Cease and desist papers served on Prof. Dr. Christian Drosten by Dr. Reiner Fuellmich

Unofficial English translation by Howard Steen & his network: This is an unofficial English language translation of the original cease and desist order in German language by Dr. Reiner Fuellmich addressed to Prof. Dr. Christian Drosten & Charité Berlin. The original document in German language can be found here: https://t.me/s/ReinerFuellmich, http://bit.ly/3nrn62b; an online version in English language of this C&D order can be found here [PDF]. At the very bottom of this page you can find an English subbed video of Corona Untersuchungsausschuss 31, underlining the key points of this court case VS Charité Berlin & Christian Drosten. *Last Updated: 19.12.2020*

This sub-page serves as online-mirror for the official C&D-order by Dr. Fuellmich addressed to Prof. Dr. Christian Drosten in Germany. The Retraction Request letter & Main Review Report Corman Drosten et al., Eurosurveillance 2020 by the International Consortium of scientists in Life Sciences (ICSLS) is not directly affiliated to this cease and desist-paper but intertwines with it on several occasions. The Review Report Corman Drosten et al., Eurosurveillance 2020, will be part of the scientific evidence (as in other court cases in Europe / USA). This cease and desist paper is part of a series of court cases against Prof. Dr. Christian Drosten and represents in this case one grastronomy client in Germany, other parties are invited to opt-in. The main class action court-case against Prof. Dr. Christian Drosten is an intertwined effort of different international lawyers / teams / initiatives and is going to be treated as an additional but nevertheless seperate intervention at courts in California / USA, with much broader international implications and consequences. Prof. Dr. Ulrike Kämmerer – second main author of the Corman Drosten et al. Review Report, is part of the Corona Untersuchungsausschuss-team led by Dr. Fuellmich.

Attorney

Dr. Reiner Fuellmich

LL.M. (UCLA) · attorney at law

Authorized to represent at all courts in the US-federal state of California

Senderstraße 37

37077 Göttingen

Tel.: +49 (0) 551-20 91 20

Fax: +49 (0) 551-20 91 2144

E-Mail: info@fuellmich.com

www.fuellmich.com

to

Charité – Universitätsmedizin Berlin Institut für Virologie

Prof. Dr. Christian Drosten

Charitéplatz 1

10117 Berlin

!!! Urgent, strict time limit !!!

via fax beforehand 030 450 518911; date: 15.12.2020

Green Mango GmbH, represented by Nils Roth v. Prof Dr. Christian Drosten

Dear Professor Drosten,

We hereby give notice that Green Mango GmbH, Bülowstrasse 56, 10783 Berlin, represented by its managing director, Mr. Nils Roth, has commissioned us to represent its interests on the basis of the enclosed power of attorney. Our client has suffered and continues to suffer significant harm as a result of the grossly disproportionate measures imposed to contain the COVID-19 pandemic without an evidence-based foundation.

You are personally responsible for this harm because, as one of the individuals who intervened significantly and decisively in the policy deliberations, you stated facts which you knew to be false and still continue to do so, and, also intentionally, you concealed, and continue to conceal significant facts. In the name of and on behalf of our client, we claim that you should rectify your erroneous contribution to policy advice in connection with the COVID-19 crisis and compensate our client for the harm he has already suffered.

In particular:

I. The basic assumptions of Corona-Politics

The measures to contain the COVID-19 pandemic (if indeed it is a pandemic) are based on the following assumptions:

- SARS-CoV-2 is a completely new pathogen that has jumped from animals to humans, is completely unknown to the human organism (meaning that no one is immune) and it can therefore spread exponentially.
- This pathogen is so insidious that it can even be passed on by people who have no symptoms themselves.
- Therefore, the only solution is to diagnose the COVID-19 disease (whether noticed or unnoticed in the population) by means of a PCR test.
- If the state does not intervene decisively, there is a risk of massive mortality and a dramatic overload of intensive care capacities.

The occurrence of infections can be monitored by expanding testing capacity. Accordingly more than 1 million people in Germany are currently being tested for SARS-CoV-2 by PCR week by week.

II. On the errors underlying these assumptions: the five lockdown fallacies

Meanwhile, these assumptions are exhausted in a shallow narrative based on several successive and interlocking false factual claims.

1 The first false claim: No basic immunity

Firstly, and without any evidence, is the assumption that the virus jumped from animals to humans in Wuhan, China. To prove such a zoonosis, other prevalence of the pathogen among humans would have to be reliably excluded. It is not evident that this has been done. The doubts about the zoonotic hypothesis accordingly also cast doubts about the thesis that this is a completely new pathogen. It is precisely this hypothesis that would have to be substantiated if it were claimed that no one is immune to the virus. In contrast, you yourself have pointed out in several episodes of your NDR podcast that SARS-CoV-2 is closely related to the old SARS virus of 2003 (for example, in the podcast of March 18, 2020, Coronavirus Update No. 16, transcript p. 3).

