of the regional court Berlin already at the end of December 2021 in its **very well reasoned 190-pages constitutional complaint (VB)**, which everyone in the Web under the link

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

free of charge, conclusively proved that the anti-Corona measures (which he complained about) are obviously unconstitutional for several reasons (Ref. of the BVerfG: 1 BvR 21/21).

Everyone who has to deal with the question of the unconstitutionality of the corona protection ordinances of the federal states and the (lack of) justification of the various anti-corona measures must take note of this VB.

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-deprivation of power of the parliaments (violation of the parliamentary reservation) and the far-reaching authorization of a Minister of Health to change regulations of the health law are clearly unconstitutional.

The explanations of the factual and legal situation of this VB, which with its fundamental explanations can be transferred without problems to the legal situation in all federal states, are herewith fully referred to and raised to the submission of this application.

Among other things - which will be discussed in more detail below - **the ten (!) gross deficiencies / errors** of this PCR test identified by renowned scientists are summarized on page 84.

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

Due to their unsuitability, however, the PCR tests were at no time suitable for determining a specific virus or an infection or infectivity.

In this regard, reference is made to the legal opinion of our colleague Beate Bahner on the unsuitability of the PCR test, which can be found in full text on her homepage or under the following link:

Wilfried Schmitz

Rechtsanwalt

https://www.rechtsanwalt-wilfried-schmitz.de/wp-content/uploads/2022/01/Rechtsgutachten_Beate_Bahner_zur_Untauglichkeit_des_PC_R_Tests.pdf

The author of the above-mentioned VB, Pieter Schleiter, is by no means alone with his position. Rather, he is in the best company of numerous experts who have critically examined the official narratives on the pandemic.

In the meantime, a "Network of Critical Judges and Prosecutors" has also been founded, which questions the justification of the anti-Corona policy in depth, see:

<https://www.netzwerkkritischerichterundstaatsanwaelte.de>

As a representative of many similar statements by lawyers, I can also refer to the content of the letter from Dr. Fuellmich to Prof. Christian Drosten of the Charité of 15.12.2020, which is available on the web under the following link, among others:

<https://www.rechtsanwalt-wilfried-schmitz.de/wp-content/uploads/2020/12/15.12.20-Abmahnung-von-RA-Dr.-Fuellmich-an-Prof.-Drosten-wegen-dessen-fünf-grundlegender-Falschaussagen.pdf>

The summarizing presentation of the lawyer Dr. Fuellmich on **five central false allegations** of Prof. Drosten, on which factually the entire anti-corona policy of the federal government and the states has been based since the beginning of the alleged "corona pandemic", is supported with numerous sources with regard to all supporting assertions and thus extremely conclusively demonstrates why the entire corona policy is quite obviously based on a scientific fraud and why anyone who is jointly responsible for this policy - and its maintenance - must expect not only criminal but also liability law consequences.

In particular, it is also demonstrably plain wrong to claim sweepingly that "in the case of such an infection" "the affected persons" are threatened with severe courses of disease that also lead to death.

This is better known not only since the **Heinsberg study** by Prof. Streeck, where the IFR was still determined to be 0.37:

"With the total number of all infected persons the infection mortality rate (IFR) can be determined. It is **0.37 percent** for SARS-CoV-2 for the outbreak in the community of Gangelt..."

Source:

<https://www.uni-bonn.de/neues/111-2020>

The meta-study by the highly renowned Stanford professor John Ioannidis is much more comprehensive and differentiated. It makes the infection mortality rate (IFR) dependent on many factors and sets it at **a much lower level of (initially) approx. 0.20%. For persons under 70 years of age, the IFR is once again significantly lower.**

Original text of the study:

<https://corona-ausschuss.de/wp-content/uploads/2020/10/BLT.20.265892.pdf>

This meta-study has been reported by all media, especially since it has also been published by the WHO, so that it must also be known to the defendant, see among others:

<https://www.merkur.de/welt/who-corona-studie-tote-uebersterblichkeit-infektion-pandemie-zr-90073439.html>

Prof Ioannidis has since corrected the IFR to the IFR of 0.15%, see:

tkp.at/2021/03/29/neue-ioannidis-studie-infektionssterblichkeit-weltweit-etwa-015-prozent/

Further, the association **Deutsches Netzwerk Evidenzbasierte Medizin** e.V. published a detailed statement on **Oct. 13, 2020**, which states, among other things:

"It can already be said with great reliability that the deaths primarily affect older and especially very elderly people. In Germany, there were only 3 deaths below the age of 20. **The median age of COVID deaths is 82 years and 85% of those who died were 70 years or older** [9]. Children appear to be less susceptible to SARS-CoV-2 infection overall. In Germany, only 3.4% of those who tested positive were under 10 years of age, and only 6.4% were between 10 and 19 years of age [9]. ... Therefore, these figures of the RKI should be interpreted with caution, as they do not originate from a representative sample testing, but merely reflect the unsystematically performed mass testing. In addition to age, concomitant diseases also represent significant risk factors. In a recently published meta-analysis, cardiovascular pre-existing conditions, hypertension, diabetes mellitus, heart failure, chronic renal failure, and cancer emerged as independent risk factors for COVID-19 lethality [13]...."

