

# **CRIMINALIZED MEDICAL CARE**



## IMPRINT

CRIMINALIZED MEDICAL CARE:  
GERMAN DOCTORS UNDER POLITICAL AND LEGAL PROSECUTION

Translated from the German, second revised and expanded edition

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Ärzte in den Fängen der Corona-Justiz

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Dr. Gerburg Weiss

# **CRIMINALIZED MEDICAL CARE**

German Doctors Under  
Political and Legal Prosecution



Documentation on the Prosecution of Physicians  
During the COVID Era in Germany



***I will not use  
my medical knowledge  
to violate human rights  
and  
civil liberties,  
even under threat.***

**Geneva Pledge**



# Table of Contents

<b>Index of Physicians</b>	6
<b>List of Abbreviations</b>	8
<b>Foreword</b>	10
<b>1 Introduction</b>	14
<b>2 Medical Ethics as the Foundation for Medical Practice</b>	16
2.1 Professional Code of Conduct for Physicians	16
2.2 Geneva Pledge and Hippocratic Oath	18
2.3 Nuremberg Code	20
<b>3 Science versus Ideology</b>	21
<b>4 Initiatives by Physicians During the COVID Era</b>	43
4.1 Doctors for Enlightenment	44
4.2 Medical Professionals and Scientists for Health, Freedom, and Democracy	49
4.3 Against All Mainstream	59
4.4 Doctors Inform	61
4.5 Doctors Take a Stand	65
4.6 Doctors for Peace	71
<b>5 Fundamentals of German Law</b>	74
<b>6 In the Grip of the COVID Justice System</b>	78
6.1 "Offenses" in Connection with the Coronavirus Protection Ordinance	78
6.2 "Offenses" in Connection with Mask Exemption Certificates	91
6.2.1 Face Coverings/Masks	92
6.2.2 Section 278 of the German Criminal Code	95
6.2.3 Criminal Proceedings Against Doctors	105
6.3 "Offenses" in Connection with Gene Therapy Injections	206
6.3.1 Issuance of Immunity Certificates	208
6.3.2 Being Unvaccinated	215
6.3.3 Non-Administration of Gene Therapy Injections	222
6.3.4 Issuance of Certificates of Exemption from Vaccination	235
6.3.5 Issuance of Vaccination Certificates	244
6.4 Detentions	262
6.5 The Empty Defendant's Seat	274
<b>7 Overall Legal Assessment</b>	287
<b>8 Protocols of the RKI Crisis Management Team</b>	295
<b>9 Concluding Statement</b>	301
<b>10 Update 2026</b>	305
<b>Glossary</b>	322
<b>References</b>	328

## Index of Physicians

Name	Information obtained from	Page
Ahlers, Harm Dieter	Interview	111
Austenat, Elke	Interview	209
Bengen, Jens	Internet research	277
Bennien, Joachim	Personal exchange	243
Bündner, Martin	Personal exchange	202
Dinekli, Perin	Interview	174
Düker, Fritz	Interview	147
Ernst, Michael	Interview	128
Fiddike, Marc	Personal exchange	46
Franz, Anette	Interview	282
Habig, Heinrich	Internet research	248
Hain, Stephan	Interview	216
Hamm, Oliver	Interview with his wife	278
Herrmann, Martina	Personal exchange	228
Javid-Kistel, Carola	Interview	263
Jiang, Monika	Interview	161
Kessler, Katrin	Interview	83
Kron, Rolf	Interview	65
Külken, Thomas	Interview	185
Limberg-Diers, Jette	Personal exchange	71
Ly, Thomas	Personal exchange	61
Madre, Gudrun	Interview	87
Mahn, Torsten	Personal exchanges	232
Mathieu, Peter	Personal exchange	236
Mayer-Brix, Joachim	Interview	114
Meder, Milan Johannes	Interview	225
Müller-Liebenau, Olav	Personal exchange	45
Pürner, Friedrich	Internet research	145
Riedl, Günther	Interview	129
Samson, Oliver	Personal exchange	154
Schiffmann, Bodo	Personal exchange	59
Schmidt-Heydt, Jürgen	Interview	245
Schöning, Heiko	Internet research	47

