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An das
Sozialgericht Berlin
Invalidenstraße 52
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Berlin, den 29.06.2026

Az.: S 193 KR 463/26 ER

25	Sozialgericht Berlin
Eing.:	29. Juni 2026
☐ Doppel ☐ Anlagen ☐ -fach ☐ Akten	
☐ Vollmacht ☐ RöBi ☐ Heft	

Betreff: Dringende ergänzende Stellungnahme – erneute Behandlungsverweigerung / Terminabsage durch Zahnarztpraxis Karl-Marx-Straße, Antrag auf sofortige unabhängige zahnmedizinisch-forensische Begutachtung, vollständige gerichtliche Sicherung der Behandlungsunterlagen, Prüfung des AOK-Versicherungsstatus einschließlich europäischer Krankenversicherung und vorläufige Verpflichtung der AOK Nordost zur Sicherung der notwendigen Behandlungskosten

Sehr geehrte Damen und Herren,

hiermit reiche ich im laufenden Verfahren eine weitere dringende ergänzende Stellungnahme ein.

Ich nehme Bezug auf meine bisherigen Eingaben, insbesondere auf die bereits geschilderte Situation vom 27.05.2026. Damals wurde mir unmittelbar vor einem zahnärztlichen Termin erneut eine erhebliche Eigenzahlung abverlangt, obwohl die Kosten- und Verantwortungsfrage im laufenden Verfahren gerade ungeklärt ist.

Nun hat sich die Situation weiter zugespitzt.

Nach meiner Erinnerung und nach meinen Unterlagen war für den 11.06.2026 ein weiterer Termin in der Zahnarztpraxis Karl-Marx-Straße vorgesehen. Am 09.06.2026 um 10:17 Uhr erhielt ich von der Zahnarztpraxis einen eingehenden Anruf. Der Screenshot zeigt die Telefonnummer +49 30 6875992 und eine Gesprächsdauer von 35 Sekunden. Mir wurde mitgeteilt, dass der Arzt mich am 11.06.2026 nicht behandeln könne, weil bei ihm andere Angelegenheiten dazwischengekommen seien. Es wurde mir angekündigt, dass ein neuer Termin zu einem späteren Zeitpunkt mitgeteilt werde.

Am 25.06.2026 teilte mir mein Betreuer, Rechtsanwalt Levent Göktekin, per Sprachnachricht mit, dass die Zahnarztpraxis mich nun nicht mehr behandeln wolle, weil angeblich eine Rechnung nicht bezahlt worden sei.

Ich stelle ausdrücklich klar, dass ich RA Levent Göktekin keine Pflichtverletzung und kein Fehlverhalten vorwerfe. Er ist mein Betreuer und unterstützt mich in dieser Angelegenheit. Dass er mir diese Information weitergeleitet hat und versucht, in der Sache zu helfen oder zu vermitteln, ist von mir nicht negativ gemeint. Im Gegenteil: Seine Rolle ist unterstützend und schützend. Gerade weil die Angelegenheit immer länger andauert und sich zunehmend verkompliziert, ist es wichtig, dass auch die über ihn laufenden Informationen, Antworten, Schreiben und Vermittlungsversuche im Verfahren nachvollziehbar bleiben.

Ich habe von RA Levent Göktekin nicht verlangt, dass er mir gegenüber etwas geltend macht. Ich habe ihm vielmehr mitgeteilt, dass die Zahnarztpraxis, wenn sie mich nicht weiter behandeln will, dies schriftlich, offiziell und mit nachvollziehbarer Begründung erklären soll. Es muss schriftlich dargelegt werden, welche Rechnung angeblich offen ist, welcher Betrag

konkret verlangt wird, warum dieser Betrag ausschließlich von mir persönlich verlangt wird und warum diese Forderung nicht offiziell gegenüber der AOK Nordost, dem Gericht oder dem zuständigen Kostenträger vorgelegt wird.

