

COVID-19

.....

PUTTING THE PANDEMIC INTO A PROPORTIONATE PERSPECTIVE

Alternatives
to lockdown and
laissez-faire

#coronaaussoehnung

THE AUTHORS

Mag. Christian Felber, IASS affiliate scholar, Common Good economist, Vienna

Prof. Dr. Bernd Fittkau, humanistic psychologist and leadership coach, Hamburg

Prof. Dr. Monika Frommel, jurist and expert on penal law, Kiel

Prof. Dr. Ulrike Guérot, political scientist and expert on Europe, Bonn

Attorney Jessica Hamed, specialist attorney for penal law, university lecturer in Mainz

Magdalena Hanke (BA), queer feminist artist and gender researcher, Vienna

Dr. Martin Hirte, pediatrician, Munich

Dr. Ellis Huber, physician and healthcare policy-maker, Berlin

Mag. Ruth Koza, clinical & health psychologist, Innsbruck

Prof. Dr. Stephan Luckhaus, mathematician, Leipzig

Dr. Patricia Marchart, filmmaker, Vienna

Mag. Judith Raunig, clinical & health psychologist, Lower Austria

Prof. Dr. Hartmut Schröder, linguist and sociologist, Potsdam

University Prof. Dr. Dr. Christian Schubert, psychoneuroimmunologist, Innsbruck

Prof. Dr. Tobias Unruh, physicist, Erlangen

Philipp von Becker, cultural economist, journalist, author and filmmaker, Berlin

This text is the mutual work of committed citizens from various disciplines and segments of society. We all concern ourselves with social cohesion and practice our professions in global responsibility. In accordance with the Medical Association's Professional Code of Conduct and the Ottawa Charter for Health Promotion adopted by the WHO, we contribute to "the health of the individual and the community" and understand health promotion as "the process of enabling people to increase control over, and to improve, their health."¹ For this reason, we endeavor, to the best of our knowledge and belief, to conduct a balanced and fair discussion on the Corona crisis. We wish to strengthen openness to dialogue in a democratic framework while doing justice to the diversity and complexity of social life. Our objective is to overcome division in society, mitigate irrational fears and support policies that serves the common good. As a clearly defined circle of authors, we wish to provide this initial text as an opening for others to respond to, inviting them to contribute additional – critical as well as supportive – aspects of their own. We welcome all responses to this text – Covid-19 – Putting the Pandemic in Perspective –which was authored by a collective from Germany and Austria.

¹ <https://www.artshealthresources.org.uk/wp-content/uploads/2019/01/1986-Ottawa-Charter-for-Health-Promotion.pdf>

5 1. INTRODUCTION**2. DISPROPORTIONALITIES**

10	2.1. Covid-19 – how much more dangerous than influenza is it?
14	2.2. The measures
18	2.3. No comparable attention is paid to other, in part more serious health hazards
20	2.4. Damages and victims produced by Covid-19 measures ...
28	2.5. The critics of measures taken get less chance to speak and are often denigrated
31	2.6. Fact checks and compliance with science do not apply for advocates ...
32	2.6.1. Errors in regard to numbers of deaths
33	2.6.2. Previous false alarms
34	2.6.3. Assessment of deaths
35	2.6.4. Excess mortality
35	2.6.5. Function of models
36	2.6.6. Irrelevance of incidence
37	2.6.7. Test, test, test ...until total 'testitis' sets in
39	2.6.8. No immunity after recovering from the disease?
41	2.6.9. Cross-immunity
42	2.6.10 The danger of the virus depends on politically influenceable conditions
44	2.6.11 Declines in bed capacity during the crisis
45	2.6.12. Origin of the virus
46	2.6.13. Connection with military research
48	2.6.14. Gradations of pandemics
49	2.6.15. Covid-19 vaccinations
51	2.6.16. A moving target

51	2.7. Media and political attention directed to symptoms more than causes
53	2.8. The immune system does not count anymore
54	2.9. Heteronomy instead of autonomy – health competence
55	2.10. Self-responsibility and solidarity – and culpability!
56	2.11. Human dignity and right to life

58 3. CONCLUSIONS**4. ALTERNATIVES**

59	4.1. Holistic information and genuine complexity
59	4.2. Trust in and support of citizens
60	4.3. Measures to establish self-reliance & health competence
60	4.4. Promote diversity in regard to crisis management
61	4.5. Targeted protection for persons at risk and their helpers
62	4.6. Greatest possible degree of freedom for children
62	4.7. Strengthen our immune system
63	4.8. Living with the virus
63	4.9. Living with death
64	4.10. Prevention + reduction of other risks

65 5. FINAL WORDS

65	Thanks, Masthead, Contact
-----------	---------------------------

COVID-19 – PUTTING THE PANDEMIC INTO A PROPORTIONATE

Alternatives to lockdown and laissez-faire

Discussions on Corona have had a divisive effect on friendships, families and organizations; experiences and assessments often prove irreconcilable. Society as a whole seems entirely divided.

In our opinion, the virus is not to blame for this, however.

We believe, instead, that the historically unprecedented, unique way of dealing with SARS CoV-2 is in fact at fault. If the public discourse were plural, matter-of-fact and respectful and the measures taken evidence-based and reasonable, Covid-19 would divide society no less than previous pandemics have.

This text is our contribution to putting the pandemic into perspective so as to overcome the current division of society and find a *modus vivendi* for dealing with the Corona virus.

“Whoever propagates a slice of reality as the truth, divides society.”

Martin Hirte, pediatrician



1. INTRODUCTION

No question – for many human beings Covid-19 is a dangerous, if not to say lethal disease which has brought about a great amount of suffering. It is only appropriate to address it with keen awareness so as to keep the suffering and damage to society to a minimum. At the same time, Covid-19 is neither the only nor the greatest source of endangerment to people's lives. It has an avoidable origin,² its effects are influenced to a considerable extent by anthropogenic environmental conditions,³ and most of all, several measures taken to protect the public from Covid-19 have had serious negative effects on the health and lives of many people.

Covid-19 is neither the only
nor the greatest source
of endangerment to
people's lives.

THUS WE VIEW FOUR QUESTIONS AS CRUCIAL:

- How much macrosocial attention is given to a (health) hazard and how much fear is generated by this?
- Which measures are taken to protect people from this health hazard and what effects do such measures have on their health and lives?
- How do such measures effect previously existing societal inequities? Does the burden of implementing them fall on everyone equally or do certain groups bear a particularly great burden in this regard? Moreover, who is impacted to an especially high degree by such measures?
- What notion of health and health competence does society have, and in what relation are symptoms and causes addressed respectively?

THE CONCLUSIONS DRAWN ON THE BASIS OF THE FOLLOWING ANALYSES AND CONSIDERATIONS ARE:

- Too much attention is drawn towards Covid-19 and with it, too much fear is generated.
- As a result, a completely disproportionate measure of attention is given to it, with similarly serious health hazards not receiving the degree of attention they call for.
- The same holds true for the dangers resulting from the measures taken.

2 Zoonoses can be prevented by not hunting wild animals and refraining from deforestation and through reduction of environmental strain caused by human beings and their kinds of economic activities, and for example by banning military ("gain-of-function") research on viruses.

3 From types of economic activities and the distribution situation to quality of air, nutrition and the financing and organization of healthcare systems.

- The crisis and the measures taken to deal with it have disproportionately negative effects on human beings who were already disadvantaged and marginalized before its onset such as women, migrants, people with low incomes and those employed in the informal sector in the global South. As a result, social inequities are exacerbated at many levels.
- In relation to treatment of symptoms, there is hardly any proportionate discussion on ways to avoid pandemics and diminish their effects,
- The role of the human immune system is neglected to the same degree as are social, ecological, technological and economic factors.
- People who take a critical view of compulsory measures and point out their consequences as well as ones who want to act autonomously on a basis of solidarity, people who wish for human encounters, human relationships, human touch and intimacy are often referred to as “irresponsible” or “lacking in solidarity”, being assigned sweeping labels and vilified and as such having to fear for their social belonging and professional existence.

Thus the division of society has already taken place – and it weighs all the more if fear has been generated as an intentional strategy. This is in fact indicated by the messages of leading politicians but also by governmental strategy papers. The Austrian Chancellor, Sebastian Kurz, stated that almost everyone would soon know someone who had died of Covid-19.⁴ Such claims do not protect or heal anyone; their effect merely being to generate fear. When Angela Merkel claims that Covid-19 is the greatest challenge since World War II,⁵ she plays down the many larger challenges like climate change and extinction of species as well as more frequent causes of death (everything from cardio-vascular diseases to air pollution).

The strategy paper issued in March 2020 by the German Department of State – “How we can get Covid-19 under control” – warned the public that we might see 1.15 million fatalities in German by May 2020, recommending, as its primary measure, “depicting the worst case with all consequences for the German population unequivocally, with determination and transparently,” – in other words, frightening the public.⁶ In concrete terms, three recommendations were made “to achieve the desired shock effect” (sic):

The statement
made by Sebastian Kurz
neither protects
nor does it help anyone,
its only effect being
to generate fear.

4 » Kleine Zeitung, 30th March 2020.

5 “Merkel sieht Coronakrise als größte Herausforderung seit dem Zweiten Weltkrieg”, in » Spiegel online, 18th March 2020

6 FBMI: “Wie wir COVID-19 unter Kontrolle bekommen”, Strategy paper of the Federal Ministry of Internal Affairs, 18th March 2020

- *“Many seriously ill people are brought to the hospital by relatives but then turned away, being left to die in agony at home, gasping for breath. Everyone has a primal fear of suffocating or not getting enough air.”*
- *“The claim that ‘children will hardly suffer from the epidemic at all’ is false! Children will get infected quite easily, even in the case of lockdown restrictions, for example by other children from the neighborhood. If they infect their parents and one of them dies at home in agony, with them feeling they are to blame, [...] this is the most horrific experience a child can have.”*
- *Generating fear of long-term effects*

Is such a communication strategy appropriate? Fear and the emotional stress associated with it constitute health hazards themselves, which can lead to disease and a lack of freedom. Psychoneuroimmunological research has provided clear evidence that chronic stress disrupts the functioning of those very immunological switching points (for example natural killer cells, cytotoxic T-lymphocytes) which are actually designed to protect a person against being infected and falling ill with a virus.⁷ Moreover, fear has the potential to divide society. Why does a government decide to take the path of instilling fear into people, even generating a “shock effect” and triggering “horrible feelings of guilt” rather than to describe dangers in a matter-of-fact manner, putting them into relation with other hazards, and opt for reasonable measures? Such an approach is not a public health policy, but rather a power-political one designed to make people tractable and coerce them into accepting drastic measures. Peter Waibel has aptly described this as ‘phobocracy,’ i.e. domination through intentional fear stoking.⁸ ‘Culpocracy’ should be added here, i.e. domination through intentionally making people feel guilty.

Through such communication the sovereign gets degraded, which damages democracy; empowered citizens are not educated by poisonous pedagogy, but rather by policy-makers engaging with them as equals and informing them on important matters in a transparent manner, in the sense of enlightenment instead of fear.

In an interview published in the Neue Osnabrücker Zeitung on 11th January 2020, the influential German virologist Christian Drosten makes the following recommendation: “The best thing would be for all of us to behave as if we were infected and we want to protect others from infection” and “we should act as if the others are infected and we want to protect ourselves. This provides the basis for our conduct.”⁹ In saying this, he describes an individual stance that

“Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love. Health is created by caring for oneself and others, by being able to take decisions and have control over one’s life circumstances, and by ensuring that the society one lives in creates conditions that allow the attainment of health by all its members.”^{9b}

Ottawa-Charta

7 Christian Schubert “Psychoneuroimmunologie und Infektionsanfälligkeit”, in *Zeitschrift für Komplementärmedizin* 5(05): 17–23 (2013). DOI: 10.1055/s-0033-1357224

8 Peter Waibel: “Virus, Viralität, Virtualität. Der Globalisierung geht die Luft aus”, in: » *Der Standard*, 5th April 2020

9 “Überlastete Ämter und ein Rat von Drosten” in » *tagesschau.de*.

9b WHO: Ottawa-Charta Ottawa Charter for Health Promotion, 1986: https://www.euro.who.int/_data/assets/pdf_file/0006/129534/Ottawa-Charter_G.pdf (visited 5th June 2021)

classifies every human being as dangerous. All social life is doomed if the battle against the virus is put into absolute terms and the health-promoting benefit of social togetherness is no longer acknowledged, however.

Such newly stoked fears exacerbate existing ones. People are afraid because social cohesion is being lost, because their trust in political institutions is vanishing, because life has become incalculably complex and global ecological dangers are emerging. Politicians sense their co-liability but project it onto the virus, offering a (spurious) solution and simulating manageability to cover up their powerlessness in the 'fight' against this very virus. They feign strength and transform the sovereign into a bunch of infantilized, subservient subjects.

The sociologist Maurizio Bach writes: "Diffuse, unleashed, irrational fear has always been an indispensable source of power and dominion. It can be very well exploited for political, most of all governmental purposes because it provides one of the strongest motives for submissiveness. Whoever is afraid looks for protection from those who are stronger, submitting themselves to their authority [...] Fear is one of the most time-tested means of individual and collective emotion modelling and behavior control."¹⁰

From this perspective, Covid-19 is initially an effective narrative – which, needless to say, must rely on true and verifiable facts. SARS-CoV-2 is a dangerous virus; people get hospitalized and put in intensive care units; many die and relatives lose loved ones. But just how terrible this danger is perceived as, and how much fear of it is generated, is determined to a crucial degree by the narrative. After all, public awareness is always a scarce commodity and very selective, and what the public's attention is drawn to – or not – determines which opinions, moods and affects are generated. "Depending on the public's frame of mind, governments can enforce certain measures or fail to do so; in keeping with the current public understanding, such measures are either evaluated as justified and proportionate or the opposite.

The unassuming word 'proportionality' has become the key concept during the Covid-19 crisis. In order to be able to judge proportionality, one requires a comprehensive, interdisciplinary, holistic view of the crisis, not merely a one-sided virological or epidemiological perspective or assumption-based model calculations. It requires a critical science constantly engaged in self-scrutiny instead of one inclined to announce putatively irrefutable truths. It frequently happens that studies addressing the same issue arrive at completely differing results.

The term 'phobocracy'
(Peter Waibel)

**denotes domination
through intentionally
generated fear.**

¹⁰ Maurizio Bach: "Das Damoklesschwert der Inzidenzzahlen und die Fallstricke der Lockdown-Politik", on » verfassungsblog.de, 28th March 2021

Michael Esfeld, a long-years member of Leopoldina, writes: “In regard to how the spread of the Corona virus is being dealt with, no scientific insights exist that justify certain political recommendations for such actions as lockdowns.”¹¹

Assessments on proportionality do not only entail clarification as to the necessity for a given measure, with scientific evidence regarding the benefit such a measure has for efforts to reach a defined goal being taken into consideration, but also, and in particular, a weighing of legal interests. This means a cost-benefit analysis is to be made which weighs the damages potentially caused by the measure against damages that could potentially be incurred without the measure being taken. Ultimately, assessing whether a measure is proportionate or not is not a purely scientific matter, contradictory to what those people believe who demand that we should all “listen to the science.” In fact, the self-understanding of a democratic polity plays a crucial role in making such assessments, expressed quite simply by the question “What kind of society do we want to live in?”

When many dangers loom, weighing all of them is the order of the day. Since every decision made in such a situation can have grave consequences, it is per definition a matter of ‘triage’ in the sense of weighing and prioritizing. Refraining from taking certain measures or going through with them both have lethal consequences for many human beings. The ‘triage’ begins with the selection as to which danger should be granted the largest measure of public attention; neglecting one danger in favor of concentrating on another can cost many millions of people their health and their lives. And every billion in taxpayers’ money that is spent on armament fails to be used for the healthcare system, for example. In other words, ‘triage’ does not only constitute efforts to prevent medical emergencies of the gravest kind at all costs; it also constitutes an everyday procedure regarding macro-societal decision-making issues.

In such complex, multi-dilemmatic situations ‘the right balance’ – proportionality – is to be determined. But in the political sphere, the media and certain other parts of society, the sense of this seems to have been lost in the course of measures implemented to combat Corona. Journalist Heribert Prantl speaks of the “shutdown of the principle of proportionality”¹² – with grave consequences for the health and lives of many people, for their quality of life, basic civil rights and democracy. We want to show, with the help of an overall picture presented in eleven components of crisis, how this is so.

.....

A critical science is one constantly engaged in self-scrutiny instead of one inclined to announce putatively irrefutable truths.

11 Michael Esfeld: “An den Präsidenten der Leopoldina”, » Öffentlicher Brief, 8th December 2020

12 Heribert Prantl: “Corona-Maßnahmen. Die Grenzen des Erträglichen”, video commentary on » sueddeutsche.de, 2nd November 2020

2. DISPROPORTIONALITIES

2.1 Covid-19 – how much more dangerous than influenza is it?

To be clear, let us reiterate our assumption that Covid-19 is a dangerous, potentially lethal disease for many people, particularly for the elderly. And then there is Long Covid. To assess the danger posed by a new variant of the virus it makes sense to compare it with viral infections we know about; influenza offers an apt comparison here. Comparing the two is difficult, however; a plethora of contradictory scientific assessments have been made regarding this. What is to a high degree indisputable, however, is the fact that influenza pandemics also occur which prove to be at least as lethal, if not more so, than Covid-19 has been to date. Many people have heard of the “Spanish flu;” it claimed the lives of 25 to 50 million people, and the death toll for Covid-19 is nowhere near as high to date. The Asian flu (1957/58) and the Hong Kong flu (1968/69), each of which, according to the WHO, resulted in a death toll of one to four million people, are less well-known. The lethality of these diseases matches or even exceeds that of Covid-19 2020/21.¹³ In more recent history as well, the WHO has reported up to 650,000 lives lost to influenza every year.¹⁴ In light of this wide spectrum of disease one certainly cannot say flat out that Covid-19 is more dangerous than influenza.

So is Covid-19 more dangerous than the respiratory diseases of recent decades caused by average influenza viruses and if so, by how much? A series of differentiations is called for here, for example in regard to age groups and regions. According to the Robert Koch Institute (RKI), over a nine-year period starting in 1985, between 20,000 and 30,000 people died of influenza in Germany.¹⁵ The Asian flu took the lives of some 30,000, while the Hong Kong flu claimed those of 60,000 between 1968 and 1970.¹⁶ In 2020, 33,100 people died of Covid-19 and during the first four months of 2021 the death toll was exactly 50,000, assuming fatalities were recorded accurately.¹⁷ Hence one could say that Covid-19 has led to twice as many deaths as a severe influenza wave would. (Some might argue that the lockdown and governmental measures prevented the deaths of many more people. We will address this point in the following section.) This assessment reflects a more or less averaged-out death rate as calculated by various studies. After analyzing 61 studies, Prof. John Ioannidis from Stanford University cites an “IFR” (Infection Fatality Rate based on the number of deaths per 1,000 infections) of 0.23 on the basis of 61 studies.¹⁸ An Australian research team headed by Gideon Meyerowitz-Katz arrives at a rate of 0.68.¹⁹

Pandemic deaths



13 WHO: “Pandemic Influenza Risk Management. WHO Interim Guidance”, Geneva 2013, pg. 19

14 WHO Regional Office for Europe: “Influenza – estimating burden of disease” <https://www.euro.who.int/en/health-topics/communicablediseases/influenza/seasonal-influenza/burden-of-influenza>.

15 RKI: “Epidemiologisches Bulletin” Nr. 3/19. January 2015, pg.19. RKI: “Bericht zur Epidemiologie der Influenza in Deutschland Saison 2018/19” Berlin 2019, pg. 47

16 Marcel Görmann: “Aus kollektivem Gedächtnis total gelöscht: 50.000 starben in BRD an Pandemie – die Politiker reagierten ganz anders”, in Merkur, 27th April 2020

17 <https://npgeo-corona-npgeo-de.hub.arcgis.com/app/e6acbf22cc4f4b85949f59734244ba71>

18 John P. A. Ioannidis: “Infection fatality rate of COVID-19 inferred from seroprevalence data”, in Bulletin of the WHO 2021; 99:19–33F, pg.19; doi: “<http://dx.doi.org/10.2471/BLT.20.265892>”

19 Gideon Meyerowitz-Katz, Lea Merone: “A systematic review and meta-analysis of published research data on COVID-19 infection fatality rates”, International Journal of Infectious Diseases, Volume 101, December 2020, pp. 138–148

However, 91% of the findings analyzed by this team derived from countries in Europe and North America, but in a follow-up study conducted by Ioannidis the researcher made the critical point that the worldwide IFR he arrived at was 0.15%.²⁰ As regards the waves of influenza that hit Germany in 2016/17, 2017/18 and 2018/19, approximate estimates of the number of seasonal “flu casualties” were 39,700, 46,500 and 19,900 respectively. The so-called two-thirds quantile of the monthly death rates issued by the German Federal Statistical Office over a period of five years (60 months) is calculated here. This is the highest monthly death rate among the 40 lowest ones, approximately 78,500 fatalities. Most probably, all fatalities exceeding this number are to be attributed to one wave of infections; in April 2020 this “excess mortality” corresponds to the number of Covid deaths. For the previous influenza waves the numbers cited above apply.²¹ Let’s compare: the lethality of influenza is commonly assumed to lie around 0.1%.²² Professor Ioannidis provides an important additional fact here: among those under 70 years of age the IFR for Covid-19 is 0.05% - which makes Covid-19 a relatively harmless disease for those up to this age. In a follow-up study, the Australian team, joined by additional researchers, investigated mortality rates in diverse age groups. For children up to the age of 10 they ascertained an insignificant mortality risk, for 10-year-olds a risk of 0.002%, for 25-year-olds a rate of 0.01%, for 55-year-olds 0.4%, for 65-year-olds 1.4%, for 75-year-olds 4.6%, for 85-year-olds 15% and for those over 90 years of age a mortality rate of 25%.²³ How should we view these findings? How significant is the difference between 0.15% (as cited by Ioannidis) and 0.68% (as cited by Meyerowitz-Katz) for all age groups?

What is clear is that influenza poses a much greater threat to children than Covid-19 does. In 92 countries subject of investigation, it has been found that up to 105,000 children up to the age of five die of influenza annually.²⁴ In Austria only one person under the age of 15 has died of Covid-19 to date.²⁵

To expand the assessment further, we can report that in a hospital study French researchers came to the conclusion that of those hospitalized with Covid-19 three times as many died as the number of those admitted with influenza (16.9% versus 5.8%).²⁶

On the basis of the assessment of seasonal excess mortality (two-thirds quantile; see above), a tentative conclusion could be drawn, namely that in Germany the overall risk of dying of Covid-19 (including other possible seasonal causes of death) can be assessed as lying somewhere between slightly less than to about twice as high as the risk of dying of seasonal influenza in recent years. The results of this kind of comparison will differ from country to country,

What can be ascertained is
that for children,
influenza is much more dangerous
than Covid-19.

- 20 John P.A. Ioannidis: “Reconciling estimates of global spread and infection fatality rates of COVID-19: an overview of systematic evaluations” in European Journal of Clinical Investigation, 26th März 2021 – doi:10.1111/eci.13554
- 21 Stephan Luckhaus: “Corona, Mathematical Epidemiology, Herd Immunity, and Data”, Preprint No. 105/2020, Max-Planck-Institut für Mathematik in den Naturwissenschaften Leipzig, 22nd November 2020
- 22 WHO: “Coronavirus disease (COVID-19): Similarities and differences with influenza”, » [who.org](https://www.who.org), 17th March 2020
- 23 Andrew T. Levin, William P. Hanage, Nana Owusu-Boaitey, Kensington B. Cochran, Seamus P. Walsh, and Gideon Meyerowitz-Katz: “Assessing the Age Specificity of Infection Fatality Rates for COVID-19: Systematic Review, Meta-Analysis, and Public Policy Implications”, in European Journal of Epidemiology 35, pp. 1123–1138, 8th December 2020
- 24 A. Danielle Iuliano, Katherine M. Roguski, Howard H. Chang, David J. Muscatello, Rakhee Palekar, Stefano Tempia et. al.: “Estimates of global seasonal influenza-associated respiratory mortality: a modelling study”, The Lancet, Volume 391, Issue 10127, pp. 1285-1300, 31st March 2018. Online: [https://doi.org/10.1016/S0140-6736\(17\)33293-2](https://doi.org/10.1016/S0140-6736(17)33293-2)
- 25 Stefan Gros: “Wer wirklich an CoV-19 stirbt – eine statistische Analyse” on » [respekt.plus](https://www.respekt.plus), 8th March 2021
- 26 “Studie: CoV-Sterberate in Frankreich deutlich höher als bei Grippe”, in: » [ORF online](https://www.orf.at), 18th December 2020

however, being strongly influenced by such factors as healthcare systems, seasonal circumstances and age structures of respective populations. One must emphasize that such statistics are subject to the current scientific debate. From a scientific vantage point, the question that poses itself is whether, and if so, to what extent rigorous measures taken to deal with Covid-19 are necessary. This question has proved difficult to grapple with. Measures taken to deal with the waves of influenza in recent years were quite unspectacular and not particularly extensive. Children and working adults who came down with it stayed at home and those at risk had the option of voluntary vaccination. There were no tests, lockdowns or travel restrictions. Classrooms have been aired out on a routine basis for quite some time now, and there is also no lack of recommendations for how to get through the winter in good health and boost one's immune system. Some people have made a habit of avoiding crowds of people in the winter months, and in Asian nations, particularly since the SARS 1 outbreak, one frequently sees people wearing masks on public transportation – a phenomenon that some inhabitants of Central Europe have found a bit disconcerting.

