# Musterschreiben Impfung im Gesundheitswesen

Sehr geehrte/r Herr/Frau_(Name des Arbeitgebers oder der zuständigen Ansprechperson beim Arbeitgeber)

Sie haben mit Schreiben vom ____/auf einer Personalversammlung am _____/in einem am geführten Gespräch angekündigt, dass Sie mich ab dem 16.3.2022 weder weiter beschäftigen noch weiterbezahlen werden, wenn ich bis dahin keinen Nachweis einer Impfung gegen SARS CoV-2 vorgelegt habe.

## I. Einwilligung ja, aber erzwungen und damit ungültig

Bisher war ich fest entschlossen, mich einer solchen Impfung nicht zu unterziehen. Da ich aber nunmehr um meine Arbeitsstelle und mein Einkommen fürchte, habe ich für den_._.2022 einen Impftermin gebucht.

**Ich mache Sie aber darauf aufmerksam, dass meine Impfeinwilligung bereits jetzt in unheilbarer Weise unwirksam ist und dass Sie persönlich für alle Schäden haften, die mir infolge der Impfung entstehen werden.**

Für die Impfung gegen SARS CoV-2 gelten die gleichen Grundsätze wie für jeden anderen medizinischen Eingriff: Es handelt sich um eine tatbestandsmäßige Körperverletzung, die nur rechtmäßig ist, wenn und weil sie von der Einwilligung des Patienten gedeckt ist. Eine wirksame Einwilligung ist nur dann gegeben, wenn (1.) dem Eingriff eine ordnungsgemäße Aufklärung über Nutzen und Risiken vorausgegangen ist und (2.) die Einwilligung nicht unter Druck erteilt worden ist.

**Ich lasse mich nur deshalb impfen, weil ich Angst um meinen Arbeitsplatz habe. Deshalb ist meine Impfeinwilligung unwirksam.**

## II. Haftungsrechtliche Konsequenzen

Da Sie mich vor die Alternative stellen, mich entweder impfen zu lassen oder ab dem 16.3.2022 ohne Bezahlung dazustehen, sind Sie unter dem Gesichtspunkt der mittelbaren Täterschaft (§ 25 Abs. 1, 2. Alt. StGB) persönlich dafür verantwortlich, dass an mir in Gestalt der COVID-19-Impfung eine solche Körperverletzung begangen wird. Außerdem verwirklicht Ihre Drohung, dass ich meinen Arbeitsplatz verliere, wenn ich mich nicht impfen lasse, den Tatbestand der Nötigung (§ 240 Abs. 1 StGB). **Sie haften damit persönlich für alle Schäden, die mir infolge der Impfung entstehen werden**. Diese können beträchtliche Ausmaße annehmen; es ist sogar möglich, dass ich an der Impfung sterbe. Näheres entnehmen Sie bitte dem aktuellen Sicherheitsbericht des Paul-Ehrlich-Instituts:

https://www.pei.de/SharedDocs/Downloads/DE/newsroom/dossiers/sicherheitsberichte/sicherheits bericht-27-12-20-bis-30-11-21.pdf?blob=publicationFile&v=7.

Mittlerweile sind die hoch gefährlichen und teilweise tödlichen **Impfnebenwirkungen** in mehr als **1.000 wissenschaftlichen Studien** beschrieben (siehe die Auflistung in Anlage 1) – und täglich kommen neue Studien dazu. Es erscheint immer schwerer begreiflich, wie viel wissenschaftliche Evidenz die Menschheit noch benötigt, um

zu erkennen, dass die in Deutschland zugelassenen COVID-Impfstoffe massive gesundheitliche Schäden anrichten.

Es häufen sich zudem seit dem Impfstart **Medienberichte**, wonach Menschen nach der Impfung
„plötzlich und unerwartet“ von uns gehen oder jedenfalls schwerste Schäden

davontragen: https://journalistenwatch.com/2022/01/10/gepiekst-und-

verstorben-ploetzlich-und-unerwartet/.

https://covvaxse.com/confirmed-media-reports-of-covid-19-vaccine-deaths/.

Besonders erschütternd ist der am 24.1.2022 veröffentlichte Selbstbericht eines Mitarbeiters der Mainzer Stadtverwaltung, der nach der Impfung unter wochenlangen massiven Schmerzen litt und schließlich mit knapper Not einen ischämischen Schlaganfall überlebte:

https://www.berliner-zeitung.de/news/seit-meiner-impfung-ist-nichts-mehr-wie-es-war-li.207931.

Sehenswert ist auch die zweiteilige Dokumentation des Schicksals Impfgeschädigter auf SERVUS.TV:

Teil 1 (19.1.2022): Im Stich gelassen – die COVID-Impfopfer: https://www.servustv.com/aktuelles/v/aa1uhra88dp5llzqs7cp/.

Teil 2 (27.1.2022): COVID-Impfopfer – Geschädigte, die es nicht geben darf: https://www.servustv.com/aktuelles/v/aa2fcz9y1l5c4uuygsjz/.

Sämtliche dieser Berichte zeigen, dass die Betroffenen (wohlgemerkt: das sind jene, die es überlebt haben!) nicht nur schwerstem Leid ausgesetzt sind, sondern von den relevanten Akteuren auch noch verhöhnt werden: von Ärzten, die vor dem Zusammenhang mit der Impfung geflissentlich die Augen verschließen, und vor Behörden, die sich ungeachtet der schweren Nebenwirkungen allen Ernstes weigern, für weitere Impfungen eine Kontraindikation anzuerkennen.

Selbst den Herstellern der COVID-Impfstoffe bleiben die fatalen Nebenwirkungen nicht verborgen. Auf gerichtliche Anordnung musste die US-amerikanische Food And Drugs Administration (FDA) interne und als vertraulich eingestufte Dokumente herausgeben, die sich auf den Pfizer/BioNTech- Impfstoff „Comirnaty“ beziehen – jenen Impfstoff also, der in Deutschland mit Abstand am häufigsten verabreicht wird. Aus einem dieser Dokumente geht hervor, dass Pfizer bereits bis Ende Februar 2021, also keine drei Monate nach dem Impfstart, von 1.223 (!) Fällen Kenntnis erlangt hatte, in denen die Impfung einen tödlichen Ausgang genommen hatte:

https://phmpt.org/wp-content/uploads/2021/11/5.3.6-postmarketing-experience.pdf (siehe dort Tabelle Seite 7).

**Ich gehe also mit der Impfung ein hohes Risiko ein. Ich tue dies, weil ich andernfalls meinen Lebensunterhalt nicht mehr bestreiten kann. Ich lasse mich auf die Impfung ein, weil *Sie* mich dazu *zwingen*.**

Zu den Schäden, für die Sie einzustehen haben, gehören auch die Kosten, welche mir für Maßnahmen der Schadensvorsorge und der Beweissicherung entstehen. **Ich bestehe darauf, dass vor bzw. nach der Impfung die folgenden Untersuchungen durchgeführt werden** – und zwar **auf Ihre Kosten**, sofern die Beträge, die hierfür anfallen, nicht von meiner Krankenkasse erstattet werden:

> Sowohl vor als auch 4-7 Tage nach der Impfung: Messung der Blutgerinnungswerte (D- Dimere und Thrombozyten). Nur so kann ich die Kausalität der Impfung für ein thromboembolisches Geschehen in meinem Körper beweisen – und nur so kann ich sicherstellen, dass rechtzeitig Maßnahmen zu meiner Rettung ergriffen werden, damit ich keinen

Schlaganfall, keine Lungenembolie und keine anderen einschlägigen Krankheiten erleide.
Sowohl vor als auch 4-7 Tage bzw. 28 Tage nach der Impfung: Blutuntersuchung auf weitere chemische und immunologische Werte gemäß Seite 2 des als Anlage 2 beiliegenden Formulars.