Für mich ist dieser Vorgang ein sehr ernstes Zeichen. Es entsteht der Eindruck, dass mir faktisch außergerichtlich und informell gesagt wird: Entweder ich zahle selbst, oder die Praxis zieht sich aus dieser schwierigen und problematischen Behandlungssituation zurück. Wenn die Kosten medizinisch notwendig sind, müssen sie offen dokumentiert, der AOK Nordost und dem Gericht vorgelegt und durch eine offizielle Kosten- und Verantwortungsentscheidung geklärt werden. Dass Kosten stattdessen praktisch über mich persönlich verlangt werden und die Behandlung anschließend verweigert oder beendet wird, ist aus meiner Sicht ein deutliches Indiz dafür, dass die ungeklärte Haltung der AOK Nordost bzw. der AOK-Systemstatus Druck auf die behandelnden Ärzte und Praxen ausübt.

Damit ist die Behandlung erneut faktisch blockiert.

Dies ist bereits mindestens die dritte Zahnarzt- bzw. Behandlerlinie, bei der es durch ungeklärte AOK-Kostenfragen, fehlende klare Kostenübernahme, fehlende gerichtliche Sachverständigenklärung und unklare Abrechnungs- bzw. Versicherungsfragen zu Konflikten zwischen mir und behandelnden Ärzten kommt. Zuvor betraf dies unter anderem die frühere Behandlung bei Frau Gülnara Adigozalova sowie die spätere Implantat- und Behandlungslinie mit Dr. Dima / Yevsey Ananyev. Nun betrifft es auch die Zahnarztpraxis Karl-Marx-Straße.

Ich bitte das Gericht dringend, dies nicht als privaten Streit zwischen mir und einem Zahnarzt zu behandeln. Der Kern des Problems ist, dass die AOK Nordost seit Jahren keine klare, vollständige und sichere Kostenklärung für die notwendige zahnmedizinische Gesamtversorgung herbeiführt. Dadurch geraten die behandelnden Ärzte und ich immer wieder in Konflikt, Termine werden abgesagt, Behandlungen werden nicht abgeschlossen und meine Zähne werden weiter zerstört.

Ich lebe dauerhaft in Deutschland und bin hier krankenversichert. Ich bin nicht in einem bloßen Duldungsstatus, bei dem angenommen werden könnte, dass ich irgendwann aus Deutschland ausreise und in einem anderen Staat behandelt werde. Ich habe meinen dauerhaften Aufenthalt in Deutschland. Deshalb bitte ich das Gericht ausdrücklich, zu klären, warum ich im Zusammenhang mit der AOK Nordost faktisch immer wieder so behandelt werde, als bestehe nur ein unklarer Notfall-, Sonder- oder eingeschränkter Versicherungsstatus.

Ich bitte und beantrage, die AOK Nordost zu verpflichten, dem Gericht vollständig offenzulegen, welcher Versicherungsstatus in ihren Systemen über mich geführt wird, welche internen Vermerke bestehen, welche Kommunikation mit den behandelnden Zahnarztpraxen geführt wurde und weshalb behandelnde Ärzte offenbar keine gesicherte Kosten- und Behandlungsgrundlage erhalten.

Darüber hinaus bitte ich das Gericht, von der AOK Nordost eine schriftliche Erklärung dazu zu verlangen, warum meine Krankenversicherung faktisch nur innerhalb Deutschlands nutzbar erscheint und warum sie in europäischen Ländern nicht nutzbar ist oder blockiert erscheint.

Hierbei geht es nicht um eine geplante Behandlung außerhalb Deutschlands, für die nach bestimmten Vorschriften möglicherweise vorher eine Genehmigung der Krankenkasse beantragt werden müsste. Es geht ausdrücklich nicht darum, dass ich für jede Bewegung oder Reise in ein europäisches Land vorher bei der AOK Nordost um Erlaubnis bitten müsste. Es geht um die grundsätzliche Frage, warum eine dauerhaft in Deutschland lebende, schwer chronisch kranke und behinderte Person offenbar keine funktionsfähige europäische Krankenversicherungskarte / European Health Insurance Card nutzen kann, wenn sie sich in europäischen Ländern bewegt oder dort plötzlich medizinische Hilfe benötigt.