<b>Name</b>	<b>Information obtained from</b>	<b>Page</b>
Sönnichsen, Andreas	Internet research	233
Ströer, Gudrun	Internet research	274
Thomas, Ute	Interview	80
Trebin, Ernst	Interview	167
Triebel, Andreas	Internet research/exchange with lawyer	198
Urmetzer, Wolfgang	Interview	118
Weber, Walter	Interview	44
Weikl, Ronald	Interview	54
Witzschel, Bianca	Internet research	269

### **Physicians with Pseudonym**

Albrecht, Armin	Personal exchange	106
Baumann, Beatrice	Exchange with lawyer	110
Classen, Carsten	Personal exchange	165
Deichmann, Diana	Interview	223
Dost, Dirk	Personal exchange	222
Fischer, Frank	Personal exchange	22
Gundlach, Gretel	Personal exchange	166
Koch, Katharine	Interview	157
Lehmann, Lars	Personal exchange	32
Niemeier, Nora	Interview	212
Voigt, Volker	Personal exchange	218

## List of Abbreviations

Abbreviation	Full Term (English)	German Term
CEV	Medical certificate of exemption from vaccination	Impfungfähigkeitsbescheinigung (IUB)
COPD	Chronic Obstructive Pulmonary Disease	Chronisch obstruktive Lungenerkrankung
EMA	European Medicines Agency	Europäische Arzneimittel-Agentur
ENT	Ear, nose, and throat specialist	Hals-Nasen-Ohren-Arzt (HNO)
FFP2	European standard of face protection, mask equivalent to N95, KN95 or PS	Atemschutzmaske
ICD	International Statistical Classification of Diseases and Related Health Problems	Internationale statistische Klassifikation der Krankheiten und verwandter Gesundheitsprobleme
KRiStA	Network of Critical Judges and Prosecutors	Netzwerk Kritische Richter und Staatsanwälte n. e. V.
MEC	Mask exemption certificate	Maskenbefreiungsattest (MBA)
MMR	Measles, mumps, rubella	Masern, Mumps, Röteln
PCoC	Professional Code of Conduct for Physicians Practising in Germany	Berufsordnung für in Deutschland tätige Ärzte (BOÄ)
PEI	Paul Ehrlich Institute (German federal institute responsible for vaccines and biomedicines)	Paul-Ehrlich-Institut
PTSD	Post-traumatic stress disorder	Posttraumatische Belastungsstörung (PTBS)
RKI	Robert Koch Institute (Germany's national public health institute)	Robert Koch-Institut

STIKO	Standing Committee on Vaccination	Ständige Impfkommission
VRT	Vaccinated, recovered, or tested	Geimpft, genesen oder getestet (3G)

### Notes

In this book, the title “Dr.” is used as a professional designation and does not necessarily indicate the completion of a doctoral dissertation.

All costs, fees, and fines are given in euros:

1 euro is around 1.10 US dollars or 0.86 British pounds.

At the end of the book, you’ll find a glossary providing more information on specific institutions, organizations, and terms.

### Disclaimer

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## Foreword of the English Edition

Whoever you are, and wherever you were, your life changed dramatically in March of 2020. For the first time in your life, and for the first time in human history, society around the world was “locked down.” The World Health Organization declared a global pandemic, and almost every man, woman, and child in the world was ordered into confinement. Much of society was shut down. Businesses suffered and many failed, though multinational corporations, Amazon, and big box stores were spared and even thrived.

Also for the first time in history, the world’s population was ordered to cover our faces, mouths, and noses. Healthy people were “required” to undergo deep nasal probe COVID-19 “PCR tests.” Seemingly completely healthy people were diagnosed with COVID-19 infections, while legacy media and state broadcasters transmitted a steady stream of alarming case counts and death reports.

Also for the first time in history, medical authorities described “asymptomatic spreaders” of a respiratory infection; that is, people who did not appear to be sick, coughing, or sneezing, but were accused of spreading a type of infection that is spread by coughing and sneezing.

The same authorities declared that there were no treatments for this disease. Doctors who administered treatment became the targets of administrative and legal punishments. The WHO decreed that there was no treatment for COVID-19 patients until they became hypoxic, at which point they were to be administered protocols of hospitalization, intubation, ventilation, and a dangerous drug called “remdesivir.” Many did not survive these protocols.

