

## 90 Expert opinions on Corona

"This Virus influences our life in a completely excessive way. This is not related to the danger posed by the virus. And the astronomical economic damage now being done is not proportionate to the danger posed by the virus.

I'm convinced that Corona mortality will not even peak to the annual mortality rate..."

(...) In Hamburg, not a single person who was not previously ill has died due to the virus. (...) There is no reason for fear of death in connection with the spreading of the disease here in the Hamburg region, he said."

**Professor Dr. Klaus Pueschel**, forensic physician and head of the Hamburg Forensic Medicine Department.

"We arrive at a much lower value of 1.6 per thousand. So if we have 1,000 Danes who have had this infection, then there are one or two who have died with it. (...) Together with colleagues he carried out blood tests on nearly 1,500 blood donors (...) The blood was used to test for coronavirus antibodies, and preliminary results shed new light on the number of people infected."

**Prof. Dr. Henrik Ullum**, Rigshospitalet, Copenhagen, Denmark, Section for Transfusion Medicine, Centre of Diagnostic Investigation

"First analyses of Austrian COVID-19 death figures by age and sex: We analyze the age and sex distribution of the reported COVID-19 deaths in Austria. Consistent with international studies, also the Austrian data suggest that the risk of death rises sharply with age. The observed age dependency is consistent with the general annual mortality risk in Austria"

**Institute for Medical Statistics (IMS)** of the Medical University of Vienna, Austria.

"Anyone who can calculate and has an understanding of numbers is not defenselessly exposed to the swindle of statistics. This is especially useful in the Corona crisis." Meyerhoefer also sees a crisis in mathematical education. "We are seeing rapidly rising numbers of people infected, and this curve frightens us." (...) "These are numbers that legitimize contact closures and business shutdowns." Meyerhoefer refers to the way the deceased are treated statistically: "In statistical practice, a person who dies with corona is counted as one who died by corona. Whether he actually died of Corona is not clear from this."

**Professor Dr. Wolfram Meyerhoefer**, Professor for Mathematics Didactics

"The number of reported infections is not very meaningful, as no population-based approach was chosen, the measurement refers to a previous point in time and a high rate of untested (mainly asymptomatic) infected persons must be assumed. (...) General prevention measures (e.g. social distancing) are theoretically poorly secured, their effectiveness is limited and paradoxical (the more effective, the greater the risk of a 'second wave') and they are not efficient in terms of collateral damage."

**Prof. Dr. Matthias Schrappe, Hedwig François-Kettner, Dr. Matthias Gruhl, Franz Knieps, Prof. Dr. Holger Pfaff, Prof. Dr. Gerd Glaeske**, Thesis paper on the pandemic caused by SARS-CoV-2/Covid-19.

Tom Jefferson, an epidemiologist and volunteer research fellow at the Centre for Evidence-Based Medicine at Oxford University, said the results were 'very, very important'. He told BMJ: 'The sample is small and more data will be available. It is also not clear how exactly these cases were identified.

But let's just say you can generalize them. And even if they're 10% out, that suggests the virus is everywhere. If - and I emphasize, if the results are representative, then we have to ask: Why the hell are we locked in?"

**Dr. Thomas Jefferson**, Epidemiologist and Research Fellow at the University of Oxford, UK.

"Thus, in both China and South Korea, social disengagement began long after the number of infections had already begun to decline and therefore had very little impact on the epidemic. This means that herd immunity had already been achieved there, or was about to be achieved. It was imminent. But by ordering social distancing, they prevented it from actually reaching its end point, which is why we are still seeing new cases in South Korea a few weeks after the climax."

**Professor Dr. Knut Wittkowski** from New York, USA.

"After a long period of reflection, I turn to the remaining people gifted with common sense. And despite possible hostilities, shit storms or stigmatization, I do not want to be deprived of the right to critically question comments by journalists, so-called experts, as well as decisions of people with political responsibility. (...) The percentage of serious cases and death rates is overestimated by a factor of 10. [...] Anyone who wrongly judges the current procedure to be appropriate would probably have to question this over and over again with the same consequence every year during the influenza season, on the occasion of the annual influenza data."

**Professor Dr. Dr. Martin Haditsch**, Specialist in microbiology, virology and infectious disease epidemiology, Austria.

"In the old days, pneumonia at the end of life was called the friend of the old. And now patients are diagnosed with corona infection and turned into an intensive care case and still we cannot save them. They are just too sick."

**Dr. Matthias Thoens**, Specialist in anesthesiology, emergency, pain and palliative medicine.

"In my first video for COVID-19 I suggested (...) that the death rate should be around 0.7%. Today I was proven wrong. The number of deaths is actually a tenth of that. Here is the unvarnished truth: COVID-19 is not much worse than a bad flu."

**Professor Sam Vaknin**, Israel.

"Fear of Covid-19 is based on its high estimated case fatality rate – 2 to 4% of people with confirmed Covid-19 have died according to the World Health Organization and other organizations. [...] We believe that this estimate is deeply flawed. (...) If the number of actual infections is much greater than the number of cases – orders of magnitude greater – then the actual case fatality rate is much lower. That's not only plausible, but from what we know so far, it's a likely scenario."

**Professor Dr. Eran Bendavid** and **Professor Dr. Jay Bhattacharya**, Professors of medicine at Stanford University, USA.

"Personally, I would say the best advice is to spend less time watching TV news which is sensational and not very good. Personally, I view this Covid outbreak as akin to a bad winter influenza epidemic. In this case we have had 8000 deaths this last year in the 'at risk' groups viz over 65% people with heart disease etc. I do not feel this current Covid will exceed this number. We are suffering from a media epidemic!"

**Professor Dr. John Oxford**, Queen Mary University, London, Great Britain, world leading virologist and influenza specialist.

"In infectiology, a distinction is made between infection and disease. Therefore, only patients with symptoms - such as fever or cough in this case - should be included in the statistics as

new infections. In other words, a new infection detected by a laboratory test does not necessarily mean that we are dealing with a newly sick patient who will need a hospital bed. (...) (...) Draconian measures that so comprehensively restrict people's fundamental rights can only be imposed if there is firm evidence that a new virus is extremely dangerous. (...) Was there ever such a scientifically based indication for COVID-19? In my view, the simple answer is NO."

**Professor Dr. Sucharit Bhakdi**, Specialist in microbiology and infection epidemiology, former head of the Institute for Medical Microbiology and Hygiene at the University of Mainz

"In Heinsberg, for example, a 78-year-old man with pre-existing conditions died of heart failure, and this without any lung involvement by Sars-2. Since he was infected, he naturally appears in the Covid-19 statistics. But the question is whether he would not have died anyway, even without Sars-2. In Germany, about 2500 people die every day – in the last three weeks only with twelve deaths so far, there is a connection to Sars-2. Of course people are going to die, but I'm going to lean far out of the window and say: It could well be that in 2020 we won't have more deaths in total than in any other year."