Ich bin schwer chronisch krank und behindert. Ich kann jederzeit auf medizinische Hilfe und Krankenversicherungsschutz angewiesen sein. Wenn ich in europäischen Ländern nicht einmal auf eine funktionsfähige Krankenversicherung bzw. europäische

Krankenversicherungskarte zurückgreifen kann, bedeutet dies für mich faktisch eine Einschränkung meiner Bewegungsfreiheit innerhalb Europas. Dass eine schwer kranke und dauerhaft in Deutschland lebende Person mit Behinderung auf diese Weise faktisch nur an Deutschland gebunden wird, halte ich für menschenrechtlich, europarechtlich und gleichheitsrechtlich problematisch.

Ich bitte daher, dass die AOK Nordost offenlegt, ob ich Anspruch auf eine European Health Insurance Card / Europäische Krankenversicherungskarte habe, ob ein entsprechender europäischer Krankenversicherungsschutz besteht, ob es interne Sperren oder Einschränkungen gibt und auf welcher rechtlichen Grundlage ein solcher Status geführt wird. Sollte diese Frage nicht geklärt werden, werde ich gezwungen sein, auch diesen Punkt vor internationalen Organisationen und internationalen Gerichten als Menschenrechtsfrage vorzubringen.

Meine zahnmedizinische Situation ist existenziell. Seit ungefähr 2021 läuft diese Behandlungskette. Seit August 2024 wurden nach meiner Darstellung Brücken und darunter bereits beschliffene tragende Zähne entfernt. Diese Zähne waren nicht einfach gesunde normale Zähne, sondern für eine prothetische Versorgung vorbereitete Zähne, die sofort hätten geschützt und versorgt werden müssen. Bis heute wurde die Versorgung nicht abgeschlossen. Meine Kaufunktion ist massiv eingeschränkt bzw. praktisch zerstört.

Ich kann seit langer Zeit viele normale Lebensmittel nicht mehr essen, insbesondere Obst, Gemüse und feste Nahrung. Ich kann diese Nahrung nicht normal kauen. Teilweise muss ich Nahrung unzureichend gekaut oder praktisch unzerkaut herunterschlucken. Dadurch bekomme ich Magenbeschwerden und zusätzliche gesundheitliche Probleme. Diese Situation belastet meine Ernährung, meine Verdauung und meine allgemeine körperliche Kraft.

Aktuell ist erneut ein weiterer Zahn abgebrochen. Ich werde hierzu Fotos als Anlage nachreichen. Die Verletzungen durch abgebrochene Zahnstrukturen, scharfe Kanten und/oder Metall- bzw. Implantatteile bestehen jedoch nicht erst seit heute. Seit längerer Zeit schneiden und verletzen scharfe Zahn- und Metallteile meine Lippen, meine Zunge und die Mundschleimhaut. Der erneut abgebrochene Zahn verschärft diese bereits seit längerer Zeit bestehende Situation zusätzlich. Es geht nicht nur um Essen, sondern auch um Schmerzen und Verletzungen beim Sprechen.

Bei einem schwer chronisch kranken Menschen mit HIV/AIDS, früherem Krebs- bzw. Kaposi-Sarkom-Verdacht, Tuberkulosegeschichte, weiteren schweren Vorerkrankungen und GdB 100 ist dies keine Bagatelle. Es ist eine konkrete Gefahr für körperliche Unversehrtheit, Ernährung, Infektionsschutz und Leben.

Ich bitte das Gericht deshalb dringend um eine sofortige unabhängige zahnmedizinisch-forensische Begutachtung.

Diese Begutachtung darf nicht durch die AOK Nordost gesteuert oder von einem durch die AOK beeinflussten Ablauf abhängig gemacht werden. Sie sollte unmittelbar durch das Gericht beauftragt werden.

Besonders wichtig ist: Der Sachverständige darf nicht in eine direkte, unkontrollierte Kommunikation mit der AOK Nordost gebracht werden. Die für das Gutachten notwendigen Unterlagen dürfen nicht auf informellem Weg durch den Sachverständigen bei der AOK, bei Zahnarztpraxen oder bei sonstigen Beteiligten abgefordert werden. Wenn der Sachverständige direkt mit der AOK Nordost kommuniziert, wird automatisch eine Verbindung zu genau der Institution hergestellt, deren Verhalten und Verantwortung in diesem Verfahren geprüft werden müssen. Zudem sind zahnärztliche und medizinische Sachverständige häufig beruflich mit Krankenkassen- und Abrechnungssystemen verbunden und können dadurch faktisch abhängig oder beeinflusst erscheinen.