For experienced clinicians, it was shocking that the long-standing, life-saving standard treatment of any true pneumonia with antibiotics, regardless of the initial cause, was suspended for COVID-19. This ignored a well known reality of secondary bacterial infection in viral pneumonia.

Lockdowns, facial barriers, obstructed treatment, economic hardship, deep nasal PCR swabs, and frightening COVID-19 media reports continued throughout 2020.

At the end of 2020, the supposed solution was rolled out. It was an experiment like none ever conducted before. Quickly, most of the men, women, and children on earth were injected with experimental, pegylated lipid nanoparticles delivering tens of trillions of copies of synthetic, hyper-persistent, foreign genetic code, into human cells throughout every organ and tissue in their bodies. This genetic modification causes human cells to produce the most toxic part of the SARS-CoV-2 virus: the spike protein. If that last part of this story does not sound familiar or true to you, that is because you were told that this injection was simply a “safe and effective vaccine” for COVID-19.

I was a distinguished emergency doctor in my 27th year of practice when these events began in 2020. I researched vicariously throughout that year and ever since. What did I learn? The masks made no scientific sense and caused more harm than good. The lockdowns were a violation of human rights that obstructed the easy natural path to societal immunity, which would have ended COVID-19 in just a few months. The PCR nasal swabs were an abuse of technology and science; they falsely diagnosed completely healthy people as dangerous COVID-19 infection spreaders, who were then confined to their homes.

The most dangerous and unethical of all the COVID-19 phenomena was, and remains, the infinite-tissue-penetrating, toxic-spike-protein-producing genetic experiments, misrepresented as “safe and effective vaccines.”

The reader may wonder, if my claims are correct, then why does it appear that all our medical experts agreed with these things?

**The truth is there were many doctors around the world who did not agree, but medical colleges and chambers were swift and stern in redirecting any doctor who deviated from or criticized any of these strange mandates and protocols.**

For those of us involved in resisting this new centralized control of medicine, reports poured in from around the world of our colleagues facing administrative, professional, financial, and even criminal persecution for what many of us felt was simply fulfilling our professional and civic duties in maintaining scientific diligence, honesty, and medical ethics.

Around the world, medical doctors were coerced into abandoning well-established medical science, clinical methods, and ethics. Participation in strange and suddenly normalized medical crimes was financially and professionally rewarded. Resistance, contrary thinking, and especially patient care based on old principles rather than new orders was not tolerated.

Germany stood out with some of the most frightening stories. We heard tales of militarized SWAT teams raiding doctors' homes; doctors imprisoned and even shackled at their hands and feet; and their careers, clinics, and finances destroyed.

Germany has a special place in this story for another reason. Following the Second World War, famous trials were conducted in Nuremberg. Here, strict criteria for human rights and ethics in medical treatments and experiments were established. How can it now be that Germany, the birthplace of the Nuremberg Code, has become one of the most brutal states carrying out medical crimes against civilians? This book answers these questions in shocking detail.

The author, Dr. Weiss, chronicles the exciting, heroic, and tragic stories of fifty of the more than three thousand exceptional German medical doctors who did the right things and were punished for it. In these pages you will meet exceptional characters: devout physicians, meticulous in science, who refused to abandon their oaths and prioritized their patients' health rather than their own fear of persecution from politicians and bureaucrats who were playing doctor.

Additionally, Weiss shares her deep research into the political, administrative, and legal structures that orchestrated Germany's COVID crimes against humanity. This book takes us from the medical practices and deep thinking of brilliant physicians to street protests, grassroots organizations, courtrooms, and prison cells.

This is not just a German story; this is the German experience of a world crisis. Though the state's assault on these doctors is shocking and brutal, we must remember that they are not the true targets of the modern medical crimes. They are simply good people who stood between the perpetrators and the real targets, which is every one of us.

I hope this book will inspire us toward moral greatness and courage like that demonstrated by these exceptional physicians. May these pages also reveal how governments, medical chambers, media, and old-world courts have become weaponized against us. May this knowledge and exposure help us all to do our part in restoring health, human rights, and justice in Germany and everywhere.