An important aspect of all this is that overcrowded hospitals and intensive care units have been routinely taken in stride. Moreover, in recent years the number of intensive care beds has actually been cut back Europa-wide. As a result, "overstrain on healthcare infrastructures" has occurred regularly, for example in 2017 when France reported 148 overburdened clinics,²⁷ Spain reported the need to postpone surgeries²⁸ and Great Britain announced an explosion in the number of patients waiting for treatment due to the reduction of hospital beds.²⁹ In Ireland as well, in light of the reduction of hospital beds and a severe influenza wave coming from Australia, a "collapse" of the healthcare system in late 2017 was anticipated. In the Australian province of Victoria, 10% of all hospitalized influenza patients needed to be put in intensive care wards, in particular children under the age of five and adults over 65, with a "significant" proportion of patients requiring artificial respiration.³⁰ In Austria, during the seventh calendar week of 2018, the 7-day incidence for influenza was 1,789!³¹ This is 51 times the incidence rate for Covid-19, namely 35, which is the threshold at which, according to the new German pandemic law, "large-scale protective measures" are to be implemented.³² In January 2018 hospitals in all states of the USA were also overfilled due to influenza; healthcare workers had to do overtime, surgeries were postponed, patients received treatment in hallways and, during periods of triage, outside hospitals' walls.³³ In Pennsylvania, over 40 patients were put up in a single tent. Alabama even declared a state of emergency due to influenza. Even such a scenario was unusual but not unique. Prof. Alfred Tallia of New Jersey reports having experienced a similar situation some 15

27 "Grippewelle führt zu Engpässen in Krankenhäusern" in » Spiegel.de, 11th January 2017

28 R. Salamanca: "La gripe colapsa los hospitales de media España", in » El Mundo, 12th January 2017

29 Rebecca Ratcliffe: "Overstretched hospitals face winter flu crisis, doctors warn", in » The Guardian, 24th September 2017

30 Muiris Houston: "This is the winter our health system will finally collapse", in » The Irish Times, 23rd October 2017

31 Markus Golla: "AT: Wenn die Influenza auf der 'Intensiv' landet'", on » Pflege Professionell, 7th February 2019

32 Jessica Brauttsch: "Ist der Ziel-Inzidenzwert von 35 gesetzeskonform?", on » MDR Aktuell, 13th February 2021

33 Helen Branswell: "A severe flu season is stretching hospitals thin. That is a very bad omen", on » Statnews.com, 15th January 2018

to 20 years previously in the course of his 30 years of experience.³⁴ Germany has also seen over-taxed hospitals during the influenza season, for example in 2015³⁵ and 2017. "Time and again, hospitals in Nürnberg had to temporarily close their emergency room," one is told.³⁶ Legal philosopher Uwe Volkmann of Frankfurt has pointed out this disregard of such conditions in recent years.³⁷ In reports from February 2020, shortly before the onset of the Corona crisis, news of "hundreds of thousands" of influenza patients already having flooded the emergency rooms of hospitals came from the USA; there was talk of "completely exhausted capacities" and a "critical scarcity of respirators." In light of the first Corona cases, healthcare experts warned of a "double wave of influenza."³⁸

This begs the question as to why, after such events, overstrain on hospitals should suddenly become a public issue – and even be declared a key factor for lockdowns. Waves of influenza in recent years hardly prompted any political debate on triage tents and collapsing hospitals. Why not? Was health not yet seen as a political issue? One answer to this question could be that there was no large-scale scare campaign targeting influenza or any other respiratory virus and no public service broadcasting that issued statistics on the most recent cases of influenza, hospitalized patients and deaths caused by the disease – including fatalities among children – on a daily basis. General influenza tests have never existed. But with no testing or scare narratives which told of the "killer virus," discussions on crowded hospitals would have made no sense, merely shedding a poor light on tight-fisted healthcare economists and politicians. It is thus only logical that despite explicit demands to increase the number of hospital beds to be better prepared for future waves of influenza, the numbers were reduced in many countries. The Italian virologist Ilaria Capua argues that "over the past decades the healthcare system has developed in such a way as to make its collapse inevitable. In the Lombardy region the government decided to invest in high-tech medicine geared to well-heeled patients. This does not help much when a pandemic comes. You also need basic hospital care in surrounding areas and doctors who make sick calls to keep everyone from flocking to the clinics."³⁹

ESTABLISHING PROPORTIONALITY TO OVERCOME SOCIETAL DIVISION

A comparison with influenza must be made; after all, it serves as the basis for the claim that Covid-19 is more dangerous. But one must look very closely when drawing such a comparison. Two of the most severe influenza waves (Asian flu and Hong Kong flu) had an impact comparable to Covid-19, while the Spanish flu was much deadlier. For small children, influenza is principally more dangerous than Covid-19, which only becomes more dangerous than influenza for those from around age 70 upwards. According to current insights, for the German population as a whole Covid-19 is somewhat less to twice as deadly as the seasonal influenza has been these past few years. The results of such a comparison will differ from country to country, however, depending to a large degree on such factors as the given health care system, seasonal differences and the age structures of the population.

34 Amanda Macmillan: "Hospitals Overwhelmed by Flu Patients Are Treating Them in Tents", on » [Time.com](#), 18th January 2018

35 "Grippewelle: Viele Krankenhäuser überlastet", on » [faz.net](#), 25th February 2015

36 "Grippewelle sorgt für überlastete Kliniken", on » [aerzteblatt.de](#), 7th February 2017

37 Uwe Volkmann: "Wann hört es auf?" in » [ZEIT online](#), 9th June 2021

38 Reed Abelson, Katie Thomas: "Inundated With Flu Patients, U.S. Hospitals Brace for Coronavirus", in » [New York Times](#), 7th February 2020

39 Patrick Bauer, Thomas Bärnthaler, Lorenz Wagner: "Covid-19 ist vor allem eine Krankheit unserer Lebensweise", Interviews mit zehn führenden internationalen Virolog*innen im SZ-Magazin, Heft 23/20, 4th June 2020

2.2 The measures

In light of this relativized threat scenario, many people experience the drastic measures – in particular the withdrawal of basic rights, curfews, closure of workplaces and schools as well as lockdowns, mask mandates, social distancing, hygiene regulations and rigorous prohibition of paying visits to nursing homes – as excessive and disproportionate. The word ‘lockdown’ actually refers to incarceration of inmates in cells to prevent them from rampaging.⁴⁰ During previous epidemics other measures were taken, such as proverbial quarantines, originally the designation for a 40-day waiting period in Italian harbors (deriving from the Italian word ‘quaranta’, or ‘forty’) for ships suspected of being infected with the plague during the 14th century. Thus, the Black Death was the origin of such isolation. And individual cities were sealed off, but there were no comprehensive ‘lockdowns’ during the plague or the Spanish flu, for that matter.⁴¹

Concerning proportionality in regard to risks of infection and measures to combat them, Max von Pettenkofer, a hygienist and apothecary, remarked during the cholera epidemic of 1873: “Free movement is such a high good that we cannot dispense with it, not even to be spared infection with cholera or any other diseases. Blocking such movement to the degree that cholera cannot be spread through the same would be a much larger calamity than cholera itself...”⁴²

So who was the one who invented police-enforced lockdowns as a medical measure? Chronologically speaking, the first major lockdown was imposed in Wuhan. WHO Director Tedros Adhanom Ghebreyesus expressed such an enthusiasm for this step during an on-site inspection in February 2020 that he praised it as a new “standard” for battling the pandemic. “China is actually setting a new standard for outbreak response,” he declared.⁴³ This contributed to the decision of Western democracies – contrary to all previous practices in connection with severe pandemics – to adopt this approach too. But countless people see it as precisely the disproportionate approach that is generally irreconcilable with democracies. Volker Erb, a lecturer on criminal law, calls the curfew an “unconstitutional overstepping of state power” and a “declaration of bankruptcy on the free democratic state.”⁴⁴

The mask mandate was initially so controversial that in most nations it was not enforced until after the first wave hit in August 2020. In late March 2020, the WHO had not yet issued any recommendation for general mask wearing.⁴⁵ It was not until June 2020 that they moved in this direction, reversing their policy and recommending masks, albeit with a focus on risk groups.⁴⁶

“In regard to the R-values as determined on a daily basis by the Robert Koch Institute, no direct connection to measures taken has been ascertainable since September.”

*Göran Kauermann, Helmut Küchenhoff,
Ursula Berger⁷²*

40 Nora Laufer, Leopold Stefan, Andreas Schnauder: “Stark infizierte Wirtschaft” in » Der Standard, 13th March 2021

41 Kurt Langbein, Elisabeth Tschachler: “Das Virus in uns. Motor der Evolution”, Molden, Vienna 2020, pg. 72

42 Pettenkofer, Max von (1873): “Was man gegen die Cholera thun kann: Ansprache an das Publikum”, Munich: Oldenburg pg.6, cited in: Fangerau, H., Labisch, A. (2020) Pest und Corona, Pandemien in Geschichte, Gegenwart und Zukunft, Herder Verlag Freiburg, pp. 6 and 165

43 <https://mobile.twitter.com/drtedros/status/1222982869871669251?lang=en>

44 Volker Erb: “Die Ausgangssperre als Bankrotterklärung des Rechtsstaats”, » Website of the Chair, 14th April 2021

45 Jacqueline Howard: “WHO stands by recommendation to not wear masks if you are not sick or not caring for someone who is sick” auf » cnn.com, 31st March 2020

46 Ralph Ellis: “WHO Changes Stance, Says Public Should Wear Masks” on » webmd.com, 8th June 2020

In October, the magazine *Nature* investigated the previous evidence and came to the laconic conclusion that “masks work but they are not infallible. For this reason, keep your distance.”⁴⁷ In February 2021 the European Centre for Disease Prevention (ECDC) discouraged people from wearing FFP2 masks, stating that “the expected added value of general use of FFP2 masks in society is negligible [...] Moreover, the potential costs and disadvantages do not justify recommendation of their use in public as opposed to other types of masks.”⁴⁸ The German Society for Hospital Hygiene is of the opinion that the decision of the Berlin Senate from March 2021 to make FFP2 masks compulsory “endangers more than it helps.”⁴⁹ Nevertheless, masks were made compulsory in Bavaria and Berlin, with the regulation for Bavaria being confirmed after several emergency appeals to overturn the regulation.⁵⁰

In 2019 WHO still discouraged contact tracing, stating that “active contact tracing is not generally recommended because for most member states there is no reasonable explanation for doing so.”⁵¹ David Nabarro, the WHO Special Envoy for preventive and counteractive measures in regard to Covid-19, stated with remarkable clarity in October 2020: “We in the World Health Organisation do not advocate lockdowns as a primary means of controlling this virus (...). In general, we would not use them (...) Lockdowns have merely one consequence, which you may never play down, and that is that they make poor people even poorer (...) It seems that we will see a doubling of world poverty by next year and we will at least see a doubling of malnutrition in children [...] For this reason we really appeal to all decision-makers in the world to stop turning to lockdowns as the primary control method.”⁵²

Before 2020 no lockdowns had been imposed in the history of humankind. The argument made while referencing the purported exponential rate at which the SARS-CoV-2 virus would spread was that it would have been much more lethal if no lockdowns had been implemented.

FOUR OBJECTIONS TO THIS CAN BE MADE:

First of all, there are countries with and without lockdowns. International comparisons show that countries with no lockdowns have lower death rates than ones with strict lockdowns. Among these, Sweden is the only country in the middle range. The mortality rates in Sweden lie considerably below those of countries with strict lockdowns like Italy, Spain, Belgium and France as well as Brazil, UK, USA, Czechia, Slovakia, Poland, Bulgaria and Rumania – and even lower than the EU average!⁵³ Many countries without a lockdown – South Korea, Japan, Hong Kong, Uruguay, Tanzania – are in better shape than the ‘lockdown-countries.’ While South Dakota, a

**“Stop using lockdowns
as the primary
method of control.”**

*David Nabarro,
WHO Director-General's
Special Envoys on COVID-19
Preparedness and Response*

47 Lynne Peeples: “Face masks: what the data say” in » [nature.com](https://www.nature.com), 6th October 2020

48 “EU-Agentur rät von FFP2-Pflicht ab” in » [Salzburger Nachrichten](https://www.salzburger-nachrichten.at), 2nd February 2021

49 Deutsche Gesellschaft für Krankenhaushygiene: “FFP2-Maskenpflicht in Berlin gefährdet mehr als dass sie nützt”, » [Stellungnahme](https://www.dgkh.de), 31st March 2021

50 <https://www.vgh.bayern.de/media/bayvgh/presse/21a00171b.pdf>

51 WHO: “Non-pharmaceutical public health measures for mitigating the risk and impact of epidemic and pandemic influenza”, Geneva 2019, pg. 38

52 “The incredible vanishing World Health Organization” on » [spectatorworld.com](https://www.spectatorworld.com), 12th October 2020

53 <https://ourworldindata.org/covid-deaths?country=SWE#cumulativeconfirmed-deaths-per-million-people>

state in the USA, decided against imposing a lockdown making masks mandatory, North Dakota did the exact opposite – with poor results.⁵⁴ California and Florida -two coastal states suitable for comparison, one with and one without a lockdown – had similar statistics.⁵⁵

Secondly, the efficacy of lockdowns is debated quite controversially by scientists. A series of studies came to the conclusion that lockdowns have had no significant effect on the development of the pandemic – neither in regard to the infection rates nor to the death rates.^{56 57 58} An investigation published in Nature comes to the following conclusion: “In 98% of the comparisons in 87 world regions we found no evidence that the number of deaths per million inhabitants was reduced by exit restrictions.”⁵⁹ This suggests, to begin with, that most infections occur in spaces that human beings are compelled to stay in due to restrictions on free movement. As virologist Alexander Kekulé remarks, “when the sun is shining, people should go outside; then the virus is wasted because it loves indoor spaces. If you lock people up, you do exactly the wrong thing.”⁶⁰ Thorsten Kingreen, a professor of public law, writes: “In the spring and summer in particular, measures should be designed to motivate people to meet outside. The governmental regulations intended to date have the opposite effect.”⁶¹ Aerosol researcher Gerhard Scheuch has argued in this vein as well, joining forces with other scientists to write an open letter to the federal and state governments to declare that the outdoors harbors no dangers.⁶² Exit restrictions also weaken the immune system and increase stress levels, which make people susceptible to diseases of all kinds,” the authors add.⁶³

Thirdly, in several countries no lockdowns were imposed until after the wave of infection had abated. Contrary to computer models that operate on the assumption of “exponential growth,” viruses come in waves that subside again without any measures being taken, as previous Corona virus epidemics and influenza pandemics have shown. Since many of the lockdowns were not put into place until the first peak had past, after the reproduction number (R value) had dropped to 1 or below, as proven by studies conducted at the ETH in Zurich^{64 65} and the Robert Koch Institute in German, for example,^{66 67} it is questionable whether any further abatement is even causally connected to lockdown measures.

Fourthly, there is a hypothesis that the lockdowns gave the virus the opportunity to mutate more robustly in the first place, with this resulting in an infinitely drawn out, wave-like spread of virus mutations that could actually have been caused by the lockdowns themselves.”⁶⁸

54 Thomas Voshaar, Dieter Köhler, Gerhard Scheuch: “Nein, der Lockdown ist nicht alternativlos: Experten zeigen, worauf es ankommt” in »Focus online, 24th March 2021

55 Christoph Lütge & Michael Esfeld “Und die Freiheit?”, on Youtube, min. 7:45

56 Christian Bjørnskov: “Did Lockdowns work? An Economist’s CrossCountry Comparison”, CESifo Economic Studies, ifab003, <https://doi.org/10.1093/cesifo/ifab003>, 29th March 2021

57 Eran Bendavid, Christopher Oh, Jay Bhattacharya, John P.A. Ioannidis: “Assessing mandatory stay-at-home and business closure effects on the spread of COVID-19”, European Journal of Clinical Investigation, Volume 51, Issue 4, April 2021, e13484; first published on 5th January 2021, <https://doi.org/10.1111/eci.13484>.

58 <https://www.medrxiv.org/content/10.1101/2021.01.15.21249884v1>

59 R. F. Savaris, G. Pumi, J. Dalzochio, R. Kunst: “Stay at home policy is a case of exception fallacy: an internet-based ecological study” in Nature Scientific Reports (2021) 11:5313, <https://doi.org/10.1038/s41598-021-84092-1>.

60 Kurt Langbein, Elisabeth Tschachler: “Das Virus in uns. Motor der Evolution”, Molden, Vienna 2020, pg. 76

61 Thorsten Kingreen: “Stellungnahme als geladener Einzelsachverständiger zum Entwurf eines Vierten Gesetzes zum Schutz der Bevölkerung bei einer epidemischen Lage von nationaler Tragweite (BT-Drucks. 19/28444)”, »University of Regensburg, 15th April 2021

62 Christof Asbach, Gerhard Scheuch, Sebastian Schmitt, Birgit Wehner, Andreas Held: “Ansteckungsgefahren aus Aerosolwissenschaftlicher Perspektive”, »Offener Brief an die Bundeskanzlerin, 11th April 2021

63 Peter F. Mayr: “Studien von ETH und RKI zeigen: Lockdown war überflüssig”, on »meinbezirk.at, 22nd April 2020

64 Peter F. Mayr: “Studien von ETH und RKI zeigen: Lockdown war überflüssig”, on »meinbezirk.at, 22nd April 2020

65 Kurt Langbein, Elisabeth Tschachler: “Das Virus in uns. Motor der Evolution”, Molden, Vienna 2020, pg. 18

66 RKI: “Epidemiologisches Bulletin 17/2020”, 23rd April 2020, pg. 15

67 Offener Brief von Tobias Unruh an MdB Andreas Lenz, Forchheim/Oberfranken, 6th December 2020, Diagram 1

68 Cf., for example, Knut Wittkowski from Columbia University: <https://www.youtube.com/watch?v=J4wlsshE4Q4>

THE UPSHOT: To date there is no certainty as to what effect lockdowns have had on Covid-19 mortality rates. What is certain, however, is that about 50% of all Covid-19 deaths have occurred in nursing homes, with Hesse and Berlin even reporting 73% in January 2021.⁶⁹ Whether the lockdown offered the appropriate means for protecting this risk group is more than questionable.

In July 2020, Peter Gaidik, an expert on medical law from the University of Witten/Herdecke, declared: "The lockdown was wrong [...] The economic and societal damage has been done but it is very questionable whether the decline in infection rates can be attributed to it."⁷⁰ In a very similar vein a Swedish physician, Sebastian Rushworth, declares: "And while almost all of the people who died of Covid-19 died in rich countries in old age, the large majority of people who died of the lockdown were young people in impoverished countries. This means that the number of years of life lost as a result of the lockdown exceeds by far the number of years lost due to Covid-19. [...] Lockdowns are inherently racist and elitist, with unclear benefit but certain detriment."⁷¹ In its 16th report from 28th May 2021, the Covid-19 Data Analysis Group in the Department of Mathematics, Statistics and Computer Science at the Ludwig Maximilians University of Munich (LMU) writes: "In regard to the R-values as determined on a daily basis by the Robert Koch Institute, no direct connection to measures taken – neither the lockdown light starting on November 2nd and its tightening on December 16th, 2020 nor the 'federal emergency brake' imposed in late April 2021 – has been ascertainable since September."⁷²

Uwe Volkmann, holder of the Chair for Public Law and Philosophy of Law at the Goethe University of Frankfurt, writes: "During previous epidemics, including the swine flu and normal influenza, imposing travel bans, forbidding large-scale events and ultimately isolating people from one another could not have considerably reduced the death rates from the start. But the actual reason we did not opt to impose such restrictions was because they seemed too drastic and everyone infected with the virus was able to get treatment at a hospital. Generally speaking, the point could come at which we have to admit that diseases exist that we cannot overcome, just as we are unable to overcome death. We can try to put up a good fight for a while but in the end, it will only be for a limited time."⁷³

ESTABLISHING PROPORTIONALITY TO OVERCOME SOCIETAL DIVISION

Covid-19 is somewhat more dramatic than the severe influenza waves of recent decades. Hence a bit more attention must be paid to it than to influenza, for example through provision of voluntary tests and the option to wear a mask. Increased, targeted protection of risk groups – especially in nursing homes – is also sensible. In any case people's free will and dignity should have priority when putting protective measures in place, however. We view compulsory measures and withdrawal of basic rights as excessive and disproportionate and, on the basis of the data to date, as unsuitable. During previous influenza waves no physicians came up with the idea of having people get tested for the disease, withdrawing basic rights in the event of positive test results or imposing general curfews, employment bans, school closures or lockdowns, no matter how dramatic the figures and the circumstances became.

69 "Bis zu drei Viertel der Corona-Toten lebten im Pflegeheim" in »F.A.Z., 3rd February 2021

70 "'Lockdown war falsch': Medizinrechtler kritisiert Politik – und kommt zu eindeutigen Schlüssen" in »wa.de, 6th July 2020

71 Sebastian Rushworth: "Lockdowns have killed millions", on his »Blog, 1st March 2021

72 Göran Kauermann, Helmut Küchenhoff, Ursula Berger: CODAG-Bericht Nr. 16, 28th May 2021, pp. 16–17

73 Uwe Volkmann: "Der Ausnahmezustand", Commentary on »verfassungsblog.de, 20th March 2020

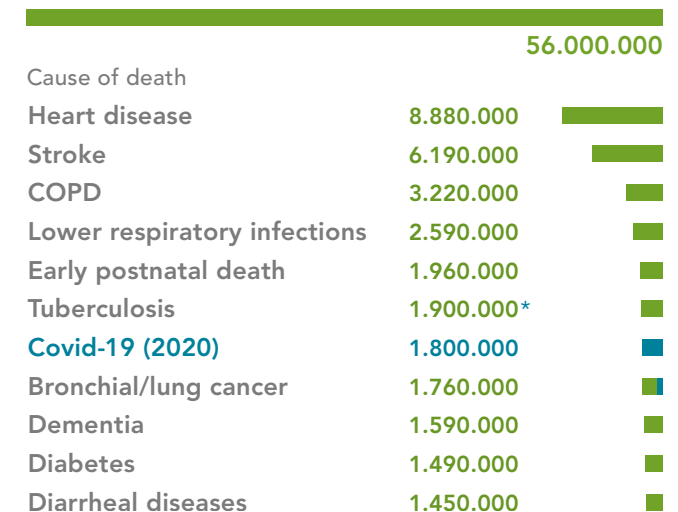
2.3 No comparable attention is paid to other, in part more serious health hazards

Let us note: practically nothing is done to combat influenza – as opposed to Covid-19. In fact, so much attention is paid to Covid-19 that all other issues lose their significance and urgency, with public life and parts of the economy being paralyzed as a result. This is quite striking and peculiar. Governments justify their compulsory measures as a means of protecting the health of the population. In and of itself, this is a noble goal. But if one really wants to achieve this, a systematic approach would be necessary. For example, one could display statistics on the lethality of the ten greatest health hazards on public health dashboards. In Germany, Covid-19 would have ranked fifth or sixth in the year 2020 on the list put out by the Federal Statistical Office, lower down than thromboses/embolism, dementia, lung cancer and heart attacks and on the same level or slightly lower down than heart failure. According to Statistik Austria, cardiovascular diseases hold rank one uncontested, making up 38.5% of all disease-related deaths, followed by cancer with 24.5%. Respiratory diseases lag far behind, accounting for only 6.3% of such deaths.⁷⁴ In Austria some 85,000 people die every year – and in 2020, about 6,000 – or 7% of them (for example with a positive PCR result) – died of or with Covid-19.

For the year 2020, the WHO also ranks Covid-19 – with 1.8 million deaths – sixth, far behind thromboses and embolism, heart attacks, lung diseases, infections of the lower respiratory tract and early postnatal death.⁷⁵ If one calculates a 13-to-17 % overcount,⁷⁶ Covid-19 would just make the list of the ten most common causes of death. In absolute numbers the Corona pandemic was responsible for less than 5% of all deaths in 2020, and for less than 20% of deaths caused by infectious diseases.⁷⁷

In view of such relative figures man could ask oneself, shouldn't the government pay five times more attention to cardiovascular diseases and 3.5 times more to cancer (or, in some countries, to early prenatal death) and do more to address these health hazards than they do to combat Covid-19? If the reason for doing more against Covid-19 than influenza is that this disease is 1.5 times more lethal, wouldn't it be logical to do a lot more against the much deadlier dangers posed by these other aforementioned diseases? How much effort do health ministers make to combat death causes 1 to 5? Why do these not even appear on the dashboard? Thus, primary physician Rudolf Likar refers to Covid-19 as a "VIP" – or, as one might put it, a "VII," for "Very Important Illness."⁷⁸ Michael Dietrich, Speaker of the Vorarlberg Conference on Poverty, remarks that "there has never been a disease that drew so much attention that all others were completely lost sight of."⁷⁹

Causes of death worldwide in 2019 ⁷⁵



* The WHO estimates that in 2020 half a million people will die of tuberculosis in addition.

<https://www.who.int/publications/m/item/impact-of-the-covid-19-pandemic-on-tb-detection-and-mortality-in-2020>

⁷⁴ https://www.statistik.at/web_de/statistiken/menschen_und_gesellschaft/gesundheit/todesursachen/index.html

⁷⁵ WHO "World Health Statistics. Monitoring Health for the SDGs", Geneva 2021, pg. 7

⁷⁶ According to the Bavaria State Department of Health, 87% of the persons registered as Corona deaths died "of" Covid-19, in North Rhine Westphalia the figure was 83 %. S. Irene Habich: "Wie viele Menschen sterben „mit“ Corona – und wie viele „daran?“, on »rnd.de, 16th December 2020

⁷⁷ Own calculations on the basis of the Worldometer and WHO data

⁷⁸ Kurt Langbein, Elisabeth Tschachler: "Das Virus in uns. Motor der Evolution", Molden, Vienna 2020, pg. 147

⁷⁹ "Armutskonferenz fürchtet mehr Tote" in »vorarlberg.ÖRF.at, 1st December 2020

In contrast to Covid-19, air pollution is clearly preventable. In the EU, 452,000 people die of it annually;⁸⁰ the number of deaths caused by or in the presence of Covid-19 for the year 2020 was slightly lower, namely 440,000.⁸¹ Shouldn't governments make just as many efforts to combat air pollution as they do Covid-19? Why don't they? Why do they not even talk about it? How much trust would you place in a physician who, should you show up in the practice with two broken arms, only treat one while having no concern for the other?

According to the WHO, seven million people die premature deaths around the world each year that are caused by air pollution in the form of particulate matter, nitrogen oxide and low-lying ozone.⁸² This is more than 3.5 the number caused by Covid-19. Why is there no highest health alert level for this? Why are lockdowns not imposed for automobiles? Why do governments have such a blatant double standard? Why do some governments take away all our basic rights to combat one of many health hazards without any mention of other, comparable or worse diseases? Air pollution is also deadly for children. In London it was determined as the cause of the recent death of a 9-year-old.⁸³ The WHO writes: "Asthma is one of the most widespread chronic disease among children worldwide. It affects an estimated 262 million people and led to death in 461,000 cases in 2019."⁸⁴

Covid-19 has the greatest impact on people who have already reached an average life expectancy and – seen in purely statistical terms – could die of old age any day. Traffic accidents often impact young people, who have almost their whole lives ahead of them, relatively seriously; in the group of 5-to-29-year-olds, traffic accidents are the number-one cause of death worldwide!^{85 86} A total of 1.35 million people die in traffic accidents every year (in comparison: Covid-19 deaths made up 1.8 million in 2020). And then there are the 50 million people with injuries sustained in traffic accidents that often impair their health long-term, making them require crutches, protheses or a wheelchair – creating "long-term consequences."⁸⁷ Why does everyone rely on self-responsibility in this realm instead of protecting the health of victims by means of compulsory measures? The costs for rescue, treatment and recovery of traffic accident victims could be freed up to provide more intensive care beds for treatment of less preventable diseases. Why do governments not issue statistics on the numbers of ill, injured, hospitalized, maimed and deceased people in these areas? Why do governments practically refrain from scaring us in this respect, why do they generate no 'primal fear,' instill no guilt in us? Why do they allow, in contrast, large-scale ads for automobiles? And most of all, why do they not take any comparable measures in this area? And why is this radical disproportionality not the subject of extensive debate in the media? Applying different standards to various things is not unusual; what is unusual is that the media do not recognize this and talk about it, however.

Comparison to preventable health hazards



50 mil. injuries due to **traffic accidents**



7,0 mil. deaths due to **air pollution**



1,8 mil. deaths *from/with SARS-CoV-2 (2020)*



1,3 mil. million deaths from **traffic accidents**

worldwide annually

80 European Environmental Agency: "Air quality in Europe – 2020 report", Luxembourg 2020, pg. 107.

81 <https://www.arcgis.com/apps/dashboards/ead3c6475654481ca51c248d52ab9c61>, visited 15th July 2021

82 <https://www.who.int/data/gho/data/themes/air-pollution>, viewed on 28th May 2021

83 <https://www.nbcnews.com/science/science-news/air-pollution-listed-cause-9-year-olds-death-uk-rcna202>

84 <https://www.who.int/news-room/q-a-detail/chronic-respiratory-diseases-asthma>, How common is asthma globally, visited on 17th July 2021, visited on 17th July 2021

85 WHO: "Global Status Report on Road Safety 2018", pg. 6

86 Ibid., pg. 4

87 Ibid., pp. vii and ix

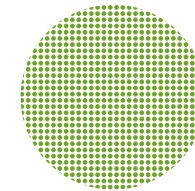
2.4 Damages and victims produced by Covid-19 measures are not viewed proportionately

Governments do not only neglect other, more severe health hazards; they also seem not to see, or not want to see, the damage done by drastic Covid-19 measures despite the fact that these are severe and prominent voices around the world have warned, from the very beginning, that such measures could do more harm than good. A principle of the history of epidemics is that the detrimental effect of measures taken against the pathogen may not be worse than the effect of the pathogen itself.⁸⁸ This holds for the Covid-19 pandemic as well.

To date no governmental dashboard has placed the number of Covid-19 victims and victims of Covid-19 measures side by side. Restrictions on basic rights must be proportionate, however. Hence there is an urgent need for weighing the negative effects of the measures against the positive ones, but this is not done. In a program broadcast by the German WDR, constitutionalist Oliver Lepsius stated that the lockdown in March and April 2020 was “unconstitutional” because “disproportionate action was taken.”⁸⁹

Comprehensive dashboards, i.e. ones that are suited to guiding actions, should display not only the number of Covid-19 cases but also the costs incurred for measures to deal with the disease. Here is an initial collection.

1. People are social beings; they need contact, human encounter, trust, touch and relationship. If they are **afraid** of each other, this creates **mistrust**, with social cohesion suffering as a result. According to a study conducted in Vienna, one fifth of the respondents reported having lost or actively broken off contact to persons of trust during the crisis. Every tenth respondent stated that their last embrace had taken place more than three months previous to the survey.⁹⁰ Through **social distancing, isolation and loneliness**, important basic needs fail to be met, and this weakens people’s bodies and psyches. Loneliness and fear lead to **stress**, which promotes all types of illness.⁹¹
2. According to the WHO’s Director for Mental Health, Devora Kestel, many people react with “**increased alcohol and drug consumption, insomnia and anxiety.**”⁹² A study conducted by the Nuremberg Clinic and the Central Institute for Mental Health in Mannheim involving 3,200 subjects found that 37% of adults **drank more or considerably more alcohol** during the lockdown.⁹³



56 mil. people die annually worldwide.



13 mil. people die of infectious diseases.



1,8 mil. people die of or with Corona.



?? mil. people die of the consequences of Corona measures?

Footnote text » pg. 21

3. According to Unicef, 168 million children had **no classroom instruction** for almost one year.⁹⁴ At times **1.5 billion children** were affected by school closures.⁹⁵ Neurobiologist Gerald Hüther points out that the **needs of children** forced to cope with social restrictions results in “them being overlaid with inhibiting brain connections. This enables children to manage the restrictions better but at the same time their **needs** are **no longer felt**. Children develop all of their **abilities** [...] by playfully trying things out together with others” – at school. This most important learning field has been closed “for much too long a time. For a seven-year-old, one year is as long as ten years are for a seventy-year-old,” he explains.⁹⁶

According to a study conducted by the Social Science Research Network, more than half of pupils over the age of 14 developed symptoms of depression.⁹⁷ Another study, one conducted by the University of Salzburg, found that children between the ages of six and eleven years were “**severely damaged**” by the lockdown. Seventy-nine percent of them responded that they were doing less well. Every third child reported feeling anger or irritation, and every fifth one felt sadness or experienced loneliness.⁹⁸ Child psychologists report a steep rise in **emotional crises**, depressive episodes and eating disorders. The practices of pediatric psychiatrists are flowing over,⁹⁹ and at Vienna’s municipal hospital, the AHK, triage is now being implemented in this area.¹⁰⁰ Early on, in April 2020, psycho-neuroimmunologist Christian Schubert from the Medical University of Innsbruck warned against the devastating long-term consequences of children being traumatized behind closed doors during the lockdown. Research clearly shows that severely stressful childhood experiences (for example abuse, parents’ divorce, parents losing their job, social decline of the family) can lead to disruptions in the development of the immune system; these in turn can result, long-term, in severe, chronic inflammatory diseases which can potentially shorten the person’s life span dramatically.¹⁰¹

4. According to a long-term study involving 1,500 **students** aged 10 to 34 from all over Austria, 36% suffered from anxiety and the same number reported depressive moods. This is almost twice the number reported by a WHO investigation published in 2018. Such a severe emotional burden can have a detrimental effect on academic performance, students’ immune systems and their life satisfaction, resulting in students no longer being able to make full use of their personal potential.¹⁰² Sociologist Hartmut Rosa puts it this way: “My observations went in the direction of envisioning a kind of mildew that covered all of society during the lockdown, [...] making people feel peculiarly listless and weary [...]. It was as if society as a whole had lost its vitality.”¹⁰³

88 Veronika Hackenbroch: “Die Maßnahmen dürfen nicht schlimmer sein als die Krankheit”, Interview with Gérard Krause from the Helmholtz-Zentrum für Infektionsforschung in Braunschweig, » SPIEGEL online, 27th March 2020

89 “Ihre Meinung”, on » WDR, min. 19:35, 8th October 2020

90 “Streit über Krise beendete Beziehungen”, on » ORF.at, 24th February 2021

91 “SOS: (Corona-)Krise als Weckruf”, Conversation with Dr. Ellis E. Huber on » Youtube, 25th April 2021

92 “Unterschätzte Folgen für die Psyche”, in: » ORF online, 10th October 2020

93 “Nürnberger Studie: 37 Prozent trinken seit Corona mehr Alkohol” on » br.de, 6th July 2020

94 “168 Mio. Kinder seit fast einem Jahr ohne Unterricht”, in » ORF.at, 3rd March 2021

95 Julia Wadhawan: “Der Abstand wächst”, in: » Die Zeit Nr. 41, 1st October 2020, pg. 31

96 “Schule ist der Ort, wo Kinder ihre tiefsten Bedürfnisse stillen”, Gerald Hüther in a conversation with Anne Seidel, » Deutschlandfunk, 24th January 2021

97 “Psychische Gesundheit von Schülern stark beeinträchtigt”, » science.ORF.at, 2nd March 2021

98 “Kinder von Lockdowns schwer geschädigt”, in » salzburg.ORF.at, 12th March 2021

99 “Kinder in der Pandemie. Aggression und emotionale Krisen”, in » ORF.at, 29th January 2021.

100 “Immer mehr Kinder leiden unter Lockdowns”, in » ORF.at, 27th January 2021

101 Ulrike Bartholomäus: “Medizin-Professor über die Kontaktsperren: Ein brutales Sozialexperiment mit unbekanntem Ausgang”, on » businessinsider.de, 5th April 2020

102 “Doppelt so viele Studierende psychisch belastet”, » ORF online, 30th November 2020

103 “Wie Mehltau auf der Gesellschaft”, Interview with Hartmut Rosa in Die Furche Nr. 34/20th August 2020

5. **Weakening of the immune system due to less sports and a lack of fresh air.** Sports clubs protest and demand that sports facilities be reopened.¹⁰⁴ People who suffer from obesity are particularly at risk. They get more seriously ill, need to go to the intensive care unit more often and require artificial respiration more frequently as well – even those of a young age.¹⁰⁵ Wearing masks for long periods of time results in skin problems, which can include everything from increase of **acne** to formation of **cysts**.¹⁰⁶
6. The **fear** of contracting a potentially lethal virus increases the **susceptibility** to this very disease,” psychoneuroimmunologist Christian Schubert reports.¹⁰⁷ Researchers at the Charité in Berlin surveyed 6,753 teachers and ascertained that 73% of them are afraid of being infected with Corona at school, with 98% of them perceiving the students as the greatest source of danger. 71% fear the children might pass on the virus even if they exhibit no symptoms. The researchers conjectured that there is a connection between measures taken at school and the fear reported by the teachers, which is not rational.¹⁰⁸
7. **Non-treatment of curable complaints:** Many people **refrain from seeking out a physician** for fear of being infected. In Austria’s Steiermark region, the number of deaths caused by heart attacks increased 80% in Spring 2020.¹⁰⁹ According to a study conducted in 54 Italian hospitals, the number of lethal heart attacks increased threefold.¹¹⁰ As a survey of 700 dermatologists shows, 440 cases of malignant melanoma remained undetected in Austria in the course of the year 2020.¹¹¹
8. **Domestic violence** has increased in Upper Austria by 20%. “Attacks have become more brutal,” it is reported.¹¹² In the weekly newspaper *Der Freitag*, an editorial came to the conclusion that Covid-19 “brought about a global explosion of violence against women and a frontal attack on their rights.”¹¹³
9. **Social inequity** and (inter-sectional) **discrimination** are on the rise. With a feminist look at the Corona crisis we ask ourselves: who do the consequences of the crisis and the measures to address it impact most and who bears the lion’s share of the consequences through their labor? Even before the pandemic, the predominant part of paid and unpaid care work was provided by women.¹¹⁴ Many of them are migrants.¹¹⁵ Many such persons are caregivers in hospitals and nursing homes. Teachers, supermarket cashiers and cleaning personnel also bear a large burden and face the dangers of the current situation. A disproportionate burden (and workload) is also carried by those who enable the measures to be taken through their unpaid and often unacknowledged work. These are

During the lockdown
34% of Austrians
gained an average
of six kilos.^{113b}

104 “Stille Protestaktion: ‘Kinder brauchen Sport’” in » vorarlberg.ORF.at, 26th February 2021

105 Saskia Etschmaier: “CoV und Fettleibigkeit als Doppelkrise” in » ORF.at, 4th March 2021

106 “FFP2-Masken: Hautprobleme nehmen zu” in » steiermark.ORF.at, 19th April 2021

107 Christian Schubert: “Psychoneuroimmunologie und Infektanfälligkeit”, in » zkm 2013; pp: 17–23

108 “So hat die Corona-Angstmache unseren Kindern geschadet”, in » Berliner Zeitung, 25th June 2021. “Mehr tödliche Herzinfarkte während CoV-Lockdowns” in » steiermark.ORF.at, 6th October 2020

109 “Mehr tödliche Herzinfarkte während CoV-Lockdowns” in » steiermark.ORF.at, 6th October 2020

110 Salvatore De Rosa: “Reduction of hospitalizations for myocardial infarction in Italy in the COVID-19 era” in European Heart Journal (2020) 0, 1–6; doi:10.1093/eurheartj/ehaa409

111 “Rund 440 Hautkrebsfälle wegen CoV nicht entdeckt” in » ORF.at, February 2021

112 “Häusliche Gewalt während Pandemie gestiegen” in » ooe.ORF.at, March 2021

113 V (vormals Eve Ensler): “Corona hat den Krieg gegen Frauen entfesselt”, in » Der Freitag, 10th June 2021

114 At the end of 2019 between 78.2 % and 96.8 % of caregivers and nursing staff were women (depending on the type of care). Statistik Austria, Statistics on nursing staff, compiled on 11th December 2020

115 “Liebe Österreicherinnen und Österreicher: Viele AusländerInnen halten das System aufrecht”, in: » moment.at, 7th April 2020

people who care for elderly relatives, shop for them and perform household tasks in home office, look after children and supervise homeschooling.

10. As a result, the **gender gap** is expanding in many areas. The work-life balance of women is getting worse; they receive fewer bonuses, get fewer promotions and see their career opportunities decline.¹¹⁶ The number of scientific publications produced by men increased during the pandemic, in contrast to those of women.¹¹⁷ The progress of emancipation for employed women threatens to be set back by nursery, pre-school and school closures, homeschooling and home office for decades, sociologist Maurizio Bach writes.¹¹⁸ As is frequently observed in times of crisis, pre-existing inequitable structures get exacerbated by the pandemic and measures taken to address it.
11. The United Nations Fund estimates that 12 million women will have lost **access to contraceptives** due to Covid-19 measures, which could lead to 1.4 million **unwanted pregnancies**.¹¹⁹
12. **Unemployment** in Austria – reaching over 570,000 in April 2020 – has hit a **record high since World War II**.¹²⁰ In global terms, the UNO estimates that 47 million workplaces have been endangered by Covid-19 measures.¹²¹
13. **Homelessness** – in Austria some 17,000 human beings are in danger of eviction after rent deferral due to the Corona crisis ran out in Spring 2021.¹²²
14. According to the *IG Freie Musikschaaffende* (Association of free-lance musicians), 22,000 musicians are unable to cover their living costs.¹²³ Many **artists** end up on the street, and some take their own lives.
15. **Insolvencies** – whereas insolvencies were delayed in 2020 through government aid and suspension of the obligation to file an insolvency application, they could double in Germany in 2021.¹²⁴ In Austria the Alpenländische Kreditorenverband anticipates an increase of up to 20% over 2019.¹²⁵ One third of all fitness studios is in danger of insolvency. Rebuilding a customer base could take 3 to 5 years.¹²⁶ In Vienna, one dance studio has already been compelled to close.¹²⁷
16. **Concentration of power** – Economist Christian Reiner anticipates drops in the number of business start-ups, increases in bankruptcies and a wave of takeovers, all of which would solidify market-dominating positions. An analysis conducted by the German Monopoly

ESTABLISHING PROPORTIONALITY TO OVERCOME SOCIETAL DIVISION

Health policy makers, governments and the media should inform us on all major health hazards in a balanced, matter-of-fact manner and not devote more attention to one of these at the cost of the others. Death rates should always be put into relation. Isolated, absolute figures cannot be placed into context, and they lead to uncertainty and increased fear.

116 "Pandemie bremst Karrierechancen von Frauen", in: » ORF.at, 3rd March 2021

117 "Corona-Krise: Wissenschaftlerinnen publizieren weniger", in: » swr.de, 2nd June 2020

118 Maurizio Bach: "Das Damoklesschwert der Inzidenzzahlen und die Fallstricke der Lockdown-Politik" in » verfassungsblog.de, 28th March 2021

119 United Nations Population Fund: "One year into the pandemic, UNFPA estimates 12 million women have seen contraceptive interruptions, leading to 1.4 million unintended pregnancies", » unfpa.org, 11th March 2021

120 "Stärkster Wirtschaftseinbruch seit 1945 erschüttert Arbeitsmarkt" in » Tiroler Tageszeitung, 4th May 2020

121 Sandra Weiss: „Corona könnte 45 Millionen Lateinamerikaner in die Armut reißen" in » Der Standard, 20th July 2021

122 "Mieten fällig: Österreichweit drohen 17.000 Delogierungen" in » Salzburger Nachrichten online, 17th April 2021

123 "IG Freie Musikschaaffende appelliert an die Regierung", in: » ORF online, 15th September 2020

124 "Auskunftei erwartet 2021 Insolvenzwelle" in » SPIEGEL online, 19th March 2020

125 "Insolvenzwelle droht spätestens im zweiten Halbjahr" in » Kurier.at, 11th January 2021

126 "Einem Drittel der Fitnessstudios droht die Insolvenz" in » noe.ORF.at, 13th March 2021

127 "Tanzszene protestiert in der City", in: » ORF online, 1st September 2020

Commission expected a 10% pandemic-related increase in business concentration. The IWF expects a concentration at levels of the past 15 years due to the lockdowns.¹²⁸ The IT giants made billions in profits during 2020.¹²⁹ Private financial wealth grew 8.3% worldwide in 2020 – accompanied by an economic downturn of 3.3%. In Austria, private assets rose 5%, up to a trillion US dollars.¹³⁰

17. **Costs for taxpayers and public debt** – by early December, Corona measures had cost Austria 27 billion Euros. These included all subsidies for short-time work (8.8 billion Euros), deferral of taxes and deferred payment terms (6.5 billion Euros), acceptance of guarantees (3 billion Euros) and revenue compensation.¹³¹ In the EU, public debt has seen a sharp rise from 79.2% of the GDP to 93.9% - 15% in just one year.¹³² The Maastricht limit for public debt lies at 60%. Agenda -Austria anticipates that the costs for the pandemic incurred by Austria will amount to 175 billion Euros by 2024.¹³³
18. **Poverty and inequity** – In Italy the number of people living in poverty in the year 2020 rose by one million.¹³⁴ As a result of Corona measures, 45 million people in Latin America alone have succumbed to poverty.¹³⁵
19. **Hunger** – the concern that Corona measures could make world hunger spike has proven true. The World Food Programme fears that by the end of 2020 an additional 121 million people will suffer from starvation due to the lockdowns.¹³⁶ Due to Covid-19-related school closures, 370 million children failed to receive about 40% of their school meals on average. For many of these children, such meals are a main component of their daily nutrition.¹³⁷
20. **Basic civil rights and fundamental human rights** have been suspended,¹³⁸ namely:
 - freedom of movement (curfews)
 - general personal rights (restriction to contact with few other persons)
 - property rights and freedom of trade (restrictions that are very bad for business)
 - freedom of assembly (demonstrations prohibited or dispersed)
 - freedom of occupation (close-down of cultural areas, food service and tourism)
 - freedom of religion (prohibition to attend worship services, limitation on number of worshippers)
 - protection of marital and familial cohabitation (visiting bans)
 - right to education (schools closed)
 - right to physical integrity (penetration with swabs as prerequisite for freedom; mask mandate, collateral damage, prioritization of Covid-19 in healthcare infrastructures.

The World Food Programme feared that by the end of 2020 an additional 1.21 million people would starve due to the lockdown.

128 Christian Rainer: "Das Konzentrationsvirus" in Die Furch, 22nd April 2021

129 "IT-Riesen freuen sich über Milliardengewinne" in » ORF.at, 30th April 2021

130 "Heimische Vermögen kräftig gewachsen" in » ORF.at, 10th June 2021

131 "Coronahilfen haben bisher 27 Mrd. Euro gekostet", in: Wiener Zeitung, 2nd December 2020

132 EU Commission, February 2021

133 <https://www.agenda-austria.at/grafiken/so-viel-kostet-uns-die-corona-krise/>

134 "Eine Million mehr Menschen in Italien in Armut" in » ORF.at, 4th March 2021

135 Sandra Weiss: "Corona könnte 45 Millionen Lateinamerikaner in die Armut reißen" in » Der Standard, 20th July 2021

136 World Food Programme: "Needs analysis informing WFP's Global Response Plan to COVID-19 – June 2020", Rome, 6th July 2020. » Online, accessed on 9th April 2021

137 WFP: "UNICEF und WFP warnen vor Ernährungskrise: Seit Beginn der Pandemie sind über 39 Milliarden Schulmahlzeiten ausgefallen", » Press release from 28th January 2021

138 Cf. Prof. Hans-Jürgen Papier, Hart aber herzlich, 21st September 2020

Worst of all – this logic of restriction goes in the direction of removing the need to justify continuation of the measures instead of revoking them, even though fundamental rights may never be restricted for more than a limited period of time and only to a reasonable degree. In May 2021, Austria's Minister of Health, Wolfgang Mückstein, announced that a mask mandate could last until March 2022,¹³⁹ with the President of the Robert Koch Institute in Germany making a similar statement.¹⁴⁰ Pediatrician Martin Hirte put it this way: "We are apparently encountering a new and dangerous mutation of the pandemic policy, namely suspension of fundamental rights on spec."¹⁴¹ Hinnerk Wißmann, professor for Public Law at the University of Münster, remarked: "The concept of precaution turns around the burden of proof. Let's be honest – freedom, if one is compelled to prove its harmlessness, is done away with."¹⁴² Attorney Jessica Hamed and her research assistant Benjamin Stibi have observed this in practice, ascertaining on the basis of extensive analysis that in the framework of temporary injunctions the burden of proof is, for all practical purposes, turned around, even though this is not provided by law.¹⁴³ Despite a history of the most extreme, massive violations of fundamental rights that the Federal Republic of Germany looks back on, the State Premier of Baden-Württemberg has even more rigid measures in mind and "in case of doubt," has eyed changes to the constitution as well.¹⁴⁴ Fortunately, he quickly withdrew such statements.¹⁴⁵

21. **Dismantling of democracy** – According to the "Democracy Report 2021" issued by the renowned V-Dem- Institute (Varieties of Democracy) in the Department of Political Science at the University of Gothenberg, Sweden, Covid Year 2020 violated international norms of democracy in no fewer than 95 nations, among them 32 democratic states. The most frequent one involved "restrictions on the media," followed by "abusive compulsory measures," a "lack of time limits," and "official disinformation campaigns." In 2020, the average level of democracy dropped down to that of 1990.
22. **Police State** – people are punished, persecuted, sought out in their homes by police and permanently exhorted to adhere to new, disproportionate regulations. Events and festivities are cancelled on a routine basis and all participants are charged with various offenses.¹⁴⁷ At least 13 guests at an unpermitted party in Peru **died** during a mass panic while fleeing from the police.¹⁴⁸ During a police operation in Brussels designed to enforce compulsory measures, **26 policer officers** were injured.¹⁴⁹ In France, **a young man lost a hand** during protests against prohibition of the party and several policemen were injured as well.¹⁵⁰ On a single weekend in early 2021, 1,900 people were **charged with criminal**

Collateral damage incurred by the lockdown

- + **370 mil.** children **missed** out on 40% of **school meals** on average
- + **150 mil.** people suffering from **starvation**
- + **121 mil.** **impoverished** people in Latin America
- + **47 mil.** women with **no access to contraceptives**
- + **14 mil.** **unwanted pregnancies**
- + **1,5 mil.** **impoverished** people in Italy
- + **0,5 mil.** deaths from **tuberculosis**

139 Christian Felber: "Maskenzwang bis März 2022?", entry in » Persönliches Corona-Tagebuch, 22nd May 2021

140 "RKI-Chef empfiehlt Tests und Maskenpflicht an Schulen bis Frühjahr 2022", in » Spiegel Wissenschaft, 25th June 2021

141 <https://martin-hirte.de/coronavirus/>

142 Hinnerk Wißmann: "Verfassungsbruch? Schlimmer: Ein Fehler", entry on » verfassungsblog.de, 6th February 2021

143 Jessica Hamed, Benjamin Stibi: "Corona und die Illusion des effektiven Rechtsschutzes", in » Frankfurter Allgemeinen Einspruch, 30th March 2021

144 "Kretschmann fordert ,harte Eingriffe in Bürgerfreiheiten'" während Pandemien", on » welt.de, 25th June 2021

145 "Kretschmann forderte härteres Pandemie-Regime – jetzt rudert er zurück", on » SWR.de, 25th June 2021

146 V-Dem Institute: "Autocratization Turns Viral. Democracy Report 2021", University of Gothenburg, March 2021

147 "3'5 Anzeigen nach Partys in Linz und Walding" in » ooe.orf.at, 4th April 2021

148 "Peru: Polizei löst Pary auf – 13 Tote bei Massenpanik", in: » ORF online, 22nd August 2020

149 "Viele Verletzte bei Auflösung von Massentreffen in Brüssel", » ORF online, 2nd April 2021

150 "Party verhindert: Heftige Zusammenstöße in Frankreich", on » ORF.at, 19th June 2021

offenses by the police in Austria, and in Vorarlberg, Kärnten, Lower Austria and Vienna several people were **arrested**.¹⁵¹ For 2,765 people, Easter 2021 ended with people being charged for violation of a curfew or violation of the Law on Covid-19 Measures and an additional 500 people got ticketed.¹⁵² In June of 2021, when the 7-day incidence Austria-wide had already dropped to 35, the Viennese police initiated large-scale operations lasting for hours that involved identifying hundreds of persons and giving them tickets.¹⁵³ In Spain a man was **arrested for assault** for having intentionally infected another person with Covid-19.¹⁵⁴ In Kärnten several people had to pay a fine because they had continued to live with their partners despite being Covid-19 -positive.¹⁵⁵

23. **Sanctions against people who resist or criticize Covid-19 measures** – physicians, teachers and civil servants who did not comply with the measures have been dismissed. The director of the Public Health Department in Aichach-Friedberg was transferred to the Bavarian State Office for Health and Food Safety in Oberschleißheim in late 2020 after having criticized various Corona measures.¹⁵⁶ In Augsburg a policeman was fired because he had spoken at demonstrations.¹⁵⁷ In Burgenland a public health officer was suspended for the same reason; she then lost a second job in a Styrian thermal bath.¹⁵⁸ In Vienna three teachers were suspended for refusing to wear a mask.¹⁵⁹ In Vorarlberg two teachers were suspended for the same reason.¹⁶⁰ In Kärnten a teacher has gone to court for recourse.¹⁶¹ In Upper Austria the principal of an elementary school was suspended because he had taken part in a demonstration, a fact which became known to the public via Facebook. In a letter to the parents he wrote: “The lockdown has resulted in what are in part existential crises among children and adolescents, and I have experienced this myself in my professional as well as my private surroundings. For me it was simply a matter I felt I needed to point out in public since too little notice was being taken of it. For this reason – for the first time in my life, by the way – I decided to take part in a peaceful demonstration during my free time.”¹⁶² In Vienna 14 employees of a hospital were dismissed without notice for having wished a colleague well on her birthday during their break during which they had a picture of the group taken without masks to celebrate the occasion.¹⁶³ In Styria 1,700 students are not permitted to attend school because they refused to get tested.¹⁶⁴ Actress Eva Herzog was removed from the script of a Styrian crime piece because she did not want to get vaccinated.¹⁶⁵ In Bavaria, doctor’s offices and private residences have been searched by the police on suspicion of issuance and use of inaccurate health certificates in connection with use of mouth-nose-protection, confiscating computers, files and cell phones.^{166 167 168}

151 “1.900 Anzeigen bei Corona-Demos” in » [Wiener Zeitung](#), 15th February 2021

152 “524 Anzeigen wegen Missachtung der Ausgangssperre” in » [ORF.at](#), 5th April 2021

153 „Wiener Polizei in der Innenstadt wegen Corona-Partys im Großeinsatz” in » [kurier.at](#), 3rd June 2021.

154 „Spanier wegen Ansteckung anderer verhaftet” in » [ORF.at](#), 24th April 2021.

155 „CoV-positiv: Strafe fürs Zusammenleben” auf » [kaernten.ORF.at](#), 25th December 2020.

156 Dr. Friedrich Pürner in an interview with Camilla Hildebrandt, on » [respekt.plus](#), 13th January 2021

157 “Wegen Auftritten bei Corona-Demos: Polizist wird suspendiert” in » [BR24](#), 14th January 2021

158 Roland Pittner: “15 Anzeigen bei Demo gegen Freistellung von Amtsärztin” in » [Kurier](#), 3rd February 2021

159 „Mund-Nasen-Schutz verweigert: Drei Lehrer suspendiert” in » [Kleinezeitung](#), 21st January 2021.

160 „Maskenverweigerer: Zwei Lehrer entlassen” in » [vorarlberg.ORF.at](#), 4th March 2021.

161 „Lehrerin kämpft weiter gegen Entlassung” auf » [kaernten.ORF.at](#), 9th June 2021.

162 Sabrina Lang: “Schuldirektor bei Corona-Demo: ‘Zum Wohl der Schüler gehandelt’”, in » [Tips](#), 1st February 2021

163 “Spitalspersonal nach Party entlassen – Klage” in » [wien.orf.at](#), 3rd April 2021

164 “Testverweigerer: 1.700 Schüler zu Hause” in » [steiermark.ORF.at](#), 2^{9th} April 2021

165 “SchauspielerIn Eva Herzig lehnt Impfung ab”, on » [faz.net](#), 7th June 2021

166 “Wegen Masken-Attesten: Razzien in Arztpraxen Mediziner spricht von Einschüchterung” on » [reitschuster.de](#), 26th November 2020

167 “Polizei durchsucht Arztpraxis” on » [N-Land](#), 24th February 2021

168 Ermittlungen wegen falscher Masken-Atteste in Bayern” on » [t-online.de](#), 17th December 2020

24. **Increase in aggression** – the compulsory measures have led to scuffles between mask refusers and security personnel, drivers of public transportation vehicles and passengers as well as to brawls between mask refusers and mask wearers.¹⁶⁹ In Upper Austria a girl was thrown off a bus although she was wearing a mask that was better than a FFP2 one.¹⁷⁰ In Wiesbaden a man injured another one with pepper spray because he had not observed the prescribed minimum distance.¹⁷¹ In Vienna a mask refuser injured two police officers.¹⁷² In June, after the numbers had dropped considerably, the police cleared the popular Karlsplatz by storming a crowd of people who were celebrating, with bottles being thrown at them in response. After this they imposed an indefinite ban on the square.¹⁷³
25. New dimensions of **verbal violence** – instead of arguing, as is appropriate in a democracy, verbal violence involving labels and defamation is resorted to. “Conspiracy theorists” (a label for people who look for connections), “Corona refuters” (for people who criticize government measures¹⁷⁴), even “Corona opponents”¹⁷⁵ as well as “anti-vaxxer” (for people who want to decide for themselves whether to get vaccinated or not) are some of them. The sad culmination of defamation is expressed in the term “Covoididiots,” which not only circulates on social media but is also used intentionally by a leader of the German Social Democrats.¹⁷⁶ This matches the bellicose rhetoric used to communicate measures taken to deal with the virus like “combatting the pandemic,” “victory against the virus,” “we instead of the virus” etc. At the very beginning Emmanuel Macron officially ‘declared war’ on the virus.¹⁷⁷ “We will tackle the virus,” the Prime Minister of Slovakia said a few months later while announcing a mass testing campaign.”¹⁷⁸
26. **Loss of confidence in democracy and state institutions** – the long-years representative of the Paul Lazarsfeld Society, Heinz Kienzl, developed “democracy monitoring” for the Future Funds of the Austrian Republic, which measures the degree of trust the population has in state institutions over longer periods of time and thus also the current “health condition” of the democracy. As market-institut, the agency conducting the assessment, found, between early 2020 and 2021 the people’s trust in Austrian democracy and political culture was halved. The “Kienzl effect” was to be feared, it was said. “If trust in state institutions is lost, this in turn inevitably impacts the stability of the democracy.”¹⁷⁹
27. **Attention triage** – when excessive focus gets placed on one single issue, less room and depth is left for other ones. What happened to the refugees on the Greek coast? What about wars or hunger due to school closures? For months no public events have taken

169 “Maskenverweigerer verprügelten Fahrgast in Wiener U-Bahn” on » ORF online, 29th September 2020

170 “Mädchen mit „falscher“ Maske aus Bus geworfen” in » ooe.ORF.at, March 2021

171 “Mann verfolgt 56-Jährigen in Supermarkt – dieser greift zu drastischem Mittel” in » Frankfurter Neue Presse, 13th December 2020

172 “Maskenverweigerer attackierte Polizisten” in » wien.ORF.at, 5th April 2021

173 “Platzverbot am Karlsplatz in Kraft getreten”, in » wien.ORF.at, June 2021.

174 Peter Weissenburger: “Am Rande der Gesellschaft”, in » taz, 3rd August 2020

175 „Einkaufen ohne Maske von Corona-Leugnern scheinbar abgesagt”, in » Salzburger Nachrichten, 3rd March 2021.

176 Peter Weissenburger: “Am Rande der Gesellschaft”, in » taz, 3rd August 2021.

177 Sabine Wachs: “Massentests in der Slowakei: ‘Jetzt geht es Corona an den Kragen’”, in » Die Presse, 12th November 2020

178 Peter Weissenburger: “Am Rande der Gesellschaft”, in » taz, 3rd August 2020

179 Werner Beutelmeyer: “Der Kienzl Effekt: Mangelndes Vertrauen in staatliche Institutionen führt zum Stabilitätsverlust der Demokratie”, » market-Institut, 31st March 2021

place, intellectual and cultural life have come to a standstill, and with them political discourse. This tends to strengthen the issues that governments pay attention to, and with them, fear. In public spaces, in particular on public transportation, people are immersed in repetitive warnings and messages on a single topic,, wiith all the other topics and dangers getting blended out acoustically.

The German Ethics Board wrote in Spring 2020: “When health-relative, economic and psychosocial damage predominates, the legitimacy of the strategy is moot.”¹⁸⁰

In December 2020 Michael Esfeld, a member of Leopoldina, wrote: “Numerous scientific studies have been conducted according to which the lost years of life will exceed the maximum benefit of the number of years saved many times over.”¹⁸¹ In February 2021, the renowned science journal Lancet appealed to “all scientists, representatives of the public health sector, journalists and politicians to weigh the collateral damage of governmental measures designed to control Covid-19 against their negative impact in regard to many short-term and long-term health aspects and to take all of this into consideration.”¹⁸²

Perhaps in the end John Ioannidis will prove to be right, one who warned, even before the lockdown was imposed, that it would do more damage than good. Or the Swedish chief epidemiologist Anders Tegnell, who conjectured that the lockdown would be a much riskier experiment than the moderate Swedish approach. What is clear is that the governments which bear responsibility for the damages incurred by the Covid-19 measures listed here have not made them transparent, at least not sufficiently, which is why a careful weighing of approaches could not take place in a large-scale public and medial discourse, as is the appropriate course to take for democracies.

2.5 The critics of measures taken get less chance to speak and are often denigrated

The public discussion polarized by fear mongering has created two camps – the advocates of compulsory measures and the critics thereof. Reducing a diverse spectrum of opinions to such a dichotomy falls short, and yet in the escalatory public discussion the government’s strategy adopts the function of a demarcation line. In the public discourse, framing, attribution and generalization all play a large role. The narrative aligned with the government’s strategy refers to the measures

ESTABLISHING PROPORTIONALITY TO OVERCOME SOCIETAL DIVISION

The collateral damage of Covid-19 measures must be weighed against the proven benefit – in a large-scale public discourse.

180 German Ethics Board: “Solidarität und Verantwortung in der CoronaKrise. Ad-hoc-Empfehlung”, Berlin, 27th March 2020, pg. 6

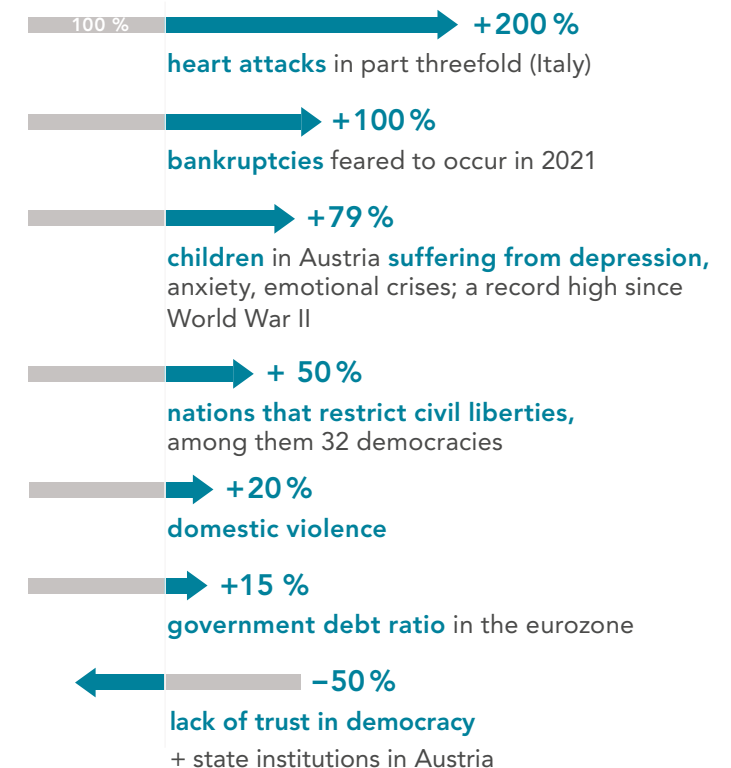
181 Michael Esfeld: “An den Präsidenten der Leopoldina”, » öffentlicher Brief, 8th December 2020

182 Günter Kampf, Martin Kulldorff: “Calling for benefit-risk evaluations of COVID-19 control measures”, letter in The Lancet, Volume 397, Issue 10274, pp. 576-577, 13th February 2021. DOI: [https://doi.org/10.1016/S0140-6736\(21\)00193-8](https://doi.org/10.1016/S0140-6736(21)00193-8)

as “science”-based, praising ‘responsible citizens’ and those ‘solidarity-oriented citizens’ who “all stand together in the crisis”¹⁸³ and focus on “health” (code for “no Covid”). Critics, on the other hand, are viewed as irresponsible, lacking in solidarity, resistant to science and only interested in their own personal freedom. The wholesale insinuation is that critics endanger ‘health’ and are opposed to all of the measures – as if there were no alternatives to the two extremes of either ‘doing nothing’ and ‘lockdown.’ In any rational democratic discussion, we would weigh things and discuss the various possibilities provided by a potential spectrum of measures in a respectful fashion. We are currently far removed from such a culture. The critics of strict measures are immediately pushed into a corner, being labelled as “Corona refuters,” “anti-vaxxers,” “conspiracy theorists” or “aluminum hat wearers” and often associated or equated with right-wing extremists. The demonstrators in particular have been assigned a right-wing position although many people have borne witness to the predominantly peaceful, non-violent, articulate and constructive nature of those citizens participating in diverse large-scale demonstrations. Cities and municipalities have banned countless demonstrations – in stark contrast to how they have dealt with Black Lives Matters demonstrations, for example; many of these bans were subsequently lifted by courts. According to a Gallup poll taken in early 2021, 35% of the population supported such demonstrations against Covid-19 measures imposed by the government; hence, associating one third of the population with right-wing extremists constitutes a hair-raising misanalysis and mass defamation.¹⁸⁴ Policy and public opinion researcher Richard Hilmer even comes to the result that the so-called “Querdenker” (those who ‘think against the grain,’ so to speak) are predominantly “leftist.”¹⁸⁵

Not desirable, but balanced would be a medial discussion which included such words as “alarmist,” “coercive vaccinator,” “phobocrat,” and “robber of basic rights” – but such terms are not used. Derogatory terms like “vaxxasses,” “lockdown psychopaths” and the like could conceivably be placed beside terms like “Covidiot,” one that circulates a lot in the media. Fortunately, this has not happened, but the defamation of those who think differently is the first step towards a cycle of violence that undermines the foundations of democracy – freedom of speech, plurality, deliberative discussion, respect and human dignity. Criticism of governmental regulations as being excessive is legitimate. Such criticism should be taken seriously and responded to with arguments rather than insults. Sociologist Maurizio Bach concludes that “exchange of opinions, advocacy of interests and efforts to find compromises, these being the basic mechanisms of a liberal democracy, are preempted by the postulate of a fundamental lack of alternatives as far as the decisions made by government are concerned along with massive pressure to conform. This paves the way towards an authoritarian style of politics.”¹⁸⁶

Collateral damage incurred by the lockdown



¹⁸³ Austrian Chancellor Sebastian Kurz at 16th session of the National Council, 15th March 2020

¹⁸⁴ Oliver Tanzer: “So ticken die Corona-Demonstranten” in » Die Furche, 22nd April 2021

¹⁸⁵ Malte Lehming, Christoph von Marschall: “So ticken die ‚Querdenker‘: Antiautoritär, gebildet – und überwiegend links”, in » Tagesspiegel, 10th May 2021

¹⁸⁶ Maurizio Bach: “Das Damoklesschwert der Inzidenzzahlen und die Fallstricke der Lockdown-Politik” in » verfassungsblog.de, 28th March 2021

What is characteristic of an authoritarian, punitive state is a situation of “communicative collusion,” which the physician and public health policy-maker Ellis Huber analyzes as follows: “Those with power feign dominion that has everything under control, exerts force and does not trust the people to act rationally. The people then succumb to childlike dependency, complain, demonstrate and ignore the regulations or subject themselves to them compliantly, with a sense of guilt and in hopes of salvation. In other words, the people pretend to be waiting for the savior or express anger towards incompetent politicians. The politicians present themselves as the movers and shakers, the powerful caretakers of the poor populace. Postures of power go hand in hand with desires for dependency and feelings of resistance. This results in a reaction of submission or insubordination. The consequences of such collusion as regards coping with powerlessness and loss of control between the top and the bottom in the state will be an issue of concern in the fields of medicine and psychotherapy in the years to come.”¹⁸⁷

What is also a cause for concern is that private, monopolistic internet platforms like Youtube and Facebook make massive, targeted efforts to restrict freedom of expression.¹⁸⁸ The state should intervene here with regulations. Tolerating reactive censorship by private monopolists is equivalent to aiding and abetting abolition of freedom of speech. According to the V-Dem-Report put out by the University of Gothenburg during Covid-19 Year 2020, over 70 nations curtailed freedom of the press. The UNO already warned in March 2020: “Restrictive measures to contain the virus must be founded on pursuit of legitimate public health goals and may not be used to simply suppress dissent.”¹⁸⁹ What is equally alarming is that regime critics in Germany have their bank accounts closed with no justification,¹⁹⁰ even after the EU recently decided to acknowledge access to bank accounts as a basic right.¹⁹¹

Prominent critics of governmental strategies like Prof. Matthias Schrappe¹⁹² and Franz Knieps, Chair of the Association of Company Health Insurance Funds, were “asked” by officials close to Angela Merkel to refrain from addressing the public, to which they responded that they are citizens, not subjects.¹⁹³

Democratic discussion

Red card

Critics of measures

“Corona denier”

Proportionality is important to me

“Anti-vaxxer”

I make efforts to have a strong immune system

“Endangerer”

How much more dangerous than influenza is Covid-19?

“Aluminum-hat-wearer”

Why does Bill Gates want to vaccinate children and convalesced people?

“Conspiracy theory”

187 Ellis Huber: “Das Virus, die Menschen und das Leben – Die Bedeutung der Corona-Pandemie für Staat, Wirtschaft und Gesellschaft” in » Soziale Psychiatrie 03/2021

188 “Facebook löschte Millionen Beiträge mit fragwürdigen Infos”, in: » ORF online, 11th August 2020

189 Officer of the High Commission on Human Rights: “COVID-19: States should not abuse emergency measures to suppress human rights”, » Press release, 16th March 2020

190 Paul Schreyer: “Oppositionsmedien unter Feuer”, on » multipolar-magazin.de, 29th May 2021

191 “Bankkonto als Grundrecht” on » oe1.orf.at, 8th April 2017

192 “Lockdown ist Befürchtungspolitik”, Interview with Matthias Schrappe on » swr.de, 11th February 2021

193 “BKK-Chef Knieps: ‘Im Kanzleramt herrscht in Sachen Corona Bunkermentalität’”, on » rnd.de, 18th January 2021

2.6. Fact checks and compliance with science do not apply for advocates and issuers of coercive measures

A balanced approach would also entail subjecting not only what critics of governmental measures say but also the statements of fear mongers and advocates of regulations to fact checks. Where were the 'fact checkers' when Christian Drosten was quoted as "urgently appealing to the public to get vaccinated against the swine flu" in the *Süddeutsche Zeitung* in 2010, writing "this disease is a serious, general virus infection that can have much stronger side effects than the worst ones conceivably sustainable from the most horrible vaccine."¹⁹⁴ Why was he not taken to task for this radical misassessment; why did it not do detriment to his reputation as a scientist? The WHO predicted the swine flu would result in 7 million deaths but in the end the death toll was 19,000. The statement was not deleted from Youtube or Facebook, however. The French government ordered 94 million vaccine doses – completely in vain.¹⁹⁵ As for the Avian flu, WHO experts also predicted millions of deaths. Despite this false alarm, 18 billion US dollars were pumped into the pharmaceutical industry (for Tamiflu) as a result. Why does the statement made by Bill Gates – "we will vaccinate seven billion people" – not get subjected to any comparable analysis? Should infants, children, adolescents and recovered people really get vaccinated against Covid-19? How advisable is this, and how well-advised scientifically?¹⁹⁶ Why do 'fact checks' by self-appointed judges of truth only get conducted on critics of coercive measures and why do they generally turn out badly for those they do the fact checks on? All of a sudden there seems to be only one 'truth' – namely one that is faithful to the regime. The fact that one of the to date most frequently cited and thus most respected health scientists, Prof. John Ioannidis, is suddenly referred to as "controversial"¹⁹⁷ while Christian Drosten is viewed as an indisputable authority is proof enough. The *taz* claims to have "assessed, once again, the key claims of the Corona skeptics and deniers, and in this dossier it declares, in concise terms, why these are not convincing."¹⁹⁸ But why and on the basis of what competency do they comment on the study conducted by Ioannidis as "controversial", and not address that conducted by Meyerowitz-Katz?

The political scientist Ulrike Guérot points out that uncritically listening to 'science' has proven to be disastrous in history before, citing the Inquisition, scientific Marxism and race theory. Currently it is becoming clear that economists who perpetually focus on growth of the GDP have been duped by a colossal, collective misconception. This is no argument against science per se, but rather against the illusion that there is a consensus in science, or that it is the 'guardian of

Tolerating after-the-fact censorship by private monopolists amounts to aiding and abetting efforts to abolish freedom of speech.

194 "Die Welle hat begonnen", » *Süddeutsche Zeitung*, 7th May 2010. pg.

195 Jutta Pinzler, Stefanie Schwalfenberg: "Profiteure der Angst – Das Geschäft mit der Schweinegrippe", Dokumentation auf arte/NDR, 23rd November 2009, min.12:00

196 Ingrid Zechmeister-Koss, Inanna Reinsperger: „Wieso Kinder gegen Covid impfen?“ in » *Der Standard*, 3rd June 2021.

197 Klaus Taschwer, Julia Palme: "Sterblichkeitsstudie: Wie tödlich ist das Coronavirus?" in » *Der Standard*, 22nd October 2020

198 Ingo Arzt: "Covid nicht tödlicher als Grippe" in » *taz*, December 2020

truth.' Science can be corruptible or based on integrity, it can be wrong or hit the mark, it can underexpose or blend something out or have blind spots. Scientific theoreticians Ludwig Fleck and Thomas Kuhn spoke of "thought collectives"¹⁹⁹ and their "paradigms,"²⁰⁰ some of which were ultimately revealed to be faith communities. Without a doubt, science makes indispensable and valuable contributions to discourse, which is why numerous scientific works are also cited in this text. But the sources usually remain just that – contributions to discourse. A 'scientific truth' in the sense of unequivocal, uncontradictory or factual certainty in regard to (all) causes, effects and connections of complex systems does not exist. Science, as the generation of knowledge, always means knowing that this process is never completed and new 'knowledge,' new theses on the functioning and workings of complex systems are and always must be disputable. In this sense science is an iterative, recursive process of ongoing critique and not the production of absolute 'results' and eternal truths. Errors and false assumptions are part of the process of an asymptotic approach – if that even exists – to never reachable 'truths.' If science thinks it can proclaim the truth, it is easy for it to be used for political purposes, just like has happened most recently during the 'Corona crisis.'²⁰¹

2.6.1. Errors in regard to numbers of deaths

At first the WHO cited a mortality rate of 3.4% for Covid-19.²⁰² This would be a factor of 34 as compared to influenza – a horror scenario that was spread worldwide by the media in a loud and alarming fashion. One of the first empirical investigations, one conducted by a team of virologists headed by Hendrik Streeck, extrapolated a mortality rate of 0.37% for the municipality of Gangelt. An early study on Wuhan arrived at rates between 0.04 and 0.1%.²⁰³ In any early investigation, Prof. John Ioannidis from Stanford University calculated a rate of 0.125%²⁰⁴, in another study from October 2020 a rate of 0.23%²⁰⁵ and in a third, improved assessment from early 2021, a rate of 0.15%²⁰⁶ – all of these being rates not far from those recorded for influenza. Ignoring these findings, Christian Drosten spoke of a factor of 16 vis-a-vis influenza in September 2020, deriving this from a single (!) study conducted in the USA. This figure is frequently used for fact checks.²⁰⁷ But who has checked the fact checkers?

199 Ludwig Fleck; "Entstehung und Entwicklung einer wissenschaftlichen Tatsache: Einführung in die Lehre vom Denkstil und Denkkollektiv", 12th edition, suhrkamp taschenbuch wissenschaft, Frankfurt a. M 1980

200 Thomas Kuhn: "Die Struktur wissenschaftlicher Revolutionen", 25th edition, suhrkamp taschenbuch wissenschaft, Frankfurt a. M. 2017

201 Tobias Unruh: "Wissenschaft ist nicht politisch!", auf » [cicero.de](https://www.cicero.de), 18th February 2021

202 Science Media Center Germany: "Wie tödlich wird das Coronavirus? Die Frage nach der Letalität/case fatality rate", » [Factsheet](https://www.factsheet.de), Cologne, 26th February 2020

203 Kenji Mizumoto et al.: "Early epidemiological assessment of the transmission potential and virulence of coronavirus disease 2019 (COVID-19) in Wuhan City: China, January-February, 2020" in [medRxiv](https://www.medrxiv.org/content/10.1101/2020.02.05.20018561v2), 13th March 2020

204 John P.A. Ioannidis: "A fiasco in the making? As the coronavirus pandemic takes hold, we are making decisions without reliable data", in » [Statnews.com](https://www.statnews.com), 17th March 2020

205 John P. A. Ioannidis: "Infection fatality rate of COVID-19 inferred from seroprevalence data" in [Bulletin of the WHO](https://www.bulletinoftheWHO.org) 2021; 99:19–33F, pg. 19. doi: [http://dx.doi.org/10.2471/BLT.20.265892](https://dx.doi.org/10.2471/BLT.20.265892)

206 John P.A. Ioannidis: "Reconciling estimates of global spread and infection fatality rates of COVID-19: an overview of systematic evaluations" in » [European Journal of Clinical Investigation](https://www.europeanjournalofclinicalinvestigation.com), 26th March 2021 – doi:10.1111/eci.13554

207 "16-mal gefährlicher als Grippe – Drosten verweist auf alarmierende Studie" on » [welt.de](https://www.welt.de), 29th September 2020

2.6.2. Previous false alarms

There are two precedents for incredible miscalculations and ensuing false alarms in connection with the pandemic to be found in recent history – the Avian flu and the Swine flu. In late 2004 Der SPIEGEL announced: “The WHO views a disastrous Avian flu pandemic as inevitable. When the global epidemic will break out is only a question of time. The influenza coordinator for the WHO, Klaus Stöhr, warned that even using an optimistic scenario, estimates range between two and seven million deaths and billions of people contracting the disease (...) there has been no new pandemic for the past 36 years [he is referring to the Hong Kong Flu of 1968], so a new one is probably imminent.”²⁰⁸ Instead of seven million, the WHO counted a total of 359 deaths from the Avian flu worldwide during the ten-year period from 2003–2012²⁰⁹ – which prompted the WHO to reduce the mortality rate to 0.02%.²¹⁰ Despite this incredible false alarm, 18 billion US dollars were spent on the anti-viral medicament Tamiflu. Today we know that Tamiflu is “somewhat more effective than a placebo.”²¹¹

A mere five years later, this spectacle repeated itself with the swine flu. When the WHO raised it to level 6 in mid-2009, mortality rates of up to 5,1% were predicted.²¹²

For the USA alone, worst-case predictions of 9.9 million hospitalizations were expected, with 1.4 million intensive-care patients and 1.9 million fatalities being feared.²¹³ In Great Britain the Chief Medical Officer of the NHS predicted up to 65,000 deaths – “three to five times the number” of deaths caused by common influenza.²¹⁴ In the end, the WHO reported 19,000 confirmed cases worldwide.²¹⁵ Estimates of non-identified cases ranged within the spectrum of common flu waves. WHO advisor and epidemiologist Ulrich Keil from the University of Münster takes the WHO to task for having unsettled the world population in the past decade through “fear campaigns,” saying that “incredible amounts of money are wasted on pandemics that actually aren’t any.” Those were Keil’s words at a hearing of the Council of Europe.²¹⁶ Another false alarm was that connected with Mad Cow Disease /BSE/Creutzfeldt- Jakob in the early years of the new millennium, which generated costs in the billions.²¹⁷ Up to 2014 not a single person had contracted the disease in Germany.²¹⁸ In the USA panic broke out over the swine flu as early as 1976 – a disease brought home by Vietnam vets. The government feared a million deaths; 45 million US citizens got vaccinated. A side effect that impacted several hundred people were cases of paralysis which caused the death of 25 of them. On the other hand, only one patient died of the swine flu.²¹⁹ This previous situation should be taken into consideration in evaluating what people who are skeptical towards vaccines have to say or who believe that there actually is no pandemic.

208 “WHO hält globale Seuche für unvermeidbar” in » SPIEGEL online, 26th November 2004

209 WHO: “Cumulative number of confirmed human cases for avian influenza A(H5N1) reported to WHO, 2003–2012”, » online, accessed on 9th April 2021

210 Kate Kelland: “World must prepare for inevitable next flu pandemic, WHO says”, in: » Reuters.com, 11th March 2019

211 Jürgen Langenbach: “Tamiflu ist etwas wirksamer als ein Placebo” in » Die Presse, 11th April 2014

212 Jutta Pinzler, Stefanie Schwalfenberg: “Profiteure der Angst – Das Geschäft mit der Schweinegrippe”, Documentation on arte/NDR, 23rd November 2009. Recording on Youtube

213 “H1N1 Flu: A Worst-Case Scenario”, » cbsnews.com, 21st July 2009

214 Jeremy Laurance: “NHS prepares for 65,000 deaths from Swine Flu” in » The Independent, 23rd October 2011 [presumably date error]; cf. Owen Bowcott: “Swine flu could kill 65,000 in UK, warns chief medical officer” in » The Guardian, 16th July 2009

215 https://www.who.int/csr/don/2010_08_06/en/

216 Albrecht Meier: “Experten: Schweinegrippe wurde unnötig zur Pandemie erklärt” in » Tagesspiegel, 26th January 2010

217 Segment of ARD documentation from 2002, » Youtube, viewed on 1st June 2021

218 Mareike Müller: “BSE” on » netdoktor.de, 8th July 2016

219 Jutta Pinzler, Stefanie Schwalfenberg: “Profiteure der Angst – Das Geschäft mit der Schweinegrippe”, documentary on arte/NDR, 23rd November 2009, min. 15:00

2.6.3. Assessment of deaths

One of the most incredible things about the whole Corona situation has consisted in the fact that in counting deaths, no distinction is made between those who die of Covid-19 and those who die with it. Although to date, the disease (also in cases of multi-morbidity) that is viewed as the most probable cause of death gets declared on the death certificate – and when in doubt, also that which prompted having the person in question hospitalized – in the case of Covid-19 one country after the next began declaring Covid-19 as the cause of death for everyone “who had tested positive for the disease up to four weeks before the time of death, even if Covid-19 was not the actual cause of death.”²²⁰ To this date, the authors of this text have no explanation for this unprecedented practice of privileging Covid-19. It is neither the first infectious disease nor is it the first Corona virus. Why would the procedure for counting deaths change in this case? People die of strokes, heart attacks, cancer, diabetes, bacteria-induced pneumonia, various infectious and respiratory diseases, everything from influenza to Covid-19 – and such cases should all be treated as Covid-19 deaths if a PCR test came back positive within four weeks of the date of death? In Germany, people who tested positive using a PCR test up to ten weeks before their death are counted as Covid-19 casualties, a fact which ZDF, a public broadcasting company, has remarked critically. “Corona deaths include many who died more than 10 weeks after contracting the disease. Should they be counted as Corona deaths?” The Robert-Koch-Institute points out that it is not so easy to distinguish between death from Corona and death with Corona.²²¹ What pathologists’ associations cannot understand is the fact that the RKI discouraged performing obductions at the onset of the pandemic, although this is the method for gaining insights.²²²

Cannot such a dubious procedure create the impression that there is an official interest in generating as dramatic figures as possible? Should fears be stoked and hence stricter measures be justified in this way? How would the public react if people who died of a stroke, a heart attack, cancer or bacterial pneumonia after having contracted a flu virus shortly before (a fact that can be revealed by systematic testing) be recorded as “flu deaths,” with this leading to double the number of recorded flu victims, for example, and these statistics being presented to us on a daily basis by health ministries and the media? Then there would be 40,000 to 60,000 official flu deaths in Germany.

220 “Neue Datenmeldung: Mehr Covid-Opfer”, on » ORF online, 17th December 2020

221 Interviews with Gerd Antes and Bertram Häussler: “‘Folgen sind dramatisch’ – Statistik-Experte kritisiert Corona-Datenlage”, on » ZDFheute, 3rd June 2021

222 “Pathologen fordern Obduktion von verstorbenen Covid-19-Erkrankten”, on » mdr Wissen, 23rd April 2020

2.6.4. Excess mortality

In the Covid-19 Year 2020 there were lots of reports on excess mortality – the assumption being that Covid-19 was responsible for them. But if excess mortality for this past year is not compared to that of previous years in terms of absolute numbers (the result being only slight excess mortality), but instead the demographic growth of people in the high-age groups is taken into account, then there has been no excess mortality in countries like Germany and Austria. Thus, an analysis for the year 2020 performed by the LMU in Munich arrived at the result that “on the whole no pronounced excess mortality was observed during the second wave of the pandemic, and that in the younger parts of the population even below-average mortality evidenced itself.”²²³ For Austria, AGES expert Allerberger ascertained that during the influenza wave three years previously, excess mortality was almost as high and “no one thought a thing of it.”²²⁴

Now the prevention paradox comes into play, – the argument that there was no significant excess mortality for the very reason that there had been a lockdown. One could respond to this by pointing out that it is not possible to prove which measures resulted in or prevented the spread of the virus respectively. One could even make the case that the lockdown itself will lead to deaths in the future and very possibly already has due to lack of nursing staff as a result of travel restrictions, failure to go to a doctor or to seek out hospital care, lack of exercise, loneliness or simply fear and stress. In any case, automatically attributing excess mortality to a single possible cause is definitely not scientific and accounting for deaths and causes of death is clearly more complex than the statistically dubious dashboards that report Corona deaths suggest. In other countries excess mortality is no clear indicator of how dangerous Covid-19 is either; according to studies, between 25% (USA) and 74% (Peru) cannot be explained by Covid-19.²²⁵

2.6.5. Function of models

Up to now models have been viewed as only relatively suitable for making prognoses. As the Hamburg-based virologist Jonas Schmidt-Chanitsky remarks: “Weather predictions are much more accurate than Corona prognoses.”²²⁶ In June 2020, 22 leading experts pointed out that it was abusive for politicians to use such models to justify measures.²²⁷ A single (false) variable can destroy the entire model. In particular, the dreaded exponential growth of infections with SARS-CoV-2 was always mere speculation because viruses come in waves and every wave peaks without any measures being taken, subsiding on its own. Michael Lewitt, recipient of a Nobel Prize for chemistry, remarked early on that SARS-CoV-2 is not spreading exponentially.²²⁸ And

The RKI discouraged performing obductions at the onset of the pandemic, although this is the method for gaining insights.

223 “Göran Kauermann, Helmut Küchenhoff: “CoDAG-Bericht Nr. 4”, Lehrstuhl für Statistik und ihre Anwendung in Wirtschafts- und Sozialwissenschaften, » [LMU](#), 11th December 2020

224 Gerald John: “Wenn das Virus zu harmlos wirkt”, in *Der Standard*, 13th March 2021

225 Mathias Tertilt, Christopher Ophoven: „Todesfälle: Wie viele Menschen sterben an Corona?“ in » [quarks.de](#), 15th April 2021

226 Matthias Iken: “Wettervorhersagen sind viel exakter als CoronaPrognosen”, in » *Hamburger Abendblatt*, 25th May 2021

227 Andrea Saltelli et al.: “Five ways to ensure that models serve society: a manifesto. Pandemic politics highlight how predictions need to be transparent and humble to invite insight, not blame” in » *nature*, 24th June 2020

228 In an interview with Uwe Alschner (website), on » [Youtube](#), viewed on 1st June 2021

yet numerous people at King's College London (among them Neill Fergusson) created a threat scenario of "exponential growth" up to the Vienna Complexity Science Hub.²²⁹ In Germany, Kai Nagel, a mobility researcher from Berlin, predicted incidences of over 1,000 up to even 2,000 for the period from mid-March to early May 2021.²³⁰

In fact, the 7-day incidence on May 1st for Germany as a whole was 149, according to the RKI.²³¹ According to the NDR, a German broadcasting company, Nagel's models served as the basis for imposing curfews in accordance with the German Infection Protection Law.²³² Epidemiologists Angela Spelsberg and Ulrich Keil remark critically: "To date, politicians and the media have only paid attention to two groups of specialists – virologists and mathematical modelers. The initial model calculations of the scientists at Imperial College London in particular served as the basis for political decisions responsible for the lockdown. They predicted that there would be 40 million Covid-19 deaths worldwide."²³³ Despite the questionable role played by model prognoses until today (May 2021), mathematicians on the evening news programs of public broadcasting companies were asked about their prognoses and the measures prompted by them.²³⁴

2.6.6. Irrelevance of incidence

Although influenza has had incidences as high as 1,700 per 100,000 inhabitants in Austria,²³⁵ no attention has been paid to it, to say nothing of full-scale testing as a strategy to combat it. With Covid-19 things are different. Suddenly there are thresholds and critical values that have priority over basic rights. Situations with incidences exceeding 140 are interpreted as a catastrophe by politicians in Germany, these purportedly making radical lockdowns and curfews imperative. As the former president of the Berlin Medical Chamber, Ellis Huber, comments: "This incidence means that in a city with 100,000 inhabitants two infections per day will occur, and in a village with 1,400 inhabitants two infections per week will be recorded. Now we must see why and where risks of infection occur, how those affected live and which other people they could infect. The risk of this lies, in turn, at about two persons per day or week respectively. If the outbreak is the result of positive tests in a nursing home, curfews for 9,998 people don't do much. If a business or a kindergarten is affected, specific measures are required." For this reason, the Mayor of Pirmasens refused to implement the "emergency brake" prescribed by the government in this Land after occurrence of localized outbreaks in kindergartens.²³⁶ Huber goes on to say: "When people with a migrant background get together, other types of aid are necessary.

229 Complexity Science Hub Vienna: "Coronavirus-Maßnahmen in Österreich eventuell zu gering, um Kapazitätslimits von Spitalsbetten zu vermeiden", » CSH Policy Brief 12th March 2020 (update)

230 Andrej Reisin: „Modelle mit Unsicherheiten“ auf » tagesschau.de, 21st April 2021

231 Robert Koch Institut, "Täglicher Lagebericht des RKI zur Coronavirus-Krankheit 2019 (Covid-19), 1. Mai 2021 – Aktualisierter Stand für Deutschland."

232 Andrej Reisin: "Modelle mit Unsicherheiten", on » tagesschau.de, 21st April 2021

233 Angela Spelsberg, Ulrich Keil: "Astronomische Fehlrechnungen" in » taz, 10th August 2020

234 Experten setzen auf Impffortschritt", » ORF.at, 28th May 2021

235 "Markus Golla: "AT: Wenn die Influenza auf der ‚Intensiv‘ landet" in » Pflege Professionell, 7th February 2019

236 Bürgermeister in Pirmasens widersetzt sich ‚Notbremse‘ trotz 154er-Inzidenz", in » Tagesspiegel, 15th March 2021

Many do not understand what is going on and require information tailored to their group so as to be able to protect themselves. Thus local risk management requires individual, target-oriented measures geared towards those affected and their specific lifestyles.”²³⁷

2.6.7. Test, test, test ...until total ‘testitis’ sets in

Another striking chapter is ‘testitis.’ The controversy begins with the extremely peculiar chronological facts about the PCR test developed by Christian Drosten. Only days after the RNA of the virus was made known by Chinese experts, the virologist from the Charité in Berlin had already drawn up a protocol. An interdisciplinary team of 22 experts found ten severe errors in this. The team published their review on their own website while simultaneously submitting the article to Eurosurveillance, where the so-called Drosten-Corman-Protocol was published on January 23rd, 2020. One of the ten points of criticism was that “the Corman-Drosten Paper was submitted to Eurosurveillance on January 21st 2020 and accepted by it one day later, on January 22nd. By January 23rd the paper was online. On January 13th Version 1-0 of the paper was published on the official website of the WHO, and on January 17th, Version 2-1 was updated, even before the Corman-Drosten Paper was published by Eurosurveillance on January 23rd.”²³⁸ Moreover, the fact that two of the authors, Christian Drosten and Chantal Reusken, were members of the editorial board of the journal itself was criticized. In a response, Eurosurveillance refuted these points of criticism, justifying the swift peer review with the acute health situation. Curiously, the editorial office of Eurosurveillance argued that over the past years 30% of “swift communications” had been published within two weeks.²³⁹ The difference between two days and two weeks was not commented on, however.

This is what is to be said about how the test evolved. Now to some substantial issues. In the meantime, it is well-known that a positive PCR test result can mean five things:

- a) the tested person has a serious case of Covid-19 (with potentially lethal symptoms)
- b) the tested person is infected with Covid-19 but not ill (asymptomatic)
- c) the tested person is infected with Covid-19 but has already recovered (viral remnants were detected, ‘waste’) but the person is not contagious
- d) the tested person carries viruses (or components thereof) in their body which are similar to the Covid-19 virus
- e) the test result is false (“false positive”).

237 Ellis Huber: “Das Virus, die Menschen und das Leben – Die Bedeutung der Corona-Pandemie für Staat, Wirtschaft und Gesellschaft” in » Soziale Psychiatrie 03/2021

238 <https://cormandrostenreview.com/report/>

239 <https://cormandrostenreview.com/eurosurveillance-response/>

For this reason, the tests say *expressis verbis* that they are not suitable for diagnosis.

This raises three questions:

1. Why, then, are persons with a positive PCR test categorized by the media as “active cases” and even referred to as “infected” if this is only what such a result means in two out of five cases and 80% of those actually infected are asymptomatic?
2. Is it not radically disproportionate to couple measures that rob people of their freedom with the results of a test that is explicitly referred to as unsuitable for diagnostic purposes? We are personally familiar with people who were put into quarantine on the basis of a positive PCR test result who did not develop any symptoms at all and who tested negative on an antibody test after they were out of quarantine.
3. These five possibilities also include people “with” Covid-19 in death statistics who did not even die of Covid-19. An investigation conducted by the Center for Research on Aquatic Bioinvasions found that in cases of slight infection, up to two thirds of positive test results can be “false positive.”²⁴⁰ Public health expert Andreas Sönnichsen from MedUni Vienna arrives at similar numbers.²⁴¹ One must know that in cases of slight infection the proportion of those tested who are infected drops, which increases the error probability of the test. Of 60 positive test results analyzed by a laboratory in Augsburg, 58 were subsequently recognized as false positive. This extremely high proportion of false negative tests was attributed to the strain the laboratory was under.²⁴² A pharmaceutical firm from Tyrol that apparently wanted to make large profits with the PCR test and had already earned eight million Euros on it is suspected of having conducted hundreds of thousands of erroneous tests.²⁴³

For this reason, the tests say
expressis verbis that they are not
suitable for diagnosis.

What is much more dramatic is the result of a current study conducted by the University of Duisburg- Essen. After checking the PCR test results of 190,000 persons, this study comes to the conclusion that 50 to 75% of those with a positive test result were “not contagious” due to a low viral load. “According to our study, a positive RT-PCR test alone offers no sufficient proof that the person tested for the Corona virus can infect other human beings with it,” says Andreas Stang, Director of the Institute for Medical Informatics, Biometry and Epidemiology (IMIBE) of the University Clinic of Essen. “Thus the number of persons who tested positive for SARS-CoV-2 should not ultimately serve as a basis for measures designed to combat the pandemic such as quarantine, isolation or lockdown,” he concludes.²⁴⁴

240 Andrew N. Cohen: “False Positives in PCR Tests for COVID-19”, in »ICD10monitor«, 9th November 2020

241 Bernadette Redl, Daniela Yeoh: “SARS-CoV-2: Testen, testen, testen – eine Strategie mit Tücken”, in »Der Standard«, 25th July 2020

242 “Probleme in Augsburger Labor bringen falsche Testergebnisse” on »br.de«, 28th October 2020

243 “Große Zweifel an PCR-Tests von HG Pharma” on »tirol.ORF.at«, 4th May 2021

244 Martin Rolshoven: „Ergebnisse allein ungeeignet als Grundlage für Pandemie-Maßnahmen“, Meldung aus der »UDE«, 18th June 2021

The Association of Accredited Laboratories in Medicine (ALM) also holds the view that full-scale PCR tests of all citizens are “neither medically appropriate nor epidemiologically effective, but rather an unnecessary waste of financial resources.”²⁴⁵ In April 2021, the government of Great Britain considered dispensing with tests on healthy people due to the high error rate.²⁴⁶

Virologist Ulrike Kämmerer advocates making diagnoses first and testing afterwards. “PCR as a diagnostic tool is quite questionable in any case. I always wonder why colleagues allow medical diagnosis to be taken out of their own hands (...) Any clinical diagnostics should actually be made on the basis of a clinical finding and only when the clinician wants to know which pathogen triggered a certain disease pattern; then I can perform differential diagnostics, and one possible way to do this is to perform a molecular analysis with the help of a PCR. A PCR alone cannot show whether the patient carries a pathogen capable of reproducing or being passed on to someone else, however. (...) I can only say that the small piece of gene material looked for in this person is there or not (...) I can neither say whether it is part of a complete virus nor whether the virus has actually reproduced in that person or was successfully fought off by that person’s immune system, with only remnants left in the cell, and I certainly cannot say whether so much viral load is still present as to make that person infectious (...) The diagnostics must always be performed by the physicians, and not until a medical diagnosis regarding a viral infection has been made can a PCR help identify the pathogen (...) But making a diagnosis on the basis of one PCR test – one that was performed under very poor conditions, as is unfortunately currently the case – that cannot be (...) This is a typical example of how a simple laboratory technique (...) gets misused and ultimately all of those who work with such tests get scientifically abused.”²⁴⁷

A current study conducted by the University of Duisburg-Essen concludes, after examining 190,000 PCR test results, that 50 to 75% of those with a positive test result were ‘not contagious’ due to low viral load.

