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. Wirksame Einwilligung unter Druck unmöglich

Nach wie vor bin ich demgegenüber fest entschlossen, mich einer solchen Impfung nicht zu unterziehen. Und ich kann Sie nur davor warnen, den Druck „Impfung oder Kündigung/unbezahlte Freistellung“ aufrechtzuerhalten. Denn Sie begeben sich juristisch auf heikles Terrain.

Ich mache Sie nämlich hiermit darauf aufmerksam, dass ich unter dem Druck, unter den Sie mich setzen, überhaupt keine wirksame Impfeinwilligung erteilen kann. Kein Arzt der Welt kann mich jetzt noch impfen, ohne dass er sich seinerseits strafbar und schadensersatzpflichtig macht.

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. Die Drohung, die Grundlage der Finanzierung meines Lebensunterhalts zu verlieren, entfaltet eine so starke erhebliche Druckwirkung, dass eine wirksame Impfeinwilligung unter diesen Umständen ausgeschlossen ist.

II. Haftungsrechtliche Konsequenzen

Da Sie mich vor die Alternative stellen, mich entweder impfen zu lassen oder ab dem 16.3.2022 ohne Bezahlung dazustehen, wären Sie, wenn ich mich denn unter diesem Druck impfen ließe, 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. Nun legen Sie es mit dem Druck, den Sie auf mich ausüben, auf genau eine solche Impfung und damit auf eben diese Körperverletzung an. Damit verwirklicht die von Ihnen ausgesprochene Drohung den Tatbestand eines strafbaren Versuchs der gefährlichen Körperverletzung (§§ 224 Abs. 1 Nr. 1 und 5, Abs. 2, 22 StGB). Außerdem verwirklicht Ihre Drohung, dass ich meinen Arbeitsplatz verliere, wenn ich mich nicht impfen lasse, den Tatbestand der versuchten Nötigung (§§ 240 Abs. 1, Abs. 2, 22 StGB). Bei allen genannten Vorschriften handelt es sich um Schutzgesetze im Sinne von § 823 Abs. 2 BGB. **Sie haften damit persönlich für alle Schäden, die mir dadurch entstehen, dass Sie versuchen, mich mit existenzbedrohendem Druck zur Impfung zu drängen**.

Und sogar noch schwerere Straftatbestände können – jeweils in der Form des strafbaren Versuchs – erfüllt sein. Die Impfungen sind nämlich entgegen verbreiteter Berichterstattung in den Altmedien keinesfalls sicher. Die Schäden durch die COVID-Impfungen können vielmehr beträchtliche Ausmaße annehmen; es wäre, wenn ich mich denn impfen ließe, 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/sicherheitsbericht-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).

Wollen Sie den Fortbestand meines Arbeitsverhältnisses allen Ernstes davon abhängig machen, dass ich in Gestalt der COVID-Impfung mein Leben oder aber zumindest schwerste bleibende Gesundheitsschäden riskiere?

Verlautbarungen von Politikern, regierungstreuen Medien, Ärztekammern und Berufsverbänden, die COVID-Impfungen seien sicher, entbehren jeglicher Grundlage. Aussagen etwa des Inhalts, es gebe keinen Grund, sich nicht impfen zu lassen, sind durch die Studienlage klar widerlegt. Soweit „Impfverweigerer" gar zum Feindbild stilisiert und z. B. als Sozialschädlinge, als asoziale Trittbrettfahrer oder als Schuldige an der Fortdauer der Corona-Maßnahmen beschimpft werden, handelt es sich um faktenferne Propaganda, die nur darauf abzielt, durch Ausgrenzung weiteren psychischen Druck zu erzeugen.

III. Neueste Erkenntnisse: Unterschiedlich dosierte Chargen

Eine wirksame Impfeinwilligung kann ich darüber hinaus deshalb nicht abgeben, 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 2 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 werden soll. **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!