Dr. Mark Trozzi MD, May 2026

Dr. Mark Trozzi is a veteran emergency and trauma expert; a World Council For Health steering committee member; co-founder of WCH Canada; and winner of the 2023 Medical Heroism Award from Life Site News and the 2024 National Brave Heart Award from Living Streams Institute.

# 1 Introduction

The year is 2024.

It has been more than four years since the first coronavirus measures were introduced. During this time, all of our lives have changed fundamentally. Both the restrictions on fundamental rights through lockdowns and mandatory mask-wearing, as well as the introduction of facility-based mandatory vaccination in the healthcare sector, have led to serious disruptions and divided our society.

For some doctors, this period meant their first confrontation with the justice system. What has happened? How did the prosecution of once-blameless medical professionals come about? Why did the medical associations take action against previously unremarkable members? Are we talking about exceptions or isolated cases?

To find answers to these questions, I set out to find the doctors affected. I was able to locate them on the internet, or colleagues brought them to my attention. I already knew some of the doctors through my work on my first book, *The Disappearance of Physicians: When Doctors Leave...* In it, I discuss the closure of my dental practice in the context of the introduction of mandatory proof of immunity and the departure of other colleagues from medicine since 2020.

It was my aim to meet as many doctors as possible in person so that I could hear their stories from their perspective. So I traveled frequently and conducted 26 confidential interviews. I exchanged detailed information with 18 colleagues by email or telephone. Internet research added another 9 colleagues, bringing the total number of doctors featured in this book to 53. I wanted to show the uniqueness of each person's fate, highlight special aspects, and quote original documents to illustrate the complex events of the years 2020 to 2024. The result is a comprehensive work that not only provides deep insight into the medical sector during the COVID era, but also presents the individuals affected and their ethical standards in detail. I was happy to comply with requests for anonymity in individual cases.

Based on their knowledge and clinical experience, some medical professionals expressed opinions that differed from the mainstream view regarding corona-

virus measures and the subsequent vaccination campaign against SARS-CoV-2. They encountered “headwinds” in various ways. Among other things, they were denounced for appearing as speakers at demonstrations, expressing their views in alternative media, supporting new groups within the medical profession, and creating YouTube videos with critical content about coronavirus policy or mRNA injections. Media coverage of the colleagues affected was often one-sided, defamatory, and destructive. I have spoken to doctors who have been prosecuted and are still being prosecuted. In most cases, the prosecution was based on the issuance of mask exemption certificates (MECs) and certificates of exemption from vaccination (CEVs). However, it also concerned immunity certificates (proof of recovery) and vaccination certificates (proof of vaccination).

These circumstances led to house and practice searches—in some cases up to five times for some medical professionals—sometimes with serious psychological consequences for those affected. I also learned of cases of imprisonment.

Are we dealing with serious criminals? Or did doctors find themselves caught between what was politically desired and prescribed and what was, and still is, in line with their ethical principles?

Medical professionals are subject to high moral and ethical standards. What forms the basis for their ethics? What roles do the Hippocratic Oath and the Geneva Declaration play in this situation?



**Dr. Wolfgang Urmeter**



Special feature: 30 trial days with 200 witness hearings	
Year of birth	1962
Occupation (2020)	specialist in anaesthesia in private practice in Bavaria; focus: naturopathy, acupuncture
Professional experience	37 years
Allegation	issuance of MECs (26)
Search of residence or practice	1 (in practice on January 26, 2021 from 8:40 a.m. to 11:20 p.m.)
Bank account locked	no
Phone seizure	no
Patient data confiscated	531 index cards and private laptop taken, additionally mirroring of the practice PC
First trial date	May 3, 2023 (28 months after search)
Total trial days	30 days
Financial burden	no information
Impact	significant decrease in the number of patients
Emigration	no
Psychological burden	severe
Judgment (1 proceeding, open)	
1st instance	Regional Court of Nuremberg
Date	March 20, 2024
Prosecution's demand	1 year and 6 months imprisonment on probation, fine of 10,000 euros, 3 years pause of issuance of MECs → appeal by the prosecution and defense
Judgment	fine of 15,000 euros for 26 MECs (23 of which are for children)
Current status	→ revision
Defense attorneys	Prof. Dr. Edgar Weiler, Dr. Andreas Geipel



The first-instance criminal trial concerning the issuance of MECs against Wolfgang Urmetzer was notable not only for taking place in the building where the Nuremberg Trials were held, but also for three additional distinctive features:

- ❖ The case was heard by the Regional Court rather than the Local Court due to the seriousness of the offense.
- ❖ Over 200 witnesses were heard, and
- ❖ A total of 30 trial days were scheduled.