2.6.8. No immunity after recovering from the disease?

One argument in the chain which has led to people accepting the Covid-19 measures to quite a large extent was the conjecture that Covid-19 fails to be remembered by the immune system. Those who had recovered from the disease could soon come down with it again. To begin with, this assumption (and in the early days of the pandemic it could be no more than this) is quite incredible. Why should the human immune system suddenly fail to do its job and not recognize a successfully combatted virus? And yet this conspiracy theory waged against the human immune system was granted a striking degree of credence. This fact confirms the impression that our fear of Covid-19 is supposed to be greater than it need be. Moreover, those who promote this hypothesis could weaken our immune system by depicting it as weak.

245 “Labormediziner raten von flächendeckenden Bevölkerungstests ab”, in » [aerzteblatt.de](https://www.aerzteblatt.de), 8th July 2020

246 Josh Halliday: “Rapid Covid testing in England may be scaled back over false positives”, in » [The Guardian](https://www.theguardian.com), 15th April 2021

247 <https://www.wissenschaftsteauf.de/>

After so many conjectures, assumptions and apprehensions one can ascertain, in evidence-based terms, that the risk of contracting the disease again is “negligible.” The scientific journal *quarks* has compiled the research on this question to date. A study conducted in Qatar involving 130,000 subjects arrived at a reinfection rate of 0.02% – that is practically insignificant. A British study arrived at a higher rate, but according to it, 95% of those who had contracted the disease were protected against developing symptoms again.²⁴⁸ A study conducted at the University of Innsbruck in Ischgl found that the number of antibodies even detected after one year had only diminished slightly “Whoever has recovered is immune,” head of the study Florian Deisenhammer reports. Concerns about getting reinfected, being infected with a mutation or transmission by immune people were unjustified,” the researcher says.²⁴⁹

In contrast to all the initial conjectures and fears, our immune system works just as well here as it does for other respiratory diseases and viruses. It not only employs antibodies (which disappear relatively quickly after the disease has subsided) but also T-memory cells and B-memory cells. The latter ‘memorize’ the virus and begin, in the event of a new infection, with production of messenger substances and antibodies. This defense mechanism of the body is called “cellular immunity.” Several studies have shown that six months after a Covid-19 infection the body had effective memory cells to deal with it, and in even higher concentrations than before.²⁵⁰ Virologist Dorothee von Laer comments on the Ischgl study as follows: “A T-cell immune response was even found in samples with barely or no longer verifiable antibody titers, which underpins the role played by cellular immunity after Covid-19.” Thus, one cannot rule out the possibility of sustained immunity even when no more antibodies are detectable in the test used.²⁵¹

Longer-term studies on SARS-1-Coronavirus from the year 2002 are available. These studies detected T-cells 17 years after the infection. This makes the fact that the currently approved vaccinations for SARS-CoV-2 primarily target the induction of relatively short-lived antibodies worrisome, since it means that vaccinations will presumably have to be repeated every 6 to 9 months, i.e. 34 times in 17 years.²⁵² It also makes no sense that a positive T-cell test is not entered into a person’s vaccination certificate pass as proof of “recovery” – or better, “immunity.”

248 Mathias Tertilt: “Corona: Sind wir nach einer Infektion immun?” in » [quarks.de](https://www.quarks.de), 26th January 2021

249 “Immunität wird Corona-Problem lösen”, on » [ORF.at](https://www.ORF.at), 20th June 2021

250 Astrid Leitner: “COVID-19: So lange ist man nach einer Infektion immun”, on » [netdoktor.at](https://www.netdoktor.at), 20th February 2021

251 “Ischgl: Antikörper nur leicht zurückgegangen”, on [tirol.orf.at](https://www.tirol.orf.at), 18th February 2021

252 Ruth Huthsteiner: “T-Zellen sorgen für längeren Schutz” on » [science.ORF.at](https://www.science.ORF.at), 10th May 2020.

2.6.9. Cross-immunity

Another aspect that speaks for the strength of the human immune system is the fact that some immune cells that did not even come into contact with the SARS-CoV-2 virus recognize the virus, which suggests cross-immunity. This, in turn, could be a very significant reason for why up to 80% of infections are asymptomatic. With his estimate of two billion “immune” people – 20 to 25% of the global population - John Ioannidis’s results lie in the middle range between those of the Streeck study from St. Ulrich/South Tyrol²⁵³ and those of the one from Kings College.²⁵⁴

Nevertheless Gerald Gartlehner, an epidemiologist and professor for evidence-based medicine at the DonauUni Krems, still claimed in April 2021: “We have no defense. If we were never confronted with a certain virus before, we have no immunity.”²⁵⁵ In contrast, epidemiologists Angela Spelsberg and Ulrich Keil write as early as August 2020: “The immune systems of many people are apparently familiar with viruses from the Corona family due to previous contacts with these viruses and with similar antigens such as seasonal flu, which is caused by a viral cocktail which Corona viruses often belong to as well. This is why many people prove to be apparently immune or at least partly immune against SARS-CoV-2. Partial immunity against SARS-CoV-2 also explains the long incubation period – and why only a relatively small proportion of people get infected while many others do not get seriously ill or even remain completely without symptoms.”²⁵⁶

Three important political conclusions to be drawn from the fact that two billion people (without manifest disease and no vaccination, only a harmless infection) could be immune are as follows:

1. We have an excellent immune system which normally – with no multiple pre-existing diseases, no old age, no polluted air and no pronounced degree of emotional stress – can cope well with SARS-CoV-2. A part of the efficiency of our immune system is cross-immunity. Billions of people have already managed to withstand other Corona viruses and as a result they are better able to deal with SARS-CoV-2.
2. Whoever has memory cells needs neither a vaccine nor a PCRT test ever again. Unfortunately, this “cellular immunity” does not get tested, however. This makes people who have long since become immune go into lockdown, quarantine or be permanently subjected to testing, bearing all the burdens and costs (in the first months of the lockdown, rapid tests cost over 100 Euros). Taking the residual risk that a person who already had Covid-19 could come down with it again and be infectious is reasonable.

**„We can reassure society.
The immune system works. We are immune.“**

*Andreas Deisenhammer,
University of Innsbruck*

253 “50 % immun? Test aus Südtiroler Dorf sorgt für Aufregung”, in »Die Presse, 20th April 2020

254 John P.A. Ioannidis: “Reconciling estimates of global spread and infection fatality rates of COVID-19: an overview of systematic evaluations” in European Journal of Clinical Investigation, 6th March 2021 – doi:10.1111/eci.13554

255 Talk im Hangar 7: “Öffnen für Geimpfte – alle anderen bleiben eingesperrt?”, short version, 30th April 2021. On » Youtube, min. 16:25; viewed on 6th May 2021

256 Angela Spelsberg, Ulrich Keil: “Astronomische Fehlrechnungen”, in » taz, 10th August 2020

3. In this framework, the reasonable thing to do every time the health minister of a given country generates fear of a “killer virus” would be for another health minister to reassure people that our immune systems can deal with a virus in almost all cases. After all, that is what it is there for. The largest danger consists in the immune system being weakened by an unhealthy lifestyle and relying solely on solutions put out there by the profit-oriented pharmaceutical industry.

In light of these facts, it is highly deceptive to only view vaccinated people as immune but to grant neither those with antibodies or memory cells from a successful immune response nor people with cross-reactive immune cells this status. In April 2021 the Austrian Broadcasting Company ORF even restricted the term immunity to people who had been vaccinated, ruling out the human immune system as a path to immunity.²⁵⁷ The current state of scientific insight is that vaccinated people do not have more effective immunity than those who have recovered from the disease.²⁵⁸ There are even indications that the protection which vaccinated people have is not as strong as that of convalesced people.²⁵⁹ In Austria – but not in Germany – status of recovery is proven by testing for neutralizing antibodies but this test must be paid for by the person themselves and repeated every 90 days.²⁶⁰ In Germany the status is only upheld for a maximum of six months and only if verified by a positive PCR test.²⁶¹

2.6.10. The danger of the virus depends on politically influenceable conditions

In contrast to the horrific image of a “killer virus” or a “killer flu”²⁶² the effect of SARS-CoV-2 differs extremely depending on age (with mortality rates ranging between 0.00% and > 25%), risk group (multi-mortality, nursing homes), region (Bergamo vs Bronx) and social stratum. Götz Geldner, President of the Professional Association of German Anesthesiologists and Chief Physician at the Klinikum Ludwigsburg, has expressed concern regarding the social dimension of the pandemic, saying: “80% of the patients we are currently treating in the intensive care unit have a Greek, Turkish or Yugoslavian migrant background.” In the opinion of this intensive care physician there is a clear explanation for this – too little has been done by the health ministries to inform these immigrants of the situation.²⁶³ The dramatic development of the pandemic in New York was clearly concentrated in the Bronx and similarly impoverished areas of the city. The Paris-based physician André Grimaldi puts it this way: “It is not the virus that attacks its victims, but rather the health, economic and social crises that hit the poorest and the weakest so hard.”²⁶⁴ Many underlying conditions can be shaped and changed through political means,

257 “Jeder fünfte US-Bürger voll immunisiert” on » [ORF.at](#), 9th April 2021

258 “Immunität wird Corona-Problem lösen”, on » [ORF.at](#), 20th June 2021

259 Peter F. Mayer, “Infektionen, Erkrankungen und Todesfälle – trotz oder wegen Impfung?”, on [tkp.at](#), 20th June 2021

260 BMSGPK: “Informationen zum Coronavirus >> FAQ: Testarten und Testnachweise”, on » [sozialministerium.at](#), 10th June 2021. “Genesene brauchen Neutralisationstest” in » [KärntenORF](#), 11th May 2021

261 BMJV: “Verordnung zur Regelung von Erleichterungen von Schutzmaßnahmen für Geimpfte und Genesene”, on » [bmjv.de](#), as of 21st May 2021

262 WHO: “WHO Outbreak Communication: WHO Handbook for Journalists: Influenza Pandemic”, Geneva 2005, pg. 6

263 Rüdiger Soldt, Julian Staib, Matthias Wyssuwa: “Corona bei Migranten: Eine Frage der (sozialen) Herkunft”, on » [faz.net](#), 28th April 2021

264 Kurt Langbein, Elisabeth Tschachler: “Das Virus in uns. Motor der Evolution”, Molden, Vienna 2020, pg. 111

for example through protection of senior citizens in nursing homes, where up to three fourths of the fatalities have come about. Moreover, air pollution is responsible for 15% of Covid-19 deaths worldwide,²⁶⁵ and in Germany, according to the Max-Planck-Gesellschaft, for 26%.²⁶⁶ According to a Chinese study, the death rate doubles in cases of high degrees of air pollution.²⁶⁷ Why, then, do governments only want to protect us against Covid-19, but not against (old-age) poverty and air pollution? Why do they take away a whole number of basic rights but not automobiles or foods at the grocery store that are loaded with sugar and fat? In an internal report Nestlé found out that 60% of the foods sold by their enterprise make people sick.²⁶⁸ Foods that are detrimental to our health and are even much more to blame for deaths than Covid-19 (cardiovascular diseases, diabetes and cancer) get massive advertising. Covid-19 is simply the straw that breaks the camel's back.

The frequently cited "conditions in Italy" never existed. The region of Bergamo was a sad exception, because there many of the political, social and economic risk factors were regionally potentiated – air pollution, globalization (travel by scores of low-wage Chinese workers in Northern Italy's textile factories), several generations living under one roof, cost cuts in the healthcare system, poor hygienic standards in hospitals (the site of 50% of all infections²⁶⁹), relocation of patients to nursing homes (50% of all deaths). The decisive factor was a regulation imposed by the Secretary of State that all the deceased be buried immediately. This failed to work because most of the undertakers had closed down their operations – out of fear. Many relatives gathered together for a swift cremation but there is only one small crematorium in the entire region. For this reason, the coffins piled up and were ultimately brought away by military personnel. This happened in Bergamo, not nationwide.²⁷⁰

In the overburdened hospitals whose budgets had been slashed and hygiene was poor, massive numbers of patients were infected (one speaks of "nosocomial infection," but many also died of the treatment methods. In the first months of the pandemic, intubation was hailed as the life-saving measure, but one quickly discovered that this very treatment could prove lethal due to the physical damage done to the lungs by the respirator as well as to bacterially induced pneumonia. Physicians who used relatively gentle forms of oxygen therapy achieved considerably reduced death rates in comparison to those among intubated patients.²⁷¹ In Moers Pulmonary Clinic, under the supervision of Thomas Voshaar, oxygen masks were used instead of respirators, the result being that only 6% died (patients with oxygen masks) as compared to 22% (those who were intubated).²⁷²

265 Andrea Pozzer, Francesca Dominici, Andy Haines, Christian Witt, Thomas Münzel, Jos Lelieveld: "Regional and global contributions of air pollution to risk of death from COVID-1" in » *Cardiovascular Research* Volume 116, Issue 14, 1st December 2020

266 MPG: "Air pollution as co-factor of Covid-19 mortality. Study estimates 15 percent of Covid-19 deaths worldwide could be attributed to air pollution", » *Press release*, 27th October 2020

267 Cui, Y., Zhang, ZF., Froines, J. et al. Air pollution and case fatality of SARS in the People's Republic of China: an ecologic study. *Environ Health* 2, 15 (2003). <https://doi.org/10.1186/1476-069X-2-15>

268 Heike Jahberg: "60 Prozent unserer Produkte sind ungesund – "wie eine interne Studie Nestlé in Teufels Küche bringt" in » *Tagesspiegel*, 1st June 2021

269 Kurt Langbein, Elisabeth Tschachler: „Das Virus in uns. Motor der Evolution“, Molden, Wien 2020, pg. 17

270 *ibid.*, pg. 70

271 *Ibid.*, pp. 118-120

272 Lukas Rogalla: "Corona-Behandlung: Mediziner warnt vor verfrühter Intubation – "Das ist ein Teufelskreis"", in » *Frankfurter Rundschau*, 20th December 2020

In sum, a lot is to be learned as to which conditions make it easier for the virus but none of these conditions is improved by a general lockdown. Regionalization of the economy increases resilience. An eco-friendly economy would improve air quality and nutrition. An economy for the common good instead of capitalism would reduce inequity, reduce stress and increase life satisfaction. Elimination of free movement of capital to tax havens would improve investments in hospitals and enable them to increase their number of beds.

The more comprehensive the picture gets, the more helpless, nasty and disproportionate the coercive measures appear to be that were imposed by governments after having ignored, for many years, the urgently demanded structural improvements in public health, or even having made efforts that went in the opposite direction, with all of this going on while armament expenditures were increasing. As Martin Sprenger, once a member of the Expert Commission of the Austrian Federal Government, says regarding the many hazards that nobody did anything about: "I am revolted by your sanctimoniousness."²⁷³

The frequently cited 'conditions in Italy' never existed. The region of Bergamo was a sad exception, because there many of the political, social and economic risk factors were regionally potentiated.

2.6.11. Declines in bed capacity during the crisis

The scarce number of intensive beds was a key factor for legitimizing the lockdown during the second wave last fall. Ferdinand Kirchhof, the former Vice-President of the Federal Constitutional Court in Karlsruhe, is of the opinion that "the basic rights of the citizens may not be restricted solely to prevent state-run treatment institutions from being overtaxed. Then the state must simply create more facilities."²⁷⁴ In Germany a total of 73,200 hospital beds were eliminated between the years 1998 and 2018, dropping in number from 571,600 to 498,400.²⁷⁵ According to the BMSGPK, the absolute number of hospital beds in Austria declined from 64,008 to 63,838 between 2010 and 2019, and in relative terms from 7.66 beds per 1,000 inhabitants to 7.19 during this time period.²⁷⁶ It is interesting to note that the number of available intensive care beds in Germany dropped from 30,677 on June 1st, 2020 to 23,801 by the end of the same year,²⁷⁷ this constituting a 22 % reduction! This has something to do with the fact that the health minister raised the lower threshold for available staff per bed while rewarding bonuses for high utilization rates, which led to many hospitals "artificially reducing the number of beds" to get subsidies. Matthias Schrappe criticizes this, reporting that "on certain days there are even officially more patients in the intensive care ward than there are hospitalized patients in total."²⁷⁸ The Frankfurter Allgemeine Zeitung wrote: "Such false reporting by hospitals puts a great financial burden on the tax payers and it also has effects on the assessment of the pandemic and on the lockdown, for the number of free intensive-care and respiratory places reported to the

273 Kurt Langbein, Elisabeth Tschachler: "Das Virus in uns. Motor der Evolution", Molden, Vienna 2020, pg. 192

274 Thorsten Jungholt: "Man kann eine Gesellschaft auch zu Tode schützen", Interview mit Ferdinand Kirchhof in » Die Welt, 2nd April 2021

275 <https://de.statista.com/statistik/daten/studie/157049/umfrage/anzahlkrankenhausbetten-in-deutschland-seit-1998/>

276 BMSGPK: "Krankenanstalten in Zahlen > Ressourcen / Inanspruchnahmen > Betten in Krankenhäusern". Online: <http://www.kaz.bmg.gv.at/ressourcen-inanspruchnahme/betten.html>, viewed on 26th April 2021

277 <https://www.intensivregister.de/#/aktuelle-lage/zeitreihen>

278 Es geschehen bei den Intensivstationen seltsame, unverständliche Dinge", Interview with Prof. Matthias Schrappe on » welt.de, 16th March 2021

279 Christian Geinitz: "Kritik des Rechnungshofs: Spahns Füllhorn fällt ihm auf die Füße" in » F.A.Z., 10th June 2021

Central Register is decisive for the general assessment, the conduct of the public and also the rigor of Corona-related restrictions imposed by policy makers at the state and federal levels.”²⁷⁹

The report put out by the German Federal Audit Office on June 9, 2021, was all the more alarming. It stated that “the utilization of hospital beds dropped from 75.1% in 2019 down to 67.3 % in 2020 [by eight percentage points], and those on intensive care wards from 69.6 % to 68.6 %. In 2020, the utilization of intensive-care beds for patients who tested positive for SARS-CoV-2 was 4% on average. The additional vacancy rate in hospitals was not attributed so much to postponed, plannable surgeries as it was to lower use for potential patients. The Federal Audit Office had ascertained that the state had not primarily used funds to maintain free hospital bed capacities for Covid-19 patients but rather borne part of the burden of the economic risk of insufficient hospital bed occupancy.”²⁸⁰ This analysis by the Federal Audit Office does not, in the least, fit the narrative of an overtaxed healthcare system or the statement made by Bavaria’s Minister President Markus Söder to the effect that “the hospitals are full.”²⁸¹ Why, then, was the (ongoing) lockdown justified by the number of available hospital beds?

2.6.12. Origin of the virus

Early on, a totally incredible coincidence caused chagrin, namely that the virus was reported to have been transmitted to humans in a natural way in a city just a few steps away from a BSL-4 high-security laboratory that did not only concentrate its research intensely on Corona viruses in bats but also on the manipulation of such viruses with the goal of testing new features and gathering new insights into so-called “gain of function research.” Basic military research uses such insights to develop potential biological weapons or – from a defense perspective – to investigate the effect of attacks that employ biological warfare. Here there is a fine line between medical safety interests and military objectives. Physicist Roland Wiesendanger, a professor at the Institute for Nanostructural and Solid-State Physics at the University of Hamburg, has researched the origin of the Corona virus intensively because it evidences features that some scientists assess as being “synthetic,” i.e., such that could have been created in a laboratory through human manipulation. This eminent physician from Hamburg with over 800 scientific publications and 36,000 cites was vehemently attacked for his research,^{282, 283} as the Chinese physician who discovered the Corona virus had been – only to die of it.²⁸⁴ The president of the University of Hamburg, Dieter Lenzen, supported the researcher.²⁸⁵ To the effect that it is better to put an uncertain hypothesis up for discussion than to keep an accurate one secret. This sentiment is amusing because the competing, intermediate-host hypothesis is also uncertain but appar-

280 » Bundesrechnungshof: “Bericht an den Haushaltsausschuss des Deutschen Bundestages nach § 88 Absatz 2 BHO über die Prüfung ausgewählter coronabedingter Ausgabepositionen des Einzelplans 15 und des Gesundheitsfonds (Abgabe von Schutzmasken an vulnerable Personengruppen, Ausgleichszahlungen an Krankenhäuser und Aufbau von Intensivbettenkapazitäten)” from 9th June 2021, pg. 8

281 “Ministerpräsidenten zu Corona-Bestimmungen „Die Krankenhäuser laufen voll“, » Der Spiegel, 26th November 2020

282 Tetyana Klug, Uta Steinwehr: “Faktencheck: Hamburger CoronaStudie, die keine ist” on » dw.com, 20th February 2021

283 Klaus Taschwer: “Kam das neue Coronavirus doch aus einem Labor in Wuhan?”, » Der Standard, 19th February 2021

284 Christ Buckley: “Chinese Doctor, Silenced After Warning of Outbreak, Dies From Coronavirus”, » The New York Times, 6th February 2020

285 Oskar Piegsa: “Hamburger Unipräsident verteidigt umstrittenes Corona-Papier”, » Die Zeit, 3rd March 2021

ently – in contrast to the laboratory accident hypothesis – it is under no pressure to substantiate itself. In his first interview with the media Prof. Wiesendanger declared that a scientific colleague from Seattle had investigated the issue completely independent of himself and had arrived at the same result, namely that the probability, calculated using scientific methodology, of the virus having a natural – zoonotic – origin was 0.2%, whereas that of the virus escaping from the laboratory due to carelessness was 99,8%.²⁸⁶ A controversial discussion regarding the risk of “gain of function research” and concomitant laboratory accidents has been waging for many years.²⁸⁷ Epidemiologist Marc Lipsitch from the Harvard T.H. Chan School of Public Health in Boston is of the opinion that gain-of-function studies “contribute almost nothing to improving ways of dealing with pandemics – but they do harbor the risk of inducing a pandemic through an accident.”²⁸⁸ Two researchers, one of them being microbiologist Rossana Segreto from Innsbruck, published their findings in *BioEssays*²⁸⁹ after having their articles rejected for publication by seven other specialist journals.²⁹⁰ The authors write: “Researchers have the responsibility to conduct careful analysis of all possible origins of SARS-CoV-2.” In other words, pursuit of all possible origins of the SARS-CoV-2 virus does not prove someone is an advocate of conspiracy theories; it is evidence of scientific and societal responsibility. Only then is there a possibility to ban this kind of high-risk research worldwide, analogous to what is achieved by the Nuclear Non-Proliferation Treaty for other sources of endangerment. In late March 2021 the USA renewed their doubt in the zoonosis hypothesis, demanding, instead, further indications that a laboratory hypothesis regarding the origin of the SARS-CoV-2 virus might have validity.²⁹¹ In the journal *Science*, 18 researchers called for an objective and fair investigation of the origin of the virus, stating that up to now “the theory about a virus escaping from a laboratory through an accident as well as the notion of a zoonotic origin both remained valid hypotheses.”²⁹²

2.6.13. Connection with military research

The physicist Wiesendanger also reported that research on viruses for military purposes had been prohibited by the Obama administration for three years, from 2014 to 2017, which was why US researchers evaded this prohibition by going to China – continuing their research in the same-said laboratory in Wuhan. He also reported that the number of “accidents” were in the “three-digit” range – which is to say, comparable to the number of “incidents” in nuclear power plants. The maximum imaginable accident would be if a virus escaped that triggered a global pandemic. Johns Hopkins University points out that in the case of such an accident it would perhaps be impossible to clarify unequivocally whether it had been intentional or due to

286 Martin Haditsch: “Corona – Auf der Suche nach der Wahrheit”, » ServusTV, 5th May 2021, minute 15 ff.

287 Helen Branswell: “Bio-Unsafe Level 3: Could the Next Lab Accident Result in a Pandemic?” in » *Scientific American*, 1st July 2014

288 Sara Reardon: “US government lifts ban on risky pathogen research” in *Nature* 553, 11(2018). doi: <https://doi.org/10.1038/d41586-017-08837-7>

289 Rossana Segreto, Yuri Deigin: “The genetic structure of SARS-CoV-2 does not rule out a laboratory origin” in *BioEssays*, 17th November 2020. <https://onlinelibrary.wiley.com/doi/full/10.1002/bies.202000240>

290 “Coronavirus aus Labor entwichen? Innsbrucker Mikrobiologin befeuert Verschwörungstheorie” in » *Kurier*, 14th January 2021

291 “USA fordern weitere Prüfung zu CoV-Quelle” on » *ORF.at*, 25th May 2021

292 Jesse D. Blom, David A. Relman et al.: “Investigate the origins of COVID-19” » *Letter to Science*, Vol. 372, Issue 6543, pp. 694. DOI: 10.1126/science.abj0016

carelessness. Johns Hopkins University also provides the global Super Dashboard that was used by most of the media as a source of reference during the first months of the crisis. The university is privately funded; the Corona Dashboard is administered by an institute which initially had a military orientation. It was founded in 1998 as the Center for Civilian Biodefense Studies²⁹³ and only received a new civilian name recently, now being called the Center for Health Security at the Bloomberg School of Public Health. Since 1999, this institute has conducted several high-profile military exercises on bio-terrorist attacks designed to prepare governments as well as the media for terror-induced pandemics and to plan concerted international procedures for dealing with them. On the institute's website you can read that the maneuvers Dark Winter (2001), Atlantic Storm (2005) and Clade X (2018) were conducted by them.