Deshalb bitte ich das Gericht ausdrücklich, alle für das Gutachten notwendigen Unterlagen gerichtlich selbst anzufordern, zu sichern und dem Sachverständigen über das Gericht

vorzulegen. Alternativ kann die Vorlage einzelner Unterlagen nur unter gerichtlicher Kontrolle oder über meinen Betreuer RA Levent Göktekin erfolgen. Der beste und rechtssicherste Weg ist jedoch, dass das Gericht die Unterlagen selbst bezieht und der Sachverständige ausschließlich mit dem Gericht kommuniziert.

Die Identität des Sachverständigen und der Ablauf der Begutachtung dürfen nicht durch die AOK Nordost oder andere interessierte Stellen beeinflusst werden. Der Sachverständige soll nur dem Gericht gegenüber verantwortlich sein. Alle Unterlagen sollen über die Gerichtsakte laufen, damit keine Partei informell auf das Gutachten einwirken kann.

Der Sachverständige muss insbesondere folgende Unterlagen und Punkte prüfen:

1. aktuelle Fotos und Videos meines Mundzustands,
2. Röntgenbilder, CT/CBCT, Implantatunterlagen und Behandlungsdokumentation,
3. alle Heil- und Kostenpläne seit 2021,
4. AOK-Akten, interne Vermerke und Kommunikation mit den Zahnarztpraxen,
5. Zahlungsnachweise, WhatsApp- und Kommunikationsnachweise und Rechnungen,
6. Unterlagen der Behandler Gülnara Adigozalova, Dr. Dima / Yevsey Ananyev und der Zahnarztpraxis Karl-Marx-Straße,
7. Unterlagen zur Entfernung der Brücken und zum Zustand der darunterliegenden beschliffenen Zähne,
8. Unterlagen zum Implantat- bzw. Sinus-Vorfall vom 10.03.2025,
9. Unterlagen zu Verletzungen an Lippen, Zunge und Schleimhaut, die seit längerer Zeit bestehen und durch den erneuten Zahnbruch weiter verschärft wurden,
10. medizinische Bewertung meiner Kaufunktion, Ernährungssituation, Magenbeschwerden durch unzureichend gekaute Nahrung, Infektionsrisiken und akuten Behandlungsnotwendigkeit.

Ich beantrage weiter, die AOK Nordost im Wege der einstweiligen Anordnung vorläufig zu verpflichten, alle medizinisch notwendigen Kosten zu sichern bzw. vorläufig zu übernehmen, damit die Behandlung nicht weiter an ungeklärten Rechnungen, fehlenden Kostenübernahmen oder angeblich offenen Beträgen scheitert.

Ich bitte zudem, die AOK Nordost zu verpflichten, sämtliche Kommunikation mit den beteiligten Zahnarztpraxen offenzulegen, insbesondere ob und wann Zahnarztpraxen darüber informiert wurden, dass Kosten nicht übernommen würden, Rechnungen offen seien oder Behandlungen nicht fortgeführt werden sollten.

Ich bitte das Gericht außerdem, die Vorgänge aus dem Jahr 2019 ausdrücklich in die Prüfung einzubeziehen. Dabei geht es nicht lediglich um eine einfache entzündliche Erkrankung. Der 2019er Vorgang steht im Zusammenhang mit einer schweren medizinischen Gesamtsituation, insbesondere mit HIV/AIDS, dem Verdacht auf eine onkologische Erkrankung bzw. Kaposi-Sarkom, erforderlicher weiterer Diagnostik und der Frage, ob mir trotz schwerer Erkrankung der notwendige Zugang zu medizinischer Behandlung und Krankenversicherungsschutz tatsächlich gesichert wurde.

Es existiert hierzu ein gerichtlicher Beschluss des Sozialgerichts Berlin vom 10.05.2019, Az.: S 56 KR 923/19 ER. In diesem Verfahren wurde die AOK Nordost im Wege der einstweiligen Anordnung verpflichtet, vorläufig bis zum 31.08.2019 zu meinen Gunsten die Krankenversicherung durchzuführen und mir hierfür eine Krankenversicherungskarte auszuhändigen.