IV. Keine Rechtfertigung der Impferpressung durch § 20a IfSG

Ihre Drohung, mein Arbeitsverhältnis ohne COVID-Impfung zu beenden oder mich unbezahlt freizustellen, lässt sich auch nicht mit dem Hinweis rechtfertigen, 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.

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 Ihre Belegschaft 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.

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.

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.

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

Ich fordere Sie hiermit auf, mir gegenüber rechtsverbindlich zu erklären, dass Sie, solange das Ges8undheitsamt kein Betretungsverbot ausspricht, den Bestand meines Arbeitsverhältnisses selbst dann nicht in Frage stellen und mein Arbeitsentgelt selbst dann weiterhin bezahlen werden, wenn ich mich nicht impfen lasse. Ferner erwarte ich von Ihnen, dass Sie alles daran setzen, dass das Gesundheitsamt ein Betretungsverbot gar nicht erst ausspricht. Ich selbst beabsichtige, mich im Falle eines Betretungsverbots gerichtlich dagegen zu wehren.

Sollten Sie diese Erklärung nicht abgegeben, werde ich rechtliche Schritte in Erwägung ziehen, insbesondere die folgenden:

- Im Falle einer Kündigung: Kündigungsschutzklage. Ein Recht zur fristlosen Kündigung steht Ihnen nicht zu. Meine Weigerung, mich impfen zu lassen, lässt sich nicht als Verletzung meiner Pflichten aus dem Arbeitsverhältnis qualifizieren – und zwar allein schon deshalb nicht, weil ich in die Impfung gar nicht mehr wirksam einwilligen *kann*. Aus dem gleichen

Grund scheidet eine verhaltensbedingte Kündigung aus. Und für eine personenbedingte Kündigung ist kein Raum, solange das Gesundheitsamt kein Betretungsverbot ausspricht.

- Im Falle einer unbezahlten Freistellung: Lohnfortzahlungsklage auf der Basis des § 615 BGB sowie Klage auf vertragsgemäße Weiterbeschäftigung. Ich werde meine Arbeitskraft auch in der Zeit nach dem 15.3.2022 ordnungsgemäß anbieten. Und solange das Gesundheitsamt kein Betretungsverbot ausspricht, werden Sie meine Arbeitsleistung annehmen müssen. Solange Sie mir die Zahlung meines Arbeitsentgelts verweigern, werde ich gemäß § 157 Abs. 3 SGB III Arbeitslosengeld I beantragen. Sie müssen dann damit rechnen, von der Agentur für Arbeit in Regress genommen zu werden.
- Einstweilige Verfügung auf Unterlassung weiterer Versuche, mich zur Impfung zu zwingen. Die Anspruchsgrundlage § 823 Abs. 2 BGB i. V. m. §§ 223 ff., 240 StGB trägt nicht nur einen Schadensersatz-, sondern ebenso einen Unterlassungsanspruch. Der Impfdruck verkörpert außerdem zu meinem Nachteil eine vorsätzliche sittenwidrige Schädigung, die gemäß § 826 BGB zu unterlassen ist. Soweit es um die Verletzung meines Körpers geht, stehen mir ferner Unterlassungsansprüche nach § 823 Abs. 1, § 1004 Abs. 1 BGB analog zu. Eine solche Verfügung kann sich gegen jeden richten, der den Impfdruck erzeugt oder aufrechterhält, und damit insbesondere auch gegen Sie persönlich! (Jetzt folgt noch ein Satz für Fälle, in denen Träger der Einrichtung eine OHG, eine KG, GmbH, eine Aktiengesellschaft, eine Genossenschaft oder ein vergleichbarer rechtsfähiger Personenverband ist – bitte füllen Sie also das *Nachstehende* nur aus und schreiben Sie es nur dann, wenn dies auf Ihren Arbeitgeber zutrifft!) Sie können sich insbesondere nicht dahinter verstecken, dass Sie für eine selbständig rechtsfähige (OHG, KG, GmbH, Aktiengesellschaft, Genossenschaft etc. – bitte das Zutreffende einsetzen) tätig geworden sind. Für den Schaden, den Sie mir durch eine unerlaubte Handlung zufügen, haben Sie vielmehr persönlich geradezustehen. Und deshalb sind Sie auch persönlich unterlassungspflichtig.

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

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 geltender 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 Korruption 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 andere Stoffe , wie Graphenoxyd oder weitere Nanopartikel eine Rolle spielen, wird seit einigen Monaten von vielen diskutiert, nachdem diese in den Covid-19 Spritzen gefunden worden sind. Das Vertrauen in die Verlässlichkeit von Studienergebnissen oder selbst von im Markt befindlichen Medikamenten ist jetzt bei vielen Menschen dahin. Mir erscheint das berechtigt, denn selbst die Suche nach gefälschten oder gepanschten (counterfeit or adulterated) Medikamenten durch eine hierfür speziell eingerichtete Abteilung von Interpol wird durch die Arzneimittelindustrie mitfinanziert.

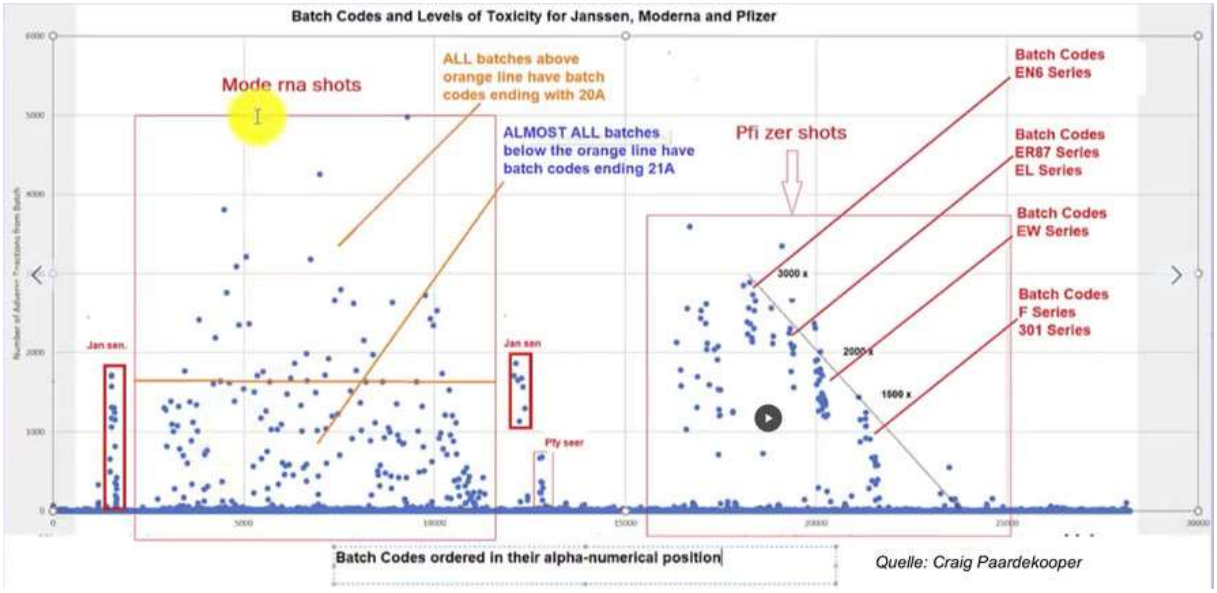
Unter dem Begriff „teleskopiertes Verfahren" werden bei „Corona" die Sicherheitsstufen der Studienphasen mit amtlicher Billigung ausgehebelt. Aber nicht nur das.

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 jedes Mal 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.



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 möglicherweise der Grund, warum die CDC nicht wollte, dass die Öffentlichkeit 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 Wolfgang Wodarg:

Und erneut die Bitte, sprechen Sie ggf. ihren Impfarzt auf diese Chargen an und bestehen Sie auf einer nebenwirkungsarmen Charge.