**Professor Dr. Hendrick Streeck**, Professor of Virology and Director of the Institute for Virology and HIV Research at the Medical Faculty of the University of Bonn.

"We must keep these serious measures for society as a whole [Note: Interview question on contact and exit restrictions] as short and as low in intensity as possible, because they could possibly cause more cases of disease and death than the coronavirus itself. (...) We know, for example, that unemployment causes illness and even increased mortality. It can also drive people to suicide. Restriction of freedom of movement is also likely to have further negative effects on the health of the population".

**Professor Dr. Gérard Krause**, Head of the Department of Epidemiology at the Helmholtz Centre for Infection Research.

"That is not the impression I get from talking to my colleagues in Germany. We agree, for example, that it is pointless to close the borders at this moment. We also agree that it is necessary to minimize social contacts. But we also agree that it is very difficult to foresee what will happen if schools are closed. Many things happen when you do this: the children are affected, society, especially the parents. (...) This means that the effect of this measure on public health will be much worse than the spread of the virus in a school."

**Dr. Anders Tegnell**, Head of the Swedish National Board of Health

Beate Bahner, specialist attorney for medical law from Heidelberg, announces a lawsuit against the Corona regulation of Baden-Wuerttemberg: The measures taken by the federal and state governments are blatantly unconstitutional and violate to an unprecedented extent a multitude of fundamental rights of the citizens in Germany. (...) Weeks of restrictions on going out and contact bans based on the gloomiest model scenarios (without taking into account factually critical expert opinions) as well as the complete closure of companies and businesses without any evidence of a risk of infection by these businesses and companies are grossly unconstitutional.

**Beate Bahner**, Specialist Attorney for Medical Law, author of five books on medical law.

"What we need is to control the panic," he said. In the grand scheme, "we're going to be fine." (...) But he also blames the media for causing unnecessary panic by focusing on the relentless increase in the cumulative number of cases and spotlighting celebrities who contract the virus. By contrast, the flu has sickened 36 million Americans since September and killed an

estimated 22,000, according to the CDC, but those deaths are largely unreported.

**Professor Dr. Michael Levitt**, Professor of Biochemistry, Stanford University, USA. Nobel Prize for Chemistry 2013.

"I feel that what is going on right now is what we experience more or less every winter. (...) The contagion is high. But from my point of view the disease is not as bad as influenza. (...) I think that here we are looking selectively at just one thing and it is filled with a certain panic. (...) I believe that we have already had such situations on several occasions and that now, in terms of measures taken, the bow is being overexpanded. (...) We need air and sun. Air dilutes the viruses and sunlight kills them with UV rays. Just don't impose a lockdown. You don't get infected on the street!"

**Professor Dr. Karin Mölling**, internationally renowned virologist. Former director of the Institute of Medical Virology in Zurich, Switzerland. Cross of Merit 1st Class of the FRG.

Covid-19. sharp criticism of ARD\* and ZDF\* for their coverage of the coronavirus. (...) "Television thus stages both a threat and executive power - and practices 'system journalism'. (...) "The editors-in-chief have resigned" concludes Jarren. "The reporting lacked all the distinctions to be made and questions to be asked: Who has what expertise? Who performs in which role?" Moreover, the broadcasts would consist mainly of individual statements, and a real debate between experts is not taking place writes the media scientist.

**Professor Dr. Otfried Jarren**, Institute for Communication Science and Media Research at the University of Zurich, President of the Federal Media Commission in Switzerland.

"First of all: With the tripling of the tests, there was also a little more than a tripling of those who tested positive. This tripling was presented to the citizens as a tripling of those infected. Far-reaching decisions require secure foundations. This is exactly what has been neglected so far.

The repeated equation of the number of positively tested persons with the number of infected persons blurs the view, as does the counting method for Corona deaths. (...) The government's guideline, about when a reduction of the measures is appropriate, is based on a fictitious number of infected persons, which however is not in line with reality."

**Professor Dr. Gerd Bosbach**, Professor emeritus of statistics, mathematics and empirical economic and social research and co-author of the well-known book "Lying with figures."

"Total algorithmic population control. In Wuhan, if you cannot show a green button on your surveillance smartphone that signals that you are probably not infected, you can only move around walking and you are not allowed to enter restaurants and the like. In South Korea, recordings from surveillance cameras, credit card data and GPS data are evaluated in order to identify and track potential virus carriers. Covid-19 is like a gift from heaven for the plans of the World Economic Forum. (...) And thanks to Covid-19 very many people now even find these totalitarian possibilities desirable."

**Dr. Norbert Häring**, Journalist and economist.

"The Robert Koch Institute is changing its counting method, which makes the data increasingly unreliable. It becomes more and more difficult to produce an objective summary. More and more frightening pictures and reports rush in on us, without the numbers noticeably changing."

**Dr. Bodo Schiffmann**, Physician

"Corona viruses are known to us from the past [...] But the data suggest that this disease is less dangerous than influenza. In the case of influenza, we can all well remember how a serious outbreak occurred in 2017. In the end, there were 27,000 fatalities in Germany. And it seems that some people have forgotten about these 27,000 deaths. [...] It cannot be that we

care only about Corona and that somewhere else there might be the threat of some other outbreaks for example.”

**Professor Dr. Jochen A. Werner**, Medical Director and Chairman of the Board of the University Medical Center Essen.

“In view of the well-known fact that 7-15% of Acute Respiratory Distress Syndrome (ARDS) are caused by coronaviruses in every ‘flu epidemic’, the number of cases is still within the normal range. With the wintery infection rushes, about one out of every thousand sick people die. By selectively applying detection methods – for example only in clinics and medical outpatient services – this rate can of course easily be boosted to frightening levels, because those who need help there are usually worse off than those who are recovering at home”.

**Dr. Wolfgang Wodarg**, Internist, pulmonologist, specialist for hygiene and environmental medicine. Member of the German National Parliament from 1994 to 2009.

“Is Our Fight Against Coronavirus Worse Than the Disease? [...] the potential application of a “herd immunity” approach, [...] The data from South Korea [...] indicate that as much as 99 percent of active cases in the general population are “mild” and do not require specific medical treatment.

[...] The deaths have been mainly clustered among the elderly, those with significant chronic illnesses such as diabetes and heart disease, and those in both groups.

This is not the case of infectious scourges such as influenza. The flu hits the elderly and chronically ill people hard too, but it also kills children.”

