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Prof. Dr. Christian Drosten
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!!! Urgent, deadline matter !!!
by fax in advance 030 450 518911

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

Steuernummer: 20/113/07370

Dear Professor Drosten,

We hereby notify you that Green Mango GmbH, Bülowstrasse 56, 10783 Berlin, represented by its managing director, Mr. Nils Roth, has commissioned us with the representation of its interests as shown in the enclosed power of attorney. Our client suffered and continues to suffer substantial 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 damage because, as one of the persons who intervened in a significant and decisive way in the provision of policy advice, you intentionally asserted and are still asserting false facts and - also intentionally - concealed and are still concealing material facts. In the name of and on behalf of our client, we claim you to rectify your erroneous contribution to policy advice in connection with the COVID 19 crisis, as well as to compensate our client for the damages already incurred.

In detail:

I. The basic assumptions of the Corona policy

The measures to contain the COVID-19 pandemic (if 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, which is completely unknown to the human organism, to which no one is immune and which 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 way out is to diagnose the COVID-19 disease (noticed or unnoticed) by means of a PCR test.
- If the state does not intervene consistently, there is a risk of massive over-mortality and dramatic overloading. and a dramatic overload of intensive care capacities.
- The incidence of infection can be monitored by expanding the testing capacity. monitored. Accordingly, more than 1 million people are currently being tested for SARS Co. people are currently being tested for SARS CoV2 by PCR.

II. Regarding the errors underlying these assumptions: the five lockdown misstatements.

These assumptions, however, exhaust themselves in an empty narrative based on several successive and interlocking false factual assertions.

1. The first false claim: No basic immunity.

The assumption that the virus jumped from animals to humans in Wuhan/China is without any evidence. To prove such a zoonosis, other prevalence of the pathogen among humans would have to be reliably excluded. It is not evident that this would have been the case here. The doubts about the zoonosis hypothesis accordingly also feed doubts about the thesis that this is a completely new pathogen. It is precisely this hypothesis that would have to be substantiated if one wanted to claim 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 a completely new pathogen, it would be inexplicable why (also and especially in non-lockdown states) so many people survived the pandemic - a circumstance to which a top-class authors' collective around the Nobel laureate in chemistry Michael Levitt draws attention (Udi Qimron/Uri Gavish/Eyal Shahr/Michael Levitt in Haaretz, 20.7.2020, https://www.dropbox.com/s/72hi9jfcgct1n9/Haaretz-20Jul20_ENG-LISH%2012082020%20v3.pdf?dl=0).

And it would also not be explainable 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 even the WHO itself now indirectly admits that mortality is no higher than for normal flu. If it is estimated there that (at the time of the relevant statement) 10% of the world's population, i.e., 780 million people were at some time infected and that approximately 1,061,000 have died from this disease, this calculates to an estimated Infection Fatality Rate of 0.14% (Kit Knightly in Off Guardian, 8 Oct. 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-Aeu4umOETH4stgemIIA-Qk9uKfr8ZGG5JqPW6PjLNpiCvsHlCziwiUuc3-gKjoB-Vnygh0e0qvTJPRu6QCsDyv5o_aYhCj-eYOhl4wa51lq2ECayebYGh-3gdGyanaPGtDkM9_IYjQbCWXB3RB4lgcECF2LjnFFQJkgPyAm0MOCfV0VXzw-

[QEmsE6CpiqekbDZF11WXbq2qgvedXCJtFABx7kGDMBIb1rjNLc4ZpDdyzvK7S-BkOQ7kt7CkjkSUEf_8vntWG-fmFAqmT2d5MEmEhwQ_h1_bmFb6WbCiiZEG3UrK-WTAUF_CxLa-VEh7BP26zOmUHN7cl0IHQvdm9wAg8Z6IBCtYUPJ3Uk9GTsS2exftG-zLmifHafMvCRqnK5jw](https://www.achgut.com/artikel/corona_aufarbeitung_warum_alle_falsch_lagen)). Finally, the long incubation period of up to 14 days also indicates that the human immune system is already prepared for the pathogen.