Vor der Impfung: Allergietest auf sämtliche bekannten Inhaltsstoffe aller in Deutschland zugelassenen Impfstoffe (ich habe ja selbst keinen Einfluss darauf, welcher Wirkstoff bei mir eingesetzt wird).
Vor der Impfung: Krebsvorsorgeuntersuchung. Sollte bei mir ein bisher unerkannter Tumor bestehen, kann die COVID-Impfung dessen Wachstum dramatisch beschleunigen. In diesem Fall wäre die Impfung kontraindiziert.
Vor der Impfung: Überprüfung, ob bei mir eine derjenigen Vorerkrankungen vorliegt, derentwegen Probanden für die klinischen Zulassungsstudien für die COVID-Impfstoffe ausgeschlossen waren. Bereits bekannt sind bei mir folgende Vorerkrankungen: (bitte benennen; falls keine bekannt sind, bitte diesen Satz streichen!). Von einem Arbeitgeber, der mich zu einer Impfung zwingen will, darf ich unter dem Gesichtspunkt der arbeitsrechtlichen Fürsorgepflicht als Mindeststandard erwarten, dass er die Zulassungsstudien einer eigenen kritischen Prüfung unterzogen hat.
Sowohl unmittelbar vor als auch eine Woche nach der Impfung: Testung auf Bio-Marker, die auf Myokarditis oder Perikarditis hindeuten könnten (siehe hierzu Gundry., S.: Abstract 10712: Observational Findings of PULS Cardiac Test Findings for Inflammatory Markers in Patients Receiving mRNA Vaccines, https://www.ahajournals.org/doi/10.1161/circ.144.suppl_1.10712). Nur so kann ich die Kausalität der Impfung für Myokarditis und Perikarditis beweisen, falls eine solche Erkrankung mich im Anschluss an die Impfung ereilen sollte – und nur so kann ich sicherstellen, dass mir rechtzeitig eine angemessene medizinische Behandlung zuteil wird.

Sollten Sie sich weigern, die Kosten für diese Untersuchungen zu übernehmen, behalte ich mir vor, die vorstehenden Untersuchungen im Rahmen eines selbständigen Beweisverfahrens (§ 485 Abs. 1 ZPO) vor dem zuständigen Gericht zu veranlassen. Mir droht der Verlust von Beweismitteln für die Kausalität zwischen der Impfung und eventuell auftretenden Folgeschäden, wenn die besagten Untersuchungen unterbleiben. Sollte es anschließend zu einem Rechtsstreit zwischen Ihnen und mir wegen der Impfschäden kommen, werden Sie auch die Kosten dieses Beweisverfahrens zu tragen haben. Die Ergebnisse der Beweisaufnahme werde ich dann gemäß § 493 Abs. 1 ZPO als Ergebnis einer gerichtlichen (!) Beweisaufnahme in den Rechtsstreit über die Folgeschäden einführen.

## III. Neueste Erkenntnisse: Unterschiedlich dosierte Chargen

**Meine Impfeinwilligung ist darüber hinaus deshalb unwirksam, weil jeder, der sich gegen SARS CoV-2 impfen lässt, an einer experimentellen klinischen Studie teilnimmt, ohne nach seiner Einwilligung gefragt worden zu sein**. Es gibt nämlich mittlerweile erdrückende Beweise dafür, dass die Impfstoffhersteller Pfizer/BioNTech, Moderna und Johnson & Johnson zielgerichtet Chargen mit unterschiedlichen Inhalten in den Verkehr bringen. Ablesen kann man dies insbesondere anhand der Daten aus dem Vaccine Adverse Events Reporting System (VAERS) in den USA. Die Nebenwirkungsrisiken sind in einigen Chargen dramatisch erhöht. Was mit diesen unterschiedlichen Inhalten bezweckt wird, gilt es derzeit zu ermitteln. Nicht auszuschließen ist, dass die Hersteller derzeit ausprobieren, bei welcher Dosierung sich welche (Neben-)Wirkungen einstellen; ebenso denkbar ist, dass die Hersteller

unterschiedliche Hilfsstoffe (Adjuvantien) einsetzen und deren Wirkung beobachten wollen. Näheres entnehmen Sie bitte dem als Anlage 3 beigefügten Medienbericht.

Insbesondere die Hypothese eines Dosis-Experiments wäre, wenn sie sich bewahrheiten sollte, fatal. Untersuchungen zur Adjustierung der Dosis hätten nämlich eigentlich längst in einer klinischen Phase-II-Studie angestellt werden müssen, also bevor die COVID-Impfstoffe überhaupt auch nur eine bedingte Zulassung erhielten. Aber selbst wenn es sich nicht um ein Dosis-Experiment handeln sollte:

Allein schon die Tatsache, dass nicht in allen Impfstoff-Flaschen dasselbe enthalten ist, ist hochgradig kriminell. Es ist schon schlimm genug, dass ich von Ihnen zur Einwilligung in eine experimentelle Impfung gezwungen werde. **Es ist aber noch etwas völlig anderes, ob ich in eine Impfung oder aber in die Teilnahme an einer klinischen Studie einwillige**. Letzteres kommt für mich **unter gar keinen Umständen in Betracht**. Ich weigere mich strikt, meinen Körper der Pharmaindustrie als Versuchsobjekt zur Verfügung zu stellen! Ich werde bei meiner Impfung die Frage nach der Charge stellen, die an mir verimpft wird, und um Überprüfung bitten, ob diese Charge zu den Chargen mit hohem Nebenwirkungsrisiko gehört. In jedem Fall werde ich darauf bestehen, dass mir eine nebenwirkungsarme Charge verabreicht wird.

## IV. Keine Rechtfertigung der Impferpressung durch § 20a IfSG

**Sie können Ihrer Verantwortlichkeit für die Impfschäden, die ich möglicherweise erleiden werde, nicht unter Hinweis darauf entrinnen, Sie hätten lediglich dem Normbefehl des § 20a IfSG Folge geleistet**. Richtig ist vielmehr, dass Sie mich weiterbeschäftigen dürfen, bis das Gesundheitsamt ein Betretungsverbot ausspricht. Dies haben Juristen des Netzwerks Kritische Richter und Staatsanwälte in zwei Beiträgen näher herausgearbeitet:

https://netzwerkkrista.de/2021/12/28/weiterarbeit-im-gesundheitssektor-trotz-fehlender-impfung- moeglich-kann-regelung-in-%c2%a7-20a-abs-5-infektionsschutzgesetz-laesst-gesundheitsaemtern- spielraum-pflegekat/.

https://netzwerkkrista.de/2022/01/05/ist-die-weiterbeschaeftigung-eines-arbeitnehmers-ohne- immunitaetsnachweis-im-gesundheitswesen-ab-dem-16-maerz-2022-fuer-den-arbeitgeber-eine- ordnungswidrigkeit-solange-seitens-des-gesundheitsamtes-k/.