**Dr. David Katz**, University of Yale, USA, founding director of the Yale University Prevention Research Center.

“It’s usually because people willingly surrender their freedom in return for protection against some external threat. And the threat is usually a real threat but usually exaggerated. That’s what I fear we are seeing now. [...] And anyone who has studied history will recognize here the classic symptoms of collective hysteria. Hysteria is infectious. [...] whether the cure may be worse than the disease.”

**Jonathan Sumption**, former judge of the British Supreme Court.

“From this it can be concluded that the lethality rate of COVID 19 is well below 1%: This finding was included in a study by Anthony Fauci of the US National Institute of Allergy and Infectious Diseases, based on a report that focused on 1099 laboratory-confirmed COVID 19 patients from 552 Chinese hospitals. This suggests that the overall clinical consequences of COVID-19 may ultimately be similar to a severe seasonal influenza, which has a lethality rate of about 0.1%, or a pandemic influenza like that of 1957 or 1968 – rather than SARS or MERS, which have a lethality rate of 10% , which are characterized by a lethality rate of 10% and 36% respectively and which, incredibly, have not caused panic in our country.”

**Professor Dr. Giulio Tarro**, Virologist, Italy

But Prof. Ricciardi added that Italy’s death rate can also be high because of the way doctors report deaths. (...) “A re-evaluation by the National Institute of Health showed that only 12 percent of the death certificates showed a direct connection to the coronavirus, while 88 percent of the patients who died had at least one previous illness – many had two or three.” he said.

**Professor Dr. Walter Ricciardi**, Scientific advisor to the Italian Minister of Health.

“This evidence fiasco creates tremendous uncertainty about the risk of dying from Covid-19. Reported case fatality rates, like the official 3.4% rate from the World Health Organization,

cause horror — and are meaningless. Patients who have been tested for SARS-CoV-2 are disproportionately those with severe symptoms and bad outcomes. As most health systems have limited testing capacity, selection bias may even worsen in the near future. (...) A population-wide case fatality rate of 0.05% is lower than seasonal influenza. If that is the true rate, locking down the world with potentially tremendous social and financial consequences may be totally irrational.”

**Professor Dr. John Ioannidis**, Stanford-University, USA.

“Corona: an epidemic of mass panic [...] The WHO estimates that an influenza season kills about 500,000 people, or about 50 times more than those who have died so far during more than 3 months of the Coronavirus epidemic. [...] No such draconian measures were applied during the 2009 influenza pandemic, and they obviously cannot be applied every winter, which is all year round, as it is always winter somewhere. We cannot close down the whole world permanently.”

**Professor Dr. Peter C. Goetzsche**, Medical researcher and professor at the University of Copenhagen

“The media are stirring up fear of the coronavirus (...) Every winter we have a virus epidemic with thousands of deaths and millions of infected people, also in Germany. But one should also make a stand against senseless imprisonment.”

**Dr. Wolfgang Wodarg**, Internist, pulmonologist, specialist for hygiene and environmental medicine. Member of the German National Parliament from 1994 to 2009.

“SARS-CoV-2, the new type of coronavirus from China, is spreading worldwide and, despite its current low incidence outside China and the Far East, is triggering an enormous response. Four common corona viruses are currently in circulation and cause millions of cases worldwide. This article compares the incidence and mortality rates of these four common coronaviruses with those of SARS-COV-2 (...) It concludes that the problem of SARS-CoV-2 is likely to be overestimated, as 2.6 million people die each year from respiratory infections, compared to less than 4000 deaths from SARS-CoV-2 at the time of writing this article.”

**The French scientists Yanis Roussel, Audrey Giraud-Gatineau, Marie-Thérèse Jimenoe, Jean-Marc Rolain, Christine Zandotti, Philippe Colson und Didier Raoult**, In a contribution to the corona crisis,

“At the end of the year, however, all states with prosperity will be indebted beyond rescue, all people with material wealth will be expropriated, the middle-class economy will be decimated, the big banks will be restructured thanks to their loans to states, the so-called health sector will have become even more bloated and big pharma will have become even richer. (...) Everyone will live in fear of infection and will be socially isolated, unemployed or vegetating in the 'home office' with online orders. The survivors will need everything above the bare subsistence level to raise the protection money for banks and big pharma”.

**Dr. Gerd Reuther**, Physician

“The figures on the young coronavirus patients are misleading” (...) Vernazza therefore demands that all decisions made in the last few weeks, some of them hastily, be reflected upon. When almost 90 percent of infections go unnoticed, it makes no sense to test everyone. (...) The new findings would show that many of the measures were perhaps even counterproductive. Above all, he considers it wrong to close the schools, just as a curfew would not be the right thing in an epidemiological sense.

**Professor Dr. Pietro Vernazza**, Infectiologist, Cantonal Hospital St.Gallen (Switzerland).

“While the coronavirus is on everyone's lips, little is heard about the flu epidemic at present.

However, experts estimate that the risk of infection and mortality of influenza viruses is about the same as for coronavirus. "Corona is by no means more dangerous than influenza", says chief physician Clemens Wendtner from the Schwabing Clinic for Infectiology, where seven of the thirteen corona infected people in Germany are undergoing treatment. "We assume that the mortality rate is well below one percent, in fact rather in the per mille range. It's similar in size to influenza.", explains Wendtner.

**Professor Dr. Clemens Wendtner**, Head physician at the Schwabing Clinic for Infectiology.

The EU Commission has met with Facebook & Co. to coordinate steps against the spread of conspiracy theories surrounding the Covid 19 outbreak. (...) All participants had assured that they wanted to make 'reliable news sources' more prominent, 'remove prohibited or harmful content' (...) According to Jourová, the tools developed in the Code of Conduct, such as the rapid shutdown of exposed 'fake accounts' and social bots and the withdrawal of advertising revenue from those who profit from false reports, have helped the signatories to react quickly. (...) Facebook boss Mark Zuckerberg had at the same time publicly assured that he would take decisive action against false information about the corona virus.

**Stefan Krempl**, IT specialist magazine

"Corona is rather a head problem." According to the physician, the flu would currently represent a significantly higher danger than the corona virus. According to a report on Thursday morning, 200 lives were lost in Germany in the first few months of the year as a result of the flu. 17,000 had already been infected in this country. Compared to the few hundred corona cases known in Germany, which had mostly a mild course, this was far worse. Yet there's a great deal of uncertainty among the population about corona, a "huge noise", as Hable says.

**Dr. Michael Hable**, Public health officer

"You cannot prevent the infection. The asymptomatic ones are spreading the virus just as much as the symptomatic ones. (...) The symptomatic ones are actually less infectious than the asymptomatic ones, which are still in the incubation period. (...) It is completely hopeless to try to protect against a viral infection. That is why the measures that are being taken at the moment are completely absurd."