In October 2020, Wolfgang Urmetzer published a newspaper article on the sensibility of masks. The Local Medical Association criticized him for the statements, and fellow doctors reported him.

On May 3, 2023, the first trial day for the anesthesiology specialist took place. The judge who decided that the matter should be heard before the Regional Court, rather than the Local Court, was now presiding over Dr. Urmetzer's case. The doctor was accused of issuing 264 unlawfully issued MECs. The practice search was now more than two years ago, and the judicial search warrant was dated December 10, 2020.

On January 26, 2021, at around 08:40 a.m., a prosecutor and two plainclothes detectives gained access to the doctor's practice, later joined by a forensic expert. The doctor was allowed to call a lawyer but was separated from his partner, Gina Zimmermann. Even during a bathroom break, she was accompanied by an officer. The doctor reports that the prosecutor behaved aggressively and unpleasantly, treating him like a serious criminal. For this reason, the patient present remained during the interrogation to provide mental support to the doctor's partner. In the following three hours, 531 index cards were confiscated. The officers also mirrored the practice computer's hard drive and took a personal laptop.

## **In Court**

Dr. Urmetzer reports that small courtrooms were often chosen, as the court were aware of public support. When patients expressed something positive as witnesses, they were belittled. The duration of the proceedings was an extraordinary burden for him and his partner, especially since he also faced the threat of losing his medical license. All his evidence requests were denied, as were two motions for bias (requests for rejection) against a court-appointed expert.

Already on the second day of the trial, after an hour-long legal discussion, the doctor was offered the dismissal of the proceedings. This required an admission of guilt for 100 incorrect MECs, along with a sentence of up to 720 day-fines. That would amount to about two years' salary. For Wolfgang Urmetzer, this was out of the question, especially since he felt innocent on the defendant's bench. Medically and legally, he believed he had done everything right, but politically, he had doubts.

All the patients to whom he had issued an MEC were, with one exception, patients of his practice. The doctor reports that he received numerous inquiries about this after the summer of 2020. At the time, he was guided by a decision from the Administrative Court of Würzburg, which specified possible diagnoses for MECs (headache, nausea, and dizziness under the billing code ICD 10). He took about 30 minutes for each patient and charged 37.50 euros for it.

The doctor, specializing in naturopathy and acupuncture, had to comment on over 200 patient files in the courtroom. Since he had exclusively handwritten notes on medical history, findings, and examination in the practice, these were only readable by him and had to be presented before each witness testimony in the public hearing. The defense filed a request in January 2024 to appoint an opposing expert report. The court deemed this unnecessary, so the expert had to be formally served with a summons by a bailiff. The author of several studies on masks, Dr. Kai Kisielinski, was received by the court with the remark that they did not want to hear him. During his statement, he was repeatedly interrupted and discredited. Playing relevant videos as counter-evidence was repeatedly prohibited. The hoped-for turnaround in the proceedings by colleague Urmetzer, his defenders, and supporters did not materialize. Further witness testimonies followed. On February 6, 2024, the defendant presented a statement (known as a plea). Again, evidence requests from the defense were denied.

Another evidence request was planned for March 4, 2024. The appointment was canceled at short notice in the morning due to the presiding judge's illness. Both of the doctor's lawyers were already on their way to Nuremberg and had to turn back (Prof. Weiler from Böbrach in the Bavarian Forest, Dr. Geipel from Bernried on Lake Starnberg).

The evidence request was therefore filed on March 15, 2024, and again denied. On that day, the prosecutor presented her plea. She argued that the defendant was guilty in 59 cases in all three elements of the offense according to Section 278.