Dieser Beschluss zeigt, dass bereits 2019 mein Krankenversicherungsschutz gegenüber der AOK Nordost gerichtlich gesichert werden musste. Für das heutige Verfahren ist entscheidend, dass es damals nicht um eine normale Verwaltungssache ging, sondern um den Zugang eines schwer kranken Menschen zu Krankenversicherung, medizinischer Behandlung, weiterer Diagnostik und Schutz vor gesundheitlicher Verschlechterung.

Nach meiner Darstellung wurde ich 2019 nicht vollständig und ausreichend behandelt. Der Kern des Problems war nicht nur eine Entzündung, sondern die Frage, ob bei schwerer Erkrankung, HIV/AIDS und Verdacht auf eine onkologische Erkrankung bzw. Kaposi-Sarkom die notwendige Diagnostik, Behandlung und Kostenübernahme gesichert wurde. Gerade diese Frage ist für das heutige Verfahren wichtig, weil sich auch jetzt wieder zeigt, dass ungeklärte AOK-Status-, Kostenübernahme- und Behandlungszugangsfragen meine medizinische Versorgung blockieren.

Im selben Zusammenhang liegen Unterlagen der Evangelischen Elisabeth Klinik vor. Die Klinik forderte im Mai 2019 die Klärung der Kostenübernahme, weil der angegebene Kostenträger AOK Nordost bis dahin keine Kostenzusage für den Krankenhausaufenthalt erteilt hatte. Später wurde mir bzw. meinem Namen eine Krankenhausrechnung über 2.305,69 EUR ausgestellt.

Diese Unterlagen bestätigen aus meiner Sicht, dass es bereits 2019 zu einer gefährlichen medizinischen und versicherungsrechtlichen Blockadesituation gekommen war. Ich war schwer krank, HIV-positiv, es bestand nach meiner Darstellung der Verdacht auf eine onkologische Erkrankung bzw. Kaposi-Sarkom, und gleichzeitig waren Kostenübernahme, Krankenversicherungsschutz und Behandlung gegenüber der AOK Nordost unklar bzw. blockiert. Ich wurde nach meiner Darstellung nicht vollständig und ausreichend behandelt und musste mich wegen der fortbestehenden Beschwerden und der Verschlechterung meines Zustandes an weitere medizinische Stellen wenden.

Wenn das Gericht es für erforderlich hält, kann ich die entsprechenden Krankenhausunterlagen, Rechnungen, Schreiben der Klinik, medizinischen Unterlagen zur damaligen Diagnostik sowie den Beschluss S 56 KR 923/19 ER vollständig als Anlagen vorlegen.

Der 2019er Vorgang ist deshalb im aktuellen Verfahren nicht nebensächlich. Er zeigt ein wiederkehrendes Muster: Bei schwerer Erkrankung, HIV/AIDS, Verdacht auf Krebs / Kaposi-Sarkom und später auch zahnmedizinischer Zerstörung entstehen immer wieder ungeklärte AOK-Status-, Kostenübernahme- und Behandlungszugangsprobleme. Genau diese Frage muss das Gericht nun im Zusammenhang mit S 193 KR 463/26 ER umfassend prüfen.

Diese Linie ist für die heutige Situation wichtig, weil sie zeigt, dass unklare Versicherungs- und Zuständigkeitsfragen meinen medizinischen Zugang wiederholt blockiert haben. Dies ist nicht nur eine stomatologische Kostenfrage. Es ist eine Frage des medizinischen Zugangs, des Versicherungsstatus, der Behandlungsverantwortung und des Schutzes eines schwer kranken Menschen.

Rechtliche Grundlagen und Prüfungsmaßstab

Ich bitte das Gericht, die vorliegende Sache nicht nur als einfache Kosten- oder Abrechnungsfrage zu behandeln, sondern die einschlägigen gesetzlichen und menschenrechtlichen Schutzpflichten ausdrücklich zu berücksichtigen.