Only a few months before the outbreak of the Covid-19 pandemic the well-received "Event 201" was held. The subject of this event was the outbreak of a global pandemic by a Corona virus "nCov" – and how politicians, the media and scientists could react to it through concerted actions. In a short statement the university asserted that the maneuver had not "foreseen" the outbreak of Covid-19.²⁹⁴ It might have been a pure coincidence but those who take a closer look and ask questions are immediately stigmatized as "conspiracy theorists," which is unacceptable. Such an attitude not only puts an end to any investigative journalism but also scientific activity of any kind.

In 1998 The Center for Health Security declared that it "had been founded as the first NGO to investigate the vulnerability of the US civilian population" through biological weapons and prevent their consequences, to prepare for their use and respond to such use (...) For over 20 years we have made efforts to secure a future in which severe pandemics will no longer pose a threat to our world."²⁹⁵ One asks oneself whether this can be meant seriously. If the virus itself is not "the threat" but rather potential opposition of citizens against pandemic measures is viewed as such, a whole different picture ensues. In the report "Preparedness for a High-Impact Respiratory Pathogen Pandemic" from September 2019 the experts at the university write: "Many NPIs [non-pharmaceutical interventions, like lockdowns, for example], and in particular those associated with social distancing, call for the support and acceptance of the population. Since these measures inherently restrict citizens' rights by limiting individual mobility, assembly and social interactions, they can become a substantial source of opposition on the part of individuals and segments of the population affected by them. Statements on good, evidence-based reasons for the necessity of NPIs including their predicted effect on efforts to curb the pandemic will be all the more decisive."²⁹⁶

"The theory about a virus escaping from a laboratory through an accident as well as the notion of a zoonotic origin both remain valid hypotheses."

18 scientists in „Science“

293 Paul Schreyer, "Chronik einer angekündigten Krise. Wie ein Virus die Welt verändern konnte", Westend, Frankfurt 2020, pp. 51ff.

294 <https://www.centerforhealthsecurity.org/event201/>

295 <https://www.centerforhealthsecurity.org/who-we-are/history/>

296 Johns Hopkins Center for Health Security: "Preparedness for a High-Impact Respiratory Pathogen Pandemic", Johns Hopkins Bloomberg » School of Public Health, Baltimore, September 2019, pg. 73

Hasn't the political system failed on this very point? Poor PCR tests, 7-day incidences and R-factor do not exactly provide good evidence for the efficacy of pandemic measures which have never been implemented before and which constitute massive restrictions on basic rights. While Johns Hopkins University is viewed as the highest global authority on Covid-19 data, the military origin of this private institution is much less well-known. According to the institute's website, Event 201 was organized in cooperation with the Bill & Melinda Gates Foundation and the World Economic Forum. The question as to which interests the World Economic Forum and the B&M Gates Foundation pursue must be posed. The more questions are asked, the more likely it is that legitimate issues regarding the potential influence of such prominent maneuvers on reactions in the political sphere can be clarified. This is what journalistic due diligence and the principle of scientific methods require. It would suffice if the public-service broadcasters were to pursue such questions with the same painstaking care that they apply when making efforts to find out who was behind the demonstrations in Bregenz that criticized measures implemented by governments.²⁹⁷

2.6.14. Gradations of pandemics

The last question raised in this section is, why did the WHO fundamentally revise the classification of pandemic phases in 2005? While the "pandemic phase" was divided into four sub-phases until 2005 – 1. several countries; 2. several regions; 3. abatement in lands of origin but not in other countries; 4. new wave – since 2005, a single phase has been in place, namely "heightened and sustained transmission in the general population."²⁹⁸ The explanation given by the WHO as to why they rolled four alert levels into one, is as follows: "To do justice to the trend of subsiding threats to public health."²⁹⁹ Subsiding? In the same year the WHO published an alert brochure called "Outbreak Communication," in which the public is urgently warned against a – statistically "anticipated" – global pandemic (with Hong Kong flu having occurred 40 years previously) that could claim up to 7.4 million lives. This does not sound like the "subsiding threats" spoken of in the same year by the same organization.³⁰⁰ In May 2009 the criteria were revised again; now there is no more talk of danger but rather exclusively degree of spread. As soon as a new virus has surfaced in two different regions of the WHO and been transmitted from human to human, the highest alert level, level 6, is declared.³⁰¹ As Prof. Harald Schweim from the University of Bonn comments: "I think that the WHO has made a mistake here (...) It would be better to include the degree of severity."³⁰²

"For over 20 years we have made efforts to secure a future in which severe pandemics will no longer pose a threat to our world."

*Johns Hopkins University,
Center for Health Security*

297 Tarja Prüss: "Wer steckt hinter den Anti-Corona-Demos?" in »vorarlberg.ORF.at, 23rd April 2021

298 WHO: "WHO global influenza preparedness plan. The role of WHO and recommendations for national measures before and during pandemics", Department of Communicable Disease Surveillance and Response Global Influenza Programme, Geneva 2005, pg. 7

299 Ibid., pg. 4

300 WHO: "WHO Outbreak Communication: WHO Handbook for Journalists: Influenza Pandemic", Geneva 2005, pg. 5

301 WHO: "The WHO Pandemic Phases", online: <https://www.ncbi.nlm.nih.gov/books/NBK143061/>

302 Jutta Pinzler, Stefanie Schwalbenberg: "Profiteure der Angst – Das Geschäft mit der Schweinegrippe", documentation on arte/NDR, 23rd November 2009, min. 5:10

In fact, the highest pandemic alert level is not only used to justify the strictest imaginable measures but also leads to “investments in the billions” made to finance vaccines and purchase medicaments.^{303, 304} This was already criticized in 2009. The Tagesspiegel quotes Wolfgang Wodarg, who then headed the health committee of the Parliamentary Assembly of the Council of Europe, as saying that while a pandemic, according to the original definition of the WHO, is characterized by above-average disease and death rates, this organization changed their criteria in May 2009. This is what made it possible to “elevate a totally ordinary flu to the level of a pandemic,” with “millions of human beings being vaccinated unnecessarily as a result.”³⁰⁵

2.6.15. Covid-19 vaccinations

The vaccines currently used for Covid-19 were developed by accelerated (“telescoped”) studies and “conditionally” approved by the European Medicines Agency EMA long before the studies were completed. They belong to a new generation of vaccines that quasi transform the cells of vaccinated persons in small vaccine manufactories through genetic programming.³⁰⁶

The vaccines are capable of mitigating serious disease courses and of preventing deaths.³⁰⁷ Absolute risk reduction (ARR) in the population is small due to the low risk of falling ill, however, amounting to somewhere between 0.84 and 1.3%.³⁰⁸ To prevent a single Covid-19 lethality, one must presumably vaccinate tens of thousands of human beings.³⁰⁹

The potential the vaccine has for producing side effects is considerable. Unfortunately, the manufacturers have encountered numerous unanticipated, serious side effects. Investigations on toxicity, effects on fertility and residue of vaccine particles in a person’s body have not been conducted.^{310,311} Since in the meantime placebo subjects have been vaccinated in connection with approval studies as well, it is no longer possible to make statements on the safety of the vaccine.³¹² We are thus dependent on (unreliable³¹³) reporting systems.

In Germany some 80,000 cases of suspected side effects from the vaccine were reported to the Paul-Ehrlich-Institute by May 2021, among them 8,100 serious cases (0,2:1000) and 873 deaths.³¹⁴ In the Netherlands five times the number of reports per 100,000 vaccinations were submitted during the same time period.³¹⁵ In addition to very frequent reports of unspecific vaccine reactions (fever, diffuse pain), there are a conspicuous number of rare, severe cases of thrombosis, blood clotting disorders, allergic reactions, heart muscle inflammation and paralysis. Due to these vaccine risks researchers call on governments to ascertain the clear benefit of

303 Jutta Pinzler, Stefanie Schwalfenberg: “Profiteure der Angst – Das Geschäft mit der Schweinegrippe”, documentation on arte/NDR, 23rd November 2009, min. 7:33

304 Angela Spelsberg: “Das Geschäft mit der Grippe” in » Blätter für deutsche und internationale Politik, November 2009, pp. 23–25

305 Albrecht Meier: “Experten: Schweinegrippe wurde unnötig zur Pandemie erklärt” in » Tagesspiegel, 26th January 2010

306 Thomas Winekler: “mRNA als neues Impfstoffprinzip”, in » Pharmazeutische Zeitung, 7th February 2021

307 Public Health England: “COVID-19 vaccine surveillance report Week 25”, 24th June 2021

308 Oliaro P. et al: “COVID-19 vaccine efficacy and effectiveness—the elephant (not) in the room”, in: » Lancet Microbe, 20th April 2021, doi: 10.1016/S2666-5247(21)00069-0

309 Walach, H.: “Corona-Impfstoffe: Kosten und Nutzen – Nochmals nachdenken!”, on » harald-walach.de, 6th April 2021

310 Government of the UK: “Summary of the Public Assessment Report for Pfizer/BioNTech COVID-19 vaccine. Updated 25 June 2021”, on gov.uk, 25th June 2021

311 Doshi, P.: “Covid-19 vaccines: In the rush for regulatory approval, do we need more data?”, in: » BMJ 2021;373:n1244

312 Doshi, P.: “Covid-19 vaccines: In the rush for regulatory approval, do we need more data?”, in: » BMJ 2021;373:n1244

313 Oliver Klein: “Das Daten-Desaster”, on » ZDF.de, 23rd June 2021

314 Paul-Ehrlich-Institut: “Sicherheitsbericht – Verdachtsfälle von Nebenwirkungen und Impfkomplicationen nach Impfung zum Schutz vor COVID-19”, » website of institute in Langen, 10th June 2021

315 Walach, H.: “Corona-Impfstoffe: Kosten und Nutzen – Nochmals nachdenken!”, on » harald-walach.de, 6th April 2021

such vaccines and revise their vaccination policies accordingly. No state should be permitted to influence citizens in their appraisal or disrespect their freedom to decide for themselves on this issue.³¹⁶ In this vein Kathrin Gierhake, a professor of penal law, presents the following pre-requisites for government-mandated Covid-19 NNvaccinations:

1. Necessity for comprehensive vaccination, 2. sterile immunity through vaccination, 3. life-long protection by the vaccination, 4. no or only negligible side effects; long-term effects ruled out. Since these are not fulfilled, she writes, "the task of the state is to ensure voluntariness on the part of the individual regarding the decision to get vaccinated or not."³¹⁷

In fact, Covid-19 vaccinations do not lead to the sterile (herd) immunity that was hoped for.³¹⁸ Vaccinated persons can still carry the virus unnoticed and transmit it; the probability is merely reduced by 40 to 50%.³¹⁹ The sustainability of the vaccine program is also unclear due to antipatable virus mutations, the risk of anti-body-dependent enhancement of the disease (ADE),³²⁰ possible negative effects on the innate immune system³²¹ and long-term immunity of the population.³²²

For all of these reasons, measures imposed on the population by force which constitute directly or indirectly mandated vaccination should be prohibited.³²³ This would constitute an unconstitutional intervention in the right to physical integrity. Vaccinations are predestined for very old persons and risk patients on the basis of free, informed consent.

Vaccine studies on children and vaccine recommendations for children on the basis of "third-party interests"³²⁴ are ethically questionable.³²⁵ In May 2021, virologist Alexander Kekulé declared in an interview with the mdr (a German public-service broadcaster) that no pandemic had ever been terminated by use of vaccines including one based on a new active principle that was used for all age groups. He referred to the vaccination campaign as a "global experiment" and argued against vaccination of children.³²⁶ Children immunize themselves long-term and with few side effects through contact with the wild virus – as do the large majority of adults, by the way – acquiring, in this way, a robust immunity and boosting that of those who have been vaccinated in the process.³²⁷

316 Walach, H.: "Corona-Impfstoffe: Kosten und Nutzen – Nochmals nachdenken!", on » [harald-walach.de](https://www.harald-walach.de), 6th April 2021

317 Katrin Gierhake: "Freiwilligkeit der Impfung gegen das Corona-Virus", ZRP 2021, 115

318 Thus it comes as no surprise that in Israel 40–50 % of the newly infected persons has already been vaccinated: Jochen Stahnke: "Geimpfte in Israel neuinfiziert", » [FAZ](https://www.faz.net), 24th June 2021

319 Harris R.J. et al: "Impact of vaccination on household transmission of SARS-CoV-2 in England." NEJM 26.6.2021 DOI: 10.1056/NEJMc21077171

320 Ricki Lewis: "Können manche Antikörper die Infektion mit SARS-CoV-2 verstärken?", on » [scienceblog.at](https://www.scienceblog.at), 5th November 2020

321 Lee J.: "Asymptomatic spread: who can really spread COVID-19?" » [Health Advisory and Recovery Team](https://www.healthadvisoryandrecoveryteam.org), 17th March 2021

322 Dagmar Lühmann, Gabriele Meyer: "Impfung von Kindern und Jugendlichen gegen SARS-CoV-2 verlangt einen sorgfältigen öffentlichen Diskurs", Stellungnahme, » [ebm-netzwerk.de](https://www.ebm-netzwerk.de), 19th May 2021

323 Katrin Gierhake: "Freiwilligkeit der Impfung gegen das Corona-Virus", ZRP 2021, 115

324 David Martin, Arne Simon, Silke Schwarz: "COVID-19-Impfung für Kinder und Jugendliche? Vierzehn Argumente für einen rationalen Weg in Deutschland", on » [researchgate.net](https://www.researchgate.net), Preprint, as of 31st May 2021

325 Dagmar Lühmann, Gabriele Meyer: "Impfung von Kindern und Jugendlichen gegen SARS-CoV-2 verlangt einen sorgfältigen öffentlichen Diskurs", sStellungnahme, » [ebm-netzwerk.de](https://www.ebm-netzwerk.de), 19th May 2021

326 "Virologe Kekulé hält flächendeckende Kinder-Impfung für nicht notwendig", » [mdr aktuell](https://www.mdr.de), 25th May 2021

327 Dagmar Lühmann, Gabriele Meyer: "Impfung von Kindern und Jugendlichen gegen SARS-CoV-2 verlangt einen sorgfältigen öffentlichen Diskurs", statement on, » [ebm-netzwerk.de](https://www.ebm-netzwerk.de), 19th May 2021

2.6.16. A moving target

During the Corona crisis governments have often been asked which concrete, specific goals they pursued by imposing the criticized measures. That “health” in a comprehensive sense could not be it was perhaps made clear by the arguments previously raised. It was always a matter of a single health hazard and the goals associated with it were quite diverse: first the goal to prevent overstrain on the health care system, then the aim to save every life. Initially all eyes were on the so-called “doubling rate”; but quite soon being redirected to the R-factor, then the 7-day incidence, after that the British or South-African mutant, subsequently the number of intensive-care beds and in the end “caution in light of newly emerging virus variants.”³²⁸ When it is so unclear what the actual issue, the real objective is, this does not exactly instill trust in governments and their communication practices. During the 3rd lockdown in Vienna in Spring 2021 one asked oneself this: if the crown argument now rests on the 240 intensive-care beds for which millions lose their liberties and risk their health, why was an entire year not used to remedy this “bottleneck” and increase the number of beds? Instead, military spending was increased in many countries.³²⁹ The defense expenditures of the European NATO-states increased by 2% in 2020.³³⁰ Germany even increased its military spending by 5.2%, whereas the GDP shrank 5.0% during the same time period.³³¹ Is prioritization of “health” – the highest good, as governments claim – credible in light of such political decisions? The fact that human beings are automatically depicted as opportunists, manipulators and influencers and categorically labelled as conspiracy theorists or “Corona deniers” if they point out such discrepancies, contradictions and incompetence without any real discourse being conducted is unbearable and unacceptable.

2.7. Media and political attention directed to symptoms more than causes

Irrespective of open questions as to whether Covid-19 originated in a laboratory or at the wet market in Wuhan, one can ascertain that there has been a sharp rise in the number of zoonotic diseases.³³² Zoonoses are infectious diseases which involve a pathogen jumping from animals to human beings. This was the case with other diseases before SARS-CoV-2, such as SARS 1, MERS, Ebola, measles and HIV. To date, 260 of an estimated 700,000 viruses have succeeded in making this “jump.”³³³ Zoonoses are responsible for 60% of all infectious diseases,³³⁴ and they are often caused by environmental destruction and a rise in environmental strain on planetary ecosystems and in turn, stress put on the habitats of wild animals and the animals themselves. The unsustain-

328 <https://www.bundesregierung.de/breg-de/themen/coronavirus/epidemische-lage-bundestag-1927706>

329 “Militärausgaben weltweit trotz CoV-Krise gestiegen” on » ORF.at, 26th April 2021

330 “USA bei Militärausgaben einsame Spitze” on » Deutsche Welle online, 25th February 2021

331 SIPRI: “World military spending rises to almost \$2 trillion in 2020” SIPRI for the media, 26th April 2021

332 Franziska Badenschier: “Zeitalter der Zoonosen” in » spektrum.de, 2nd December 2014

333 Kurt Langbein, Elisabeth Tschachler: “Das Virus in uns. Motor der Evolution”, Molden, Vienna 2020, pg. 25

334 William B Karesh, Andy Dobson, James O Lloyd-Smith et al.: “Ecology of zoonoses: natural and unnatural histories” in Lancet 2012; 380: 1936–45. DOI: 10.1016/S0140-6736(12)61678-X

able economic activities of humankind are not a matter of fate, however, but rather avoidable. If “ecocide” gets acknowledged as a crime by public international law, it will even be punishable in the future. Science, health research and public health policies should direct a large part of their attention to this cause and not primarily or exclusively talk about dealing with symptoms. “Vaccination is the end of the pandemic,” Angela Merkel says, blending out its ecological causes entirely. When automobiles and trucks continue to drive during the lockdown and coal-fired power plants and industrial smokestacks continue to generate emissions, this is a sign that politicians do not see the big picture. Because of this, the political sphere endangers the health of human beings to a much larger extent than any zoonotic virus does, which itself is a symptom of policies that lead to ecological destruction.

The more exclusively we focus on treating the symptoms (through vaccinations, for example) and continue to destroy the basis of life, the higher the number of pandemics we will trigger. PCR tests, intubation and lockdowns constitute mere treatment of symptoms. Combatting the causes would constitute sustainable economic activity, a reduction of social inequity, cleaner air, more healthful nutrition, more exercise, nourishing relationships, purposeful life and strengthening of the immune system. Due to the public tunnel vision focused entirely on the “killer virus,” huge amounts of tax payers’ money go into developing vaccines, tests and anti-viral medicaments³³⁵ while political programs geared towards preventing zoonosis are not even discussed. Sustainable economic activities and the strengthening of the immune system are complex, systemic solutions which no pharmaceutical corporation in the world offers as a product. It is a matter of lifestyle, relationships and a deeper understanding of life. An economy oriented towards an ecological balance would be a genuine alternative and provide effective prevention of zoonosis. If we continue to pursue growth capitalism and the consumption that goes along with it, the pandemic spectacle will soon repeat itself, and with it there will be a repeat of the lockdown scenario that has just premiered.

ESTABLISHING PROPORTIONALITY TO OVERCOME SOCIETAL DIVISION

The discourse must be systematically conducted in a matter-of-fact manner and freed of all counter-productive labels. Political and specialist inconsistencies must be scrutinized just like criticism of governmental policies is. This discourse should be conducted with no fixed expectations and with respect.

2.8. The immune system does not count anymore

A strong immune system in large portions of the population would be the best and most effective of all “measures” against a cold virus. The more attention we pay to our natural, endogenous immune system and the more we do to strengthen it, the more the threat and health hazard posed by Covid-19 will lose in force, in particular in the younger generations. We might be able to live with it in a relatively relaxed manner someday – without “finally getting the much sought-after injection.”³³⁶ The question that poses itself is thus: which measures taken by governments draw our attention to our endogenous immune system and which ones strengthen it? The lockdown certainly does not achieve this. Closure of sports facilities do not either, to say nothing of prohibition against meditation outdoors, which one of the authors of this text was affected by at the beginning of the Covid-19 hysteria herself.³³⁷ What is particularly paradox in regard to this current crisis is that on the one hand one claims to want to protect the population against the SARS-Cov-2 through mechanistic measures like lockdowns, but on the other hand these very measures increase the danger through their potential for putting chronic emotional strain on people who then get infected due to stress-related immune suppression, possibly falling seriously ill with the Covid-19 virus as a result.³³⁸

When Bill Gates speaks of aiming to “vaccinate seven billion human beings,”³³⁹ he apparently assumes that not a single one of them has an immune system that can deal with the virus. With 80% of the cases being asymptomatic this is clearly a false conclusion. Why, then, was he interviewed on the ARD (a German public-service broadcaster) for 15 whole minutes? On the basis of what competency? Why does no one warn that he is not an epidemiologist, like with the physicist Diesenwanger?

What gives just as much cause for concern is the fact that human beings with a strong immune system, the ones who are most beneficial to themselves and others, are subject to mandatory testing and will be in the future as well if they want to have the same liberties that vaccinated people have. A two-class society is actually emerging – whether you are vaccinated or not will be the decisive question in the future. Whether someone is healthy, robust or “immune” will not count. Such people are forced to get tested up to 180 times a year if they want to exercise their basic rights and participate in public life. This constitutes an untenable and radically disproportionate long-term restriction on basic rights.³⁴⁰

335 “Milliarden für Entwicklung antiviraler Medikamente in USA”, on » [ORF.at](#), 17th June 2021

336 Sylvia Wörgötter: “Belgier stürmen die neue Restplatzbörse für Impfdosen” in » [Salzburger Nachrichten](#), 8th April 2021, pg. 4

337 Christian Felber: “Von Corona zum Gemeinwohl”, » [Vlog-Episode 1](#), 20th March 2020

338 Christian Schubert: “COVID-19 – eine biopsychosoziale Krankheit? Überlegungen aus der Psychoneuroimmunologie” in: Hofbauer H, Kraft S (eds.): “Herrschaft der Angst. Von der Bedrohung zum Ausnahmezustand”, Promedia Verlag: Vienna 2021

339 Faktenfinder: “Bill Gates und Corona: Menschenfreund oder Geschäftemacher”, on » [tagesschau.de](#), 15th April 2020

340 Ulrike Guérot in an interview with Elisabeth Scharang: “Mehr Freiheit für Geimpfte oder Beschränkungen für alle?”, » [Youtube](#), 10th May 2021

2.9. Heteronomy instead of autonomy – health competence

One possible way to react to the virus would be to listen to one's own body and follow one's own intuition. People can be (or become) extremely sensitive in this respect. Some women sense the moment of ovulation or conception, know if they have a fever (without taking their temperature) or notice if something inside them ruptures. Why shouldn't some people be able to assess for themselves whether the virus poses a threat to their organism or not? Baseline studies in psychoimmunology show that immune cells (for ex. natural killer cells, lymphocytes) are constantly on the lookout inside the human organism for cells which do not belong there (for ex. cancer cells, virally infected cells, bacteria). If virally infected cells are identified in this way, for example, the information is passed on to the central nervous system via the parasympathetic nervous system and made noticeable. In this way the person affected can potentially sense very early on that something is wrong with their organism and adapt their conduct accordingly, for example by taking it easy, taking measures to care for oneself self-reliantly and on the basis of self-determination.³⁴¹

Current public health policies rely on radical paternalism and heteronomy and with them, regulations and compulsory measures, mandatory tests and mask mandates, social distancing regulations, prohibitions regarding work outside the home and lockdowns. Self-reliant, autonomous patients – citizens with health competence – no longer exist, so to speak. It would be much more in keeping with a liberal democracy and human dignity if these people could decide for themselves not to get protection, not to be tested, not to wear a mask or not to get a vaccination – as well as refraining from being admitted to a hospital or being subjected to an invasive respirator if they so choose – if the will to make these decisions were honored just as much as the will of others to get vaccinated, get tested or be provided with a hospital bed. Currently, such alternatives do not exist, however; our paternal state alone purports to know what is good for everyone, which is to say, the same for everyone – the same incapacitation, the same compulsory measures for everyone. Pediatricist Martin Hirte from Munich fears "that the individual's self-determination over their own health will be taken away to increasing degrees, with health being declared a state affair."³⁴² A year ago Germany's Federal Constitutional Court made clear, in its ruling on Para. 217 StGB (German Penal Code) that "protection of life that violates autonomy contradicts the self-understanding of a society whose set of values places dignity at its center."³⁴³ According to this, dignity demands that protection of life be given secondary priority if it endangers the individual's self-determination over their own health.