Furthermore, she accused him of high criminal intent and demanded a suspended sentence of one year and six months, a fine of 10,000 euros—part of which was to go to a Long COVID organization—the assumption of all court costs, and adherence to the requirement not to issue any more certificates for the next three years.

The defense's pleas and the verdict were scheduled for March 20, 2024—in the historic East Building, Room 627, directly below the well-known Room 600 where the famous Nuremberg trials were held. First, the defense submitted two further evidentiary requests, which were again rejected following an interruption of over an hour. Prof. Weiler then presented his plea, about the unblemished person and valued doctor who is Wolfgang Urmetzer; Weiler's plea was peppered with legal references and a request for an acquittal. Finally, the defendant delivered his final statement (abridged version):

*Honorable Court, esteemed jurors, Madam prosecutor, respected lawyers, esteemed press representatives, my dear Gina, dear trial observers, dear friends and supporters.*

*First and foremost, my heartfelt thanks go to my attorneys and to you, dear supporters, for your friendship and appreciation. My unwavering faith in God, my trust in truth, law, and justice have given me the strength to endure this trial until today.*

*Let me make one thing absolutely clear: I am neither a COVID denier nor a conspiracy theorist. I am free, self-determined, and guided by truth. I am a physician by calling and passion. Comprehensive, objective scientific data have always been the foundation of my decisions in evaluating therapeutic effectiveness and remain the cornerstone of evidence-based medicine for me.*

*Western medicine has consistently used a scientific methodology for over a hundred years, which it has adopted from the natural sciences, namely “causal analysis.” “Measurability” is the keyword: Not the “condition,” but the “finding” is central. This led to an organ-focused approach that demands the verification of a pathological condition with as many “hard data” as possible. But patients who do not provide pathological blood values, no critical X-rays, or who, for example, complain of nervousness, irritability, depression, heat sensations, concentration disorders, pain, or susceptibility to infection, have no place in this causality scheme.*

*Chinese medicine, on the other hand, has for thousands of years described humans as part of a cosmic, energetic framework—a “condensation of energy.” The Chinese*

physician considers all energetic phenomena, all expressions of life, emotions, and vital body functions because they can indicate possible disharmonies in the energetic whole of the human being.

Why do laws exist? So that justice can prevail. I quote the jurist **Heribert Prantl**: “But there are things, even in a law, that should not exist in a democratic constitutional state built on the separation of powers. This includes the dependency of the prosecution on instructions. It is based on the Court Constitution Act, a law that is over 140 years old and still in force, which regulates the organization and functioning of the courts. There, the dependency of prosecutors on the instructions of state justice ministers is enshrined. This is an untenable situation. Justice is independent, as stated in the Basic Law. But the prosecution is not. Criticism of this intolerable situation is dismissed by politics with the note that such instructions to the prosecution are very rare in everyday life. Even then, it is bad enough. The German Judges Association, in which many German judges and prosecutors are organized, has repeatedly demanded the abolition of this instruction right in recent years. It can rely on the European Court of Justice and the European Commission. The European Court of Justice prohibited German prosecutors from issuing European arrest warrants due to their dependency on instructions over a year ago in a spectacular judgment. The political dependency owes its life to the government’s need to gain influence on criminal justice at any time. This is what the legal journal wrote during the Weimar period. This must be changed quickly.”

Judges and prosecutors must be completely independent. Neither employment nor career should be politically influenced. In a constitutional state with genuine separation of powers, there should be no politically dependent promotions. For me, the state’s limit is reached where it harms the health of innocent people or no longer protects but restricts the core areas of their individual freedom.

Madam Prosecutor, I was particularly affected by your accusation of “high criminal intent” because I charged 37.50 euros for the considerable time spent with each patient—a fact repeatedly confirmed by witnesses here. Most present in this room can attest that the witnesses heard over eleven months painted a completely different picture of Wolfgang Urmetzer. In every case, I cared deeply for the well-being of each patient, as all witnesses confirmed. I issued each certificate with due diligence and always with regard to the patient’s health, without exempting them from their responsibility toward others. Furthermore, in every case, I evaluated and considered the comprehensive scientific literature available at the time—both sides of the argument—not a selective search, as claimed by Prof. [name].