Auf verfassungsrechtlicher Ebene sind insbesondere Art. 1 Abs. 1 GG zum Schutz der Menschenwürde, Art. 2 Abs. 2 Satz 1 GG zum Recht auf Leben und körperliche Unversehrtheit, Art. 3 Abs. 1 GG zum allgemeinen Gleichheitssatz, Art. 3 Abs. 3 Satz 2 GG zum Verbot der Benachteiligung wegen Behinderung sowie Art. 19 Abs. 4 GG zum Anspruch auf effektiven Rechtsschutz zu beachten. Gerade bei einem schwer chronisch kranken Menschen mit GdB 100, HIV/AIDS, erheblicher zahnmedizinischer Zerstörung, fehlender Kaufunktion und drohender weiterer Gesundheitsverschlechterung darf der Rechtsschutz nicht nur formal bestehen, sondern muss praktisch wirksam sein.

Für das sozialgerichtliche Verfahren sind insbesondere § 86b SGG über den einstweiligen Rechtsschutz, § 103 SGG zum Amtsermittlungsgrundsatz, § 106 SGG zur gerichtlichen Aufklärung und Verfahrensförderung sowie, soweit erforderlich, § 109 SGG zur gutachtlichen Anhörung eines bestimmten Arztes bzw. Sachverständigen zu berücksichtigen. Der

Sachverhalt darf nicht allein anhand von Verwaltungsakten oder Kostenargumenten beurteilt werden, wenn die medizinische Realität, die Kaufunktion, die Verletzungen im Mund, die Infektionsrisiken und die AOK-Kommunikation mit den Behandlern nicht unabhängig aufgeklärt sind.

Im Bereich der gesetzlichen Krankenversicherung sind insbesondere SGB V § 2, § 11, § 12, § 13, § 16, § 27, § 28, § 55, § 56 und § 57 SGB V zu prüfen, soweit sie für Krankenbehandlung, zahnärztliche Behandlung, Zahnersatz, Festzuschüsse, Kostenübernahme, Kostenerstattung, Ruhen oder Einschränkung von Leistungsansprüchen und die medizinische Notwendigkeit einschlägig sind. Dabei bitte ich besonders zu prüfen, ob die AOK Nordost ihre Leistungspflichten so handhabt, dass notwendige Behandlung faktisch blockiert wird, obwohl eine schwere Erkrankung, Behinderung und konkrete Gesundheitsgefahr vorliegen.

Im Zusammenhang mit europäischen Ländern, europäischem Krankenversicherungsschutz und der Frage einer funktionsfähigen Europäischen Krankenversicherungskarte / EHIC bitte ich zusätzlich um Prüfung der einschlägigen europarechtlichen Vorschriften, insbesondere der Verordnung (EG) Nr. 883/2004, insbesondere Art. 19 und Art. 20, der Verordnung (EG) Nr. 987/2009, insbesondere Art. 25, sowie der Richtlinie 2011/24/EU über die Ausübung der Patientenrechte in der grenzüberschreitenden Gesundheitsversorgung, soweit diese Vorschriften für die Klärung meines europäischen Krankenversicherungsschutzes, meiner Bewegungsfreiheit innerhalb Europas und meiner medizinischen Notfallabsicherung in europäischen Ländern einschlägig sind. Ich betone nochmals: Es geht hierbei nicht um eine geplante Auslandsbehandlung, sondern um die Frage, warum ich mich als dauerhaft in Deutschland lebender schwer kranker Mensch offenbar nicht mit funktionsfähigem europäischem Krankenversicherungsschutz in europäischen Ländern bewegen kann.

Im Bereich der Patientenrechte und Behandlungsunterlagen sind insbesondere BGB §§ 630a bis 630h zu beachten, insbesondere der Behandlungsvertrag, Informations- und Aufklärungspflichten, Dokumentationspflichten und das Recht auf Einsicht in die Patientenakte. Diese Vorschriften sind wichtig, weil meine zahnmedizinische Behandlung, die Entfernung von Brücken, der Zustand der beschliffenen Zähne, Implantatunterlagen, Röntgenbilder, Heil- und Kostenpläne, Rechnungen, Aufklärungen, Einwilligungen und Behandlungsdokumentationen vollständig gesichert und einem unabhängigen Sachverständigen über das Gericht vorgelegt werden müssen.