Another overview of the Corona-IFR can be found on the **Swiss Policy Research** homepage, and this overview can be taken from:

swprs.org/studies-on-covid-19-lethality/

With regard to the data collection in Germany, it should be noted that the data - regardless of the already given unsuitability of the PCR test - are also considerably distorted and falsified by the fact that in this country, as is well known, everyone who dies "with" the SARS-CoV-2 virus is recorded as a "Corona dead person". Whether he died "with" this virus is of no interest to the RKI, according to RKI chief Wieler, who literally stated:

"For us, someone is considered a Corona death if a Corona infection has been detected."

Source (with further evidence):

<https://www.rubikon.news/artikel/befehlsverweigerung>

Equally demonstrably false - by the way - is the still widespread assertion that the wearing of mouth-nose coverings is suitable for reducing the risk of infection according to the state of scientific knowledge.

Wilfried Schmitz

Rechtsanwalt

We assume that just also this absurd mask obligation obviously served only the continuation of the production of a "pandemic theater".

In the book "Virus Delusion" the mask obligation is consequently called "peak of absurdity" (ibid., pages 445 - 450 with numerous sources and studies), which confirms the statement on this side, which was derived from the sources already presented on this subject.

"For example, the renowned independent U.S. institute National Bureau of Economic Research (NBER) has shown in its meta-analysis with data from 24 countries and 25 U.S. states in **August 2020** that the prescribed measures such as mask wearing do **not have a relevant influence** on the incidence of infection."(ibid, page 445 with further references).

Evidence: expert testimony of Dr. med. Claus Köhnlein, Königsweg 14, 24103 Kiel, Germany.

A study by Ines Kappstein also comes to the clear conclusion:

"The recommendation for MNB in public spaces has scientific basis and is even potentially counterproductive. even potentially counterproductive.

In view of the low incidence of COVID-19 (July 2020) and thus also in view of the fact that an **overload of the medical system and in particular of the intensive treatment capacity is not to be expected (and, incidentally, was not given in the weeks before), such a drastic measure as the general mask obligation for the vast majority of all citizens in public spaces cannot be justified and does not correspond to the recommendations of the WHO."**

The full text of this study is available at:

<https://www.thieme-connect.com/products/ejournals/html/10.1055/a-1174-6591>

The fact that "non-pharmaceutical measures" such as these lockdowns - which also include this unspeakable mask requirement - ultimately have no effect in terms of the allegedly intended containment of the spread of the corona virus can also be seen from relevant studies, see e.g.:

Analysis by **Prof. Dr. Werner Müller**, available at:

<https://www.prof-mueller.net/corona/analyse/>

Study by **Isaac Ben-Israel**, which is unfortunately only available in English:

<https://www.timesofisrael.com/the-end-of-exponential-growth-the-decline-in-the-spread-of-coronavirus/>

This study concludes:

"Our analysis shows that this is a constant pattern across countries. Surprisingly, this pattern is common to countries that have taken a severe lockdown, including the paralysis

of the economy, as well as to countries that implemented a far more lenient policy and have continued in ordinary life."

It should also be common knowledge that children who are asymptomatic or healthy are in fact not at risk of infection.

A large study from Wuhan, for example, already provided evidence in 2020 that symptomless "infected" people - i.e., people without any symptoms of disease, and that means: healthy people who merely tested "positive" with an unsuitable PCR test and were and are therefore misleadingly called "infected" - play "hardly any role" in the transmission of COVID-19:

"After the end of a strict lockdown from January 23 to April 08, a citywide SARS-CoV-2 nucleic acid screening program was initiated in Wuhan between May 14 and June 01. The researchers came to a particularly exciting conclusion: **asymptomatically infected individuals appear to play little role in COVID-19 transmission.** The screening results were published in the journal nature communications."

Source:

<https://www.esanum.de/today/posts/covid-19-asymptomatisch-infizierte-uebertragen-corona-selten>

This, too, should have been common knowledge long ago.

Moreover, no one should repeat the pronouncements of the RKI completely uncritically any more, if only because employees of the RKI - including its head Prof. Dr. Wieler - are apparently involved in numerous conflicts of interest.

The following articles and videos and comments on the "golden boy" Prof. Christian Drosten and the RKI head Prof. Dr. Lothar H. Wieler are also absolutely worth reading and watching:

<https://www.rubikon.news/artikel/der-goldjunge>

So anyone who would claim, sweepingly and contrary to the facts, that there are no reasons to question the RKI's statements would be extremely ill-informed at best.