If SARS-CoV-2 were really an entirely new pathogen, it would be inexplicable why (and especially in non-lockdown states) so many people have survived the pandemic – a circumstance to which a high-profile authors' collective around the Nobel Laureate in chemistry, Michael Levitt, has drawn attention (Udi Qimron/Uri Ga vish/Eyal Shahar/Michael Levitt in Haaretz of 20.7.2020 https://www.dropbox.com/s/72hi9jfcqfct1n9/Haaretz-20Jul20_ENGLISH%2012082020%20v3. pdf?dl=0). And it would also be inexplicable why the Infection Fatality Rate is now demonstrably in the range of a normal flu wave. This is proven by the meta-study by John Ioannidis, which was published online in the WHO Bulletin in October 2020 (https://www.who.int/bulletin/online_first/BLT.20.265892.pdf). But the World Health Organisation, too, has itself meanwhile indirectly conceded that the mortality is not higher than that of a normal flu. As it is estimated there that (at the time of the relevant statement) 10% of the world's population, i.e. 780 million people, have been infected with COVID-19 at some time, and that approximately 1,061,000 have died from this disease, the estimated infection fatality rate is 0.14% (Kit Knightly in Off Guardian, 8.10.2020). https://off-guardian.org/2020/10/08/ who-accidentally-confirms-covid-is-no-more-dangerous-than-flu/?__cf_chl_jschl_tk__=9f4e045500ae4e4062d41f84f1bf49d4f7b4929d-1602442086-0-

Aeu4umOETH4stqemIIA-Qk9uKfr8ZGG5JqPW6PjLNpjCvsHlCzjwiUuc3-gKjoBVnygh0e0qvTJPRu6QCs).

Finally, the long incubation period of up to 14 days also indicates that the human immune system is already prepared for the pathogen. Beda Stadler pointed this out in an article in the Swiss Weltwoche (re-published at https://www.achgut.com/artikel/corona_aufarbeitung_warum_alle_falsch_lagen).

The authors Udi Qimron/Uri Gavish/Eyal Shahar/Michael Levitt, who are cited above, (https://www.dropbox.com/s/72hi9jfcqfct1n9/Haaretz-20Jul20_ENGLISH%2012082020%20v3.pdf?dl=0), drew attention to the fact that pre-immunity already exists and that, due to this, no more than 20% of the population become infected with SARS CoV-2 in any of the countries studied. Claims to the effect that nobody is immune and that anyone can become infected have no basis in fact.

In case any misunderstanding arises: It is not disputed here that there can be severe and fatal courses of COVID-19. But the quantitative extent of the threat has been dramatically overestimated. It is therefore misleading if you speak of exponential kinetics (such as in the NDR podcast of March 18, 2020, Coronavirus Update No. 16, transcript p. 2 as well as in the NDR podcast of May 28, 2020, Coronavirus Update No. 44, transcript p. 5) or exponential multiplication (as seen, for example, in the NDR podcast of March 19, 2020, Coronavirus Update No. 17, transcript p. 6 as well as in the NDR podcast of May 19, 2020, Coronavirus Update No. 42, transcript p. 2). The virus may indeed affect those who are in the vicinity of a diseased person. But exponential multiplication would mean that all, or at least many, of these people would in turn become ill. However, this is precisely not happening. For those whose immune system can cope with the pathogen, further spreading stops. It is therefore also not true that the disease can increase exponentially if we are not in lockdown (as asserted by you in the NDR podcast of April 7, 2020, Coronavirus Update No. 29, transcript p. 4).

2. The second false claim: symptomless risk of infection

The assumption that a person can fall ill with COVID-19 completely unnoticed and pass the virus on to other people similarly unnoticed, and without obvious symptoms, is without evidence and is only supported by almost frighteningly weak studies.

This false factual claim began with a case report in the New England Journal of Medicine on March 5, 2020 (NEJM 382;10), in which you and others claimed that a symptomless Chinese businesswoman had met four employees of a local company in Munich who all subsequently contracted COVID-19. In Wuhan, they said, this lady then tested positive for SARS-CoV-2. This was the ultimate proof that symptomless people could also be contagious. This case report had already been published as a preprint on January 30, 2020. On February 3, 2020, a commentary was published pointing out that the lady from China did in fact have symptoms and only suppressed them with the help of medication (Kai Kupferschmidt on February 3, 2020 at https://www.sciencemag.org/news/2020/02/ paper-non-symptomatic-patient-transmitting- coronavirus-wrong). This was the result of conversations with this lady – conversations that the authors of the case report, including yourself, had omitted to mention.

Nevertheless, the case report was printed in the New England Journal of Medicine on March 5, 2020. It constitutes outright scientific fraud that this case report was not immediately retracted after the error became known. A follow-up study, which then appeared, again with your collaboration, in The Lancet on May 15, 2020, (Lancet Infect Dis 2020;20;920-928), in which the "outbreak cluster" in the Munich company was to be traced epidemiologically, then suddenly brought to light the conclusive finding that the lady from China had been in contact with her parents who were sick with COVID-19 shortly before her trip to Munich – a finding that had been confirmed in the case report of March 5, 2020. The study in The Lancet of May 15, 2020 contains numerous inconsistencies, both in itself and in relation to the case report of February 3, 2020, which have already been addressed elsewhere (https://www.corodok.de/die-legende- uebertragung/).

The Robert Koch Institute itself admits in its SARS CoV-2 case report (as of Nov. 27, 2020) that asymptomatic contagion plays only a minor role (https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Steckbrief.html;jsessionid=E17D33BAD7D55D3449CE3729AFCD4104.internet052#doc13776792bodyText2). In this regard, it refers to a meta-study that, after evaluating hundreds of papers, ultimately concludes that the evidence would have to be much more robust (Oyungerel Byambasuren et al. in Official Journal of Medical Microbiology and Infectious Disease Canada, https://jammi.utpjournals.press/doi/pdf /10.3138/jammi-2020-0030).