Und am 25.1.2022 antwortete die Bundesregierung auf eine parlamentarische Anfrage, ob angesichts des § 20a IfSG mit einer Kündigungswelle im Gesundheitswesen zu rechnen sei, folgendes (Bundestags-Drucksache 20/477, Seite 6 am Ende):

*„Die in § 20a des Infektionsschutzgesetzes geregelte einrichtungsbezogene Impfpflicht für Bestandspersonal zieht kein automatisches Beschäftigungsverbot nach sich. Bei Nichtvorlage eines geeigneten Nachweises (Impf- oder Genesenennachweis oder Zeugnis über medizinische Kontraindikation) ist diese zunächst dem Gesundheitsamt zu melden. Bei Nichtvorlage des Nachweises trotz Aufforderung entscheidet das zuständige Gesundheitsamt nach pflichtgemäßem Ermessen im Einzelfall über die weiteren Maßnahmen (z. B. ein Betretungs- oder Tätigkeitsverbot) und wird dabei auch die Personalsituation in der Einrichtung berücksichtigen.“*

Ob also das Gesundheitsamt ein solches Betretungsverbot ausspricht, ist nach alledem keinesfalls gesichert; der Erlass eines solchen Verbots liegt vielmehr im Ermessen des Gesundheitsamts. Für die Ausübung dieses Ermessens wird es eine ganz wesentliche Rolle spielen, wie sich der Wegfall von Beschäftigten, die nicht gegen SARS CoV-2 geimpft sind, auf die Beanspruchung der Ressourcen im Gesundheitswesen auswirkt. Es ist mit anderen Worten **Ihre Aufgabe als Arbeitgeber, den Gesundheitsämtern klarzumachen, dass sie einen**

**absoluten Notstand bei der Patientenversorgung riskieren, wenn sie von ihren in § 20a IfSG niedergelegten Befugnissen Gebrauch machen**. Sie können z. B. darauf verweisen, dass auch die Impfungen Corona-Ausbrüche in Kliniken nicht haben verhindern können. So wurde über einen Ausbruch im Düsseldorfer Universitätsklinikum berichtet:

https://rp-online.de/nrw/staedte/duesseldorf/duesseldorf-corona-ausbruch-an-der-uniklinik_aid- 64044707.

Ebenso im Dietrich-Bonhoeffer-Klinikum in Neubrandenburg:

https://dbknb.de/aktuelles/show-startseite-extern/post/besuchsstopp-in-der-psychiatrie-nach- corona-ausbruch.

Ebenso in einer Reha-Klinik in Wuppertal:

https://www.rnd.de/panorama/wuppertal-corona-ausbruch-in-reha-klinik-aufnahmestopp- angeordnet-4D4HMVNHZWK2VPDROR673AQLXM.html.

Ebenso im Bergmann-Klinikum in Potsdam:

https://www.berlin.de/aktuelles/brandenburg/7127086-5173360-erneut-coronaausbruch-im- bergmannkliniku.html.

Zuletzt im Sana-Klinikum im brandenburgischen Woltersdorf:

https://www.moz.de/lokales/erkner/covid-faelle-an-klinik-corona-ausbruch-im-sana-krankenhaus- woltersdorf_-so-ist-der-aktuelle-stand-61957257.html.

In Großbritannien ist der Notstand so alarmierend, dass in den Kliniken schon das Militär eingesetzt werden muss, um einen halbwegs funktionierenden Betrieb aufrechtzuerhalten:

https://www.aerztezeitung.de/Politik/Britische-Krankenhaeuser-setzen-wegen-Corona-jetzt-das- Militaer-ein- 425863.html?utm_source=dlvr.it&utm_medium=facebook&fbclid=IwAR1f2XnSw5i2oo4m0Gh6cH8ZZ vFNXoDzPlAe5XXr13zXqnVlGQmwBzFemHI.

All dies haben die COVID-Impfungen nicht verhindern können. Ganz im Gegenteil: Mit großer Wahrscheinlichkeit haben sie die dramatische Situation sogar noch befeuert! Eine Analyse der Statistiken aus 145 Ländern (Beattle, K.: Worldwide Bayesian Causal Impact Analysis of Vaccine Administration on Deaths and Cases Associated with COVID-19: A BigData Analysis of 145 Countries, Preprint vom 15.11.2021) mündete in das folgende Ergebnis:

*The results of this study taken together demonstrate a product that directly causes more COVID-19 associated cases and deaths than otherwise would have existed with zero vaccines.*

Wer sich daran stört, dass diese Studie noch keine Peer Review durchlaufen hat, möge sich im *European Journal of Epidemiology* vom 30.9.2021 kundig machen: Eine umfassende Datenanalyse in 68 Ländern und 2.947 US-Landkreisen ergab keine Korrelation zwischen der Impfquote und dem Anstieg der COVID-19-Fälle (Subramanian, S.V./Kumar, A., Increases in COVID-19 are unrelated to levels of vaccination across 68 countries and 2947 counties in the United States, https://doi.org/10.1007/s10654-021-00808-7). Damit ist auf breiter Fläche die Nutzlosigkeit der COVID-Impfungen bewiesen.

Aber mehr noch: Unter der Überschrift „Findings“ findet sich die Aussage, dass der Trend sogar eher in die Richtung „höhere Impfquote – mehr Fälle“ ausschlägt. Und in der Tat: Als weiterer Beleg sei auf die folgende in *The Lancet* veröffentlichte Arbeit verwiesen, in der für eine größere Kohorte von über 60jährigen Menschen festgestellt wurde, dass 89,7% der COVID-Patienten vollständig geimpft waren (Kampf., G, The epidemiological relevance of the COVID-19-vaccinated population is increasing, The Lancet Regional Health – Europe 11 (2021) 100272, https://doi.org/10.1016/j.lanepe.2021.100272). Die Impfungen nützen also nicht nur nichts – sie machen vielmehr alles noch viel

schlimmer!

Sollten, bedingt durch Impfschäden, weitere Mitarbeiterinnen und Mitarbeiter im Gesundheitswesen ausfallen, werden sich auch in Deutschland die Probleme drastisch verschärfen.

Es sollte Ihnen nicht schwerfallen, das Gesundheitsamt davon zu überzeugen, dass Sie weiterhin auf die Arbeitskraft Ihrer ungeimpften Mitarbeiterinnen und Mitarbeiter angewiesen sind. In den USA sind Versuche, die Belegschaften in den Kliniken zwangsweise komplett durchzuimpfen, kläglich gescheitert, weil viele Beschäftigte diesem Zwang trotzten. Die Kliniken mussten klein beigeben und von verpflichtenden Impfungen wieder Abstand nehmen:

https://www.welt.de/wirtschaft/plus235726948/USA-Impfpflicht-aufgehoben-Amerikas-Kliniken- droht-der-Aerzte-Exodus.html?

Das gleiche wird auch in Deutschland passieren. **Auch hierzulande wird das Personal in Scharen dem Gesundheitswesen den Rücken kehren, wenn vom Impfzwang nicht abgelassen wird.** Auch in Ihrem Hause droht dann ein Personalnotstand! Setzen Sie daher bitte nicht uns unter Druck, sondern die Gesundheitsämter – im Interesse einer zuverlässigen Patientenversorgung!

## V. Kein Mehrwert durch die COVID-Impfungen

**Ein Mehrwert der Impfungen für die Prävention gegen COVID-19-Erkrankungen ist zum gegenwärtigen Zeitpunkt nicht ersichtlich**. Denn auch in Deutschland herrscht mittlerweile die Omikron-Variante vor. Ihre Entdeckerin, eine Ärztin aus Südafrika, hat sich entsetzt über die Art und Weise geäußert, wie diese Variante in Europa zum Zweck der Panikmache eingesetzt wird; in Wirklichkeit handelt es sich um eine Variante, die so harmlos erscheint, dass die Chance besteht, auf natürlichem Wege Herdenimmunität zu erreichen, wenn man die Durchseuchung der Bevölkerung mit diesem Erreger einfach zulässt:

https://www.focus.de/gesundheit/coronavirus/aerztin-aus-suedafrika-aerztin-die-variante- entdeckte-wenn-wir-ueberreagieren-laufen-wir-gefahr-die-vorteile-von-omikron-zu- verpassen_id_24536158.html.

Die spanische Regierung hat daraus bereits die Konsequenz gezogen, COVID-19 mit Blick auf Omikron auf den Status einer normalen Grippe herabzustufen:

https://deutsche-wirtschafts-nachrichten.de/516819/Spanien-behandelt-Corona-fortan-wie-eine- gewoehnliche- Grippe?utm_content=link_4&utm_medium=email&utm_campaign=dwn_telegramm&utm_source= mid1000&f_tid=dae4aea3cbc7d675e751a8ff0bf80f46.