Zusätzlich bitte ich um Berücksichtigung der sozialverwaltungsrechtlichen Grundsätze aus dem SGB I und SGB X, insbesondere Beratung, Auskunft, Amtsermittlung, Akteneinsicht, Begründungspflichten und faire Verfahrensführung. Soweit einschlägig sind insbesondere SGB I §§ 13 bis 15, SGB X §§ 20, 21, 25 und 35 zu beachten. Wenn die AOK Nordost interne Sperren, Sonderstatus, eingeschränkte Versicherungsmerkmale, unklare Kostenvermerke oder Kommunikation mit Zahnarztpraxen führt, müssen diese vollständig offengelegt und nachvollziehbar begründet werden.

Menschenrechtlich bitte ich um Berücksichtigung der EMRK Art. 2, 3, 6, 8, 13 und 14, soweit Leben, körperliche Unversehrtheit, Schutz vor unmenschlicher oder erniedrigender Behandlung, Zugang zu Gericht, Privatleben, Gesundheit, effektive Beschwerde und Diskriminierungsverbot betroffen sind. Ebenso bitte ich um Berücksichtigung der UN-Behindertenrechtskonvention, insbesondere Art. 5, 13, 15, 16, 17 und 25 CRPD, wegen Gleichbehandlung, Zugang zur Justiz, Schutz vor erniedrigender Behandlung, Schutz vor Gewalt und Missbrauch, Schutz der körperlichen und seelischen Unversehrtheit und Recht auf Gesundheit. Außerdem sind, soweit einschlägig, Art. 6, 7, 17, 26 und Art. 2 Abs. 3 ICCPR sowie Art. 12 ICESCR wegen Leben, körperlicher Unversehrtheit, Privatsphäre, Gleichbehandlung, effektivem Rechtsbehelf und Recht auf Gesundheit zu berücksichtigen.

Diese Rechtsgrundlagen zeigen, dass das Verfahren nicht auf einzelne Rechnungen oder einzelne Zahnarzttermine reduziert werden darf. Die entscheidende Frage ist, ob ein schwer kranker, behinderter und dauerhaft in Deutschland lebender Versicherter trotz jahrelanger AOK-Status-, Kostenübernahme- und Behandlungszugangsprobleme ohne effektive

Kaufunktion, ohne unabhängige zahnmedizinisch-forensische Begutachtung, ohne gesicherte Behandlung und ohne funktionsfähigen europäischen Krankenversicherungsschutz gelassen wird.

Ich formuliere dies bewusst deutlich: Aus meiner Sicht wird meine Gesundheit durch die fortgesetzte Nichtklärung, Kostenabwälzung, fehlende Sachverständigenbegutachtung und wiederholte Behandlungsabbrüche faktisch zerstört. Ich empfinde dies als eine fortgesetzte lebensgefährdende Gesundheitsgefährdung. Ich bitte das Gericht ausdrücklich, diese Aussage nicht psychiatrisch gegen mich zu verwenden, sondern als ernsthafte Schutzwarnung eines schwer kranken Menschen zu verstehen. Es geht nicht um eine Selbstgefährdung, sondern um die fortgesetzte Zerstörung meiner Kaufunktion, meiner Ernährungsmöglichkeit, meiner körperlichen Integrität und meiner medizinischen Beweislage.

Ich reiche zudem den AI-gestützten Legal Analysis Report No. 08 als Anlage ein. Der Bericht fasst die medizinische, zahnmedizinische, AOK-bezogene, polizeiliche, staatsanwaltschaftliche und gerichtliche Gesamtkette zusammen und zeigt, warum der vorliegende Vorgang nicht als isolierte Rechnung oder gewöhnliche Zahnersatzfrage behandelt werden darf. Der Bericht ersetzt kein gerichtliches Gutachten. Er dient aber als strukturierte Übersicht über die bereits vorgelegten Unterlagen und als Hinweis darauf, welche Punkte dringend unabhängig zu prüfen sind.