This was pointed out by Beda Stadler in an article in the Schweizer Weltwoche (second publication at https://www.achgut.com/artikel/corona_aufarbeitung_warum_alle_falsch_lagen).

The authors Udi Qimron/Uri Gavish/Eyal Shahr/ Michael Levitt, already cited here just now (https://www.dropbox.com/s/72hi9jfcqfct1n9/Haaretz-20Jul20_ENG-LISH%2012082020%20v3.pdf?dl=0), pointed out that pre-immunity already exists and that, for this reason, no more than 20% of the population has become infected with SARS CoV-2 in any of the countries studied. Claims to the effect that no one is immune and that anyone can become infected are without foundation. are without any basis.

Not to be misunderstood: There is no dispute here that there can be severe and fatal courses of COVID-19. But the quantitative magnitude 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 an exponential multiplication (so 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 infect 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 not the case. 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 (but this was your statement in the NDR podcast of April 7, 2020, Coronavirus Update No. 29, transcript p. 4).

2. The second false claim: symptomless infectiousness.

The assumption that a person can contract COVID-19 completely unnoticed and pass the virus on to other people just as unnoticed, because it is symptom-free, is without evidence and underpinned by studies that are downright frighteningly weak.

This false factual claim began with a case report in the March 5, 2020, New England Journal of Medicine (NEJM 382;10), in which you and others claimed that a symptomless Chinese businesswoman met four employees of a local company in Munich who all subsequently became ill with 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, a commentary was published pointing out that the lady from China did indeed have symptoms and only suppressed them with the help of drugs (Kai Kupferschmidt on 3.2.2020 on <https://www.science-mag.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 you, had omitted.

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, again with your collaboration, appeared in *The Lancet* on May 15, 2020 (*Lancet Infect Dis* 2020;20:920-928) and was intended to epidemiologically trace the "outbreak cluster" in the Munich company, then suddenly brought to light the revealing knowledge that the lady from China had still had contact with her COVID-19-sick parents shortly before her trip to Munich – a finding that had still been suppressed in the case report of March 5, 2020. The study in *The Lancet* of May 15, 2020 contains numerous inconsistencies, both within itself and in relation to the case report of February 3, 2020. elsewhere (<https://www.corodok.de/die-legende-uebertragung/>).

The Robert Koch Institute itself admits in its SARS CoV-2 profile (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;jses-sionid=E17D33BAD7D55D3449CE3729AFCD4104.internet052#doc13776792bodyText2). In this regard, it refers to a meta-study that, after evaluating hundreds of papers, ultimately concluded that robust evidence is urgently needed (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 pre-symptomatic infection, which the Robert Koch Institute conceals, has been massively attacked 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, has pointed out in a highly regarded article in the *Swiss Weltwoche* that the idea that viruses could multiply uncontrollably in the human body without us noticing is immunologically unthinkable. However, it is precisely this uncontrolled multiplication that creates the risk of infection in the first place (second publication on https://www.achgut.com/artikel/corona_aufarbeitung_warum_alle_falsch_lagen). It can hardly come as a surprise that for the Corona outbreak in Wuhan, not a single asymptomatic transmission of SARS CoV-2 could be detected (Shiyi Gao et al. in (2020) 11:5917 | <https://doi.org/10.1038/s41467-020-19802-w>)

The false assertion that a person can pass on the virus without any symptoms is particularly perfidious, as it corrodes society: everyone sees their fellow human being only as a highly dangerous virus slinger and reacts to this with disgust, aggression or in any case with fear and panic. Since even school children are indoctrinated by parents and teachers in this sense, massive behavioral and developmental disorders are already foreseeable. You will also be held liable for this.