There are these reasons - as shown above - very well, and these reasons must also be taken note of.

And again: The case numbers - and thus also the recommendations - of the RKI - are absolutely unproductive and worthless, since they are all based on unsuitable PCR tests. There is much more to this in the following.

The recommendations of the RKI are absolutely irresponsible, especially in view of the fact that they simply ignore the effects of their recommendations completely.

Do we need to go on here about the disastrous human and economic consequences of this lockdown policy?

BMI's Kohn's analysis has already made these consequences clear in May 2020, see:

<http://schlussjetzt.org/BMI-Corona-Papier.pdf>

Numerous reports from lockdown victims are available here:

Wilfried Schmitz

Rechtsanwalt

<https://kollateral.news>

There are countless other sources and, in the meantime, studies on the disastrous and unjustifiable consequences of the lockdown, but in English, so they will not be referred to here.

It is also repeatedly asserted that the exuberant warnings and calls by the federal and state governments in the course of the Corona crisis were "controversial" if necessary.

Such formulations ultimately only distract from the fact that critical experts, who have simply been ignored by the mainstream media, clearly refuted the official narratives very early on with respect to all the central claims of the pandemic theater.

A supposed "diversity of opinion" is supposed to distract from the fact that some scientists like Prof. Bhakdi, Prof. Hockerzt, Dr. Wodarg et al. argue in a scientifically evidence-based manner, while others demonstrably do not.

Even well-intentioned but misguided "precaution" does not justify the violation of mandatory occupational health and safety regulations. Even out of - here merely assumed - good motivation, one can commit gross mistakes.

The leadership of the Bundeswehr also has the legal duty and the resources to have the sense and nonsense of all anti-corona measures - in particular also the corona vaccination toleration duty that is the subject of dispute here - and the health risks associated with them comprehensively worked out in every respect by external advice.

The Bundeswehr leadership has also grossly violated this duty so far.

Experts may at some point pursue the question of whether the unconstitutional constitutional reality that we have to observe in the course of this supposed "Corona crisis" not only in this country can only be explained, among other things, by the findings of Asch's conformity experiment, the Milgram experiment and the Stockholm syndrome.

Whatever the appropriate explanation for the current decay of legal culture and the seemingly resigned passivity of most people may be: In any case, no one should or should be allowed to refer to dubious and in reality not at all independent sources such as the self-proclaimed "fact checkers" that are so readily referenced by the mainstream media - including the public media.

Because no one would still quote these fact checkers if they had read the articles that are available under the following links:

https://www.achgut.com/artikel/faktencheck_bei_den_faktencheckern_folge_1

<https://www.anti-spiegel.ru/2022/eine-meldung-und-ihre-geschichte-faktenchecker-fordern-von-youtube-stroengere-zensurmassnahmen/>

E)

This brings us to the statement of the Federal Ministry of Defense dated Jan. 14, 2022.

I.

The facts of the case are summarized correctly there on page 2, except for one point:

It is indisputable that the complainant's complaint was evaluated by the BMVg as a request for a court decision and submitted to the Federal Administrative Court.

Thus, it cannot be held against the complainant in this context that the Inspector General of the German Armed Forces would (have been) initially responsible for the complaint and the BMVg for the further complaint, insofar as the complaint (possibly at the same time) challenged measures of the departmental management of the Federal Armed Forces Aviation Agency.

If the Ministry itself submits the complaint directly to the BVerwG, then it cannot complain that the complainant has skipped two instances.

In addition, the BMVg's statement of ...2022 shows that the BMVg would not have remedied the complainant's complaint anyway, so that the complainant - especially in view of the urgency and fundamental importance of the matter - must then also be able to appeal to the BVerwG immediately.

II.

For the above reasons, the complainant's applications must also succeed on the merits.

A measure cannot be more "immediate" than this if it affects the complainant's life and health and thus also his fitness for duty and is also to be enforced with an order - which is indisputably pronounced - against the complainant

Against this background, the complainant's need for legal protection cannot be seriously denied.

(a)

The requirement under Section 17 (3) WBO, according to which an official measure is directly directed against the complainant, is indisputably fulfilled for the above-mentioned reasons.

Nor can the complainant be expected to wait until he is confronted with disciplinary sanctions for refusing the order to tolerate the Corona "vaccination".

The BMVg decrees at issue here - insofar as they order toleration of the Corona "vaccination" - are directly directed against all soldiers concerned, including the complainant.