Diese Vorgehensweise wird gestützt durch die Einschätzung der EMA, dass SARS CoV-2 in der Omikron-Variante endemisch werden könnte, d.h. (spätestens) jetzt der Zeitpunkt erreicht sei, da das menschliche Immunsystem auf breiter Fläche auf den Erreger vorbereitet sei.

https://www.aerztezeitung.de/Nachrichten/WHO-Die-Haelfte-Europas-koennte-in-acht-Wochen- mit-Omikron-infiziert-sein- 425916.html?utm_source=dlvr.it&utm_medium=facebook&fbclid=IwAR3wZUOXY39BJMfp2pu8Mmh ZjbDYFWTiov-rHgcLjGw9Z_Ts5cf0iOtSZHQ.

Je näher wir auf den Zustand zusteuern, dass SARS CoV-2 zum ganz normalen Bestandteil des alljährlichen Infektionsgeschehens wird, desto weniger besteht die Notwendigkeit, einen experimentellen, bis heute nur mit einer bedingten Zulassung ausgestatteten Impfstoff einzusetzen – schon gar nicht mit dem Mittel des Zwangs.

Will man Prävention gegen einen akuten Atemwegsinfekt betreiben (und zwar gleichviel mit welchem Erreger!), besteht eine **kostengünstigere und effektivere Möglichkeit allein schon in Gestalt eines ausreichend hohen Vitamin-D-Spiegels**. Zahlreiche Studien haben den Nachweis

erbracht, dass schwere und tödliche Verläufe von COVID-19 auf diese Weise verhindert werden können. Hier eine Auswahl (weitere Studien werden auf Wunsch gerne nachgereicht):

> Borsche, L.; Glauner, B.; von Mendel, J.: COVID-19 Mortality Risk Correlates Inversely with Vitamin D3 Status, and a Mortality Rate Close to Zero Could Theoretically Be Achieved at 50 ng/mL 25(OH)D3: Results of a Systematic Review and Meta-Analysis. Nutrients **2021**, 13, 3596. https://doi.org/10.3390/nu13103596.
>
> Yisak, H. et al.: Effects of Vitamin D on COVID-19 Infection and Prognosis: A Systematic Review, Risk Management and Healthcare Policy 2021:14 31–38, http://doi.org/10.2147/RMHP.S291584.
>
> Petrelli, F. et al., Therapeutic and prognostic role of vitamin D for COVID-19 infection: A systematic review and meta-analysis of 43 observational studies, Journal of Steroid Biochemistry and Molecular Biology 211 (2021) 105883, https://doi.org/10.1016/j.jsbmb.2021.105883.

Wohlgemerkt: Allein schon Vitamin D hat einen hohen prophylaktischen Effekt. Weitere mögliche Optionen der Prophylaxe und der Therapie sind hier noch nicht erwähnt; gerne reiche ich hierzu auf Wunsch ebenfalls zusätzliche Informationen nach.

Demgegenüber zeigt eine Analyse der neuesten Daten aus Schottland eine vernichtende Bilanz für die Wirksamkeit von Impfstoffen auf:

https://tkp.at/2022/01/14/daten-von-public-health-scotland-zeigen-totales-impfdesaster/.

**Wenn Sie Ihre Fürsorgepflicht gegenüber Ihrer Belegschaft wirklich ernst nehmen, werden Sie dies alles gegenüber den Gesundheitsämtern vortragen**. Wenn dem Gesundheitsamt an der Vermeidung eines Gesundheitsnotstandes gelegen ist, wird es von Betretungsverboten absehen, und ich kann ganz normal weiterhin meiner Arbeit nachgehen.

## VI. Abschließende Erklärung zum weiteren Vorgehen

Mein Impftermin ist am __.____.2022. **Bis dahin haben Sie Gelegenheit, mir gegenüber rechtsverbindlich zu erklären, dass Sie den Bestand meines Arbeitsverhältnisses selbst dann nicht in Frage stellen und mein Arbeitsentgelt selbst dann weiterhin bezahlen werden, wenn ich mich nicht impfen lasse. In diesem Fall würde ich von der Impfung Abstand nehmen.**

Mit freundlichen Grüßen

(Name)

**Anlage 1 Impfung im Gesundheitswesen**

**Studienliste Impfnebenwirkungen**

Over 1100 scientific studies and/or reports on the dangers associated with COVID injections related to blood clotting, myocarditis, pericarditis, thrombosis, thrombocytopenia, anaphylaxis, Bell's palsy, Guillain-Barre, deaths, etc.

1. Cerebral venous thrombosis after COVID-19 vaccination in the UK: a multicenter cohort study: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01608-1/fulltext
2. Vaccine-induced immune thrombotic thrombocytopenia with disseminated intravascular coagulation and death after ChAdOx1 nCoV-19 vaccination: https://www.sciencedirect.com/science/article/pii/S1052305721003414
3. Fatal cerebral hemorrhage after COVID-19 vaccine: https://pubmed.ncbi.nlm.nih.gov/33928772/
4. Myocarditis after mRNA vaccination against SARS-CoV-2, a case series: https://www.sciencedirect.com/science/article/pii/S2666602221000409
5. Three cases of acute venous thromboembolism in women after vaccination against COVID-19: https://www.sciencedirect.com/science/article/pii/S2213333X21003929
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## Anlage 2 Impfung im Gesundheitswesen

## AUFKLÄRUNG FÜR IMPFLINGE UND BEVOLLMÄCHTIGTE ANGEHÖRIGE BEIM IMPFENDEN ARZT

| mRNA |
|---|
| basiertes Wirkprinzip - bitte erläutern! |
| Temperatur? Lagerung? Erschütterung? |
| Der Impfstoff muss mit passender Nadellänge in den Deltamuskel des Oberarms gespritzt werden. Es darf also kein Blut fließen! |

| Vektor |
|---|
| basiertes Wirkprinzip - bitte erläutern! |
| Temperatur? Lagerung? Erschütterung? |
| Der Impfstoff muss mit passender Nadellänge in den Deltamuskel des Oberarms gespritzt werden. Es darf also kein Blut fließen! |

| Impftauglichkeit bei | |
|---|---|
| Name: | |
| | besteht ☐ \| besteht nicht ☐ |
| Datum: | |
| Vor- und Zuname des Arztes: | |
| Unterschrift des Arztes | |

| Nur vom Impfling oder bevollmächtigtem Angehörigen auszufüllen! | |
|---|---|
| Korrekte Aufklärung durch: | |
| Datum: | |
| hat stattgefunden ☐ | hat nicht stattgefunden ☐ |

## NOTWENDIGE BIOCHEMISCHE BLUTUNTERSUCHUNGEN

| Datum | |
|---|---|
| Name, Vorname | |
| Straße | |
| PLZ, Ort | |

| Arzt | |
|---|---|
| Name, Vorname | |
| Straße | |
| PLZ, Ort | |

## KURZ VOR DER IMPFUNG

| Klinische Chemie | |
|---|---|
| Kalium | |
| NT-proBNP | |
| Troponin T | |
| LDH | |
| CRP | |
| Procalcitonin | |

| Immunologie | |
|---|---|
| Monozyten | |
| Makrophagen | |
| Untergruppen | |
| NK | |
| CD8+ | |

| | |
|---|---|
| Thrombozyten | |
| D-Dimere | |
| Albumin | |
| | |
| | |

## 4 - 7 TAGE NACH DER IMPFUNG

| Klinische Chemie | |
|---|---|
| Thrombozyten | |
| D-Dimere | |
| | |
| | |
| | |

| Immunologie | |
|---|---|
| Monozyten | |
| Makrophagen | |
| Untergruppen | |
| NK | |
| CD8+ | |

| | |
|---|---|
| Spike-Protein | |
| | |
| | |
| | |
| | |

## 28 TAGE NACH DER IMPFUNG

| Klinische Chemie | |
|---|---|
| Kalium | |
| NT-proBNP | |
| Troponin T | |
| LDH | |
| CRP | |

| Immunologie | |
|---|---|
| Albumin | |
| weitere Parameter | |
| u.a. Pyruvatkinase | |
| Thymidinkinase (Tumormarker) | |
| u.a. Untersuchungen auf EBV, CMV, Herpesviren | |

## GRUNDSÄTZLICHE INFORMATIONEN ZUR CORONA IMPFUNG

Bei allen Varianten wird virales Spike-Protein in menschlichen Zellen erzeugt. Nach der Integration weisen die Zellen also eine veränderte Proteinexpression auf. Da diese Spike-Proteine von menschlichen Zellen auf natürliche Weise nicht produziert werden, gelten die Körperzellen so lange als genmanipulierte Zellen, bis die Produktion des Spike-Proteins aufhört.