3. The third misstatement: PCR-based diagnostics

And without the lie of a symptom-free risk of infection, no one would have had the idea of testing even healthy people for SARS CoV-2 using PCR. In reality, PCR-based diagnostics are afflicted 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 survived infection on the one hand and viruses capable of reproduction on the other. If, in this situation, symptomless people are tested en masse, this will have fatal consequences: since the

vast majority of COVID-19 infections are inconsequential, many people will be tested who are perfectly healthy and whose immune system has coped with the pathogen, but who then carry these lifeless fragments. As will be seen, this is a source of error that will increase by itself in the coming weeks and months. And this source of error will not change even if your assertion in the podcast of September 29, 2020, that the full viral genome is still detectable even in the case of lifeless viruses, is correct.

- No test is 100% accurate. At low prevalence, even minor deficiencies in the specificity of the test system used are enough to noticeably cloud the positive predictive value of a positive test result. Even the Federal Minister of Health, Jens Spahn, admitted this himself in an interview with ARD on June 14, 2020. Nevertheless, testing continues en masse - despite the still low prevalence of COVID-19. And not all test systems used are equally specific. For the simple reason that nowhere is it prescribed what the minimum specificity of such a system must be in order to be allowed to be used at all. Exemplary is an incident that became known from Augsburg, Germany, that among a cohort of 60 persons 58 tested false positive. And this happened close in time to the lockdown decision of the Conference of Minister Presidents. Such decisions are made on the basis of such incorrectly determined case numbers and therefore have far-reaching consequences.
- If the test system does not strike until a large number of multiplication cycles have been performed, the viral load is so low that active infection is ruled out. You yourself referred to a study in the NDR podcast of May 7, 2020, according to which a patient is considered "less infectious" from 25 cycles. In fact, the authors of a Canadian study failed to identify any replication-capable 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 cutoff was set in the respective positive test case. The result of a PCR test is thus highly susceptible to manipulation - and thus susceptible to political influence, if high case numbers are once again "needed" to intimidate the population. In any case, the values determined on the basis of a PCR test are not a sufficient basis for completely shutting down public life and to interfere with people's liberties in an unprecedented way.
- A PCR test is not able to distinguish mere contamination from infection. As long as the viruses rest on the mucous membranes and do not penetrate the body's cells, a person is only contaminated but not infected. In this case, the viruses do not reproduce and therefore do not create a risk of infection. Nevertheless, a PCR test is also positive in these 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: Not all positive PCR tests have the same significance. We do not know at all what happened in the respective laboratory. It is not surprising that Mike Yeadon, former Chief Medical Officer of the pharmaceutical company Pfizer, urgently advises against the use of PCR for the diagnosis of COVID-19 in a recent article (<https://lockdownsceptics.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 that is used as the basis for the political decisions that follow. To make matters worse, if a person is tested several times in rapid succession, each positive test result is declared a "new infection".

For this very reason, PCR tests are not only unsuitable for individual diagnostics, but also unsuitable for screening. The only decisive factor must be how many people fall 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 §13 Para. 2 IfSG). It is not at all comprehensible why this is not also used to a much greater extent for COVID-19. The (meanwhile transferred) head of the public health department Aichach-Friedberg, Friedrich Pürner, had recently rightly demanded to use the sentinel toolkit also for COVID-19 surveillance.

4. The fourth false claim: Impending overburdening of the health care systems

Model calculations to the effect that millions of intensive care patients and hundreds of thousands of deaths are 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 to explain that the lockdown went into effect on March 23, 2020, and then on March 24, 2020, just one day later, it was reported that they were now accepting COVID-19 patients from France and Italy (<https://www.aerzteblatt.de/nachrichten/111286/Deutsche-Krankenhaeuser-nehmen-COVID-19-Patienten-aus-Italien-und-Frankreich-auf>). Apparently, at no point did we have to worry about flooding our health care system. That being said, as the summer progressed, the Corona measures became more and more detached from their actual argumentative foundation. There was no sign of an overload of the health care system. On the contrary, the clinics suffered from a lack of capacity utilization because essential medical services were not provided for other patients, since 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 examine 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 reducing more than one-eighth of all intensive care capacities in the middle of a pandemic?