**Dr. Claus Köhnlein**, Internal Medicine specialist

"In every country more people die from regular flu than from the corona virus. (...) What stopped the swine flu pandemic and what stops viruses in general? Whoever believes that the government stops viruses is completely wrong. What is really happening? The virus that no one can stop is spreading among the population, and then the population, not those at risk, is exposed to the virus, and at the same time the body forms antibodies to deactivate and prevent the disease. At the moment the virus is being spread in Israel by very many people who do not know that they have it, and people are being exposed to the virus and becoming immune. The chain of infection is broken, and in this way the virus comes to a halt."

**Professor Dr. Yoram Lass**, former Director General of the Israeli Ministry of Health

"The only 'basis' of the completely absurd 'corona swindle' floating in a fact-free vacuum is the '5%-IPS-patient lie'. Every primary school pupil knows that the ratio of IPS patients to people who have fallen ill (i.e. tested positive) of 1:20 aka 5%, is in reality by a factor of 100 or even lower, because although every IPS patient is tested, but only very few of those fallen ill, therefore is <0.05%, and the 'corona death lie' with which any (random) carrier of ONE (PCR extremely sensitive) corona virus who has died of whatever, is considered to have died of COVID-19. This is the case in Italy and Germany, and probably also here and everywhere else, because I have never received an answer to my question addressed to the Federal

Office of Public Health.”

**Dr. Thomas Binder**, Physician, Switzerland

“As far as can be seen, the various exit restrictions were issued by general ruling with reference to § 28 of the Infection Protection Act. Among the few lawyers who have made public statements on this matter, the majority seems to agree – quite rightly – that they are all in breach of the law. § 28 IfSG is already not a suitable legal basis – quite apart from the fact that the proportionality of some of the restrictions is also very doubtful. Therefore, in my opinion, an action filed against the general ruling – or against corresponding penalties or fines imposed on the basis thereof – would have good prospects of success.”

**Dr. Jessica Hamed**, Criminal and constitutional law expert.

“In my opinion - and here I have a large agreement with many other doctors - the virus is about as dangerous as influenza. We can see this in the death rates, which are around 0.3 to 0.7 percent. This corresponds to what we also see with influenza. The course is similar. So it's a disease of the throat, nose, and lungs. This is an infection that has a similar course to influenza and is also similarly contagious. (...) Measles is clearly more dangerous. This is an infection that has a similar course to influenza and is also similarly contagious. (...) Measles is clearly more dangerous.

**Professor Dr. Stefan Hockertz**, Immunologist and toxicologist.

“The numbers of 20 or 50,000 corona infected people mentioned every day in different countries are complete nonsense. Not even 1 percent of the population has been examined with highly questionable tests. We don't know anything about the other 99 percent. Already at the beginning of February a strong increase in flu symptoms was noted. Most likely, they have probably been corona cases too. Only, it hasn't been tested. In any case, the current measures are not based on facts, but are an irrational overreaction.”

**Dr. Gerd Reuter**, Physician.

“In Italy, deaths during the regular flu season are 20 times higher each year than those who have died with Covid-19 so far. How come we don't overload the intensive care units every year? Here are the data from Covid-19 in Italy, updated on March 10<sup>th</sup>, 2020 at 18:00: 8514 cases with 631 deaths. Note that this selection is highly selective, as the tests are mainly performed on sick people. The majority of experts, including Ilaria Capua, believe that asymptomatic cases are 10 to 100 times higher. Therefore, the mortality rate will not be 7.4%, but at least ten times lower. (...) These data confirm that we are still facing a panic epidemic and that the media are the main disseminators.”

**Dr. Leopoldo Salmaso** from Italy is a specialist in infectious and tropical diseases and public health.

“It is neither possible to prove a significantly increased lethality of the virus nor a pandemic course. For scientific reasons, I believe it is imperative to carry out a statistical study to verify the real danger of the situation. Politicians and the medical profession are in complete blindness during the corona crisis - not a pandemic, because this has not been proven. This can and will cost human lives.”

**Dr. Richard Capek**, Physician

“This clearly overestimates the mortality from the disease, but by how much is unknown. So we have a confusion of terms, which is ultimately explained by the fact that we keep talking about infected people instead of people who have tested positive. The high figures remain in our minds, such as the mortality rate of 3.4% mentioned by the WHO. And this creates fear. (...) that we would have to make sure that the media do not use the power of images to



generate emotions that influence our judgment. When pictures of coffins and death wards from Italy are shown, or pictures of absolutely empty shelves, their effects exceed even the stated facts.”

**Professor Dr. Gerd Bosbach**, Professor emeritus of statistics, mathematics and empirical economic and social research and co-author of the well-known book ‘Lügen mit Zahlen’ (Lying with numbers).

“I conducted a scientific study on chloroquine and viruses that was published thirteen years ago. Since then, four other studies by other authors have shown that the corona virus reacts to chloroquine. None of this is new. The fact that the group of decision-makers is not even aware of the latest scientific findings takes my breath away. We knew about the possible effects of chloroquine on cultured virus samples. It was known to be a powerful antiviral.”

**Professor Didier Raoult** is an expert in infectious diseases and is the director of a hospital in Marseille, France.

“[Question: Professor Edenharter, are the currently imposed contact bans and exit restrictions at all covered by the German basic and applicable laws?]

A resounding no. First of all, it lacks a proper legal basis. In addition, regulations have been passed in at least some of the federal states that disproportionately restrict the freedom rights of certain groups of people.”

**Professor Dr. Andrea Edenharter**, Professor at Law

“[Quoting a colleague] In this context I would like to point out that the RKI is against autopsies for reasons of infection protection! (...) Up to now, it has been a matter of course for pathologists to perform autopsies with appropriate safety precautions even in the case of infectious diseases such as HIV/AIDS, hepatitis, tuberculosis, PRION diseases etc. Is there a fear of finding out the true causes of death of the deceased who tested positive? Could it be that the numbers of Corona deaths would then melt away like snow in the spring sun? Minimal or limited autopsies, as recommended by the RKI, are always problematic, by the way, because one usually only finds what one is looking for, but essential unexpected findings often remain undiscovered.”

Dr. Bodo Schiffmann, Physician

“If a virus does not kill by itself or kill alone, but only in combination with other diseases, then one should not blame the virus alone. That this happens with COVID-19 is not only wrong, but dangerously misleading. Because this makes you forget that many other factors - local factors - can play a decisive role. (...) All I can say is that these measures are self-destructive and that if society accepts and implements them, it is a collective suicide.”

**Professor Dr. Sucharit Bhakdi**, Specialist for microbiology and infection epidemiology, former head of the Institute for Medical Microbiology and Hygiene at the University of Mainz

“A journalism that only parrots public announcements without criticism is coming to an end. [...] Reading the newspaper is quick these days. Two minutes, like in the GDR. Turn the pages once and you know that the government opinion has not changed and the media logic has not changed either. Actually, I've already said all there is to say about that. I wrote last week about how journalism and politics have rocked each other up on the imperative of attention and thereby created a reality that cannot even be discussed openly on the street between three people. This is the death of the public sphere, which cannot be revived online.”

**Professor Dr. Michael Meyen**, Professor for Communication Science at the LMU Munich.

This suggests that the overall clinical consequences of Covid-19 may ultimately be more akin

to those of a severe seasonal influenza (which has a case fatality rate of approximately 0.1%) or a pandemic influenza (similar to those in 1957 and 1968) rather than a disease similar to SARS or MERS, which have had case fatality rates of 9 to 10% and 36%, respectively.

**Anthony S. Fauci**, Immunologist advisor to the US government in the areas of biohazards and infection with HIV and other viruses. Co-authors: **Dr H. Clifford Lane** and **Dr Robert R. Redfield**.

"It is often said that comparing this corona virus with influenza is a trivialization. But this is not so. In Germany we have a very, very high burden of disease from the influenza virus and also a very, very high number of deaths. The worst influenza year in recent history in Germany was the winter of 2018. At that time within a period of 8 weeks about 25000 people died in Germany. And if you imagine that now with a media accompaniment, as it is usual today with the coronavirus, then it would be that we would receive such messages every week: In the first week, 100 people died in Germany, then 1000 people, then 5000 the next week, then 8000, and then the figures slowly start to fall. That would be very, very dramatic if it really would always be accompanied by such media coverage. With Corona we are very, very far away from this situation. Nevertheless, the fear that many people have is much greater than it was in the winter of 2018."

**Professor Dr. Carsten Scheller** is Professor of Virology at the University of Wuerzburg.

"In the Austrian province of Steiermark alone, 400 people have already been reported because they did something wrong. And then I think to myself 'Wow'. Recently, we would not have allowed to anyone to impose on us what is now forbidden. You have to weigh up the pros and cons: Is this medical risk on the one hand, which we actually have, worth having all our freedoms trampled upon? Is that proportionate or not? I think this question is important. Because naturally, the anxiety patient always wants radical solutions. He wants complete solutions. That's what the anxiety patient wants, because he's afraid, he wants the virus to be eliminated."

**Dr Raphael Bonelli**, Neuroscientist and Psychologist, Austria.

"Mass psychology teaches us, at the latest since Le Bon, that people, especially in times of crisis, under the impression of a threat, unite to form a uniform mass. It does not matter whether the threat objectively exists or is only perceived as such, perhaps even constructed. This powerful mass psychological mechanism works particularly well with a threat that is perceived as new and unknown. A virus like the corona virus, for example."

**Harald Haas**, Psychologist, political scientist.

"How does discreditation and disinformation work? (...) Strategy 1: The persons concerned are presented in a disparaging manner (...) 2: Words are used around the term 'lies' (...) 3: Arguments are not mentioned concretely, but only hinted at and judged (...) 4: In the alleged objection, only perspectives or even confirmations are brought forward (...) 5: Contradictory or strange statements of the mainstream opinion remain unilluminated (...) 6: Arguments brought forward pro government line are - literally - meaningless (...) 7: Statements of the person concerned are reproduced incorrectly or not at all (...) However, as a linguist I see that there are filters and discourse patterns of journalists as well as lobbyists which are not very helpful for the discussion, because they obscure the view of arguments."

**Professor Dr Joachim Grzega**, Linguist.

"The actual number of coronavirus positives can only be determined after a serious epidemiological study", cautions Gismondo. She warns: "The only reliable figures today are

those of patients who are hospitalized in the sub-intensive and intensive care units and those of deaths". So, the virologist makes it clear: "Today we can only talk about the percentage of deaths among hospitalized patients. All other figures are wrong and, as such, they distort people's impression. It also has dangerous effects on the psyche. We give figures which can change the trend of the measures taken and influence people's behavior," concludes Gismondo.

**Professor Dr. Maria Rita Gismondo**, Microbiologist, Milan, Italy.

"Consider the effect of shutting down offices, schools, transportation systems, restaurants, hotels, stores, theaters, concert halls, sporting events and other venues indefinitely and leaving all of their workers unemployed and on the public dole. The likely result would be not just a depression but a complete economic breakdown, with countless permanently lost jobs, long before a vaccine is ready or natural immunity takes hold. (...) advising higher-risk individuals to protect themselves through physical distancing and ramping up our health-care capacity as aggressively as possible. With this battle plan, we could gradually build up immunity without destroying the financial structure on which our lives are based."

**Professor Michael T. Osterholm**, Director of the Center for Infectious Disease Research and Policy at the University of Minnesota.

"I'm not a friend of lockdown. Anyone who imposes a lockdown must also say when and how he'll lift it. Since we must assume that the virus will be with us for a long time to come, I wonder when we will return to normality? You cannot keep schools and daycare centers closed until the end of the year. Because it will take at least that long before we have a vaccine. Italy has imposed a lockdown and has had the opposite effect. They very quickly reached the limits of their capacity, but did not slow down the spread of the virus within the lockdown at all. A lockdown is a political desperation measure because by coercive measures they believe they can get further than they can come with the use of common sense".

**Prof. Dr. Frank Ulrich Montgomery**, President of the German Medical Association, Chairman of the World Medical Association.

"Up to half of the UK population may have already contracted the coronavirus, [according to a new study from researchers at the University of Oxford]. The research suggests that the disease may have already been prevalent in the UK as much two months earlier than the first case was officially diagnosed. (...) Should the results of the study be found correct, it would suggest that just one in a thousand infected patients require hospital treatment and it raises hopes that the UK's 'lockdown' measures could be lifted earlier than planned."

**Professor Dr. Sunetra Gupta**, Professor of theoretical epidemiology, Oxford University.

"[Interviewer: But COVID-19 is very contagious, Doctor...] Yes, like a cold – in the old people's homes, people die from it. Until now they were not counted, but now they are. Last year there were over 500,000 cases of pneumonia worldwide. In Africa, one million people could be infected with meningitis, which is transmitted by spitting – and planes come and go. There are 135,000 people infected with tuberculosis in Latin America, and nobody is getting upset. When someone makes a lot of fuss about something like Corona... I think it's all very dramatized. "From day one, I said the numbers were wrong, like when we had the swine flu."

**Dr. Pablo Goldschmidt**, Virologist. Monaco, France and Argentina.

Daycare facilities and schools are to be reopened as soon as possible so that children and their parents can become immune from infection with the corona virus. The UKE infectiologist Dr. Ansgar Lohse demands this in the newspaper 'Bild'. The continuation of the strict measures would lead to an economic crisis, which would also cost human lives, the physician said.