Ich bitte und beantrage daher dringend:

1. unverzügliche gerichtliche Beauftragung eines unabhängigen zahnmedizinisch-forensischen Sachverständigen;
2. Sicherstellung, dass der Sachverständige Unterlagen nur über das Gericht erhält und nicht in direkte, unkontrollierte Kommunikation mit der AOK Nordost gebracht wird;
3. keine weitere Verzögerung der Entscheidung wegen formaler Kostenargumente;
4. vorläufige Verpflichtung der AOK Nordost zur Sicherung bzw. Übernahme der notwendigen Behandlungskosten;
5. vollständige Vorlage der AOK-Akte, aller Heil- und Kostenpläne, interner Vermerke und Kommunikation mit Zahnarztpraxen seit 2021 an das Gericht;
6. gerichtliche Klärung meines Versicherungsstatus und der Frage, ob ich in AOK-Systemen fehlerhaft, eingeschränkt oder als Notfall- bzw. Sonderfall geführt werde;
7. schriftliche Erklärung der AOK Nordost, warum meine Krankenversicherung in europäischen Ländern nicht funktioniert oder blockiert erscheint;
8. ausdrückliche Klarstellung, dass es hierbei nicht um eine geplante Behandlung außerhalb Deutschlands mit vorheriger Genehmigung geht, sondern um die Frage, warum meine europäische Krankenversicherungskarte / EHIC und mein medizinischer Schutz bei Bewegung innerhalb europäischer Länder nicht gesichert erscheinen;
9. Berücksichtigung, dass ich nicht im Duldungsstatus bin, sondern dauerhaft in Deutschland lebe und als schwer kranker und behinderter Mensch nicht auf einen angeblich nur vorübergehenden Inlandsstatus reduziert werden darf;
10. vollständige Erklärung der AOK Nordost zu meinem EHIC- bzw. europäischen Krankenversicherungsstatus, zu möglichen internen Sperren oder Einschränkungen und zu der Frage, ob dadurch meine Bewegungsfreiheit innerhalb Europas und mein Zugang zu medizinischer Versorgung in europäischen Ländern faktisch eingeschränkt werden;
11. Einbeziehung der Vorgänge von 2019, insbesondere der Krankenhausaufenthalte, der Kostenübernahmeprobleme, der Rechnung der Evangelischen Elisabeth Klinik, des Krebs- / Kaposi-Sarkom-Verdachts und des Beschlusses des Sozialgerichts Berlin vom 10.05.2019, Az.: S 56 KR 923/19 ER;
12. Einbeziehung der behandelnden Zahnärzte bzw. Zahnarztpraxen als Auskunftspersonen oder Zeugen;
13. Sicherung aller Beweise, insbesondere Fotos, Videos, Röntgenbilder, Behandlungsunterlagen, Zahlungsnachweise, WhatsApp-Kommunikation, Rechnungen, Termin- und Telefonnachweise;

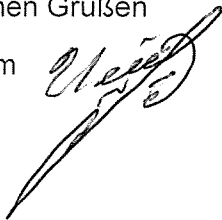
14. direkte Übersendung aller wesentlichen Schreiben, Stellungnahmen, Entscheidungen und Sachverständigenfragen auch an mich persönlich, zusätzlich zu jeder Kommunikation mit meinem Betreuer RA Levent Göktekin, damit meine direkte Beteiligung im Verfahren gesichert bleibt;
15. ausdrückliche Berücksichtigung, dass RA Levent Göktekin in dieser Sache als mein Betreuer unterstützend und schützend tätig ist und dass meine Ausführungen nicht als Vorwurf gegen ihn verstanden werden dürfen;
16. Berücksichtigung meiner schweren Erkrankungen, meines GdB 100, meiner fehlenden Kaufunktion, meiner langjährigen Einschränkung beim Essen von Obst, Gemüse und fester Nahrung, meiner Magenbeschwerden durch unzureichend gekautess Essen, meiner Verletzungen an Lippen, Zunge und Mundschleimhaut, meiner Infektionsrisiken und meiner fortgesetzten körperlichen Schmerzen als dringende Schutzgründe nach Art. 1 Abs. 1 GG, Art. 2 Abs. 2 Satz 1 GG, Art. 3 Abs. 1 GG, Art. 3 Abs. 3 Satz 2 GG, