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03.01.2022

Legal opinion

on the unsuitability of the PCR test to detect acute infection with the SARS-CoV-2 virus

The legal opinion was prepared by **Beate Bahner, specialist lawyer for medical law** and **author of** the book "Corona vaccination: What doctors and patients should absolutely know".

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List of abbreviations

CoVCoronaVirus Disease CTcycle threshold
EMAEuropean Medicines Agency
FDAFoodand Drug Administration (U.S. Food and Drug Administration)
ff. cont.
IfSGInfection Protection Act
i.S.d. Withinthe meaning of the
in connection with
m.w.Nwith further evidence
PCRpolymerasechain reaction RKIRobert Koch Institute
RLDirective
SARSsevereacute respiratory syndrome WHOWorld Health Organization

Table of contents

1. The PCR test cannot detect acute infections

1.1 Possibilities and limitations of the PCR test

The PCR test is an ingenious and Nobel Prize-winning diagnostic tool.

However, it is **not capable of** detecting a **replicable** virus because it does not distinguish between replicable and non-replicable agents within the meaning of Section 2 No. 1 of the Infection Protection Act (hereinafter IfSG). The PCR test is only suitable for the detection of minute virus particles **or dead virus residues**, but not for the reliable and sole detection of a replicable, i.e. living virus and thus of an acute **infection within the meaning** of § 2 No. 1 and § 2 No. 5 IfSG.

1.2 Infection is the ingestion of a pathogen, § 2 No. 2 IfSG.

The term "**infection**" is defined in § 2 No. 2 IfSG: According to this, an infection is

> *"the **uptake of a pathogen** and its subsequent development and multiplication in the human body."*

The term "**pathogen**" is defined in § 2 No. 1 IfSG:

> *For the purposes of this Act, pathogen:*
> *a **reproducible** agent (**virus**, bacterium, fungus, parasite) or other biological transmissible agent that **can cause an infection** or **transmissible disease** in humans,*

The term "**communicable disease**" is defined in § 2 No. 3 IfSG: According to this, a communicable disease is

> *a disease caused by **pathogens.***

1.3 No permissible use of the PCR test in healthy people

Incidentally, the PCR test is only **approved for** research purposes in **healthy people** and precisely **not for diagnostic purposes**. It is therefore already inadmissible,

million **healthy** citizens to undergo PCR testing at all.

Evidence: Reference to RealStar SARS-CoV-2 RT-PCR Kit 1.0 test kit as a

Attachment 1.

1.4 Nobel Prize for the inventor of the PCR test

Kary Banks Mullis (born December 28, 1944 in North Carolina, died August 7, 2019 in Ka- lifornia) was a U.S. biochemist. He received the Nobel Prize in Chemistryin 1993 (jointly with MichaelSmith) for the development of the polymerase chain reaction (PCR) ten years earlier. PCR rapidly became one of the most important methods in modern molecular biology.

The polymerase chain reaction (PCR) is based on the principle of "separate, copy, and copy" by the **cyclically repeated duplication of DNA** using a thermostableDNA polymerase and nucleotides. Kary Mullis:

> *"It was a flash of inspiration - at night, on a moonlit mountain road, on a Friday in April 1983. I was driving leisurely in my car to the redwood forests in northern California when, out of an unbelievable confluence of coincidences, naiveté and lucky errors, I suddenly came up with the idea of the gene copying process known today as polymerase chain reaction (PCR). Starting from a single molecule of the genetic substance DNA, it is possible to generate 100 billion copies of the desired section in one afternoon - and all without great effort: all you need is a test tube, a few ingredients and a heat source. The DNA to be copied does not even have to be in purified form; a small amount of it in a highly complicated mixture of biological substances is sufficient. It can come from a tissue sample of a sick person, but also from a single human hair, a dried drop of blood at the site of a crime, a mummified brain, or a 40000-year-old mammoth that has been preserved tolerably in permafrost."*

Evidence: Kary B. Mullis: A Night Trip and the Polymerase Chain Reaction (Spektrum der Wissenschaft June 1990).

available at: https://www.spektrum.de/magazin/eine-nachtfahrt-und-die-polymerase-chain-reaction/944869

In one sentence of this narrative, essential properties of PCR are mentioned: A minimum of starting material is sufficient and the method is a **formidable multiplication machine**. In short, it can be used to find the proverbial **needle in a haystack,** specifically a single molecule in a sample.

In a few hours, this molecule can be multiplied by a factor of 100,000,000,000 - to be precise, it is a section of it from which the presence of the entire molecule can be inferred. Kary Mullis received the Nobel Prize for his stroke of genius in 1993.

Further information on the PCR test can be found in the book "**Das PCR-Desaster - Ge- nese und Evolution des "Drosten-Tests""**, Thomas Kubo Verlag, Münster.

1.5 The duplication / number of cycles

The DNA in the sample is doubled in each work step, the increase is exponential. If you start from a single gene segment, after one cycle you already have two of them, and since doubling continues in each cycle, after:

10 cycles = 1,024 = approx. 1 thousand

20 cycles = 1,048,576 = approx. 1 million

30 cycles = 1,073,741,824 = approx. 1 billion

35 cycles = 34,359,738,368 = approx. 35 billion

40 cycles = 1,099,511,627,776 = approx. 1 trillion

45 cycles = 35,184,372,088,832 = approx. 35 trillion

50 cycles = 1,125,899,906,842,624 = approx. 1 quadrillion

The crucial question is: When do you stop? The PCR does not provide delimited results in YES or NO, but there is first a range without reaction, where no dye is measured yet, then there is an intermediate range, where more or less the increase of the dye **can** be observed, until the curve reaches a plateau sooner or later.

Consequently, it must be justified at which number of cycles one gets a meaningful result that does not fall within the measurement range of

The test is performed in a test environment in which, **for technical reasons, there are interfering signals and unspecific reactions, i.e., intrinsically false-positive results.**

In addition, there must be a **reference to clinical relevance,** and this cannot be **a** matter of **meaninglessly finding the "needle in the haystack".** A pure determination is not sufficient, it must be determined in a comprehensible way, so the justification for the **upper limit** must be reasonable and binding.

Canadian David Crowe summed up the problem this way:

*"So, if you **stopped at 20**, **everyone** would be **negative.***
*If you **stopped at 50**, **everyone** could be **positive.**"*

Quote from David Crowe in Celia Farber: The Corona Simulation Machine: *Why the Inventor of The "Corona Test" Would Have Warned Us Not To Use It To Detect A Virus* (7.4.2020),

Available at: https://uncoverdc.com/2020/04/07/was-the-covid-19-test-meant-to-detect-a-virus/.

Most tests are still run with **more than 35 cycles**, so you can find every needle in a haystack, even the smallest "virus snippets" of all possible viruses, including **snippets of the SARS-CoV-2 virus.**

2. The Robert Koch Institute on the PCR test

2.1 The clear statement of the Robert Koch Institute in Bulletin 39/2020

The meaninglessness of the PCR test is confirmed by the Robert Koch Institute itself, to which the courts always refer: The RKI states that the detection of the SARS-CoV-2 genome does **not** constitute direct **evidence of** a patient's **infectiousness.**

> *The gold standard of viral diagnostics is PCR with high precision and* ***low detection limits for*** *genomic SARSCoV-2 RNA in clinical specimens.* ***However, detection of the SARS-CoV-2 genome does not provide direct evidence of a patient's infectiousness*** *because not every genome is representative of an infectious viral particle. In vitro data indicate a 10:1 to 100:1 ratio of genomic RNA to infectious virus particles.*

Evidence: RKI Epidemiological Bulletin 39/2020, September 24, 2020, p. 8. as.

Attachment 2.

This should be clarified once again: A PCR test can detect a genome (RNA), but not infectious - i.e., reproducible and thus living - virus particles. According to the RKI, the **ratio of detected RNA** to **infectious virus particles** is **10:1 to 100:1**.

It is therefore likely that out of 100 persons, only a few actually carry infectious virus particles despite positive genome detection by the PCR test! **The other 95 to 98 positively tested persons are not infectious**!

This is also confirmed by the figures of the RKI: in over 30 million tests, only 750,000 apparently showed typical symptoms of a viral disease, but only about 10,000 of these showed the severe consequence of pneumonia.

Evidence: excerpt from Epidemiological Bulletin 2/2021, January 14, 2021, see Appendix 5.

This is 2.5 percent! Again, **of all 30 million people tested, only 2.5% have symptoms, of which only 0.03% have pneumonia.**

The RKI says:

"However, **detection of the SARS-CoV-2 genome does not** constitute **direct evidence of** a patient's **infectiousness** because not every genome is representative of an infectious viral particle."

Thus, in its current epidemiological bulletin 2/2021, the RKI meets the following **three essential statements**:

1. The first person to be tested is a "**patient**" - this is a person with complaints or symptoms of disease - rather **than a healthy person**.
2. A positive PCR test does **not** provide **any information** about the infectiousness of a patient.
3. This is because with 100 positive tests, there is a probability of **up to 99% that no infectious virus particles** will be detected.

Thus, according to the RKI, a positive PCR test alone cannot detect a pathogen of the SARS-CoV2 virus within the meaning of § 2 No. 1 IfSG.

2.2 Robert Koch Institute confirms the need for virus propagation

Rather, what is needed after a positive test result is an **increase in the number of viruses**, as the RKI itself demands:

> *In clinical samples, infectious virus particles can be detected by **virus propagation** in cell culture. The success of culturing depends on the amount of vi- rus. The **cultivability of the virus** from respiratory tract specimen material is currently considered the **best approximation for estimating infectiousness**.*

Evidence: RKI Epidemiological Bulletin 39/2020, September 24, 2020, p. 8, as before.

The RKI then emphasizes once again that - after a positive PCR test - further diagnostic steps are mandatory in order to assess a "possible" infectiousness.

> *If quantitative PCR is to be used to **estimate the potential infectivity of** a SARS-CoV-2 infected patient, it further requires correlation of the detected genome number with the number of replication com- petent virus particles, or the probability of SARS-CoV-2 growability in cell culture from the same sample. This can be estimated by systematically comparing the genome loads and the **growability of viruses** from the same clinical sample in cell culture.*

Evidence: RKI Epidemiological Bulletin 39/2020, September 24, 2020, p. 9, as before.

2.3 Prerequisites for suspected infection according to RKI

The RKI thus states the following about infectiousness:

1. The PCR test alone **cannot** provide **information** about infectivity.
2. This is because **only a genomic RNA** is detected, but not the "infectious virus particles" required to establish an infection.
3. This also requires the **systematic comparison of genome loads.**
4. **In** addition, the **cultivability** (propagation) of the viruses from the same clinical specimen in cell culture is required.
5. Even then, there is not necessarily an infectiousness, but only an **"assessment" of** a **possible infectiousness.**

2.4 How good is a SARS-CoV-2 test result?

The RKI then confirms itself that the test result has a shockingly poor rate: On its homepage, the RKI describes a positive predictive value of only 28.78%!

The RKI formulates the question as follows:

> ***Positive predictive value**: A person has a positive test result. How likely is he or she to actually be infected? 28,78 %*

This means at the same time that even according to the RKI **71.22 % of** all positive test results **are** false!

Proof: Excerpt Homepage RKI "How good is a SARS-CoV-2 test result?"

Attachment 3.

The Robert Koch Institute confirms an error rate for positive test results of 71.22% on its homepage.

3. The World Health Organization on the PCR test

3.1 Confirmation by WHO on December 14, 2020

The World Health Organization also warns of the increased risk of false test results in PCR tests. Therefore, healthcare providers are urged to consider clinical **signs** and **symptoms** in case of positive test results. The WHO states clearly:

Consider any positive result (SARS-CoV-2 detected) or negative result (SARS-CoV-2 not detected) in combination with specimen type (test type), ***clinical obser- vations****, patient history and* ***epidemiological information.***

Evidence: WHO Information Notice for IVD Users from 14.12.2020 as

Attachment 4.

3.2 Further warning by WHO from 20 January 2021

The World Health Organization has issued another warning, dated January 13, 2021. - published on January 20, 2021 - reiterated to healthcare providers and laboratories that in the case of positive test results - without corresponding clinical symptoms - another test must be performed and that typical clinical **signs** and **symptoms must** also be urgently considered. In particular, the viral load is inversely proportional to the CT value. This means that with a high CT value (presumably already from 25 CT) the viral load is low and becomes lower and lower.

WHO again clarifies that the **PCR test** is **only a tool** and any result must necessarily be supported by **clinical observation**, patient history, other epidemiological information, and the **type of test:**

WHO guidance DiagnostictestingforSARS-CoV-2 states that ***careful interpretation of weak positive results is needed*** *(1). The cycle threshold (Ct) needed to detect virus is inversely proportional to the patient's viral load. Where test results do not correspond with the clinical presentation, a new specimen should be taken and retested using the same or different NAT technology.*

WHO reminds IVD users that disease prevalence alters the predictive value of test results; as disease prevalence decreases, ***the risk of false positive increases*** *(2). This means that the probability that a person who has a positive result (SARS-CoV-2 detected) is truly infected with SARS-CoV-2 decreases as prevalence decreases, irrespective of the claimed specificity.*

*Most PCR assays are indicated as **an aid** for diagnosis, therefore, health care pro- viders must consider any result in combination with timing of sampling, specimen type, assay specifics, clinical observations, patient history, confirmed status of any contacts, and epidemiological information.*

Evidence: WHO Information Notice for IVD Users dated 20.1.2021 as

Attachment 5.

4. Confirmation of unsuitability by manufacturer and experts

4.1 Statement of Olfert Landt, Managing Director of TIB Molbiol

Also Olfert Landt, whose company TIB Molbiol in Berlin (by the way already since the first "SARS pandemic 2003 in cooperation with Christian Drosten) produces PCR tests for the alleged detection of the corona virus, confirms that "only about half of the corona infected" are infectious. He says in an interview with the Fuldaer Zeitung under the title "Corona test (PCR): Manufacturer Olfert Landt wishes for "more courage" from the Robert Koch Institute:

*Not every person who tests positive for coronavirus is infectious. "We know that people with a low viral load are not infectious," Landt says. The manufacturer of the PCR tests believes that an **estimated half of all people who test po- sitive** are **not infectious.** To be dangerous to third parties, he says, one would have to carry "100 times more viral load than the detection limit of the tests.*

Proof: Newspaper article Fuldaer Zeitung from 12.1.2021 as

Attachment 6.

This statement also proves that PCR tests are basically useless, at least with regard to virus detection. However, the figure of 50 % **clearly contradicts** the statement of the **RKI, according to which only between 1 % to**

10% of all persons tested positive are infectious. It may be assumed that the courts believe the leading and authoritative institute of the RKI more than a manufacturer pursuing its own interests. The manufacturer would no longer sell PCR tests in the COVID period if the laboratories and clinics knew that its results have a much higher error rate, namely from 72% to 99% error rate.

However, at least the manufacturer itself confirms an enormously high error rate of 50 %. If and as far as the PCR tests are performed with only 25 cycles, then his statement may well be true. However, most PCR tests are performed with 35 to even 45 cycles (!!). This, of course, fundamentally changes Mr. Landt's statement and should only amount to 1 % of infections.

4.2 Testimony of Dr. Roger Hodkinson

Dr. Roger Hodkinson is a pathologist and **laboratory physician** from Canada. He is also the **chairman of a biotechnology company** that **also sells** the **Covid 19 test** and thus pursues its own financial interests. He says of the tests:

> *"I would like to emphasize that this is my professional business. I want to emphasize that **positive test results do not, I repeat, do not** mean **clinical infection**! The test only fuels public hysteria, testing must stop immediately, except for people who come to the hospital with respiratory problems! The panic around Covid is the biggest hoax."*

Proof: article "The panic about Covid is the biggest hoax" from Vitalstoff.Blog, cf.

Attachment 7.

4.3 Confirmation of the RKI by further experts

Prof. Drosten, who is the only chief virologist allowed to advise the Robert Koch Institute and the German government and who alone is listened to by the government and the mass media, has already confirmed the previous statements on the PCR test accurately in 2014:

- **Statement by Prof. Christian Drosten**, one of the **developers of the Sars Cov2 PCR test:**

  Yes, but the method is so sensitive that it can detect a single hereditary molecule of this virus. If, for example, such a pathogen flits across a nurse's nasal mucosa for a day without her falling ill or noticing anything else, she is suddenly a Mers case. Where previously terminally ill people were reported, now mild cases and people who are actually perfectly healthy are suddenly included in the reporting statistics. This could also explain the explosion in the number of cases in Saudi Arabia. In addition, the local media have blown the matter out of proportion.

  Interview in the Wirtschaftswoche of 14.5.2014, at that time on Mers

- **Statement by Kary Mullis**, biochemist, received the 1993 **Nobel Prize in** Che- mistry together with Michael Smith **for the development of the PCR test:**

  The PCR test allows you to take a tiny amount of something, make it measurable, and then present it as if it were important. That is a misinterpretation. The test does not tell you if you are sick or if what was "found" would really harm you.

  https://www.youtube.com/watch?v=p_cMF_s-fzc

- **Testimony of Dr. Mike Yeadon**, former chief science officer of Pfizer:

  The use of a PCR test alone does not indicate the presence of infection. The current use of PCR tests is not capable of producing correct results. The positive test results are almost entirely false. This is fraud. Legal action must be taken against this.

  https://www.wochenblick.at/pfizer-vize-bekraeftigt-pcr-test-alleine-sagt-nothing-about-infection-out/

- **Statement of Prof. Dr. Sucharid Bhakdi,** Specialist in Microbiology and Infection Epidemiology:

  In response to the claim of the Swiss Federal Office of Public Health and Swiss- medic regarding the current SARS-CoV-2 EindV "secretion "ID 19 test: "This very sensitive method specifically detects the nucleic acid of a pathogen in patient samples, which proves an infection with the pathogen," Prof. Bhakdi replies: "That is not true. Absolutely not. That's a lie."

  https://www.wochenblick.at/pfizer-vize-bekraeftigt-pcr-test-alleine-sagt-nothing-about-infection-out/

- **Statement by Prof. Dr. rer. hum. biol. Ulrike Kämmerer**, University of Würz- burg, Specialties Virology and Immunology

  The PCR test only shows the nucleic acids, NOT the virus, it CANNOT detect infection. The PCR test can NOT detect whether the virus is capable of replication, actually replicates in the host and whether the person becomes causally ill with it. If there is this virus RNA on the surface of the swab in the PCR test, that does NOT mean it is inside the cells and whether there is an intact replicable viral load."

https://www.mimikama.at/aktuelles/pcr-test-coronavirus-nachweisen/
https://www.youtube.com/watch?v=Ymer59vTrSA

- **Statement by Prof. Dr. med. René Gottschalk**, specialist in public health, head of the health department in Frankfurt since 2011:

  *With low prevalence in the population and extensive testing of asymptomatic individuals, false positives will be obtained even if the test is assumed to have high sensitivity and specificity. The PCR test detects gene segments of SARS-CoV2; it does not indicate whether the viruses are infectious or whether they are viral remnants after infection***.**

  https://www.aerzteblatt.de/studieren/forum/137821

- **Statement of the Berlin House of Representatives in** response to a written question by Representative Marcel Luthe:

  "As far as the presence of "replicable viruses" is concerned, is a so-called PCR test able to distinguish between a "replicable" and a "non-replicable" virus?" Written answer from the House of Representatives: "No."

  Answer of the Berlin House of Representatives from 30.10.2020, Drs.18/25 212

- **Excerpt from the package insert of the cobas SARS CoV 2 PCR test**:

  *For use in **patients with signs and symptoms of** possible SARS-CoV-2 EindV "shedding" ID-19 disease (e.g., fever and/or other symptoms of acute respiratory illness). **Positive results** indicate the presence of SARS-CoV2 **RNA**, **but not** necessarily **the presence of a transmissible virus**.*

  To determine the patient's infection status, they must be clinically correlated with the patient's history and other diagnostic information. Positive results exclude a bacterial infection.

or coinfection with other viruses is not excluded. The pathogen detected may not be the definitive cause of the disease.

In fact, there is **no single test** that can detect the **SARS-CoV2 virus** and can **detect** an infection with this virus!

4.4 False claim of the Leopoldina

In a decision of the Administrative Court of Munich, which dealt with the legality of a quarantine order against a healthy student, the court referred to a statement made by members of the **Leopoldina**, the **National Academy of Sciences,** in the 6th ad hoc statement of the Leopoldina of
September 23, 2020. It says on page 6:

"Detection of viral RNA by RT-PCR is equivalent to infection of the person who tests positive."

Evidence: 6th ad hoc opinion dated 9/23/2020, page 6 as.

Attachment 8.

Based on this statement of an alleged "science academy", for example, the **quarantine order against a healthy student was confirmed** in summary proceedings, cf. VG Munich, negative decision of December 4, 2020 - M 26b S 20.6199. Against this, the undersigned has initiated the main proceedings, which are still pending.

In the 6th ad hoc statement of September 23, 2020, 20 literature references were given. However, scientific evidence for the claim "*The detection of viral RNA by RT-PCR is equivalent to an infection of the person tested positive*" was completely missing.

Given the significance of this statement - for now millions of unprecedented quarantine orders by health departments based only on positive PCR-

tests, as well as for the calculation of the incidence value based only on PCR tests - **more than 50 attorneys asked the members of the Leopoldina Working Group for ei- dical assurance of the following statement:**

> *"The PCR tests, which have been performed millions of times since March 2020, are capable of detecting a replicable SARS-CoV2 virus, i.e. a pathogen in the sense of Section 2 No. 1 IfSG and thus an acute infection in the sense of Section 7 Paragraph 1 Sentence 1 No. 44a IfSG."*

Evidence: 4th Open Letter from Advocates for Enlightenment dated 12/12/2020 as.

Appendix 9.

4.5 No reaction from the "scientists

A reply has not been received by the requested date (19.12.2020 and also until today). Obviously, none of the professors was willing to scientifically substantiate or even affirm in lieu of an oath the **demonstrably false claim** that the PCR test can detect an infection. This is remarkable: One asserts thus impudently something, but takes no responsibility for it. After all, one has the honor of being quoted by the (then) German Chancellor as a "scientific benchmark" for the Corona measures. You can simply claim something out of the blue, you obviously don't need any scientific fundemant and certainly no ethos anymore. Any false assertions are sufficient in the meantime.

5. The consequences of the unusability of the PCR test

5.1 Corona - story of a test fraud?

It has been adequately demonstrated that the PCR test is an excellent molecular biological diagnostic tool, but it cannot detect acute infection. Nor can it tell whether a person is ill or can infect others. Even an infection with the SARS-CoV-2 virus is

is far from being a disease, as the president of the Hamburg Medical Association, Walter Plassmann, noted.

Evidence: Press release of 2.11.2020 "Corona - History of a test deception?" as

Appendix 10.

5.2 FDA withdraws approval for 229 PCR tests

In the meantime, the FDA (US Food and Drug Administration) has also drawn the necessary conclusions. The FDA is the Food and **Drug Administration of** the United States. As such, it is **subordinate to** the **U.S. Department of Health and Human Services**.

It posted a warning on its homepage on Feb. 3, 2021, titled **"Removal Lists of Tests that Should No Longer Be Used and/or Distributed for COVID-19."** There, 229 different PCR test methods are listed on 20 pages that should **no longer** be used. (!!)

Evidence: page 1 of FDA's warning "Removal Lists of Tests that Should No Longer Be Used and/or Distributed for COVID-19", as.

Appendix 11.

available at: https://www.fda.gov/medical-devices/coronavirus-covid-19-and-medical-devices/removal-lists-tests-should-no-longer-be-used-andor-distributed-covid-19-faqs-testing-sars-cov-2

5.3 Request for withdrawal of the Corman-Drosten PCR study.

Contrary to the claims made on the RKI homepage, the PCR test cannot **be seriously regarded** as the **"gold standard" for** the above-mentioned reasons.

The use of the test is not considered to be a "good" test, at least not with regard to the detection of acute infectious diseases, quite the contrary.

Prof. Drosten, the chief advisor to the RKI and the government did indeed study "Detection of 2019 novel coronavirus" for the establishment of the SARS-CoV-2- PCR-assay co-authored with Corman et. al (8 pp).

cf. annex 12.

In the meantime, however, 22 renowned international scientists have subjected this study to an independent peer review process and come to a **devastating conclusion: the study contains nine serious scientific errors and three minor inaccuracies.**

Therefore, the scientists filed the **motiontowithdraw the study** on November 27, 2020 submitted to the **journal Eurosurveillance.** (Piquantly, Prof. Drosten himself is the editor of the journal, which had apparently subjected the publication, which had only been submitted on January 21, 2020, to only a cursory review process. Just two days later, the study was published in absolute record time).

5.4 The criticisms of the Corman-Drosten study.

1. The **design of the primers is inadequate: inaccurate base composition, too low GC content, too high concentrations in the test. The** only scientifically relevant **PCR (N gene)** is presented, but is **not verified** and is also **not recommended by WHO for testing**.

2. The **binding temperature is** chosen **too high**, promoting nonspecific binding, which may result in the detection of gene sequences other than SARS-CoV-2.

3. The **number of cycles is specified in the paper as 45**; a threshold up to which the reaction is considered a true positive is not defined for the CT value**. It is generally known that PCR tests with a cycle number above 30 regularly no longer allow conclusions to be drawn about contamination of the sample with the virus sought.**

4. **No biomolecular validation** has been performed, so there is **no confirmation that the amplicons are genuine**, really arise, and also detect the sequence we are looking for.

5. **Neither positive nor negative controls** were performed with **regard to virus de- tection.**

6. There are **no standardized handling instructions available that would ensure test repetition in user laboratories under always the same conditions.**

7. Due to the **imprecise experimental setup,** there is a **risk of false-positive results.**

8. Given the very short period between submission and publication of the study, it is very **unlikely that a peer review process took place at all**. If a peer review did take place, it was **inadequate** because the **errors pointed out, including formal errors,** were **not found.**

9. There are **massive conflicts of interest for** at least four of the authors in addition to the issue that two of the **authors (Prof. Drosten and Chantal Reusken) are members of the editorial board of Eurosurveillance**. Two conflicts of interest were disclosed on July 29, 2020: Olfert Landt is the managing director of TIB Molbiol, and Marco Kaiser is a senior researcher at GenExpress and a scientific advisor to TIB Molbiol. These **conflicts of interest were not declared in the original version of the study** and continue to be missing from the version published on PubMed. TIB Molbiol is the company that was reportedly the "first" to manufacture the PCR kits (Light Mix) on the ba- sis of the protocol published in the Gorman-Drosten manuscript. According to own

representation, the company had already distributed the test kits before the study had reached submission.

Victor Corman and Prof. Drosten have omitted to disclose their dual affiliation: they work not only at Charité Körperschaft öffentlichen Rechts but also at Labor Berlin Charité Vivantes GmbH. In the laboratory, which performs real time PCR tests, they are responsible for virus diagnostics.

Evidence: excerpt from the "Corman-Drosten Review Report (12 pp.) as.

Attachment 13.

Available at: https://www.airvox.ch/gesundheit/der-corona-skandal-22-wissen-schaftler-fordern-rueckzug-dder-drosten-pcr-test-study/

5.5 The need for further diagnostics

5.5.1 PCR test does not distinguish between SARS-CoV-2 and influenza viruses

In addition, it has been shown that the PCR test also cannot distinguish between COVID19 viruses and other viruses. On December 22, 2020, Andreas Wild, a non-factional member of parliament, submitted the following **written question** to the Berlin Senate Administration for Health, Care and Equality:

"Media report that the French diagnostics company Biomerieux says it has received certification to sell a test that can distinguish coronvirus disease from influenza. Does this mean that such a distinction is not possible with the previous PCR test?

The **response from the Berlin Senate Department of Health dated Jan. 13, 2021,** was as follows:

*"A PCR test can generally only detect the genetic material of a specific virus or bacterium in a highly specific manner. A differentiation between different viruses or bacteria is thus never possible, but each germ that comes into question for differential diagnosis must be **tested separately** by a specific laboratory test."*

Evidence: Written question Abgeordnetenhaus Berlin, Drucksache 18/25991 as

Attachment 14.

5.5.2 Similar symptoms in flu and corona

Laypersons usually have difficulty distinguishing the symptoms of influenza from those of covid 19 disease. If corona is suspected, the decisive factor is whether there are or have been possible contacts with diseased persons.

The **main symptoms of Covid-19** include fever, dry cough, and respiratory distress. Respiratory problems and even pneumonia may occur. Typical cold symptoms such as rhinitis and sneezing occur less frequently in comparison.

The **main symptoms of seasonal flu** include sudden onset, often high fever, and a strong feeling of illness is also typical. Headache, muscle and joint pain are regularly present. If lung involvement occurs, which will be more common in pandemic flu, patients also have a dry cough and shortness of breath. Much like Covid-19, however, the course can be highly variable.

The most obvious difference between Covid-19 and influenza is the odor and taste disturbance, which has not previously been observed so clearly in influenza.

Even with the severe consequences of the SARS-CoV-2 virus and the influenza virus, namely **pneumonia**, a **significant difference in the** lungs is **not detectable,** according to an American study in the American Journal of Radiology. Rather, it is difficult to distinguish between SARS-CoV-2 and influenza even on radiographs.

Evidence: CT Manifestations of Coronavirus Disease (COVID-19) Pneumonia and Influ- enza Virus Pneumonia: A Comparative Study, January 2021, American Journal of Ra- diology as.

Attachment 15.

Available at: https://www.ajronline.org/doi/abs/10.2214/AJR.20.23304

5.5.3 Diagnostic exclusion of influenza virus mandatory

The **diagnostic exclusion of other infections**, such as influenza or rhinovirus, is **mandatory because the symptoms** are **very similar. The** courses of infection are also similar - as is the risk of severe courses due to lung inflammation. The mortality rate is also comparable for SARS-CoV-2 and influenza.

However, with flu viruses or other viruses, people are not tormented with absurd AHA regulations, with lockdowns, closing of stores, museums, swimming pools, contact bans, minimum distances, mandatory masks, curfews, bans on dancing and singing, and much more.

Influenza and COVID19 are confusingly similar.

But with influenza, there is no lockdown, no quarantine, no fines.

Therefore, a COVID19 illness must be diagnosed with the utmost care.

5.6 Gross violation of the express wording of the law

Since the PCR test cannot detect a pathogen within the meaning of Section 2 No. 1 IfSG under any circumstances, the requirements of Section 2 No. 7 IfSG are also not met: A person is only **suspected of being infected if it** can be **assumed** that he or she has **ingested pathogens.** Such an assumption cannot be made on the basis of the PCR test, as this cannot detect **a viral load.** This applies in particular to tests with **more than 25**

cycles, since with more than 25 cycles even the **smallest virus snippets** are detectable, which, however, do not indicate an infection. However, most PCR tests, in particular the "Drosten test", are performed with **35 to 45 cycles** and thus have **zero significance. A fortiori,** no **"suspicion of disease**" within the meaning of § 2 No. 5 IfSG can be based on the PCR test.

Here again the statement of the virological expert Christian **Drosten**:

> *Yes, but the method is so sensitive that it can detect a single hereditary molecule of this virus. If, for example, such a pathogen flits across a nurse's nasal mucosa for a day without her falling ill or noticing anything else, then she is suddenly a Mers case. Where previously terminally ill people were reported, now suddenly mild cases and people who are actually perfectly healthy are included in the reporting statistics. This could also explain the explosion in the number of cases in Saudi Arabia. In addition, the local media have blown the matter out of proportion.*

Drosten's statement is very graphically confirmed by the fact that most persons tested positive are neither ill nor have any symptoms, i.e. are asymptomatic. But asymptomatic persons are not infectious! Because a person who does not cough or sneeze is simply not a virus carrier! And even if he coughs or sneezes, he does not spread a killer virus!

If the **PCR test** cannot detect **a pathogen**, then it cannot detect "the **uptake of** the pathogen and its subsequent development and multiplication in the human body", i.e. an **infection in the** sense of the legal definition of § 2 No. 2 IfSG.

A fortiori, the PCR test cannot detect **an "acute" infection within the** meaning of Section 7 (1) sentence 1 IfSG. Such an "acute infection" does not exist in the vast majority of cases, if only because almost exclusively **healthy people** are **tested.**

6. The massive violations of the law by the institutions involved

Many of the institutions involved are accused of massive violations of the law with regard to testing.

6.1 Violation of the obligation to report by laboratories according to § 7 para. 1 IfSG

By submitting positive PCR test results to the public health department by name, the laboratories commit an **administrative offense** pursuant to Section 73 (1a) No. 2 IfSG:

> *It is a misdemeanor to intentionally or negligently*
> *contrary to § 7 ... does not make a report, does not make it correctly, does* ***not*** *make it completely, does not make it in* ***the prescribed manner.***

The administrative offense can be punished with a **fine of up to € 25,000.** A corresponding **complaint against the respective laboratory** can be filed with the responsible authority, in case of doubt with the regional council, by all persons concerned. From now on, this will have to be done consistently in order to put an end to the millions of violations of the reporting obligation with immediate effect.

The laboratories are **obliged to report the pathogen SARS- CoV-2 by** name, § 7 para. 1 no. 44a IfSG. **However, a report by** name to the public health department may **only** be made if the laboratory result indicates an "**acute infection**".

§ Section 7 (1) IfSG reads:

> *Specifically, report direct or indirect evidence of the following pathogens, unless otherwise specified, if the evidence indicates* ***acute infection:***

The author has explained here - in particular with **reference to the RKI** itself,

1. that the PCR test is not capable of detecting a replicable SARS-CoV- 2 virus in the sense of § 2 No. 1 IfSG.
2. that, according to the RKI, an **approximation of the estimate of** contagiousness is only possible by means of the cultivability, i.e. the multiplication of the SARS-CoV-2 virus.
3. Finally, it must be ruled out by **further diagnostics that** a patient with symptoms is not ill with other influenza viruses, such as influenza virus or rhinovirus.

Only when this entire diagnostic procedure has been performed on a patient with symptoms and a **replicable SARS-CoV-2 virus has** actually been detected, is a laboratory entitled and obliged to report the name of the patient to the public health department in accordance with Section 7 (1) IfSG. Otherwise, the laboratory violates § 7 IfSG. Passing on a positive PCR test that only detects a SARS- CoV-2 **RNA does** not meet these criteria under any circumstances.

6.2 Violation of data protection by the laboratories

At the same time, the **laboratories** are in breach of data protection and are **liable** under the **provisions of the General Data Protection Regulation. The** persons concerned may assert **claims for damages** against the laboratory in accordance with Section 82 of the GDPR.

> *"Any person who has suffered material or non-material damage as a result of a breach of this Regulation shall be entitled to **compensation** from the controller or from the processor.*

6.3 Breach of medical confidentiality by the laboratories

With the unauthorized disclosure of data to the public health department, the laboratories also violate the medical **confidentiality obligation under Section 203 of the German Criminal Code (StGB):**

> *Any person who without authorization discloses another's secret, namely a secret belonging to the personal sphere of life, which has been entrusted to him as a physician or has otherwise become known to him, shall be punished by imprisonment for not more than one year or a fine.*

A breach of the duty of confidentiality also gives rise to **claims for damages** under Section 823 (2) of the German Civil Code (BGB) in conjunction with Section 203 of the German Criminal Code (StGB). § 203 StGB.

6.4 Failure of public health departments to comply with their legal obligations

The heads of the public health departments are also in massive breach of their obligations under the Infection Protection Act. This is because the health offices are legally obligated to carry out the investigations required by § 25 IfSG, especially in the case of transmissible diseases.

§ 25 IfSG reads:

> *(1) If it is found or assumed that someone is ill, suspected of being ill, suspected of being infected or excreted, or that a deceased person was ill, suspected of being ill or excreted, the **public health department** shall make the **necessary inquiries, in** particular as to the nature, cause, source of infection and spread of the disease.*
>
> *(2) Section 16 (1) sentence 2, (2), (3), (5) and (8) shall apply mutatis mutandis to the conduct of investigations pursuant to subsection 1. The public health authority may direct any questioning required as part of the investigation into a threatening transmissible disease with regard to the type, cause, source of infection and spread of the disease directly to a third person, **in particular to the attending physician,** if cooperation by the person concerned or the person obligated pursuant to Section 16 (5) is not possible or not possible in a timely manner; the third person is obligated to provide information by analogous application of Section 16 (2) sentences 3 and 4.*

(3) The persons referred to in paragraph 1 may be summoned by the health department. They can be obliged by the health department,

*1. to have **examinations** and samples of examination material taken from them, in particular to tolerate the necessary external examinations, X-ray examinations, tuberculin tests, **blood samples** and swabs of skin and mucous membranes by the representatives of the public health department, as well as*

2. to provide the necessary examination material on request. Any invasive procedures going beyond this, as well as procedures requiring anesthesia, may only be performed with the consent of the person concerned; Section 16 (5) only applies accordingly if the person concerned is incapable of giving consent. Personal data collected during examinations may only be processed for the purposes of this Act.

Such an investigation is also reasonable for the health authorities. If the laboratories correctly report detected pathogens in accordance with §§ 7 Para. 1 and 2 No. 1 IfSG, there will be very few genuine "infected persons". These will mostly have **only slight symptoms of** the corona disease (like Jens Spahn at that time). Those who are really ill will then be treated as outpatients or even inpatients in the clinics anyway.

However, the public health authorities have **never** carried out **an investigation** according to § 25 IfSG in a **single case**! This is also unprecedented in the history of public health offices in Germany.

7. The test scandal spreads worldwide

The number of experts denouncing PCR mass testing as reckless and nonsensical, if not criminal, is increasing. This is because - as illustrated - PCR tests cannot distinguish between "live" viruses and inactive (non-infectious) virus particles and therefore cannot be used as a diagnostic tool. They also cannot confirm that SARS-CoV-2 is the causative agent of the clinical symptoms, since the test cannot rule out diseases caused by other bacterial or viral pathogens.

The tests have exceptionally high false discovery rates. The higher the cycle threshold (CT) - i.e. the number of amplification cycles used to detect RNA particles - the greater the chance of a false positive result. **Above 34 cycles,** the chance that a positive PCR test is a true positive drops to zero.

Florida was therefore the first state to require all laboratories in the state to report the CTs used for their PCR tests.

The SARS-CoV-2 PCR test was developed based on a genetic sequence published by Chinese scientists, not the virus isolate. Missing genetic code was simply invented

Positive reverse transcription polymerase chain reaction (RT-PCR) tests have been used as justification for keeping large parts of the world locked down for many months. Not reliable hospitalization or death rates, but simply positive PCR test numbers - a large proportion of which come from people who have no symptoms of actual disease - are the triggers for the lockdowns.

Now more and more experts are speaking out, denouncing mass PCR testing as foolish and nonsensical, if not criminal. And why? Because we now realize that PCR tests rarely say anything really useful, at least not when they are used in the way they have been used so far.

Evidence: article "COVID testing scandal spreads worldwide" v. 18.12.2020 as

Attachment 16.

8. Further studies on the PCR test

8.1 Molecular biology expert opinion Prof. Kämmerer

All this is confirmed by a further molecular biological expert opinion of the expert Prof. Ulrike Kämmerer dated 23.04.2021. "**On the question of evidence - What is the significance of the RT qPCR test and the currently used rapid tests for the detectability of an infection with the coronavirus SARS CoV 2**?", cf.

Attachment 17.

Prof. Ulrike Kämmerer is a graduate biologist (virology/molecular biology), Dr. rer. hum. biol, (human biology) with a habilitation in reproductive immunology.

8.2 Current study by the University of Duisburg Essen

Another **recent study by the University of Duisburg Essen,** after evaluating 190,000 PCR test results, shows that PCR test results alone are not sufficient for imposing pandemic measures.

This is because, according to the research published in the prestigious Jounal of Infection on 5/31/2021, positive test results do not sufficiently prove that people infected with SARS-CoV-2 can infect others with the corona virus.

As a result, it was found that in about 60 to as many as 80% of those tested, on average, such high levels of Ct were detected that these individuals were very likely no longer infectious.

Evidence: Notification UDE v. 18.6.2021 and study UDE v. 30.5.2021 as

Attachment 18.

as well as

Evidence: 'The performance of the SARS-CoV-2 RT-PCR test as a tool for detecting SARS-CoV-2 infection in the population - Journal of Infection' as.

Attachment 19.

Thus, the incidence values would have been miscalculated by up to 80%. If, for example, the incidence value had been 200/100,000, the actual incidence - based solely on the PCR tests - would have been only 40/100,000. However, this incidence must never be the basis for any Corona measure, because an **incidence of 50/100,000** is **a "rare disease"** according to the **definition of the EU and the Federal Ministry of Health.** Rare diseases never justify these unbelievable fundamental interferences with basic rights, as the people in Germany have to suffer since April 2020.

- never! A rare disease is not a plague, not cholera, not Ebola!

These studies also prove what has been analyzed by various scientists and experts since the spring of 2021, and what has been presented by the author in countless court cases since November 2021: The PCR test is misused and is unsuitable for the detection of any infection, thus also an infection with the SARS-CoV-2 virus.

9. Confirmation of unfitness by Dr. Anthony Fauci

Most recently, Dr. Anthony Fauci, the head of the **National Institute of Allergy and In- fectious Diseases** (**NIAID**) and an advisor to the US_governments, confirmed exactly all of this on the American television network MSNBC current on December 30, 2021:

"Covid Tests Don't Do What You Think They Do, Dr. Fauci Explains".

Fauci, among others, also explains the shortening of the quarantine duration with the uncertainties of the PCR test and rapid tests as follows:

> *"The only way to know if it (the virus) is transmissible is to prove that there is a live replicable virus in you. And the PCR test cannot determine that. The PCR test does not determine the presence or absence of the virus. The virus may be dead or inactive and consequently not transmissible. So it's completely understandable why people can get confused about this."*

Dr. Fauci thus confirms everything that has been stated in this expert opinion. Of course, these findings are not new, they are well known. Dr. Fauci knew from the beginning that the PCR test cannot detect an acute infection and that people with a positive PCR test are by no means infectious - and in case of doubt are actually infectious in only about one percent of cases.

Not only Dr. Fauci knows this, all medical experts in Germany and worldwide know this, even more so the laboratory physicians, the virologists and the clinicians.

10. Summary

1. The PCR test is a Nobel Prize-winning diagnostic tool. It can detect the tiniest particles and substances, which, however, must be correctly interpreted.
2. However, the interpretation that a positive PCR test in healthy people without symptoms confirms an acute infection with the SARS-CoV-2 virus is demonstrably false, as not only Prof. Drosten but also the inventor of the PCR test made clear. This is because the PCR test does not distinguish between dead and living viruses.
3. For the detection of an acute infection with a virus, a live virus capable of replication is required, which must be cultivated in a further complicated test procedure.
4. Next, it must be verified which specific virus has caused specific symptoms, since the Corona measures are based solely on the SARS CoV-2 virus, but not on the influenza virus or other viruses. However, the PCR test does not distinguish between the different viruses.
5. These further compelling diagnostic measures never occurred.
6. Thus, since April 2020, the PCR test has been misused in a medically unprecedented way for purposes that have nothing to do with Corona disease and nothing to do with health protection.
7. The Infection Protection Act was also violated in an unprecedented manner and misused to enforce the most immoderate violations of basic rights ever seen in the Federal Republic of Germany.
8. The PCR test is thus the linchpin of a worldwide medical fraud and abuse of power on an egregious scale.
9. The tests (rapid tests and PCR tests) must be stopped immediately.
10. All those responsible must be held accountable.

Beate Bahner

specialist lawyer for medical law