Which measures taken by governments promote focusing on the body's own defense system and which ones strengthen it?

³⁴¹ Mark Davis: "Panning for T-cell gold", in » The Scientist 2004; 18: 28–9

³⁴² <https://martin-hirte.de/coronavirus/>

³⁴³ Bundesverfassungsgericht: "Verbot der geschäftsmäßigen Förderung der Selbsttötung verfassungswidrig", » Press release no. 12/2020 from 12th February 2020

2.10. Self-responsibility and solidarity – and culpability!

In the Corona discussion we were made aware of another contradiction. Suddenly governments were evoking the concept of “solidarity,” in part not even being able to pronounce the word properly but using it prominently as an exhortation directed to the majority of the population (the no-risk group) to ‘hold out.’ In Austria two million people were robbed of their mobility and basic rights so that no more than 240 people with Covid-19 could be given a bed in the intensive care ward in Vienna simultaneously.³⁴⁴ To begin with, let us emphasize that we are really in favor of solidarity and we have advocated various projects which embrace solidarity as their basic value. But we are quite alarmed when compliance with compulsory measures is depicted as a form of having solidarity with the elderly by politicians who just privatized pensions, consciously hazarding the risk of old-age poverty in the process, and on top of everything else being to blame for the current nursing crisis. They suddenly discover old people as their favorite protected object?

Self-reliance -the persistently hailed catchword and most popular mantra that has also been used as a brutal rationale for privatizing the pension system and slashing spending for the healthcare system does not count at all anymore. Disenfranchisement and coercion have taken the place of self-responsibility and individualism overnight. How credible is that?

Were the group of people 85 years of age and older – the main risk group – even asked what they wanted? Whether they want to have everyone else robbed of their freedom for their sake and have the economy crippled? Did they want everyone else to have solidarity with them in this form? Wouldn't it be more effective, instead of immobilizing the public and mandating masks for 80 million people in Germany and eight million in Austria and subjecting hundreds of millions to rapid swap tests, to actually protect the retirement and nursing homes in which some 50% of all Corona fatalities have been counted in many places (in Hesse and Berlin the proportion in January 2021 was even 73%³⁴⁵)? Surveys taken in circles of our relatives and acquaintances often revealed that such measures are certainly not what these older people want, that they do not want everyone to lose their freedom for their sake.

A credible approach would be if many liberal- and conservative-minded people advocated self-responsibility and cooperation instead of legal compulsion – as has been propagated in a mantra-like fashion for the past twenty years. Enforced solidarity is a contradiction in terms. Genuine solidarity would encompass many protective measures but they would look completely different from lockdowns, debtors' prisons and the likes.

Current public health policies
rely on radical paternalism
and heteronomy. Self-reliant,
autonomous patients – citizens
with health competence –
no longer exist, so to speak.

344 “Neuer Höchststand auf Intensivstationen” in »wien.ORF.at, 4th April 2021

345 “Bis zu drei Viertel der Corona-Toten lebten im Pflegeheim” in »F.A.Z., 3rd February 2021

2.11 Human dignity and right to life

There are situations in which a conflict of goals between human dignity (Art. 1 GG) and right to life (Art. 2, Abs. 2 GG) can arise. Some human beings prefer to live for several years in freedom without restrictions instead of living for many years in a hospital or a nursing care home. There are situations in which people prefer (possible) death to an undesirable life. It is an element of their dignity that allows them to decide for themselves. If dignity did not have priority over right to life there would neither be any living wills nor voluntary euthanasia. The President of the Bundestag, Wolfgang Schäuble, formulated it this way: "We cannot protect every life at any cost, giving each one priority over all else."³⁴⁶ This is the legal principle. The cultural framework is that our culture has in part forgotten what it means to die in dignity, with efforts to prolong lives with the help of apparatuses and intensive-care medicine becoming in part ends in themselves. This is how the intolerable situation evolved in which the aged were not allowed to see their loved ones for weeks or even months and died in a state of complete loneliness. In a South-Tyrolean nursing home the decision was made, at the recommendation of the municipal physician, to take a different approach. Children and spouses were allowed to visit their dying relatives. Kurt Langbein writes: "In doing so they went against the official procedures, which had been put into place to provide immediate protection of lives while ignoring the question as to what makes for a dignified life and a dignified death."³⁴⁷

For us the notion of lying in a bed in an intensive-care ward for weeks or months before the transition from life to death and having limitations on when or even whether our loved ones could visit us and dying in spite of, or perhaps due to, being attached to an invasive respirator is degrading. For us the question "How do I want to die?" is an inseparable part of the question "How do I want to live?" And this is not only because nature constantly shows us that life and death, becoming and perishing, form one large circle, one large unit, but also because we have dignity.

Christian Felber's vision of dying in dignity was always that he would see death coming and move in its direction, into the forest, to a place where no one would find him and in which he could spend his last hours as undisturbed as possible, becoming increasingly one with the whole, being able to succumb to the great mystery in the sense that "I will actively relinquish my life and submit myself to death."

Suddenly governments were evoking the concept of 'solidarity,' in part not even being able to pronounce the word properly but using it prominently as an exhortation directed to the majority of the population (the no-risk group) to 'hold out.'

³⁴⁶ Wolfgang Schäuble: "Nicht jedes Leben um jeden Preis", on » n-tv.de, 1st January 2021

³⁴⁷ Kurt Langbein, Elisabeth Tschachler: "Das Virus in uns. Motor der Evolution", Molden, Vienna 2020, pg. 145

Vivian Dittmar writes: "We currently define saving lives at any price as humaneness but is this always the best expression thereof?" She advocates individual, situation-oriented decisions and spiritual intensive care of human beings before and while they are leaving this world. "Such intensive spiritual care would be immensely healing for those affected, their relatives and us as a society. We would open ourselves up to the insight that death is not always something terrible and that our task is not to prevent it at all cost. We would create the opportunity to prepare ourselves for it consciously, which has been done only too seldom in our society since its secularization. If we let up a bit on all the overdramatization, this would take strain off nursing staffs, relatives and the medical system. And it would not abandon people during this important, challenging process."³⁴⁸

.....

³⁴⁸ Vivian Dittmar: "Begegnung mit dem Tod", » ethik-heute.org,
7th May 2020

3. CONCLUSIONS

Appropriate and proportionate	Inappropriate and disproportionate
Appropriate and proportionate	Inappropriate and disproportionate
Keep an eye on all dangers; comprehensive dashboard	Focus attention on one danger; dashboard only displaying persons testing positive for SARS-CoV-2
Inform and place things in perspective	Generate fear
Respect the need for contact and closeness	Trigger feelings of guilt
Live with the virus	"Declare war" on the virus
Look for all possible origins	Filter out origins
Endure painful aspects (privatization of WHO) and contradictions	Filter out discrepancies and contradictions (origin of the virus)
Listen to all opinions with respect	Vilify critics
Voluntary measures	Coercive measures
Strengthen the immune system and draw attention to its importance	Weaken the immune system and play down its importance
Put trust in the citizens and strengthen their health competence	Infantilize, mistrust and penalize citizens
Liberal state under the rule of law; participation	State governed by the whip; communicative collusion
Health and the immune system as central solutions; vaccinations on voluntary basis	Vaccinations as only/most important solution (Vaccinations hailed as "the end of the pandemic.")
Prevention, for example through sustainable economy and protection of biodiversity	Commercial symptom-based treatment, unsustainable economy
Keep an eye on damages incurred by measures	Filter out collateral damages
Strengthen public goods such as health and healthcare and improve means of funding them	Curb expenditures for healthcare and increase military spending
Unconditional basic rights	Frivolous and repeated restrictions on basic rights; vaccination certificates as long-term restriction on basic rights

.....

4. ALTERNATIVES

In the spirit of the Ottawa-Charter, which was adopted by the Federal Republics of Germany and Austria as members of the WHO, we propose a third path that takes a middle ground between 'lockdown' and 'laissez-faire'. What we propose are recommendations which we will formulate in concrete terms after incorporating elements of the public discourse prompted by our text.

4.1. Holistic information and genuine complexity

On the dashboard of the health ministry the 10 or 20 most serious health hazards and their relative risks should be displayed in a comprehensible fashion. Basic information regarding avoidable causes and prevention is to be provided on each of them. The ecological, social, scientific, political and military backgrounds of the pandemic are to be the subject of autonomous, comprehensive research on the part of (public) media to adequately illuminate these important contexts of the pandemic and provide answers, or at least information on legitimate issues. This holistic picture will be conveyed in the public discussion rather than having it focus on a single danger.

4.2. Trust in and support of citizens

Democratic societies should develop cultures of leadership that mitigate fear and build trust among the people as well as between the citizens and the state. People should be empowered and supported in efforts to cope with the virus self-reliantly and to minimize rates of infection as effectively as possible. Public authorities should rethink their approach, moving from a posture of monitoring and control to one that focuses on empowerment and support, – on helping citizens have control their own lives instead of disempowering them and subjecting them to control by others. Social responsibility and solidarity should be implemented subsidiarily. It is the obligation of the state to empower people and put the necessary means and instruments at their disposal to achieve this, the objective being to promote autonomy and help people help themselves.

4.3. Measures to establish self-reliance & health competence

- Right to test instead of obligation to test; testing primarily in cases of symptoms – like before Covid-19;
- Right to wear masks instead of mask mandates, cost-free provision of high-quality masks for those in need of protection; lifting of ban on face coverings for mask wears at demonstrations; sustainability specifications for mask manufacturers;
- Right to get vaccinated instead of pressure to be vaccinated: whoever wants to get vaccinated receives a vaccination free of charge; lifting of restrictions on basic rights should not be contingent on a person's vaccination status; vaccinations are to be viewed by society as a very personal matter and as such subject to the duty of confidentiality on the part of the physician; no vaccination of children until the profile of side effects for adults has been clarified;
- Every person is explicitly offered a test of their immunity status (antibodies, SARS-CoV-2 memory cells) before being vaccinated – these will spare many people all other tests and vaccinations;
- Expropriation of patents during pandemics;
- Facilitation of working in home office.

4.4. Promote diversity in regard to crisis management

Instead of treating everyone the same using a top-down approach, various models should be tried out in a decentral fashion so that persons, organizations, municipalities and other units of democratic society can learn from one another. The following have proven to be successful, individual paths:

- The nursing home in South Tyrol: dying persons may receive visitors;³⁴⁹
- The nursing center in Kirchheim/Teck: masks for caregivers and visitors on a voluntary basis; only visitors are obligated to get tested. The director was fined over 5,000 Euros by the city of Kirchheim unter Teck for this; she was allowed to appeal the case before the Administrative Court Stuttgart; the court ruled that the demanded measures were "not proportionate."³⁵⁰

"No one can give us back our freedom because no one could take it away. Basic rights always hold; they can only be restricted temporarily, for justified reasons and in a proportionate manner. The matter at hand is not to 'give freedom back' – only to revoke these restrictions."

*Prof. Ulrike Guérot, political scientists
and research specialist on Europe*

"If we fail to undertake a post-Corona rebuilding program driven by a social and environmental consciousness, we'll be heading towards a catastrophe many times worse than what Corona has brought about. We can hide in our homes from Coronavirus, but if we fail to address the deteriorating global issues, we'll not have any place to hide from angry Mother Nature and the angry masses all around the world."

*Muhammad Yunus, from:
„Post-Corona Rebuilding Programme:
No Going Back"*

349 Kurt Langbein, Elisabeth Tschachler: "Das Virus in uns. Motor der Evolution", Molden, Vienna 2020, pg. 145

350 <https://www.pflegezentrum-kirchheim.de/das-verwaltungsgerichtstuttgart-hat-fuer-uns-entschieden>

- Special approaches taken by the cities of Tübingen and Rostock;
- Sweden refrained from imposing a lockdown and has death rates per 100,000 inhabitants that lie below the EU average;³⁵² Bangkok Hospital in Thailand makes diagnoses on the basis of symptoms; all possible diseases are considered and a certain type of PCR test is not used until a late stage of the diagnostic procedure.³⁵³ Hendrik Streeck writes: "We must plan ahead. Having a plan that has a good chance of succeeding is not enough. We must also consider alternative plans. Sitting back and assuming that the pandemic is over is as wrong as simply proceeding as we have so far."³⁵⁴

4.5. Targeted protection for persons at risk and their helpers

- Up to three-fourths of all deaths have occurred in nursing homes. These must be protected better;
- Hospital hygiene must be improved to prevent nosocomial infections;
- Private, cost-free rapid tests (for visits by relatives);
- Where appropriate, time slots for supermarkets for persons at risk (for ex. people with health conditions who cannot be vaccinated) or shopping by appointment (Rostock model³⁵⁵);
- Other custom-tailored support measures including obligation on the part of employers to enable individuals at risk to work in home office as well as support of employees in doing so;
- People who care for elderly relatives, shop for them, have additional tasks due to home office such as chores, childcare and homeschooling, should also get support;
- System-relevant vocations that have a relatively low social status and often require working in precarious conditions should be valued more. Why was the demand to shorten the work week to 35 hours that was made by caregivers ignored shortly before the onset of the pandemic?³⁵⁶ Improvements of working conditions, more appreciation of what people do and better pay are necessary, and this should be achieved before the clapping fades away.

"FREE SOCIAL DISTANCING" AND „FREE LOCKDOWN"

Philip Kovce and Thomas Morgenroth propose the following: "Whoever views themselves as being a high-risk person can begin by taking precautions of their own, keeping a distance and avoiding contact with others (free social distancing). Wherever this proves to be impractical in public spaces or at work, such persons can wear masks. In addition, they have the option of getting vaccinated. Protective masks and vaccines should be financed from public resources. In addition, all persons at risk should be entitled to imposing a lockdown for themselves for their own sake (free lockdown). After registering such a measure with the authorities, a kind of pandemic income – should their source of income be lost – for the period of time they are voluntarily quarantined will be provided, with the amount paid being oriented to their previous income. Should the need for triage arise, persons registered as being at risk could receive preferential treatment. Self-determination and self-responsibility would be strengthened in this way, and politicians and scientists would be spared false, paternalistic assumption of responsibility. Under these circumstances, persons at risk and those not at risk, i.e. all empowered citizens, could respect the basic rights and protection against infection to equal degrees and lead a much freer and healthier life than the one currently allowed them in light of all the expensive and coercive measures taken to deal with the pandemic."³⁵¹

Footnotes → pg.62

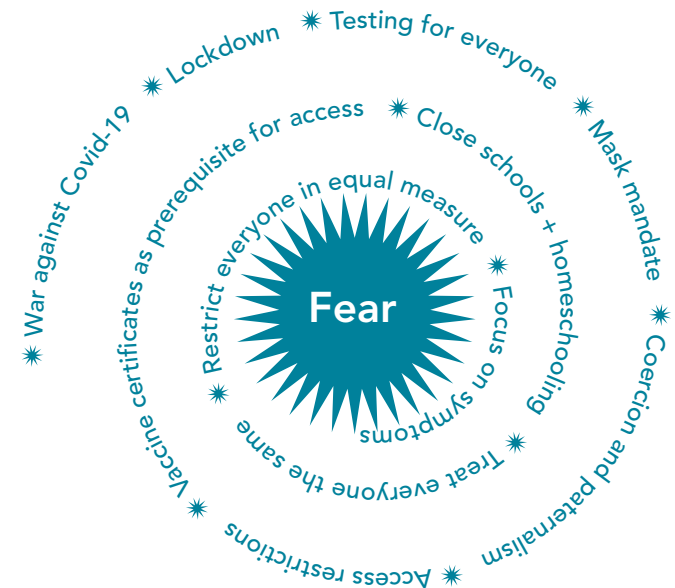
4.6. Greatest possible degree of freedom for children

Very early on, epidemiologist Knut Wittkowski (Columbia University) recommended that children, in particular, be granted all liberties and as much social contact as possible so as to achieve herd immunity as quickly as possible. Like so many others, the Youtube video made to this effect was censored after the fact and deleted.³⁵⁷ Brain researcher Gerald Hüther has pointed out that a lockdown year can be very unpleasant for adults but endurable, whereas for children this means one year lost for their development which cannot be retrieved. The death rates for infected children up to age 14 lies at 0.00%.³⁵⁸ Grandparents should decide for themselves if they want to see their grandchildren and whether they want them to take a test before having such contact. AGES expert Franz Allerberger declares: "In my opinion kindergartens should have been obligated to remain open."³⁵⁹ Adolescents should not be vaccinated to protect others.³⁶⁰

4.7. Strengthen our immune system

The most effective response to the virus is a strong immune system. Most people deal well with the virus, developing no systems should they get infected. And three out of four persons over the age of 90 do not die from Covid-19 if they get infected either.

- Health ministries should provide information in a prominent place regarding the function of our immune system, its memory, cross immunity and ways of boosting it.
- These include healthful nutrition, lots of exercise, yoga, dance and sports, activities that bring joy and relationships, contact with nature and spirituality. All of this is part of a holistic understanding of health and high quality of life.
- Encourage people to go outside; measures taken during the spring and summer should be oriented towards motivating people to meet outdoors.
- Information on dangers that derive from unhealthy nutrition accompanied by restrictions on advertising for unhealthy foods.



351 Philip Kovce, Thomas Morgenroth: "Philosophie der Freiheit in der Coronakrise", on » dasgoetheanum.com, 1st January 2021

352 <https://ourworldindata.org/covid-deaths?country=SWE#cumulativeconfirmed-deaths-per-million-people>

353 Martin Hadisch, "Corona – auf der Suche nach der Wahrheit", ServusTV, 5th May 2021, from 46:45 onwards

354 Via LinkedIn, access barrier

355 Jana Werner: "In einem Jahr wird niemand mehr über Inzidenz sprechen – aber über die Toten", Interview with Mayor of Rostock, Claus Ruhe Madsen in » welt.de, 2nd March 2021

356 Regina Bruckner: "35-Stunden-Woche bei vollem Lohnausgleich – kann das gehen?", » [Der Standard](https://derstandard.at), 10th February 2020

357 <https://www.youtube.com/watch?v=IGC5sGdz4kg>

358 Stefan Gros: "Wer wirklich an CoV-19 stirbt – eine statistische Analyse" on » respekt.plus, 8th March 2021

359 Franz Allerberger, "Dieses Virus ist nicht so ansteckend, wie manche annehmen", in » [profil](https://profil.at), 10th May 2020

360 Ingrid Zechmeister-Koss, Inanna Reinsperger, "Wieso Kinder gegen Covid impfen?", in » [Der Standard](https://derstandard.at), 3rd June 2021

4.8. Living with the virus

We must learn to live with the new Corona virus just like we have learned to live with the many other, already known infectious germs and in general, the risk of disease, accidents and death. 'Declaring war on the virus' is the wrong path to take, and it reflects a lack of understanding regarding the larger ecological, health-related and psychosocial connections.

Viruses are a basis component of evolution and the human organism. The human body has a hundred times more viruses than cells living in it.³⁶¹ Only few viruses prove dangerous for the human organism; others play a key role in genetics.

Research on the role that viruses play in evolution and for human health should be conducted in a holistic fashion. Since the beginning of the pandemic the field of medicine has achieved considerable progress regarding treatment. The use of oxygen masks instead of invasive respirators is only one aspect to note. Improvement of healthcare infrastructures would create workplaces; this is much more purposeful than destroying them. Had this measure been given top priority in the Strategy Paper issued by the German Ministry of the Interior in March 2020, detrimental measures could have been avoided and we would have a considerably better healthcare system today.

Collective immunity against SARS-CoV-2 is a dynamic involving a) people with a strong immune system; b) cross-immunity from previous Corona viruses; c) recovered people and d) vaccinations.

4.9. Living with death

We could also acknowledge death as a natural component of life. Dying in dignity (Article 1 GG) is more important than prolonging life (Article 2 GG) at all costs.

Living wills could be strengthened and expanded: the ill should be able to decide in a fully conscious state and without pressure whether they want to be admitted to a hospital or undergo medical treatment at home, whether they want to be intubated or be treated with an oxygen mask and whether they want to receive visitors or be isolated, whether they want to spend their last days with their family or in their circle of friends.

Intensive human care for the dying in the sense of intensive emotional and spiritual care according to Vivian Dittmar.



³⁶¹ Kurt Langbein, Elisabeth Tschachler: "Das Virus in uns. Motor der Evolution", Molden, Vienna 2020, pg. 20

4.10. Prevention + reduction of other risks

Regarding the military origin hypothesis

- Worldwide ban on “gain-of-function” research on viruses potentially capable of triggering a pandemic (“non-proliferation treaty” for bio-weapons); closure or at least monitoring of BSL-4 laboratories by the UNO Security Council.

Regarding the zoonotic origin hypothesis:

- Sustainable economic activity so as to prevent causes of zoonosis (post-growth, common-good economy).
- Global ban on hunting of wild animals and high penalties to prevent further cases of zoonosis.
- Establishment of large-scale nature reserves to provide other species with their natural habitat; effective protection of global ecological common goods.
- 100% organic agriculture worldwide to rebuild fertility of the soil, improve drinking water and to preserve and protect all natural resources.
- Compliance with ecological planetary thresholds to protect the global climate and biodiversity as well as prevention of nitrification and phosphorylation until 0 of anorganic chemicals and plastics.
- Improvement of air quality; reduction of motorized individual and commercial vehicle traffic; exit from consumption of fossil fuels, conversion of building infrastructures to low-emission heat and refrigeration technology.
- Reallocation of armament funding worldwide to combat poverty, improve nutrition as well as (preventive) healthcare infrastructures.

.....

“Our democracy suffers when we introduce legally or morally compulsory vaccination.”

Hubert Aiwanger³⁶²

“Angela Merkel gave credence to the notion of a lack of alternatives. She repeatedly cited it to justify the approach towards dealing with the pandemic propagated by herself. She does not seem to see the danger that she exposed our democracy to as a result.”

Christoph Quarch³⁶³

362 “Hubert Aiwanger kritisiert den Druck auf Ungeimpfte”, in »NZZ, 4th July 2021

363 Christoph Quarch, “Im Tunnel der Alternativlosigkeit”, on »christophquarch.de, 21st April 2021

5. FINAL WORDS

The 16 authors from various disciplines and diverse perspectives hope that we have succeeded in providing an analysis of the Corona crises as comprehensively as possible – one that supports others in their own considerations and comprehension of the topic and the learning processes this involves. With our concluding recommendations we wish to bring about a change in the direction of political Corona policies. Ideally, this would help to harmonize such goals as good health for everyone, basic rights and democracy, social cohesion and sustainable economics. We look forward to continuing this discussion and any texts that address what we have written which can bring about deeper insights and a greater mutual appreciation of human beings.

THANKS

We wish to express our heartfelt thanks for the many kinds of assistance, contributions and encouragement we have received, thanking the following individuals as representative for a large number of others as well: Klaus-Dieter Boll, Sophie Gudenus, Roman Huber, Julia Löw, Wilfried Knorr, Bernhard Oberrauch, Christoph Poschner, Dorothee Remmler-Bellen, René Schlott, Renata Schmidtkunz, Harald Walach, Peter Weish, Benjamin Stibi, Ali Zech and many more.

We know that many more people have supported this project and thank all of them for contributing to its circulation and further development in a large number of different ways.



15th July 2021

MASTHEAD

Berufsverband der Präventologen e.V.
represented by Chairperson Dr. Ellis E. Huber
Gneisenastr. 42, D-10961 Berlin, www.praeventologe.de
District Court Berlin (Charlottenburg), VR 37033

Contact

Ellis Huber: dialog@praeventologe.de
Christian Felber: info@christian-felber.at

Graphic design: Julia Löw

Translation: Susan Nurmi

Update: 15th July 2021

Download PDF » www.coronaaussoehnung.org

Deaths worldwide 2019⁷⁵



* The WHO estimates that in 2020 half a million people will die of tuberculosis in addition.
<https://www.who.int/publications/m/item/impact-of-the-covid-19-pandemic-on-tb-detection-and-mortality-in-2020>

COVID-19 – Putting The Pandemic Into A Proportionate Perspective.
Alternatives to lockdown and laissez-faire.

#coronaaussoehnung