To the extent that clinics are sounding the alarm about overcrowding, it's not because of a "novel and insidious" virus, but because our hospital system reaches capacity every year as soon as flu season descends upon us:

This was the headline of BILD on 12.03.2018:

+++Hospitals overcrowded +++Even doctors infected+++ Already 39 dead+++ Flu-GAU in Leipzig's clinics Doctors: "Flu wave exceeds all previous".

<https://www.bild.de/regional/leipzig/grippe/grippe-gau-in-leipzigs-kliniken-55075602.bild.html>

As early as 19.02.2013, the headline "Flu wave has Cologne firmly in its grip" in WELT read: *"Bed shortage in Cologne hospitals. Due to the many flu patients, the intensive care units are completely overcrowded. At times, the hospitals are even 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 Norddeutsche Rundfunk (NDR) drew attention to the catastrophic situation of intensive care units in Bremen and Lower Saxony. Due to considerable bottlenecks, clinics have to "sign off" again and again and also over longer periods of time and can therefore not be approached by ambulances. The situation has even worsened between 2018 and 2019.

"One reason for the increasing bottlenecks appears to be staff shortages. If there is a shortage of staff, beds are permanently closed. According to Panorama 3 research, in some hospitals up to a third of the available intensive care capacity cannot be used 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 staffing limits that have been in effect since January 2019 have exacerbated the problem at some hospitals. In view of 17,000 unfilled positions, the German Hospital Association assesses the new limits as "highly problematic." The lower limits lead to "additional supply capacities being deregistered and supply bottlenecks being created," says Georg Baum, managing director of the German Hospital Association (DKG).

A hospital from Lower Saxony describes the situation as follows: "There may be bed blockages and thus patients may be turned away. The rescue service then has to put up with long travel times to hospitals that are able to receive patients."

In addition to long travel times, the consequences of the tense situation include the cancellation of already planned operations because emergencies have to be preferred."

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

In short, nothing has changed in terms of the state of our healthcare system. Worse still, despite a supposed pandemic, the austerity course in the area of intensive care has been continued blithely, and instead of taking countermeasures here, we hear from consultants like you that the only panacea is supposed to be the complete shutdown of social life.

Let us now have a look abroad: Overloading of the health care systems and excess mortality have only occurred in those regions that have always had to struggle with the same problems anyway and in which political missteps or serious errors in medication have contributed to

exacerbating 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, scare-mongering in the media and hasty political decisions have 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 have taken place there in the meantime 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 given rules like the disciplined Germans") by appointing a WHO stalwart who also did not shy away from falsifying data in pandemic plans. A WHO report, some of which already outlined these circumstances, was withdrawn when it became clear that it showed that a pandemic plan purportedly from 2016 was from 2006 and that the date had been falsified. <https://www.dors.it/documentazione/testo/202005/COVID-19-Italy-response.pdf>

5. The fifth false claim: Restrictions of freedom as a remedy.

Finally, the assumption that individual or collective restrictions on freedom would have had any positive effect on pandemic response is in no way tenable. Rather, the opposite is the only case.

This applies first of all to the widespread closure of stores and educational and leisure facilities in March 2020. Figure 4 on page 14 in the Epidemiological Bulletin No. 17/2020 of the Robert Koch Institute, in which the development of the R value is traced, 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=de> as well as his guest article in WELT from 21.4.2020, <https://www.welt.de/wirtschaft/plus207392523/Uebersterblichkeit-sinkt-Fuer-den-Lock-down-gehen-der-Regierung-die-Argumente-aus.html>). The attempt of the Robert Koch Institute to explain this development with an expansion of the test capacities exhausts itself in a smoke candle. Clarity can be obtained by putting this graph in relation to the test numbers (see especially for the development in the summer months: Daily Situation Report on COVID-19, 9/30/2020, p. 10). In early 2020, little was tested and little was found. In the first half of March, more and more were tested 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 was 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 more than the usual error rate. The decline in the number of infections in the spring was in no way due to the contact blocks, but was solely due to the fact that it was warmer again in the spring.