*Additionally, I informed each patient about scientifically proven alternative protective measures. Regarding your suggestion to donate to a Long COVID organization, I offer this thought: A recent study on Long COVID sufferers shows that all had received a modRNA injection—not one was unvaccinated. Moreover, Dr. John Gerrard, lead author of a study from Queensland Health, Australia, states it is “time to stop using terms like ‘Long COVID,’” as they imply that long-term symptoms associated with the virus are unique and, in some cases, lead to hypervigilance. Long COVID is no different from other post-viral syndromes, which also occur after influenza, according to the new study.*

*According to Section 34 of the Penal Code, I did not act unlawfully due to a justifiable emergency. When issuing a certificate, I relied on my own assessment and risk analysis as a physician—here as a specialist in anesthesiology. For me, the necessity arose to exempt individuals who credibly described clinical complaints (shortness of breath, headaches, dizziness, nausea, panic, sweating, fatigue, circulatory collapse), plausibly attributable to increased airway resistance, increased dead space, and elevated CO<sub>2</sub> rebreathing, from the mask mandate—according to the Hippocratic Oath: “to preserve health”—even without a personal examination.*

*Because I was certain my medical conclusions were professionally correct, I also cited scientific literature in the certificates to support my assessment. It is remarkable that a physician is accused of misconduct without the court even reading or acknowledging the evidence cited. Once again: The research I referenced shows that masks, on the one hand, provide no benefit, and on the other hand, can cause harm to the wearer in every case. That is precisely why I decided, in each situation, to avert the harm reported by patients. Further investigations were unnecessary, as they would not have changed my assessment for issuing a certificate but would only have become relevant if another illness required treatment. I am not accused of a treatment error for overlooking another disease—which did not exist in any patient—but of an error in the initial diagnosis: mask-induced dyspnea. That accusation can only come from someone who denies the existence of mask dyspnea. If mask dyspnea does not exist—or if I was not allowed to assume it exists—then, and only then, would further investigations have been necessary because no explanation for the patients’ complaints could have been found. In fact, mask dyspnea exists. Therefore, my medical conclusion is clear.*

*Honorable Court, I thank you for your attention and request my acquittal. If you still have doubts—even better—then the principle applies: in dubio pro reo (Latin for “When in doubt, rule in favor of the defendant”). I close with a statement from the*





*This trophy "You Are Our Hero-Thank You" was presented to Wolfgang Urmetzer on his birthday in 2023 by his dear wife on behalf of all supporters.*

*It was one of the most beautiful and emotional moments for him during this time.*

For Dr. Urmetzer, the publication of the RKI session protocols came too late. Otherwise, he believes, there might have already been an acquittal. The revision at the Federal Court of Justice was filed on March 21, 2024. Wolfgang Urmetzer comments:

*I was often told that one wouldn't have the strength for such a long trial, and people were amazed at how calmly and composedly I endured it all. I believe—in connection with the divine and the belief that ultimately truth and justice will prevail—this is the only way to come out of such a situation intact. I myself am not so important. I fight for good, for peace, freedom, self-determination, humanity, and love, and ultimately many others will be able to benefit from my good outcome.*

Process observer and attorney **Edgar Siemund** said regarding this trial: “It is probably one of the most arduous and costly trials ever conducted against a doctor who issued MECs.”

When I visited Wolfgang Urmetzer and his partner at their practice, they struck me as remarkable individuals: both welcomed me warmly. In an emotional conversation with the doctor, it became clear that the events surrounding the trial deeply affected him. He expressed his gratitude for my visit to hear and understand his perspective.

As a doctor with a high moral standard for himself, he has been dedicated for decades to helping people, especially children. To this end, he has engaged with naturopathic methods such as Traditional Chinese Medicine. Now he is being legally pursued, his reputation as a physician is being questioned, and he is even accused of “high criminal intent” For what reason?

Because he knows masks are ineffective, yet they can lead to shortness of breath and other significant health issues, and particularly harm children's emotional well-being. His partner is equally appalled by what has happened and supports him in every way. Their mutual appreciation is evident in every gesture, and their shared faith carries them through this time. After a warm farewell, I'm grateful I chose to meet them in person; I encountered kind people determined to continue fighting to clear their names and be exonerated.