In addition, the Robert Koch Institute considers it possible that the pathogen could be passed on 1-2 days before symptom onset, but refers only to a Chinese study and a study from Singapore, both of which suffer from weaknesses, including the fact that other prevalence could not be excluded. The assumption of a presymptomatic contagion, which the Robert Koch Institute does not mention, has been massively challenged in the literature (Mark Slifka/Lina Gao in Nature Medicine https://doi.org/10.1038/s41591-020-0869-5 [2020]). The immunologist Beda Stadler, Professor Emeritus at the University of Bern, pointed out in a highly regarded article in the Swiss weekly, Weltwoche, that the idea that viruses can multiply uncontrollably in the human body without the individual noticing this is immunologically unthinkable.

However, it is precisely this uncontrolled multiplication that creates the risk of infection in the first place (second publication at https://www.achgut.com/artikel/corona_aufarbeitung_warum_alle_falsch_lagen).

It can hardly come as a surprise that not a single asymptomatic transmission of SARS CoV-2 was detected for the Corona outbreak in Wuhan (Shiyi Gao et al. in (2020) 11:5917 | https://www.nature.com/articles/s41467-020-19802-w).

The false claim that a person can pass on the virus without symptoms is particularly perfidious, because it corrodes society: everyone sees in his fellow man only a highly dangerous virus spreader and reacts to this with disgust, aggression or at least with fear and panic. Since even schoolchildren are indoctrinated by parents and teachers,

massive behavioral and developmental disorders are already foreseeable. You will also be held liable for this.

3. The third false claim: PCR-based diagnostics

Without the lie of a symptom-free risk of infection, no one would have come up with the idea of testing even perfectly healthy people for SARS-CoV-2 using PCR. In reality, PCR-based diagnostics are fraught with so many sources of error that it was downright irresponsible to introduce them for symptomless people:

- A PCR test cannot distinguish between lifeless viral debris from surviving infection, on the one hand, and from viruses capable of reproducing, on the other. In this situation, any mass testing of asymptomatic people will have fatal consequences: Since the vast majority of COVID-19 infections are inconsequential, a large number of people will be tested who are perfectly healthy and whose immune systems have coped with the pathogen, but who then carry these lifeless fragments. As will be seen, this is a source of error that will become apparent all by itself in the coming weeks and months. This source of error will not change even if your assertion in the podcast of September 29, 2020, that nevertheless with lifeless viruses the full virus genome is still detectable, were true.

- No test is 100% accurate. At low prevalence, even minor deficiencies in the specificity of the test system used are enough to noticeably diminish any beneficial predictive value of a positive test result. Even the German Minister of Health, Jens Spahn, has acknowledged this, namely in an ARD interview of 14. June 2020.
  Nevertheless, testing continues en-masse – despite the continued low prevalence of COVID-19. And not all test systems used are equally specific – if only because nowhere is it prescribed what the minimum specificity of such a system must be in order to be allowed to be used at all. An example of this is an incident that came to light in Augsburg, Germany, in which 58 of a cohort of 60 people tested falsely positive. And this happened close to the time of the lockdown decision of

the Conference of Minister Presidents. Such decisions are made on the basis of incorrectly determined case numbers and therefore with far-reaching consequences.

- If the test system only begins detection after a large number of replication cycles, the viral load is so low that active infection is ruled out. In the NDR podcast of May 7, 2020, you yourself referred to a study according to which a patient is considered "less infectious" above 25 cycles. In fact, the authors of a Canadian study failed to identify any replicable virus beyond 24 cycles (Jared Bullard et al. in Clinical Infectious Diseases, https://doi.org/10.1093/cid/ciaa638). Nevertheless, when the new case numbers are added up again, nowhere is it checked at which Ct value the cut-off was set in the respective positive test case. This makes the result of a PCR test highly susceptible to manipulation – and thus susceptible to political influence when high case numbers are "needed" in order to intimidate the population. In any case, the values determined on the basis of a PCR test are not a sufficient basis for a complete shutdown of public life and interference with people's liberties on an unprecedented scale.

- A PCR test is not capable of distinguishing mere contamination from infection. As long as the viruses remain on the mucous membranes and do not enter the cells of the body, a person is only contaminated, but not infected. In this case, the viruses do not replicate and therefore do not pose a risk of infection. Nevertheless, a PCR test will deliver a positive result for such people. You yourself pointed out this problem in an interview with Wirtschaftswoche in 2014.

- The significance of a positive PCR test also depends on which and how many primers are searched for. The less specific these are for SARS-CoV-2, the lower this significance.

Conclusion: a positive PCR test is not the same as an infection. We don't know what happened in all the particular testing-labs. It is not surprising that Mike Yeadon,

former Chief Scientific Officer for Respiratory Research at Pfizer, strongly advises against the use of PCR for the diagnosis of COVID-19 in a recent article (https://lockdownstics.org/lies- damned-lies- and-health-statistics- the-deadly-danger-of-false-positives/).

And yet every positive test is included in the statistics of the Robert Koch Institute as an alleged "new infection" and thus in the very metric on which political decisions are based.

A further complicating factor is that if a person is tested several times in rapid succession, each positive test result is declared to be a "new infection".