If lockdown measures were to have any effect, the countries that imposed the most severe cuts would have to have achieved the greatest success. However, such a correlation cannot be substantiated in a cross-country comparison. On the contrary, there are now numerous studies that prove 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 quarantine, social distancing, etc.) are in combating influenza. And all of this is supposed to save the world from Corona, now?

The study from Imperial College, which 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, which Stefan Homburg and Christof Kuhbandner have illuminatingly elaborated in an article in Frontiers in Medicine of November 5, 2020 (<https://doi.org/10.3389/fmed.2020.580361>). That Nature study is already not credible from a subjective point of view, because it exhausts itself in a transparent attempt to justify its own horror predictions at that time.

It is striking that mortality in numerous countries jumped precisely in the time windows immediately after the imposition of collective restraints 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 freedom: Dementia patients died for lack of care. There were demonstrably fewer strokes and heart attacks. Rotting corpses were found of people who had barricaded themselves at home and were literally rotting away in their own apartments. A significant increase in suicides was reported. The mass testing leads to fatal distortions at the health authorities, because they do not fulfill their other tasks. Thus, drinking water control has come to a complete standstill; there are more Legionella deaths than before.

All the actors who have campaigned for cuts in public life, who have imposed and enforced such cuts, have thousands of lives at stake, including you, Prof. Drosten.

And if the upcoming winter should indeed bring to light a large number of intensively medically relevant respiratory diseases, this will not be due to the danger of COVID-19, but to the Corona policy: Social Distancing, preached even as late as spring, keeps us from exercising our immune systems. And the bombardment with panic messages from home and abroad has done its part: fear has a negative effect on the human immune system. Immunosuppression, however, 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 actual development in the meantime. As the epidemiologist Gérard Krause rightly points out: The virus is already everywhere anyway (https://www.spiegel.de/gesundheit/corona-massnahmen-wie-sinnvoll-ist-die-sperrstunde-a-7d5c63b1-05f4-4ab1-bbf6-b820553ff3ba?utm_source=pocket-newtab-global-de-DE). There's just no stopping it.

6. The interlocking of the lockdown lies

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 in the overall view that the entire measures are designed to be perpetuated completely without regard to the actual occurrence of infection.

- Only because one assumes against better knowledge that a person can infect others with SARS CoV-2 without being ill himself, mass tests for this pathogen are carried out:
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The doctrine is that each and every one of us could be the unrecognized carrier of the deadly virus.

- Now, in autumn and winter, when all respiratory pathogens are increasing their activity again, SARS CoV-2 will also affect many people. For many, the viruses will sit on the mucous membranes and not enter the body's cells at all. For many others, the viruses 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. Positive test results will be found in all of them - and in those infected without consequences for up to three months after infection. If these people then test positive, they will be listed as "new infections" against their better judgment. The number of people whose immune system kills the virus will increase during the cold seasons. Therefore, the number of people who test positive will also increase – without any healthcare resource being taken up because of it.
- The accumulation of "new infections" will therefore increase and be used by politicians to justify further cuts. Since positive tests are equated with new infections against better knowledge, the increase in the number of "new infections" declared in this way will in turn nourish the lie that the virus is highly contagious and that no one is immune, and that there is therefore a threat of collapse in the healthcare system.

The way the infection event is currently being presented, it is purposefully designed to ensure that the lockdown will never end. If this kind of data processing and data presentation is not stopped as quickly as possible, we will all be locked down until well into next spring. Everyone, including you, can understand what this means for economic development, but also for the development of the population's health, which was only hinted at above.