Das Einbringen von Fremd-DNA/-RNA in Zellen birgt die Gefahr eines stabilen, nicht reversiblen Einbaus dieser in das menschliche Genom.

Dies kann Konsequenzen wie Autoimmunerkrankungen oder Krebs nach sich ziehen. Jeder Person, die sich mit diesen Genprodukten injizieren lässt, muss klar sein, dass sie für eine unbestimmte Zeit zu einem genmanipulierten Organismus mit nicht vorhersehbaren Gefahren für die eigene und für die Gesundheit von Embryonen, Föten und Neugeborenen wird.

Es wurden keine Langzeitstudien über mögliche Nebenwirkungen durchgeführt, die bei solchen Genprodukten vor Zulassung erfüllt sein müssten. Aus diesem und auch aus Gründen fehlender anderer wichtigen Studien haben diese Genprodukte bis heute nur eine „bedingte" Zulassung.

Alle Forderungen der EMA an die Firmen in Bezug auf Produktreinheit, Produktsicherheit und Produktwirkung wurden trotz abgelaufener Frist bis heute NICHT erfüllt.
*https://www.fda.gov/vaccines-blood-biologics/cellular-gene-therapy-products/what-gene-therapy*

## Was ist bei der Injektion zu beachten?

Der Impfarzt muss nach Einsetzen der Nadel in den Oberarmmuskel die Spritze „aspirieren". In der Spritze darf also kein Blut zu sehen sein. Sollte das trotzdem der Fall sein, so muss die Nadel neu gesetzt werden, da zuvor ein Blutgefäß getroffen wurde. Wenn letzteres der Fall ist, dann gelangt mehr vom Genprodukt sofort in den Blutkreislauf und das Risiko für schwere Nebenwirkungen wie Thrombosen, Blutungen und Herzmuskelentzündung ist wesentlich höher.

Hat der Impfarzt kein Blutgefäß getroffen, so heißt das nicht, dass dieses Risiko nicht besteht, denn das Genprodukt gelangt auch über die Lymphe in den Blutkreislauf und dann in alle Gewebe. Ein großer Teil verbleibt jedoch im Muskel.

Jeder der Corona-Impfstoffe gelangt über Lymphe und Blutbahn in alle Regionen des Körpers und dringt auf diese Weise in sämtliche Körperzellen ein – auch ins Gehirn und in die Fortpflanzungsorgane.

## Wie reagiert das Immunsystem auf Spike-Proteine, die im Menschen erzeugt werden?

Die Spike-Proteine, die sich dann auf der Zelloberfläche in sämtlichen Organen befinden, werden durch das Immunsystem als „fremd" erkannt. Die darauffolgenden Antikörperproduktionen, Komplementsystemaktivierungen und Entzündungsreaktionen können eine Autoimmun-Attacke gegen die eigenen Körperzellen auslösen. Die eigenen Zellen werden dann durch die Immunantwort getötet.

Abhängig davon, welcher Zelltyp betroffen ist, kann es zu den unterschiedlichsten, oft schwerwiegenden Nebenwirkungen wie Thrombosen, Blutungen, Lähmungen, Erblindungen, Herzmuskelentzündungen, Organschäden, Herzinfarkten, Schlaganfällen und mehr kommen.

Die im Menschen produzierten Spike-Proteine lösen sich auch von den Zellen ab und schwimmen mit dem Blut in andere Gewebe und verursachen dort toxische Reaktionen, die man bereits von der COVID-19 Erkrankung kennt.

## Wie reagiert der Körper auf Lipidnanopartikel?

Lipidnanopartikel sollen Zellmembran kopieren. Trotzdem können sie toxisch sein. Die Toxizität der Lipidnanopartikel führt zum Zellsterben oder kann Krebs auslösen.

## Wie reagiert das Immunsystem möglicherweise nach der Injektion?

Es ist bekannt, dass nach der Injektion das Blutbild der Menschen verändert ist. Sehr viele weisen einen Abfall der Lymphozyten (Schwächung des Immunsystems) auf, was zur Krebsprogression und Auslösen von Infektionen sowie „Aufflackern" von bereits im Körper vorhandenen Viren (z. B. Herpesviren) führt.

Folgen von durch die Injektion aktivierten Autoimmunreaktionen können z. B. Lupus oder Guillan-Barre-Syndrom sein.

Auch die roten Blutkörperchen zeigen eine veränderte Morphologie mit Sauerstoffdefizit.

Dies sind nur einige Beispiele einer langen Liste von Impfnebenwirkungen, die jeder bei der amerikanischen Datenbank VAERS oder europäischen Datenbank EudraVigilance einsehen kann. Bitte informieren Sie sich gründlich auch auf unabhängige Internetseiten, die keinerlei finanzielle Interessen haben und vertrauen Sie nicht nur auf die öffentlichen Medien

## IMPFDOKUMENTATION

| | |
|---|---|
| Datum / Uhrzeit | ____ / ____ / 202_ ____ / ____ Uhr |
| Name | |
| Vorname | |

## IMPFUNG

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1. Impfung | ☐ | 2. Impfung | ☐ | Booster | ☐ | Nr. | ☐ |

## WOHLBEFINDEN

| | |
|---|---|
| nach 15 Minuten | |
| nach 30 Minuten | |
| nach 60 Minuten | |
| nach 120 Minuten | |

Heimreise ☐

| | |
|---|---|
| medizinische Maßnahmen (vom Arzt auszufüllen) | |

***Anlage 3 Impfung im Gesundheitswesen***

*Quelle: https://www.wodarg.com/, zuletzt abgerufen am 15.1.2022 um 11.54 Uhr.*

## *Indizien für laufende gentechnische Großversuche mit Ahnungslosen*

*Einige Quellen zu den von mir erwähnten Arbeiten über nicht zufällige Toxizitätsschwankungen der sogen. "Impfstoffe" von Pfizer, Moderna und Janssen finden Sie hier bei Craig Paardekooper:*

*https://*

*www.howbadismybatch.com/ 9.1.2022 (Änderungen und*

*Ergänzungen vom 13.1.2022)*

*Craig Paardekooper und andere haben die US-amerikanische Datenbank VAERS, in der die Schäden in engem zeitlichen Zusammenhang mit der Verabreichung der Präparate von BioNTech/Pfizer, Moderna und Janssen dokumentiert werden, einer genauen Analyse unterzogen. Dabei hat sich herausgestellt, dass die einzelnen Chargen der sogenannten Impfungen eine extrem unterschiedliche Toxizität aufweisen. Bei einigen Chargen ist die Toxizität um bis zu 3000-fach erhöht. Die Impfentscheidung wird dabei zum russisch Roulette.*

*Die Abweichungen sind so extrem, dass es sich dabei nicht um zufällige oder anwendungsbedingte Toxizitätsschwankungen handeln kann. Es spricht vielmehr einiges dafür, dass derzeit im Schutze der behaupteten Notlage gentechnische Großversuche an der breiten, ahnungslosen Bevölkerung durchgeführt werden und dass dies durch die rechtlich-politische Vorarbeit und Mithilfe der Regierungen und Behörden ermöglicht, gar befördert worden ist.*