**Professor Dr. Ansgar Lohse**, Director of the University Medical Center Hamburg-Eppendorf (UKE).

““That fundamental rights are largely suspended for the entire population, that other fundamental rights are subject to restrictions to such an extent that they can only be exercised marginally, that so many fundamental rights are affected simultaneously, and as I said, not only for individual persons, but for everyone in Germany, (...) It is indeed frightening how people can be intimidated by a presentation with the help of suggestive images that create fear. We saw these coffins from Italy on television and people are already terrified and forget how much they loved freedom before, how much they thought it was important to be allowed to demonstrate in Germany and so on.”

**Professor Dr Dietrich Murswick**, Professor of public law.

“Personally, I would say the best advice is to spend less time watching TV news which is sensational and not very good. Personally, I view this Covid outbreak as akin to a bad winter influenza epidemic. In this case we have had 8000 deaths this last year in the ‘at risk’ groups, which means over 65% people with heart disease etc. I do not feel this current Covid will exceed this number. We are suffering from a media epidemic!”

**Professor Dr. John Oxford** of the Queen Mary University London, Great Britain, a world leading virologist and influenza specialist.

“COVID-19 has been called the pandemic of the century: "It is a pandemic of the century". And clear in terms of what we see and hear and the mobilization and all the news and all the deaths that we are witnessing... Obviously, it's a huge threat. Or I would say a threat with unknown potential regarding its final impact. At the same time, since this may be a one-time fiasco in a century, I refer to it as a fiasco of evidence (...) actions (...) Some of them will do more harm than good.”

**Professor Dr. John Ioannidis**, Stanford-University, USA.

“Importantly, the results we present here suggest the ongoing epidemics in the UK and Italy started at least a month before the first reported death and have already led to the accumulation of significant levels of herd immunity in both countries. There is an inverse relationship between the proportion currently immune and the fraction of the population vulnerable to severe disease. This relationship can be used to determine how many people will require hospitalisation (and possibly die) in the coming weeks if we are able to accurately determine current levels of herd immunity.”

**Jose Lourenco, Robert Paton, Mahan Ghafari, Moritz Kraemer, Craig Thompson, Peter Simmonds, Paul Kleenerman, Sunetra Gupta**, Scientists at the Oxford University, Great Britain

“So I cannot answer my nagging doubts, there seems to be nothing special about this particular epidemic of flu-like illnesses. (...) Once the limelight has moved on, will there be serious and focused international efforts to understand the causes and origins of influenza-like diseases and the life cycle of their pathogens?”

**Dr Tom Jefferson**, Epidemiologist, Rome, Italy.

"The same applies to all other statements in this Spiegel online message. Particularly scandalous is the report that in 2009 the so-called 'swine flu' virus, also known as 'H1N1', triggered a pandemic with 150,000 deaths worldwide. The truth is that 'the great fear of the 'swine flu pandemic' was 'staged by the media', as Ulrich Keil, Professor of Epidemiology and Social Medicine at the University of Münster, a decade-long adviser to the World Health Organization (WHO) and until 2002 President of the European Region of the World Association of Epidemiologists (IEA), rightly states. Today this is forgotten, because after the absence of the catastrophe in this country, the mistakes made in the evaluation of the H1N1 flu virus infection were not dealt with. The danger of the 'swine flu' was completely overestimated."

**Professor Dr. Ulrich Keil**, Epidemiologist from the University of Muenster and former advisor to the WHO.

"No more than 10 people will die in Israel as a result of the novel coronavirus disease known as COVID-19, Nobel Prize laureate Michael Levitt predicted on Wednesday as the government continued to impose additional restrictions on the general population. Levitt said that fears in Israel over the coronavirus were disproportionate to the threat, and that the number of cases in the country was uncertain due to reporting variances. "I will be surprised if the number of deaths in Israel surpasses 10," he said, adding that the Jewish state was "not on the world map for the disease."

**Professor Dr. Michael Levitt**, Professor of Biochemistry, Stanford University, USA. Nobel Prize for Chemistry 2013.

In the current climate, anyone with a positive test for Covid-19 will certainly be known to clinical staff looking after them: if any of these patients dies, staff will have to record the Covid-19 designation on the death certificate — contrary to usual practice for most infections of this kind. There is a big difference between Covid-19 causing death, and Covid-19 being found in someone who died of other causes. Making Covid-19 notifiable might give the appearance of it causing increasing numbers of deaths, whether this is true or not. It might appear far more of a killer than flu, simply because of the way deaths are recorded.

**Professor Dr. Jon Lee**, Pathologist

"First, I wanna say that in 30 years of public health medicine I have never seen anything like this, anything anywhere near like this. I'm not talking about the pandemic, because I've seen 30 of them, one every year. It is called influenza. And other respiratory illness viruses, we don't always know what they are. But I've never seen this reaction, and I'm trying to understand why. (...) pressure that is being put on public health doctors and public health leaders. And that pressure is coming from various places. The first place it came from was the Director-General of the World Health Organization (WHO) when he said "This is a grave threat and a public enemy number one", I have never heard a Director-General of WHO use terms like that."

**Professor Dr. Joel Kettner**, Universität of Manitoba, Canada.

"In general, the currently widespread idea that health and life are a priori of higher value than other constitutional goods in the necessary balancing decisions must be rejected. Even if it may be hard: The fundamental right to life and physical integrity (Art. 2 Para. 2 S. 1 GG) is subject to a simple reservation of the law. In the interest of personal freedom, we do not force anyone to consent to post-mortem organ donation, even though people on waiting lists die every day. Of course, a speed limit on the motorways and a ban on overtaking on country

roads would mean that nine people would not die every day on Germany's roads; we do not do it because (in my opinion, absurdly, here) we attach greater importance to mobile freedom than to the protection of life."

**Professor Dr Thorsten Kingreen**, Public, Social and Health Law, University of Regensburg."

"The European 'Mortality Monitor', to which all deaths are reported weekly, is even currently showing undermortality. The feared rush to hospitals has also failed to happen. There is therefore a lack of reliable data justifying the severity of the measures taken. (...) This is undoubtedly the largest redistribution program ever undertaken in peacetime. The beneficiaries will be fortune-seekers and subsidy-hunters who are looking for loopholes in the coarsely knit laws. Industries such as delivery services or medical equipment manufacturers, who cannot be blamed for this, will also benefit. All the others will lose, especially beneficiaries of transfers and taxpayers. (...) In hindsight, we all have to pay for it."