The obligation to tolerate described in ZDv A 840/8 may possibly still represent a (quote) "repetition/statement of the existing legal situation with regard to the obligation to tolerate according to § 17 para. 4 p. 3 SG (note: obviously meant here is the obligation to tolerate according to § 17 a SG) without its own regulatory character",

Wilfried Schmitz

Rechtsanwalt

However, this no longer applies to the (quote) "(mere) inclusion of the COVID-19 vaccination in the basic vaccination scheme of the German Armed Forces", even insofar as "this still requires implementation in individual cases".

Because in the public - which should be generally known and indisputable - not only from the political side and mass media fueled a very great pressure is exerted on all "vaccination refusers", whereby their objections are regularly completely ignored.

Already the inclusion of the COVID-19 vaccination in the basic vaccination scheme of the Bundeswehr has the consequence that the implementation of this vaccination in the ranks of the Bundeswehr is no longer questioned and obedience is demanded from the soldiers concerned when the vaccination is ordered individually, compliance with which - as has indisputably already happened here - is also enforced if necessary with an order and the disciplinary consequences that this immediately entails.

In view of the risks and dangers of these Corona "vaccinations" as presented here, the inclusion of the COVID-19 "vaccination" in the basic vaccination scheme literally turns the legal situation according to § 17 a para. 4 p. 2 SG on its head, since it thereby - contrary to the facts - qualifies these Corona vaccinations as "reasonable".

(b) - (e)

The functioning of the Bundeswehr is likely to be exposed to unforeseeable dangers - foreseeable in concrete terms - if all soldiers are subjected to the Corona "vaccination". For then, for the reasons explained above, the question will no longer be whether soldiers will suffer (serious) damage to their health, including death, but only how many soldiers will be affected by these consequences.

The complainant is doing everything in his power within the meaning of § 17 a para. 1 SG to preserve his health, because it is precisely for this reason that he rejects these Corona "vaccinations".

It has already been stated above that corona vaccinations serve neither to prevent nor to combat communicable diseases. Rather, their risks and dangers bear no relation to their minimal benefits.

Evidence: obtaining expert testimony.

Dr. Mike Yeadon, the former vice president and chief scientist at Pfizer who is also responsible for the submission as per Exhibit 2, would certainly be a highly qualified expert who could provide expert testimony on these issues.

It does not get any better when the BMVg plays around with the terms and cannot recognize an "active duty to vaccinate" in the duty to tolerate according to § 17 a para. 2 SG. The handling of this obligation to tolerate by the Bundeswehr in fact amounts to an obligation to vaccinate the soldiers.

The complainant is not helped by such word games. He should be "vaccinated", otherwise he is now threatened with the accusation of insubordination.

It has already been explained above which official measures were directly directed against the complainant and directly interfere with his legal sphere.

The vaccinators of the Bundeswehr make - what is claimed by the BMVg on page 8 (center) - use of a "discretion"? This statement describes a fiction. The vaccinators of the Bundeswehr do not question the Corona vaccination, but simply implement it.

This should be proven by the fact that not a single soldier of the German Armed Forces has been informed correctly - and that means comprehensively - about all relevant aspects of the Corona vaccination (conditional approval, (voluntary) participation in the study, already known side effects, vaccination death statistics, etc.).

For if this had been done, it is unlikely that any soldier would have allowed himself to be "vaccinated" against the Corona virus, since they are associated with a significant risk to life and health within the meaning of § 17 a para. 4 sentence 2 SG.

From this point of view, it is suggested that the recognizing court should clarify ex officio whether the vaccinators have really sufficiently observed the provision on item 1002 of AR A1-840/8-4000 in practice.

In any case, against the background of the sources presented above, a "medical contraindication" against such dangerous vaccines should be assumed for every person (!) - regardless of his personal constitution - until clear proof to the contrary.

No. 211 of ZDv A-840/8 consequently specifies that the principle of proportionality must be observed precisely with regard to possible side effects of vaccination.

The BMVg's statements clearly indicate that the BMVg has so far not even begun to address the complainant's substantiated objections to the proven (!!) dangers and risks of the Corona "vaccinations".

The BMVg has irresponsibly - despite these indications - apparently not subjected these Corona vaccines to any "technical review" at all, because otherwise it would have stopped this vaccination campaign immediately.

III.

For these reasons - as requested by the complainant - the obligation to tolerate a "vaccination" against COVID-19 referred to in number 210 of Central Service Regulation (ZDv) A-840/8 must be revoked and temporarily suspended until a final decision has been made in this matter (to prevent irreversible damage).

For the reasons set out here, the measures complained of by the complainant are already manifestly unlawful on summary examination, and severe, unreasonable and irreparable disadvantages would arise in the event of enforcement of these Corona "vaccinations", even if the complainant were to prevail on the merits.

Considerable pressure has also already been exerted on the complainant to undergo - against his will - this Corona vaccination.

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Rechtsanwalt

This vaccination represents a health risk for every human being, even if he would be vaccinated according to his will. To claim otherwise is cynical.

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