*Die alterprobten Regeln, die sorgfältige, langjährige Studien für die Zulassung eines Medikamentes voraussetzten, wurden unter dem Pandemie-Vorwand außer Kraft gesetzt. Jetzt kann vieles ausprobiert werden und davon wird reichlich Gebrauch gemacht. Pharmafirmen nutzen derzeit diese noch nie dagewesene Chance, um unbürokratisch über 120 experimentelle Corona Impfstoffkandidaten erproben zu können. Bayer Chef Stefan Oelrich (Video nach 1:37:40 h) hat in seiner Rede beim World Health Summit 2021 in Berlin die mRNA-Vakzine als „Gentherapie bezeichnet, die 95 % der Bevölkerung noch 2 Jahren vorher abgelehnt hätten“. Auf der Angstwelle reitend probieren profitorientierte Pharmaunternehmen derzeit alles aus an Methoden und Produkten, was sich patentieren lässt und haben es über die parallel laufenden Datensammelaktionen sehr leicht, die Wirkung ihrer Experimente zu beobachten – ohne dafür haften zu müssen. Widerstand durch Ethikkommissionen ausgeschlossen.*

*Das Einfallstor für die experimentierfreudige Pharmaindustrie ist das sogenannte „teleskopische*
*Zulassungsverfahren“. Wenn sonst die Entwicklung neuer Impfstoffe viele Jahre (konkret mindestens fünf Jahre, durchschnittlich acht Jahre) dauerte und nach strengen abgestuften Regeln verlief, hat die WHO mit Ausrufung des „Pandemie-Notstandes“ das „teleskopische Zulassungsverfahren“ ermöglicht.*

*Nach bisher geltenden Praxis klinischer Studien gab es mindestens vier Phasen, die nacheinander jeweils die geforderten Sicherheitslevel für die jeweils*

*nächste Stufe erbringen mussten, vergleiche die Ausführungen auf der Webseite des Bundesministeriums für Bildung und Forschung:*

> *Phase I-Studien sind kleine Studien, in denen eine neue Behandlung erstmals am Menschen, und zwar an gesunden Freiwilligen, eingesetzt wird. In diesem Stadium werden grundlegende*

*Eigenschaften wie Verträglichkeit und Sicherheit eines neuen Medikaments überprüft, um zu sehen, ob es sich für einen Einsatz beim Menschen eignet.*
*Phase II-Studien sind etwas größer als Phase I-Studien. Sie haben meist 100 bis 300 Teilnehmende. In der Phase II wird ein Medikament zum ersten Mal bei Patientinnen und Patienten überprüft, die an jener Erkrankung leiden, für deren Behandlung das Medikament entwickelt wird. Dabei geht es um die optimale Dosierung. Zusätzlich werden erste Daten zur Wirksamkeit erhoben.*
*Phase III-Studien sind große Studien. Sie geben relativ präzise Auskunft über Wirksamkeit und Verträglichkeit. In den allermeisten Fällen sind es Vergleichsstudien. Dabei werden Patientinnen und Patienten, die die zu untersuchende Behandlung erhalten, mit einer Kontrollgruppe verglichen, die eine andere Behandlung erhält.*
*Phase IV-Studien finden statt, wenn ein Medikament bereits auf dem Markt ist. Für Phase IV- Studien gibt es unterschiedliche Gründe. So kann es sinnvoll sein, ein bereits zugelassenes Medikament bei Patientinnen und Patienten mit bestimmten Eigenschaften noch einmal gezielt zu untersuchen. In Phase IV-Studien können außerdem seltene Nebenwirkungen eines Medikaments besser beurteilt werden, weil mehr Patientinnen und Patienten behandelt werden.*

*Eigentlich sollten wir uns bei den Spritzen von Moderna, BioNtech-Pfizer, Janssen oder AstraZeneka nach deren „bedingter Marktzulassung“ in einer Phase IV-Studie (Postmarketing-/Beobachtungs- Studie) befinden. Zur bedingten Zulassung erklärt die in Deutschland zuständige Arzneimitteloberbehörde, das Paul-Ehrlich-Institut (PEI) – in kursiv: Anmerkungen des Autors):*

*„Eine bedingte Zulassung ist eine Zulassung, die an Auflagen geknüpft ist. Sie kann im Interesse der Allgemeinheit für ein Arzneimittel erteilt werden,*

*wenn der Vorteil der sofortigen Verfügbarkeit des Arzneimittels das Risiko weniger umfangreicher Daten als normalerweise erforderlich überwiegt. (Wo ist die Nutzen-Schadens- Abwägung?)*
*– wenn es um die Behandlung oder Vorbeugung einer lebensbedrohlichen Krankheit geht. Dazu gehören auch Arzneimittel für seltene Krankheiten, (bei COVID-19 ist es nicht zu mehr Kranken und Todesfällen gekommen als bei einer normalen Grippe)*

*wenn der CHMP feststellt, dass alle folgenden Anforderungen erfüllt sind:*

*Eine positive Nutzen-Risiko-Bilanz des Produkts, d.h. der Nutzen für die öffentliche Gesundheit durch die sofortige Verfügbarkeit des Arzneimittels auf dem Markt überwiegt die Risiken, die aufgrund der vorgesehenen Nachreichung weiterer Daten bestehen. (ist nicht nachweisbar und wurde nicht nachgewiesen)*

*Der Antragsteller legt umfassende Daten zu einem späteren Zeitpunkt vor. (was? wann? siehe VERS-Daten))*

*Ein ungedeckter medizinischer Bedarf wird erfüllt (das ist offenkundig nicht der Fall, vielmehr wurde und wird massiv fehlbehandelt und dadurch erst Schaden verursacht) Bedingte Zulassungen sind ein Jahr lang gültig und können jährlich erneuert werden. Sie können in eine Vollzulassung*

*übergehen.*

*Obwohl beim „teleskopierten“ Verfahren die Studienphasen zusammengeschoben werden, muss natürlich bei einem zur Prüfung anstehenden Kandidaten bereits feststehen, welche Bestandteile dieser enthalten soll, und alle zugelassenen Medikamente müssen einen entsprechend identischen*

*Inhalt aufweisen. Rückstellproben jeder Charge sollen dies ebenso dokumentieren wie regelmäßige Kontrollen durch die Arzneimittelbehörden.*

*Das PEI hat auf Nachfrage jedoch mitgeteilt, dass es diese Arzneimittelkontrolluntersuchungen nicht selbst durchführt, sondern sich dabei auf die vorgeschriebenen Qualitätskontrollen und Berichte verläßt, zu denen die Hersteller verpflichtet seien.*

*Eine Anfrage nach der Informationsfreiheitsgesetzt hinsichtlich der Inhaltsüberwachung von Corona- Impfstoffchargen vom 15. Oktober 2021 hat das PEI bis zum heutigen Tage nicht beantwortet. Wie bei anderen Corona-Maßnahmen sind Evidenz und Transparenz offenbar nicht gefragt.*

*Inzwischen haben mehrere internationale Forscher-Teams die USA-Nebenwirkungsdatenbank VAERS systematisch untersucht und schon am 31. Oktober 2021 festgestellt, dass sämtliche ernsten Nebenwirkungen und Todesfälle, die in den USA gemeldet wurden, nur auf einen sehr kleinen Teil der Chargen (Batches or Lots) zurückzuführen sind (Hier ein Bericht von der offiziellen VAERS-Seite). Jetzt werden immer mehr solcher Ergebnisse bekannt und ergeben erschreckende Zusammenhänge.*

*Die VAERS-Datenbank lieferte Beweise für Impfstoffchargen mit sehr unterschiedlicher Wirkung. Sie enthält Aufzeichnungen zu den gemeldeten Nebenwirkungen im Zusammenhang mit jeder Charge. So war es eine naheliegende Aufgabe, ein Diagramm zu erstellen, das zeigt, wie die Toxizität der Chargen im gesamten Jahr 2021 zeitlich und örtlich variierte. Aus Diagrammen geht hervor, wann die toxischen Chargen eingesetzt wurden und wie toxisch sie waren. Man findet auch Hinweise darauf, dass die teilnehmenden Pharmafirmen offenbar abgestimmt gehandelt haben. (Um nicht in das vorgegebene Zeitfenster des jeweils anderen einzugreifen?) Schließlich kann man sogar den Zweck dieser Verteilungen vermuten, z. B. die Prüfung der Auswirkungen unterschiedlicher Dosierungen (Art der Schäden und Todesfälle) usw.“*

*Der ehemalige Forschungschef von Pfizer Mike Yeadon meint dazu:*

*"Was die Absicht, Schaden zu verursachen, einschließlich des Todes, betrifft, so bin ich davon überzeugt. Ich bin auch nicht allein: mehrere völlig unabhängige Analysten stimmen in diesen Punkten überein:*

*1.Mehrere von uns sind der Ansicht, dass die ganze Situation der "Hot Lots" auf Vorsatz hindeutet, aber die Daten müssen gut verstanden werden. Die ursprüngliche Analyse von Craig Paardekooper ist in einem wichtigen Punkt fehlerhaft. Er hat fälschlicherweise, aber verständlicherweise, die Losnummerierung mit der zeitlichen Reihenfolge gleichgesetzt. Das ist nicht korrekt. Diese Muster, die für mich wie eine Dosis-Wirkungs-Beziehung aussehen, die im Laufe der Zeit veranschaulicht wird, wobei sich die Unternehmen offenbar abstimmen, um sich gegenseitig aus dem Weg zu gehen, entstehen also als Folge dieser unbelegten Annahme.*

*2.Jedoch sind diese Chargennummern und die damit verbundenen Werte für schwerwiegende unerwünschte Wirkungen REAL, und sie sind in VAERS vorhanden. Pfizer kann zum Beispiel die Daten für seine Chargen abrufen und sie gegen die SAE-Raten (Raten der schweren Nebenwirkungen) auftragen, und es würden sich Diagramme ergeben, die der Paardekooper-Auswertung sehr*

*ähnlich sind.*

*3.Wir sind der Meinung, dass dies vorsätzlich geschieht, weil die Muster der SAEs, die mit den Chargennummern verbunden sind, nicht zufällig sind. Die Variabilität der SAEs pro Los ist gigantisch und kann auch nicht durch harmlose Faktoren erklärt werden. Beispielsweise können Produktinstabilität und -verschlechterung diese Effekte nicht hervorrufen. Im Allgemeinen führt der Abbau zu einem Aktivitätsverlust und nicht zum Erwerb einer stärkeren Toxizität. Man könnte zwar*

*argumentieren, dass dies vielleicht die Ausnahme von der Regel ist. Ich zeige, dass das nicht möglich ist, denn das gleiche außergewöhnliche Muster, dass ein geringer Prozentsatz der Chargen extrem toxisch ist, wird bei drei Produkten mit zwei Technologien (mRNA und DNA) beobachtet. Nein: Das ist Absicht und muss den Unternehmen bekannt sein.*

*4.Die unerwünschten Ereignisse pro Charge sind um Größenordnungen größer als bei jedem vergleichbaren Produkt (Grippeimpfstoff), und die Variabilität von Charge zu Charge ist so groß, dass nicht davon ausgegangen werden kann, dass in allen Fläschchen das gleiche Produkt enthalten ist.*

*5.Wir haben die Chargengrößen für 33 Pfizer-Chargen geprüft, und es gibt keine oder nur eine sehr geringe Korrelation mit der Chargengröße - hier liegt eindeutig etwas anderes vor. (Hervorhebung WW)*

*6.Daraus folgt, dass diese Produkte als VERFÄLSCHT betrachtet werden sollten, unabhängig davon, ob dies absichtlich oder versehentlich geschieht. Pfizer kann insbesondere nicht nachweisen, dass das, was sie als ihr Produkt anpreisen, tatsächlich in den Fläschchen enthalten ist und zwischen den einzelnen Fläschchen übereinstimmt. Dies wäre bereits ein Verbrechen, auch wenn kein Vorsatz vorliegt." (persönliche Mitteilung)*

*Erschreckend ist, dass alle drei Unternehmen ähnliche Studien mit stark erhöhter Toxizität durchführen. Sie gehen dabei offenbar so vor, dass sie sich nicht gegenseitig in die Quere kommen und verteilen ihre toxischen Experimente anscheinend so, dass es auf den ersten Blick kaum auffällt.*

*Die jetzt in den USA vermuteten Dosisfindungsstudien müssten üblicherweise vor den Zulassungsstudien der Phase III längst abgeschlossen sein (s.o.). Sie sollten mit einer sehr begrenzten Zahl von gut aufgeklärten Freiwilligen als Phase II-Studien vorgenommen werden.*

*Daher kommt mein dringender Verdacht, dass die Falsche Pandemie genutzt wird, viel auszuprobieren was sonst viel zu riskant und nicht erlaubt worden wäre.*

*Die zwischengeschalteten "Kochsalzchargen" haben dabei für die Firmen fünf Effekte:*

*1.Sie verdünnen die sonst zu alarmierenden Nebenwirkungen*

*2.sie kosten wenig und sie bringen trotzdem den vollen Preis,*

*3.sie liefern die Kontrollgruppen, die Big Pharma sonst in Stufe 2 bzw.3 teuer bezahlen musste,*

*4.sie werden auch noch voll aus Steuergeldern finanziert und*

*5.die Risiken dieser „teleskopierten“ Studien werden von der öffentlichen Hand getragen.*

*Wir haben aber jetzt durch VAERS deutliche Hinweise für erst nach der Zulassung umfangreich und geplant durchgeführte Studien-Strukturen in den staatlich verordneten und finanzierten Massenimpfungen mit völlig neuen Produkten von Biontech, Janssen und Moderna.*

*Das ist verboten und strafbar und bricht eindeutig den Nürnberger Code und alle entsprechenden Gesetze zur Durchführung von Studien beziehungsweise zur Vermarktung von Arzneimitteln. Es handelt sich offensichtlich nicht um ein Versehen oder eine Vernachlässigung von Qualität sondern um ein geplantes Vergehen. In dieser Phase institutioneller Koruption wittern viele Unternehmen riesige Chancen und kündigen ihren Investoren bereits eine Verstetigung des gesundheitlich hochriskanten mRNA-Hypes an. Das Primärinteresse einer Arzneimittelfirma ist naturgemäß der*

*wirtschaftliche Erfolg und nicht der gesundheitliche Nutzen. Ob bei den laufenden teleskopierten Studien auch ander Stoffe , wie Graphenoxyd oder weitere Nonopartikel eine Rolle spielen, wird seit einigen Monaten von vielen diskutiert, nachdem diese in den Covid-19 Spritzen gefunden worden sind. Das Vertraen in die Verlässlichkeit von Studienergebnissen oder selbst von im Markt befindlichen Medikamenten ist jetztnbei vielen Menschen dahin. Mir erscheint das berechtigt, denn selbst die Suche nach gefälschten oder gepanschten (counterfeit or adulterated ) Medikamenten durch eine hierfür speziel eingerichtete Abteilung von Interpol wird durch die Arzneimittelindustrie mitfinanziert.*

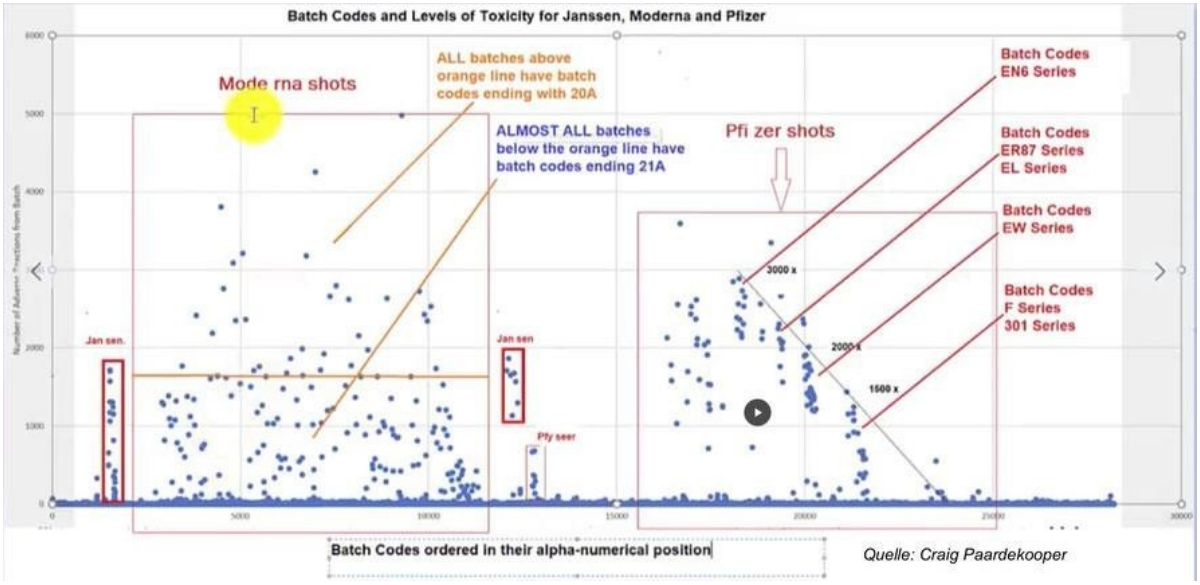
*Unter dem Begriff „teleskopiertes Verfahren“ werden bei „Corona“ die Sicherheitsstufen der Studienphasen mit amtlicher Billigung ausgehebelt. Aber nicht nur das.*

*Auch die sonst in Phase IV (Postmarketing) übliche strenge Überwachung und transparente, planmäßig erfolgende Dokumentation der chargenbezogenen Inhaltskontrollen wird offenbar völlig den Sponsoren, sprich den Pharmafirmen überlassen. Sie dürfen ja unter dem Vorwand der mutierenden Erreger sogar neue Rezepturen (Nukleinsäuresequenzen?) anwenden. In einem intransparenten Verfahren darf offenbar alles bei allen ausprobiert werden, ohne dass jedesmal eine Ethik-Kommission oder gar die betroffenen Patienten über die Risiken bzw den Stand der Forschung und seine Risiken informiert zustimmen können/müssen. Eine entsprechende Aufklärung der Millionen Probanden findet jedenfalls nicht statt. Man nötigt diese sogar unaufgeklärt zur Teilnahme. Das alles war nie erlaubt und stellt ein Verbrechen dar, wie es z.B. Gegenstand der Nürnberger Prozesse war.*

*Die Erfindung des teleskopierten Verfahrens stellt sich als Trick zu Lasten der Sicherheit dar. Dieser Trick wird jedoch zum Verbrechen, wenn Millionen Ahnungslose dabei ihr Leben riskieren müssen.*

*Craig Paardekooper, einer der Forscher, hat eine Datenbank ins Internet gestellt, die allerdings bei Google schwer zu finden ist. Unter https://www.howbadismybatch.com/ kann man nun selbst überprüfen, welche Chargen zu wie vielen Nebenwirkungen beziehungsweise Todesfällen geführt haben.*

*Zum Selbstschutz sollte jeder, der sich trotz des inzwischen bekannten großen Schädigungspotentials der sogenannten Corona-Impfung unterziehen möchte vor der genetischen Behandlung seinen Arzt oder Apotheker fragen, welche dokumentierte Wirkung die von diesem verwendeten Chargen haben. Wenn Ärzte und Apotheker an dieser Stelle nachforschen müssen, besteht die Chance, dass sie sich als möglicherweise Haftbare ihrer Verantwortung bewußt werden.*


Batch Codes and Levels of Toxicity for Janssen, Moderna and Pfizer
Mode rna shots
ALL batches above orange line have batch codes ending with 20A
ALMOST ALL batches below the orange line have batch codes ending 21A
Pfi zer shots
Batch Codes EN6 Series
Batch Codes ER87 Series EL Series
Batch Codes EW Series
Batch Codes F Series 301 Series
3000 x
2000 x
1500 x
Jan sen.
Jan sen
Pfy seer
Batch Codes ordered in their alpha-numerical position
Quelle: Craig Paardekooper

*Nachtrag: Die Bedeutung des Verfallsdatums einer Charge (Übersetzung einer Meldung von Craig Paardekooper vom 9.1.2022)*
*Wir haben also eine Liste mit den Verfallsdaten aller Impfstoffchargen. Was soll's! Nun, hier ist, warum diese Liste wichtig ist...*

*Die Regierung stellt den Ärzten eine Liste mit den Verfallsdaten aller Impfstoffchargen zur Verfügung. Die CDC hält diese Liste jedoch vor der breiten Öffentlichkeit geheim (warum wohl?). Eine Kontaktperson gab diese Liste an mich weiter. Mir ist aufgefallen, dass die Chargen auf der Verfallsliste ALLE diejenigen sind, die in jeder alphabetischen Gruppe die höchste Anzahl von Berichten über unerwünschte Reaktionen (UAW) aufweisen. Ich fragte mich, warum das so ist?*
*Warum war keine der anderen Partien auf der Verfallsliste - die mit nur einer Handvoll von Meldungen? (Ich hatte zuvor vermutet, dass es sich bei den anderen um Placebos handeln könnte.)*

*Dann fiel mir ein, dass Placebos nicht verfallen. Salzwasser verfällt nicht. Es hat also kein Verfallsdatum. Nur die biologisch aktiven Chargen werden auf der Verfallsliste stehen. Das ist mÃ¶glicherweise der Grund, warum die CDC nicht wollte, dass die Ã-ffentlichkeit diese Liste zu Gesicht bekommt. Sie geben sie nur an Mediziner heraus - aus "Sicherheits"-Gründen - weil sie zeigt, welche Placebos sind und welche biologisch aktiv sind.*

*Wenn eine Charge nicht auf der Liste steht, ist sie ein Placebo?*

*(Fragezeichen von Wodarg) Wir haben jetzt also eine Liste aller*

*biologisch aktiven Chargen. Dies ist natürlich eine gute Information für Menschen, die toxische Chargen vermeiden wollen. Überprüfen Sie einfach Ihre Charge anhand der Verfallsliste. Wenn sie dort nicht aufgeführt ist, handelt es sich mit hoher Wahrscheinlichkeit um ein Placebo.*

*Hinweis: Bitte denken Sie daran, dass neue Chargen eingeführt werden, die möglicherweise nicht auf der bestehenden Liste stehen, und dass es selbst bei den biologisch aktiven Chargen noch erhebliche Unterschiede in der Toxizität gibt - eine schlechte Charge ist möglicherweise nicht gleich toxisch wie eine andere.*

*Hinweis: Diese Verfallsliste gilt möglicherweise nur für Chargen aus den USA. Sie gilt möglicherweise nicht für europäische Chargen, die oft andere Chargencodes haben.*

*Bemerkung Wodarg:*

*Und erneut die Bitte, sprechen Sie ggf .ihren Impfarzt auf*

*diese Chargen an und bestehen Sie auf einer*

*nebenwirkungsarmen Charge.*