**Professor Dr. Stefan Homburg**, Director of the Institute of Public Finance at Leibniz University in Hanover.

"The CDC counts both true COVID-19 cases and speculative guesses of COVID-19 the same. They call it death by COVID-19. They automatically overestimate the real death numbers, by their own admission. Prior to COVID-19, people were more likely to get an accurate cause of death written on their death certificate if they died in the hospital. Why more accurate when a patient dies in the hospital? Because hospital staff has physical examination findings labs, radiologic studies, et cetera, to make a good educated guess. It is estimated that 60 percent of people die in the hospital. But even [with] those in-hospital deaths, the cause of death is not always clear, especially in someone with multiple health conditions, each of which could cause the death."

**Dr. Annie Bukacek** has been a physician in the state of Montana, USA for 30 years.

"The Federal Association of German Pathologists (BDP) and the German Society of Pathology (DGP) are calling for as many autopsies as possible of people who have died of corona disease. They contradict thereby the recommendation of the Robert Koch institute to avoid internal corpse inspections in these cases. On the contrary, it is necessary to gain further insights into the disease and its often astonishingly fulminant course and to answer open questions. In the best case, further therapeutic options can be derived from this – this constitutes the value of autopsies for the living, said Prof. Dr. med. K.-F. Buerrig, President of the Federal Association. The autopsy is in the high public interest and should therefore not be avoided, but on the contrary should be performed as often as possible."

**Professor Dr. med. K.-F. Buerrig**, President of the Federal Association of German Pathologists (BDP).

"Already during the outbreak of the Marburg virus, of HIV, SARS, MERS and BSE, findings from pathology and neuropathology have helped to understand clinical disease patterns and have thus influenced therapeutic concepts. This must also apply to COVID-19." Prof. Dr. T. Welte from the German Centre for Lung Research/DZL and Director of the Clinic for Pneumology and Infection Medicine at the Hanover Medical School/MHH also addressed this request to the DGP.

**Professor Dr. T. Welte**, German Centre for Lung Research/DZL, Director of the Clinic for Pneumology and Infection Medicine at the Hanover Medical School/MHH.

At the RWTH University of Aachen, a register for COVID-19-obductions in the German-speaking area is currently being set up, according to the chairman of the DGP, Prof. Dr. Gustavo Baretton. The autopsy information will be collected in Aachen. The decentralized preservation of examination tissue ensures that it is available for special examinations. DGP and BDP are planning a rapid transfer of knowledge not only within the field of pathology, but also in particular to lung specialists and intensive care physicians, as well as to the responsible authorities.

**Professor Dr. Gustavo Baretton**, Chairman of the German Society of Pathology (DGP).

He and his team are examining the Corona victims in Hamburg. Now the Hamburg forensic doctor Klaus Pueschel has appealed to Chancellor Angela Merkel to slowly reopen Germany. "Now is the right time", Pueschel said to the 'Hamburger Abendblatt'. He added: "The time of the virologists is over. Now we should ask others what's the right thing to do in the corona crisis, like the intensive care specialists." He concluded that Covid-19 is "a relatively harmless viral disease." The Germans would have to learn to live with it, and without quarantine. The fatalities he examined had all had such severe pre-existing conditions that, "even if that sounds harsh, they all would have died in the course of this year," said Pueschel.

**Professor Dr. Klaus Pueschel** is a forensic physician and head of Hamburg's forensic medicine department.

Child and youth psychiatrist Michael Schulte-Markwort said to the newspaper: "None of the numbers we know justifies the fear that is being stirred up about the virus in Germany." He said he had the impression that the fear was gradually gaining momentum and that good news in connection with the virus was no longer noticed at all.

**Professor Dr. Michael Schulte-Markwort** is, among other things, Medical Director of the Centre for Psychosocial Medicine at the University Hospital Hamburg Eppendorf.

"Interestingly, type B, which is predominant in Wuhan, is not the original human virus type. But type A, the original human virus genome, is also present in Wuhan. In this first phase of the outbreak, A and C types were found in significant proportions outside East Asia – in affected people in Europe, Australia and America. In contrast, the B-type is the most common type in East Asia. (...) For example, it was initially assumed that the first Northern Italian case of infection ('Patient One') had been infected by a certain Wuhan contact person from his circle of acquaintances. However, when this contact person was tested, it turned out that he did not have the virus. The search for the Italian 'Patient Zero' thus ended in a dead end."

**Dr. Michael Forster**, Institute for Clinical Molecular Biology (IKMB) of the University Medical Center Schleswig-Holstein (UKSH), Campus Kiel, and the Christian Albrechts University of Kiel (CAU), **Dr. Peter Forster**, McDonald Institute for Archaeological Research at the University of Cambridge, et al.

"We are surprised that for Italy, one of the earliest and most severely affected EU countries, despite the outstanding researchers, only a handful of Italian cases have been reported in the global COVID 19 case database GISAID so far", adds Prof. Andre Franke."

**Professor Dr. Andre Franke**, Institute for Clinical Molecular Biology, Christian Albrechts

University of Kiel.

"It becomes doubly interesting when it comes to the presumed immunity of people who have already survived an infection. Gates links this to the issue of easing travel restrictions, saying: 'Ultimately we will need a certificate for those who have either recovered or been vaccinated, because we don't want people to travel arbitrarily around the world where there are countries that unfortunately have not got it (the virus) under control'. They don't want to deprive these people completely of the opportunity to travel and come back. And then comes the doubly interesting sentence: 'Therefore, there will eventually be a kind of digital immunity document that will allow the global opening of borders'."

**Dr. Norbert Haering**, Journalist and economist.

"Can the people in this country not understand that they are seduced by people without any qualification? Wieler (Director of the RKI) is a veterinarian, without training in the basics of infectiology. Or Spahn (German Health Minister), a bank clerk with no idea of disease and its origins, let alone of life and death? I don't want to talk about Drosten (German Virologist), I am sure he has never seen or treated suffering patients in his life. And these people decide what we may and may not do? And threaten us so that every contradiction becomes a crime? I am stunned. Germany is set back 85 years."

**Professor Dr. Sucharit Bhakdi**, Specialist for microbiology and infection epidemiology, former head of the Institute for Medical Microbiology and Hygiene at the University of Mainz

For the epidemiologist Prof. Alexander Kekulé (61), known from 'Kekulé's Corona- Kompass' (MDR-tv), the matter is clear. "We cannot wait for a vaccine and live in lockdown mode for another six to twelve months. If we did that, our society and our culture would be destroyed", he said in the British 'The Telegraph'.

**Professor Dr. rer. nat. Alexander S. Kekulé** is director of the Institute for Medical Microbiology at the Martin Luther University Halle-Wittenberg.

At Stockholm's Karolinska Hospital, the situation in the corona intensive care unit has become much calmer, according to senior physician David Konrad in an interview with the public TV SVT. More and more patients are currently being discharged from the hospital, he said. And of the mainly old and seriously ill patients who were hospitalized with life-threatening symptoms, well over 80 percent had survived. 177 intensive care beds were free for new patients at the weekend. "There are many free beds in the intensive care units in all Stockholm hospitals", says the senior physician. He is currently still looking after 127 corona patients. Every day only about six to twelve patients with more severe symptoms are added. "We are approaching the flattening of the disease curve," says Konrad.