For this very reason, PCR tests are not only unsuitable for individual diagnostics, but also not even for screening. The only decisive factor must be how many people become ill, how many have to be hospitalized, how many have to be treated in intensive care and how many have to be ventilated. The instrument for reliably assessing these events has long existed at the Robert Koch Institute, namely in the area of influenza surveillance: the Sentinel Program (see Section 13 (2) IfSG). It is incomprehensible why this is not also used to a much greater extent for COVID-19. Friedrich Pürner, the head of the Aichach-Friedberg public health department (who has since been transferred), recently called for the Sentinel instruments to be used for COVID-19 surveillance.

4. The fourth false claim: the menace of overload of the health care systems

Model calculations to the effect that millions of intensive care patients and hundreds of thousands of deaths were to be feared in Germany alone have never come true. And the politicians themselves apparently did not believe in the impending apocalypse in the healthcare system. How else could it be explained that the lockdown went into effect on March 23, 2020, and then on March 24, 2020, just one day later, it was reported that Germany was accepting COVID-19 patients from France

and Italy (https://www.aerzteblatt.de/news/111286/German-hospitals-are-accepting-COVID-19- patients-from-Italy-and-France).

Apparently, at no point did we have to worry about overwhelming our healthcare system. That said, as the summer progressed, the Corona measures became more and more divorced from their actual argumentative foundation. There was no sign of an overload of the healthcare system. On the contrary, the clinics suffered from a lack of capacity utilization because essential medical services were not provided for other patients for fear there might be a big rush of COVID-19 patients at some point. Doctors and nursing staff were put on short-time work. If you look at the DIVI intensive care register and compare the daily reports from 21.7.2020 and 21.11.2020, you will see that on 21.7.2020 there were still over 32,000 intensive care beds in Germany in total – i.e. occupied and unoccupied together – whereas on 21.11.2020 there were no longer even 28,000. How can anyone believe that a government – which you played a key role in advising – is trying to protect us from an epidemic by cutting more than one-eighth of all intensive care capacity in the middle of a pandemic?

If hospitals are sounding the alarm about overcrowding, it is not because of a "new and insidious" virus, but because our hospital system reaches its capacity limits every year as soon as the flu season hits:

This was the headline in BILD on March 12, 2018: *+++Hospitals overcrowded +++Even doctors infected + + + Already 39 dead+++ Flu SHA in Leipzig's clinics.*

Doctors: **"Flu wave exceeds anything ever seen before"**

https://www.bild.de/regional/leipzig/grippe/grippe-gau-in-leipzigs-kliniken-55075602.bild.html Already on 19.02.2013 one could read in Die WELT the headline "Flu wave has Cologne firmly in its grip"

"Bed shortage in Cologne hospitals. Due to the many flu patients, the intensive care units are completely overcrowded. At times, the hospitals are so overloaded that ***they***

can no longer accept new patients*. Operations have to be postponed due to the tense situation."*

https://www.welt.de/regionales/koeln/article113760346/Grippewelle-hat-Koeln-fest-im-Griff.html

And even shortly before the start of the "pandemic", on 11.02.2020 (sic!), the North German Broadcasting Corporation (NDR) drew attention to the catastrophic situation of intensive care units in Bremen and Lower Saxony. Due to considerable bottlenecks, clinics had to "sign off" again and again and also over longer periods of time resulting in their Emergency Room service being closed for ambulances. Between 2018 and 2019, the situation became even worse.

One reason for the increasing bottlenecks is apparently the shortage of staff. If there is a shortage of personnel, beds are permanently closed. According to Panorama 3 research, up to a third of the available intensive care capacity cannot be used in some hospitals due to a lack of the necessary intensive care staff. ***Bed closures in intensive care are a nationwide problem****, according to the German Hospital Association.*

Apparently, the minimum staffing that has been in effect since January 2019 has exacerbated the problem at some hospitals. In view of the 17,000 unfilled positions, the German Hospital Association considers the new limits "highly problematic". The lower limits lead to "additional care capacities being discontinued and the creation of care bottlenecks" says Georg Baum, Managing Director of the German Hospital Association (DKG).

A hospital in Lower Saxony describes the situation as follows: "Bed blockages can occur and patients can be turned away. The emergency service then has to cope with long travel times to those hospitals that are ready to receive patients." ***The consequences of the tense situation are not only long travel times but also the cancellation of planned operations because emergencies have to be prioritised."***

https://www.ndr.de/nachrichten/niedersachsen/Immer-mehr-Intensivstationen-ueberlastet-,intensivpflege106.html

In short, nothing has changed in the findings about the state of our healthcare system to date. Worse still: Despite a supposed pandemic, the same approach in the area of intensive care has been blithely continued, and instead of taking countermeasures here, we hear from advisors like you that the only panacea is the complete shutdown of social life.

Let's now look abroad: Overloading of healthcare systems and excess mortality have only occurred in those regions that have always had to struggle with the same problems anyway and in which wrong political decisions or serious errors in medication have contributed to the worsening of the crisis. This is particularly true for Italy. The horror images from television provided the German public with a distorted picture of the conditions there. In reality, panic making by the media and hasty political decisions had driven patients into the clinics and nursing staff out of the clinics and nursing homes. And all this is – as the public prosecutor's investigations that are now taking place there have shown – the result of a targeted intervention by the WHO for the purpose of creating horror images for the rest of the world (motto: *"see where it leads if you don't stick to the rules like the disciplined Germans"*) by appointing a WHO state administrator who also did not shy away from falsifying data in pandemic plans. A WHO report outlining some of these circumstances was withdrawn when it became clear that it showed that a pandemic plan purportedly from 2016 was from 2006 and the date had been falsified. https://www.dors.it/documentazi one/testo/202005/COVID-19-Italy-response.pdf

5. The fifth false claim: Restriction on freedom can be beneficial

Finally, the assumption that individual or collective restrictions on liberty had any positive effect on management of the pandemic is in no way tenable. Rather, the opposite is the case.