III. Your personal responsibility

You yourself have deliberately spread a great deal of the misinformation listed above.

1. On the question of basic immunity

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

But if you then claim in the NDR podcast of March 18, 2020, that Germany is in a rising trajectory of exponential growth kinetics (Coronavirus Up-date No. 16, transcript p. 2), and use comparable formulations in other podcasts (see above), this is an assertion into the blue. It had to be clear to you that they would have to provide a high level of evidence for the alleged novelty of the virus and the alleged lack of immunity (i.e., a prerequisite for exponential spread). From a legal point of view, assertions made in the dark constitute a conditional intent.

It is striking that you leave no stone unturned to dispel people's (justified) hope 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 is only 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 a previous encounter with other human corona viruses to be the correct view (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 deviating findings known to you, which indicate that the basic immunity has long been present.

2. On the risk of infection without symptoms

At this point, you are guilty of a particularly serious and momentous misconduct. To put it bluntly: After you yourself had recognized that the allegedly asymptomatic 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. In the meantime, the study has 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 not said goodbye to your deliberate false assertion that people could infect each other with SARS CoV-2 without symptoms until today. In the ZDF you said on November 1, 2020 (<https://www.zdf.de/nachrichten/panorama/coronavirus-drosten-ostern-100.html>), everyone should behave towards the other in such a way, as if he himself is infected and wants to protect others from himself; at the same time one should act as if the other is infected and one protects oneself from him. In this way, you are fueling precisely the attitude of mind that is increasingly leading to aggression and brutalization in society: Everyone sees only the virus carrier in everyone else. And you obviously find that completely okay.

3. To the PCR test

Until recently, you defend the current practice of diagnosing COVID-19 using a PCR test. You know a great deal about laboratory medicine. It cannot have escaped your attention that a PCR test cannot distinguish between replicable virus and live virus fragments and cannot distinguish between contamination and infection. In connection with the Ct value, you admitted in the NDR podcast of September 1, 2020 (Coronavirus Update No. 54, transcript p. 15) that the significance of the test result depends on the viral load. However, they argued against setting Ct = 30 as an upper limit because of differences in the quality of test reagents and machines. They themselves concede that one positive test result is not equal in meaning to another positive test result. However, you do not accept the consequence that no diagnostic conclusions can be drawn from such a test result. And how do your statements of September 2020 relate to those of May 7, 2020 (Coronavirus Update No. 39, transcript p. 3), when you still referred to a study that advocated Ct = 25 as a "magic limit"?

You cast doubt on the false positive rate with the following thought operation (see Berliner Morgenpost, September 2, 2020, <https://www.morgenpost.de/web-wissen/article230318584/Falsch-positive-Ergebnisse-bei-ausgeweiteten-Corona-Tests.html>): Usually a second test is done, and therefore the specificity is 99.99%, a false positive result is virtually

impossible. In this way, you are deliberately misleading politicians and the public. The second test is carried out precisely because a false positive result is to be ruled out. This means that if the second test is negative, the test result is also negative or at best meaningless, but in no case positive. It then follows that if the second test is false positive, the entire test is false positive. And nothing else applies if the first test is false and the second is correctly positive. Both tests must be positive for the whole test result to be positive. And therefore, both tests must be true positive for the whole test result to be accepted as true positive.

4. Your Lockdown Recommendations

As early as in the podcast on March 18, 2020 (Coronavirus Update No. 16, transcript p. 2), you called for a drastic 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 number of cases, you recommended a temporary lockdown to politicians (ibid. transcript p. 5); this would simply be enforced above a certain number of cases (ibid. transcript p. 6). You attribute the low incidence figures of today to the lockdown in spring, although you know very well that even the figures and graphs of the Robert Koch Institute do not provide this analysis.

These "case numbers" are nothing more than the product of PCR tests, which are diagnostically without any value and which to a considerable extent result from the fact that more and more tests are being performed. And even the fact that the percentage of positive test results has increased in the last few weeks says nothing at all in view of the Ct value, which is susceptible to manipulation. Your own presentation in the podcast of May 7, 2020 shows that you know exactly how much the significance of a PCR test decreases when the number of cycles required increases. Nevertheless, you recommended the second lockdown without even questioning the origin of the case numbers.

So you know perfectly well that the closure of businesses, which threatens their very existence, is ordered on the basis of merely inflated figures – namely on the basis of figures that (which must be regarded as completely unscientific) are in no way adjusted for the obvious 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 a ZEIT interview of October 6, 2020, you defended the senseless addition of absolute case numbers and the political determination of the completely arbitrary 7-day incidence values, arguing that "new infections" could be used to identify the development at an early stage (<https://www.zeit.de/wissen/2020-10/christian-drosten-corona-massnahmen-neuinfektionen-herbst-winter-covid-19/komplettansicht>). Since you have already knowingly equated a positive test with a new infection, this statement can only be interpreted in the sense that you also prefer this equation in this context. In this case, however, an increase in the number of "new infections" – i.e. the number of positive test results – has absolutely no bearing on the incidence of infection.

The overall truth is quite different: It is not the virus, but only the meaningless number of cases that is developing exponentially. The virus itself cannot spread over a wide area -

precisely because the spread has long since progressed and basic immunity has long been present in the population.

You cannot have been unaware of the collateral damage of the Corona measures. By recommending a renewed lockdown on October 27, 2020 without any consideration of other threats to human life, you are personally responsible for all 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 reprint it here in its wording:

"Those few tens of thousands, that would be something like a severe flu season in terms of pure deaths. But I think that would be offset by a much greater excess mortality compared to other years. That's the collateral damage in health because people don't go to the hospital because of the illness. So, in all scenarios, again, we would not have a comparability with seasonal flu, 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 also have the audacity to count those who die because of the Corona measures among the Corona dead.

You are one of the signatories of the Leopoldina paper of December 8, 2020, recommending a hard lockdown after Christmas. Already the description of the alleged need for action shows that you, as well as all 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 crucial 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 the causality of SARS CoV-2 is not proven. However, in connection with the rest of the text in this paragraph – clinics at the limit of their capacity, health offices overburdened, etc. – the impression is created by clever framing that the problems in the clinics have something to do with COVID-19. Such an approach is light years away from the imperative of informed policy advice. And as far as the paper compares the "new infections" between Germany and Ireland, this is again based on positive PCR tests, which without sufficient data for the interpretation of the test results say nothing, but also nothing at all about the infection occurrence.

The alleged advantages of a temporary mini-lockdown had been touted by you 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 then, it must have been clear to everyone that this would not be the end of the story - precisely because the cumulative case numbers from mass testing will always simulate an infection event that does not even remotely 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? The Robert Koch Institute has admitted in the Epidemiological Bulletin No. 45/2020 (p. 20) that for weeks

and with increasing tendency the not evaluated smear samples in the laboratories pile up - which can be hardly surprising with the senseless mass testing of symptomless humans. This evaluation will be made up for at any time in order to produce further positive test results, on the basis of which the population will be further harassed and the German economy driven to its final ruin.

You have co-signed the Leopoldina paper dated December 8, 2020. You are fully responsible for its content. Your lockdown recommendations were never in actuality designed to promise people liberation again after weeks of deprivation. Your deliberately false advice in the sense of deliberate immoral damage is driving us all - worldwide, not just in Germany - into a permanent lockdown, for which you will be held liable in full under criminal and civil law.

5. Causality and attribution

You cannot escape your personal responsibility for all this damage by pointing out that it was not you, but elected politicians and duly established authorities who decided on all these measures leading to ruin. Rather, the damage is entirely attributable to you and your work. It cannot have escaped you, and it has not escaped you, that your advice has a decisive influence on the political decision-makers and that those decision-makers consult you because they do not see themselves in a position to correctly assess the risk posed by SARS CoV-2. To give such an authoritative input is the genuine task of any policy advice.

The power of your false assertions about the Corona situation is particularly evident in the courts: what comes out of your mouth is accepted unchecked. On July 28th, when really no significant prevalence of SARS CoV-2 was detectable anymore, the OVG Münster (13 B 675/20.NE) still told us completely unperturbed that it is necessary to prevent an overload of the health care systems. Only on December 4, 2020, the OVG Bremen (1 B 385/20) wanted to make us believe again that asymptotically infected people are particularly dangerous. These two examples prove a depressing finding:

No one - so far - is protecting the public in general and businesses in particular from the misinformation that underlies the lockdown policy.

And for that misinformation, you, as the one whose advice those in power listen to most, are personally liable, both criminally and civilly.

Your personal responsibility for the damage described above will not change even if it should emerge in the course of a judicial hearing of evidence that the political decision-makers are deliberately misusing the Corona crisis to push through an agenda under the guise of infection control that has nothing to do with the containment of an (alleged) pandemic, and that those decision-makers are merely using your professional expertise as an 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 immoral damage to numerous persons - and also immoral damage to our client - within the meaning of § 830 Para. 2 BGB, § 27 Para. 1 StGB. Their assistance had a very significant effect on the commission of the crime. Because the people only trusted the governments and authorities because they believed that the risk assessment was scientifically founded. And people have invested this faith precisely because of you.

It is ultimately due to your disastrous advice that the health authorities are no longer able to keep up with the evaluation of the mass tests and the contact tracing and that the federal government is thus provided with a pretext for using the Bundeswehr in contact tracing via the lever of Article 35 of the Basic Law and thus additionally 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, you have favored a scenario with your recommendations that gives rise to the greatest concern. How far will the German government go in deploying the Bundeswehr? Do we have to worry that the same soldiers who today are tracking down people (namely alleged contacts to allegedly infected persons) will tomorrow, at the instigation of the federal government, commit even much worse attacks on the people?

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 baseless recommendations to politicians or by promoting such measures from a position of influence, you have also deliberately caused her immoral damage and are therefore liable to our client under Section 826 of the German Civil Code (BGB) for the damage already caused. In addition, you personally must correct the misinformation you have given to the world in an equivalent manner and in this way avert further damage to our client.

The damage already incurred amounts to several hundred thousand euros. And every day that our client's karaoke bar is not allowed to open, the damage continues to worsen. We hereby claim in the name of and on behalf of our client a partial amount of € 50,000. We request you in the name of and on behalf of our client to pay this amount to our attention to the bank account indicated in the letterhead to our client, power of attorney to receive is assured by a lawyer. We are awaiting your payment by

22.12.2020

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

- Clarify that there is no basis for suggesting 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 contagion risk, is based on a false data basis 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 of freedom offer no assurance to contribute anything to the containment of the spreading event, but cause verifiably massive collateral damage!
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We also call on you to refrain from making statements to the contrary in the future. Politicians must no longer be advised with scientifically inadequate information. And the public must no longer be unsettled with such information.

We therefore call upon you to also submit by

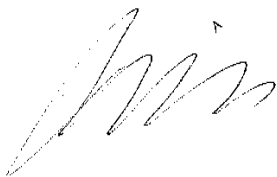
22.12.2020

to submit the declaration to cease and desist and the declaration to undertake, which is enclosed with this letter.

Take note that with each day you maintain your deliberately incorrect risk assessment of COVID-19, you are only making matters worse - for countless people in this country, but also for yourself. For 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 legal dispute will become unavoidable. In the course of this dispute, the whole truth about the lockdown will become the subject of a judicial hearing of evidence.

We are at your disposal for any further questions.

Yours sincerely

A handwritten signature in black ink, appearing to read 'R. Fuellmich', with a small arrow pointing to the top of the first letter 'F'.

Dr. Reiner Fuellmich, LL.M.
Lawyer