**Dr David Konrad**, Karolinska University Hospital Stockholm, Sweden.

"Between March 22 and April 4, 2020, a total of 215 pregnant women (...) were screened on admission for symptoms of Covid-19. Four women (1.9%) had fever or other symptoms of Covid-19 on admission, and all 4 women tested positive for SARS-CoV-2 (Figure 1). Of the 211 women without symptoms, all were afebrile on admission. Nasopharyngeal swabs were obtained from 210 of the 211 women (99.5%) who did not have symptoms of Covid-19; of these women, 29 (13.7%) were positive for SARS-CoV-2. Thus, 29 of the 33 patients who were positive for SARS-CoV-2 at admission (87.9%) had no symptoms of Covid-19 at presentation."

**Dr. Desmond Sutton, Dr. Karin Fuchs, Dr. Mary D'Alton, Dr. Dena Goffman**, Columbia University Irving Medical Center, New York, NY.



"These protective measures could endanger us. You shouldn't be afraid of herd immunity. (...) If we talk about closing down the economy for a week, that means that with this money we could build a nice hospital, and what does it mean that we cannot open this hospital? Even in dry and cautious numbers, I estimate that between 2,000 and 4,000 people in the country will die of the disease."

**Professor Dr. Dan Yamin**, Director of the Epidemiology Research Laboratory at Tel Aviv University.

"As of the sixth week, the increase in the number of patients has been moderate, peaking in the sixth week at 700 patients per day. Since then it has been declining, and today there are only 300 new patients. In two weeks it will reach zero and there will be no more new patients (...) This is how it is all over the world. Both in countries where they have taken closure steps like Italy and in countries that have not had closures like Taiwan or Singapore. In such and such countries there is an increase until the fourth to sixth week, and immediately thereafter moderation until during the eighth week it disappears."

**Professor Dr Isaac Ben-Israel**, President of the Israeli National Research Council.

"However, what can already be applied to Germany is the mortality rate among people with coronavirus CoV-2 infections: Our results allow a fairly good estimate of the mortality rate in the order of 0.37 percent. We were able to determine this quite well with a representative sample. The scientist Christian Drosten also said in 'heute journal' that this value does not surprise him."

**Professor Dr. Hendrick Streeck**, Professor of Virology and Director of the Institute for Virology and HIV Research at the Medical Faculty of the University of Bonn

"What is exaggerated are rare individual cases, and sometimes even only hints, which on closer inspection do not represent a problem at all. Cases have also been reported as «secondary infections», in which after healing of a Covid-19 disease the virus was detected again by PCR, but without the persons showing symptoms again. It is therefore worthwhile to start by looking at the «normal biology». And the message is clear: we form neutralizing antibodies against viral infections – especially against beta corona viruses, to which SARS-CoV-2 belongs – and thus immunity. (...) Based on what we know today, we can assume that an infection with Covid-19 leaves a normal antibody response with neutralizing antibodies and a reasonable immunity."

**Pietro Vernazza**, M.D., Chief of Infectious Diseases, Cantonal Hospital St. Gallen, Switzerland.

"The absolute risk of dying from COVID-19 ranged from 1.7 per million for people under 65 years of age in Germany to 79 per million in New York City. The absolute risk of dying from COVID-19 for people aged ≥80 ranged from about 1 in 6,000 in Germany to 1 in 420 in Spain. The mortality risk for COVID-19 in people under 65 years of age during the period when the epidemic was fatal was equivalent to the mortality risk when driving between 9 miles per day (Germany) and 415 miles per day (New York City). Only 0.3%, 0.7% and 1.8% of all COVID-19 deaths in the Netherlands, Italy and New York City were in people under 65 who did not have any predisposing underlying disease."

**Professor John Ioannidis**, Stanford University, USA.

"Especially in Germany there is no overburdened hospital (...) Then I say the epidemic is over."

(...) For at least three days\* the number of newly infected people in Europe has been falling  
(...) To get immunity, the fastest way is to let children infect each other and that's how to protect the elderly from getting infected (...) Measures have made the situation worse (...) Open the schools! There is no reason and there never was a reason to close the schools."

**Professor Dr Knut Wittkowski** from New York, USA, Epidemiologist and biostatistician.  
(\*Interview from 8.4.)

"Such apps are currently being discussed at European level. And that nicely illustrates the problem we have already mentioned, of the transition to the new reality: the question of how things should continue in the longer term after the lockdown. And how all this will then be compatible with our fundamental rights. It will quickly become much more problematic than it already is today. And such an app is indeed highly problematic. Because this would allow the compilation of 24-hour movement profiles of people. This might well make it possible to trace the chain of infection. At the same time you would have practically the same result as if they were observing all of us around the clock. With such serious encroachments on fundamental rights, it is up to the state to look for methods that are perhaps a little less effective, but that are much less invasive of the individual's privacy."

**Professor Dr. Markus Schefer** is Professor of Constitutional and Administrative Law at the University of Basel, Switzerland.

"The coronavirus endangers the health of people globally - and brings the entire life into a tailspin. Professor Ulrich Keil, epidemiologist at the University of Münster and former consultant to the WHO, compares the current epidemic with other epidemics. He calls for more serenity. ...is in grave concern these days"

**Professor Dr Ulrich Keil**, Epidemiologist from the University of Münster and former advisor to the WHO.

"Corona shows: The digital platforms may be important, but the reality is still set by the leading media. The power lies with those who manage to place their version of reality on the news, in the Süddeutsche Zeitung, in the Spiegel, in the Zeit, in the Bild-Zeitung. We have seen what happens when government press releases become a media reality, the big editorials howl with the politicians and their small followers brand every dissenting person on the net as a conspirator and health enemy. Approval ratings like North Korea."

**Professor Dr. Michael Meyen**, Professor of communication science at the LMU Munich.

"A scientifically based discourse of all relevant medical societies by means of e.g. an ad hoc commission has not taken place. Instead, virologists became media stars and advisors to politics, who now declare war against Corona (President Macron) or draconian measures also for democracies. (...)Immunologically, however, large parts of the medical societies agree that herd immunization through infection or vaccination is necessary to stop the pandemic. (...)Driven by the media, we are experiencing one escalation stage after another and are now faced with the restriction of democratically guaranteed basic rights, without even going so far as to conduct a discursive dialogue in a democratic social process".

**Professor Dr. med. Harald Matthes**, Medical director of the Berlin Community Hospital Havelhöhe.

Quelle:

<http://blauerbote.com/2020/05/20/250-expertenstimmen-zur-corona-krise/>