This applies first of all to the widespread closure of retail stores and of educational and leisure facilities in March 2020. Figure 4 on page 14 of the Robert Koch Institute's Epidemiological Bulletin No. 17/2020, which traces the development of the R value, clearly shows that it had already fallen below 1 before March 23, 2020.

Stefan Homburg had pointed this out early and rightly (see for example his tweet of 28.6.2020 https://twitter.com/shomburg/status/1277197624186208257?lang=en as well as his guest article in Die WELT of 21.4.2020, https://www.welt.de/wirtschaft/plus207392523/ Uebersterblichkeit-sinkt-Fuer-denLockdown-government-runs-out-of-arguments.htmlde/wirtschaft/plus207392523/Uebersterblichkeit-sinkt-Fuer-den Lockdown-government-runs-out-of- arguments.html).

The Robert Koch Institute's attempt to explain this development by referring to an expansion of test capacities went up in a puff of smoke. Clarity can be obtained by putting this graph in relation to the test figures (see especially for the development in the summer months: Daily Situation Report on COVID-19, Sept. 30, 2020, p. 10). In early 2020, there was little testing and little was found. In the first half of March, more and more testing was conducted and more and more was found. After that, testing was at a consistently high level and less and less was found.

This can only mean: Until mid-March, there wa a considerable number of unreported cases. The virus had long since arrived in Germany without us noticing it. And by the time we had noticed it, it was already on its way out. Until well into September 2020, the mass testing did not reveal anything more than the usual error rate. The decline in the number of infections in the spring was in no way due to the Non-Pharmaceutical (lockdown) Measures, but was solely due to the fact that it was warmer again in the spring.

If lockdown measures were to have had any effect, the countries that imposed the most severe measures must have had the greatest success. However, such a correlation has not been confirmed in country comparisons. On the contrary, there are now numerous studies proving the ineffectiveness of the containment measures. And even the WHO published a 91-page paper in October showing how ineffective

such measures (school closures, contact quarantines, social distancing, etc.) are in combating influenza. And of all things, this is supposed to save us from COVID-19!

The study from Imperial College that appeared in Nature in June 2020 and concluded that the lockdown saved up to 3.1 million lives (*Seth Flaxman* et al in Nature 584, 257-261. doi: 10.1038/s41586-020-2405-7) suffers from primitive errors that *Stefan Homburg and Christof Kuhbandner* revealingly pointed out in a November 5, 2020, paper in Frontiers in Medicine (https://doi.org/10.3389/fmed.2020.580361). That Nature study is not credible because it consists solely of an obvious attempt to justify its own earlier horror predictions.

It is striking that mortality in numerous countries jumped precisely in the time frame

directly after the imposition of collective restrictions on liberty. This has been elaborated in detail by *John Pospichal* (https://medium.com/@JohnPospichal/questions-for-lockdown- apologists-32a9bbf2e247). If we cannot demonstrably hold COVID-19 responsible for this, the focus falls on the collateral damage of the restrictions on liberty: dementia patients dying for lack of care, demonstrably fewer strokes and heart attacks being adequately attended to, discovery of the bodies of people who had barricaded themselves in their homes and were literally rotting away in their own apartments, reportedly significant increases in suicides. The mass testing leads to fatal misallocation of resources by the health authorities, because they fail to fulfill their other tasks. For example, drinking water control has come to a complete standstill; there are more Legionella deaths than before.

All those who have campaigned for cuts in public life, who have imposed and enforced such cuts, have thousands of lives on their conscience, including you, Prof. Drosten.

If the upcoming winter should indeed bring to light a large number of medically relevant respiratory diseases, this will not be due to the danger of COVID-19, but to the Corona policy: Social distancing, preached early in the year, keeps people from

properly exercising their immune systems. The bombardment with panic reports from home and abroad has also done its part: fear has a negative effect on the human immune system. Immunosuppression has never been a suitable instrument for fighting infections.

If one wants to impose lockdown measures from today's perspective, it must be added that the original logic behind these measures (*flattening the curve*) has become obsolete due to the now endemic spread of the virus in the population. As the epidemiologist *Gérard Krause* rightly points out: The virus is already everywhere anyway (https://www.spiegel.de/gesundheit/corona- massnahmen-wie-sinnvoll-is-die-sperrstunde-a-7d5c63b1-05f4-4ab1-bbf6- b820553ff3ba?utm_source=pocket-newtab-global-en-DE). It can't be stopped.

6. The interlocking of the deliberately false lockdown claims

It is remarkable how conspicuously the lies behind the Corona measures are interlocked and interdependent. It is important to take a look at this, *because in this way we can see that the entire measures are designed to be perpetuated without any regard for the actual incidence of infection.*

- It is only because one assumes, against better knowledge, that a human being could infect others with SARS-CoV-2 without being ill themselves, that mass testing for this pathogen is being carried out. Every single one of us, so the doctrine goes, could be the unrecognized carrier of the deadly virus.

- Now, in autumn and winter, when all respiratory pathogens increase their activity again, SARS-CoV-2 will also affect many people. For a significant number, the virus will simply sit on the mucous membranes and will not penetrate the cells of the body at all. In many others, the virus will enter the body's cells, but will be overwhelmed and killed by the immune system. These groups of people will form the clear majority. In all of them, positive test results will occur, and in the case of those infected without any adverse consequences, for up to three months after infection. When these test positive, they will,

against better knowledge, be counted as "new infections". The number of people whose immune system has killed the virus will increase over the course of the cold season. Therefore, the number of people who test positive will also increase – without any of the resources in the healthcare system being used.

- The aggregate of "new infections" will therefore increase and be used by politicians to justify further interventions. Because, against better knowledge, positive tests are equated with new infections, the increase in "new infections" declared in this way will in turn feed the lie that the virus is highly contagious and that no one is immune leading to the imminent collapse of the healthcare system.

The way the infection situation is currently being portrayed, it is purposefully designed to ensure that the lockdown will never end. If this kind of data processing and data presentation is not stopped forthwith, we will be locked down until well into next spring. Everyone, including you, can imagine what this will mean not only for the economy, but also for the health of the population in general, which has already been described above.

III. Your personal responsibility

You yourself have broadcast to the world the essential parts of the misinformation listed above:

1. On the question of basic immunity

In your statements in the NDR podcasts, you pointed out the genetic relationship of SARS-CoV-2 with the old SARS virus. You also know that the matter of how great the immunity is in the population depends on how well known a pathogen is to the human organism.

When you then claim in the NDR podcast of March 18, 2020, that Germany is in a rising wave of exponential growth kinetics (Coronavirus Update No. 16, transcript p. 2), and you use comparable formulations in other podcasts (see above), then this is

quite arbitrary. It has been clear to you that the alleged novelty of the virus and the alleged lack of immunity (i.e., a prerequisite for exponential spread) requires a high amount of evidence to be available. Blue sky claims made without evidence legally fulfill the serious offence of malicious aforethought.

It is noticeable that you leave no stone unturned to dispel the – justified – hope of people for basic immunity. This applies first of all to herd immunity (see, for example, NDR podcast of June 24, 2020, Coronavirus Update No. 49, transcript p. 9: *We are still very far away from herd immunity*; NDR podcast of May 5, 2020, Coronavirus update No. 38, transcript p. 2: *70% would have to be immune to achieve herd immunity, and even then the infections would not stop, that would only be the peak*, which, however – you then concede after all – *could also be reached at less than 70% depending on other factors*; NDR podcast of April 20, 2020, Coronavirus Update No. 33: *we are not at all close to herd immunity*). However, it also applies to T-cell immunity: here you refer to different research results, but you do not consider the thesis of a 30% T-cell immunity from an earlier encounter with other human coronaviruses to be correct (NDR podcast of October 13, 2020, Coronavirus Update No. 60, transcript p. 7). In the same place (ibid. transcript p. 2) you claim that we are not immunologically protected against the virus. You ignore contrary findings known to you, which indicate that basic immunity has been present for a long time.

2. On the subject of the danger of symptomless infection

In this respect you are charged with particularly serious and far-reaching misconduct. To put it bluntly: After you yourself had recognized that the supposedly symptomless source of infection from China did in fact have symptoms, there would have been only one adequate reaction for you and your co-authors: You should have immediately withdrawn the case study. That study should never have been published as a letter to the editor in the New England Journal of Medicine. The study has since been cited over 1,000 times. You have thus contributed significantly to creating the appearance of evidence that does not exist in reality.

Obviously, you have stuck to your deliberate misstatement that people can infect each other with SARS CoV-2 without any symptoms. On ZDF on 1st November 2020 (https://www.zdf.de/nachrichten/pano-rama/coronavirus-drosten-ostern-100.html) you said that everyone should behave as if they were infected themselves and wanted to protect others from themselves while, at the same time, one should act as if the other person

were infected and should protect oneself from them. In this way you stoked up the very attitude of mind that is increasingly leading to aggression and rage: everyone sees in other people a spreader of the virus. And you obviously think that's perfectly fine.

3. About the PCR test

Until recently, you have defended the current practice of diagnosing COVID-19 by means of a PCR test. You know a lot about laboratory medicine.

It cannot have escaped your attention that a PCR test cannot distinguish between replicable viruses and lifeless virus fragments and cannot distinguish between contamination and infection.

In connection with the Ct-value, you admitted in the NDR podcast of 1st September 2020 (Coronavirus Update No. 54, transcript p.15), that the significance of the test result depends on the viral load. However, you ruled out a cut-off value of Ct = 30 as the upper cycle limit on the grounds of differences in quality of the test reagents and the machines.

You yourself concede that a positive PCR test does mean a real infection. The consequence is that one should not draw any diagnostic conclusions from such a test result, but then you refuse to say this. And how do your statements from September 2020 relate to those of 7 May 2020 (Coronavirus Update No. 39, transcript p. 3), when you still referred to a study that advocated Ct = 25 as the "magic limit"?

You cast doubt on the false positive rate with the following thought experiment (see Berliner Morgenpost, 2 September 2020, https://www.morgenpost.de/vermischtes/article230318584/Falsch-positive-Ergebnisse-bei-ausgeweiteten-Corona-Tests.html): "*In most cases a second test is done, and therefore the specificity is 99.99%, and a false positive result is as good as impossible.*" You are deliberately misleading politicians and the public. The second test is carried out precisely because you want to exclude a false positive result. This means that if the second test is negative, then the whole test result is also negative or at best without significance, but in no case positive. However, it follows that if the second test is a false positive, then the whole test is false positive. It is the same if the first test is false positive and the second is true positive. Both tests *must* be positive in order for the whole test result to be positive. And therefore, *both* tests must be true positives, for the whole test result to be accepted as a true positive.

4. Your lockdown recommendations

Already in the podcast on March 18, 2020 (Coronavirus Update No. 16, transcript p. 2) you called for a drastic and decisive intervention (which could only be a political one) to stop the alleged exponential rate of spread of SARS-CoV-2. And shortly before the second lockdown was decided on October 28, 2020, you followed up in the NDR podcast of October 27, 2020 (Coronavirus Update No. 62): in view of the case numbers, you recommended that politicians should impose a temporary lockdown (ibid. transcript p. 5); this would be enforced above a certain case number (ibid. transcript p. 6). You attribute the low incidence figures of today to the lockdown in spring, although you know exactly that even the figures and graphs of the Robert Koch Institute do not support this analysis.

These "case numbers" are nothing more than a product of the PCR tests, which are diagnostically useless and which come about to a very considerable extent by testing ever more and more. Even allowing the fact that the percentage of positive test results has risen in the last few weeks, in view of the susceptibility to manipulation of the Ct-number (Cycle threshold value), this does not mean that the number of cases has increased. Your own presentation in the podcast of May 7, 2020, shows that you

know exactly how much the significance of a PCR test drops when the number of cycles increases. Nonetheless, you have recommended the second lockdown without in the least questioning the causal origins of the case numbers.

So you know perfectly well that the closure of workplaces, which threatens the viability of companies, is being mandated on the basis of pure hot air – namely on the basis of figures which must be seen as completely unscientific and are not adjusted in any way for the sources of error. The same applies to the introduction of other restrictions on freedom, such as the introduction of curfews or the tightening of the mask requirement when the "Corona traffic light" jumps to red. And you are not trying to stop this misguided development; on the contrary, you are fueling it. In an interview with DIE ZEIT on October 6, 2020, you defended the senseless adding up of absolute case numbers and the political determination of the completely arbitrary 7-day incidence values, because one could recognize the development early on the basis of the "new infections" (https://www.zeit.de/wissen/2020-10/christiandrosten-corona-massnahmen-neuinfektionen-herbst-winter-covid-19/komplettansicht).

Since you have chosen to falsely equate a positive test with a new infection, this statement can only be understood in such a way that you prefer this interpretation. In this case, however, an increase in "new infections" – i.e. the number of positive test results – does not mean anything at all when it comes to the incidence of infection.

The overall truth is quite different: *It is not the virus but only test results that are spreading exponentially*. The virus itself cannot broadly spread in the community – precisely because the spread has long since progressed and basic immunity has long been present in the population.

The collateral damage of the Corona measures cannot have escaped you. By recommending a renewed lockdown on October 27, 2020, without any consideration of other threats to human life, you are personally responsible for all the damage caused by the Corona measures. In the NDR podcast of May 14, 2020 (Coronavirus Update No. 41, transcript p. 4), you expressed an assessment on this that is so cynical that we quote here your own words:

"These few tens of thousands, that would be something like a severe flu season in terms of pure deaths. But I think that would be compared to a significantly greater excess mortality over other years. That's the collateral damage in health because people don't go to the hospital because of the illness. That is, in all scenarios, we would not have a comparability with seasonal flu here either, but these are the pure cases directly caused by the virus. And that's not what we're recording in the excess mortality of influenza. We would have much higher excess mortality."

In plain language, this means that not only do you know that there is collateral damage, but you have the audacity to count those who die because of corona measures as COVID-19 deaths.

You belong to the signatories of the Leopoldina paper of December 8, 2020, which recommended a hard lockdown after Christmas. The very description of the action required shows that you, as well as all the co-signatories, have completely abandoned the principles of evidence-based science:

"More people died with coronavirus in the last 7 days than died on the roads in 2019."

The key thing is the preposition "with." The preposition "from" is not used Thus, the authors of the paper themselves admit that they are talking about deaths for which SARS-CoV-2 as a cause has not been proven. However, in the context of the rest of the text in this paragraph – clinics at breaking point, health departments overburdened, etc. – clever framing is used to create the impression that the problems in clinics have something to do with COVID-19. That this is not the case has already been explained under point 4 of this letter. Such an approach is light years away from the requirement of informed policy advice. And insofar as the paper compares the "new infections" between Germany and Ireland, this is once again based on positive PCR tests which, without sufficient data to interpret the test results, say nothing at all about the incidence of infection.

You had touted the alleged benefits of a temporary mini-lockdown in the podcast of October 27, 2020 (Coronavirus Update No. 62, transcript p. 5 f.): such a measure could

prove to be a circuit breaker to make up ground lost to the virus. Even at that time, it must have been clear to everyone that this would not be the end of the story – precisely because the aggregate case numbers from mass testing will always simulate an infection event that does not even begin to correspond to reality. Now, according to your Leopoldina paper, a tighter lockdown until January 10, 2021, is supposed to bring salvation. Who is supposed to believe that the artificially generated infection figures will fall again after January 11, 2020?

In the Epidemiological Bulletin No. 45/2020 (p. 20), the Robert Koch Institute admitted that, for weeks and increasingly, non-evaluated swab samples have been accumulating in the laboratories – which is hardly surprising in view of the senseless mass testing of symptomless people. They will be evaluated later in order to continue generating positive test results, on the basis of which the population will then be further harassed and the German economy driven to its final ruin.

You co-signed the Leopoldina paper of December 8, 2020. You share full responsibility for its contents. In reality, your lockdown recommendations were never designed to promise people liberation after weeks of deprivation. With their deliberately false advice, they are purposefully driving us all – worldwide, not just in Germany – into permanent lockdown in the sense of deliberately evil harm, and you will be held fully liable for this under criminal and civil law.

5. Causality and attribution

You cannot escape your personal responsibility for all this harm by pointing out that it was not you, but elected politicians and duly appointed authorities who decided on these ruinous measures. Rather, the damage can be attributed to you throughout and is a direct result of your work. It cannot have escaped you, and it has not escaped you, that your advice decisively influences policymakers and that those policymakers consult you because they themselves are unable to properly assess the risk posed by SARS-CoV-2. Providing such authoritative input is the genuine task of any policy consultant.

The penetrating power of your false claims about the Corona situation is particularly evident in the courts: what comes out of your mouth is adopted unchecked. On July 28, when really no significant prevalence of SARS-CoV-2 was detectable any more, the upper administrative court (OVG) Münster (13 B 675/20.NE) told us, stubbornly, that it was necessary to prevent an overload of the healthcare systems. Then again on December 4, 2020, the OVG Bremen (1 B 385/20) tried to make us believe that asymptomatically infected persons are particularly dangerous. These two examples are depressing:

No one – so far – is protecting the population in general and companies in particular from the misinformation that underlies the lockdown policy.

You, as the one whose advice those in power listen to most, are personally liable for this misinformation, in both criminal and civil law. Your personal responsibility for the harm described above will not change even if a judicial hearing reveals that policymakers deliberately misused the Corona crisis to push an agenda that had nothing to do with containing an (alleged) pandemic, under the guise of protecting against infection, and that those decision-makers were merely drawing on your professional expertise for the apparent legitimization of their actions in order to conceal their real intentions. In this case, by making the above allegations, you have aided and abetted reprehensible damage to numerous persons and wicked damage to our client – within the meaning of Section 830 (2) of the German Civil Code (BGB) and Section 27 (1) of the German Criminal Code (StGB). Your assistance had a very significant effect on the crime. People only trusted the governments and authorities because they believed that the risk assessment was scientifically sound. And people have placed their faith in this precisely because of you.

It is ultimately due to your sinister advice that the health authorities are no longer able to keep up with the mass tests and contact tracing, thus providing the federal government with a pretext to use the German armed forces for contact tracing via the lever of Article 35 of the German Constitution, thus further intimidating the population. Apart from the fact that this deployment of the Bundeswehr in the field of classic intervention administration is in no way covered by the Basic Law, your

recommendations have fostered a scenario that gives rise to the greatest concern. How far will the German government go in deploying the Bundeswehr, i.e. the armed forces? Should we be concerned that the same soldiers who are tracking down people today (i.e., alleged contacts of allegedly infected people) will commit much worse attacks on the people tomorrow at the behest of the Federal Government?

IV. Legal Consequences

Now that we have listed, cursorily and without any claim to completeness, the damage caused by the Non-Pharmaceutical Interventions of politicians in the Corona crisis on your advice, we now look at our client. By deliberately giving scientifically unfounded recommendations to politicians or by promoting such measures from a position of influence, you have also deliberately caused him unconscionable damage and are therefore liable to our client under Section 826 of the German Civil Code (BGB) for the harm already caused. In addition, you personally must rectify the misinformation you have put into the world in an equivalent manner and in this way avert further harm to our client.

The harm already incurred amounts to several hundred thousand euros. And every day that our client's karaoke bar is not allowed to open, the harm continues to worsen. We hereby demand in the name of and on behalf of our client a part payment of € 50,000. We call on you in the name of and on behalf of our client to remit this sum, to our attention, to the bank account indicated on the letterhead.

The power of attorney to receive payment is assured by a lawyer. We look forward to receiving your payment by:

22.12.2020

Our client expressly reserves the right to assert claims in excess of the amount initially demanded.

In addition, we request that you correct the following statements to those politically responsible and to the public:

- Clarify that there is no reason to believe that SARS-CoV-2 could cause an uncontrollable number of deaths and ICU patients
- Clarify that the case study in the New England Journal of Medicine of March 5, 2020, in which you were involved and which supposedly proves an asymptomatic infection, is based on false data and therefore should have been retracted long ago
- Clarify that a positive PCR test cannot detect active infection and is therefore not suitable to establish a COVID-19 diagnosis on its own
- Clarify that collective restrictions on freedom do not do anything to contain the spread, but are proven to cause massive collateral damage

We also call on you to refrain from your previous statements to the contrary. Politicians must no longer be advised with scientifically inadequate information. And the public must no longer be confused with such assertions.

We therefore call on you also to return by:

22.12.2020

the undertaking, subject to a penalty, to cease and desist, which is enclosed with this letter.

Please note that with every day that you maintain your deliberately false risk assessment of COVID-19, you are only making matters worse – for countless people in this country, but also for yourself. We will make this letter available to all colleagues who are willing to represent clients who have suffered harm as a result of the Corona measures. If you do not comply with our above request, a lawsuit will become unavoidable. In the course of this lawsuit, the whole truth about the lockdown will become the subject of a judicial hearing.

Please do not hesitate to contact us if you have any questions.

Yours sincerely

Dr. Reiner Fuellmich, LL.M.

Attorney at Law

Sorry

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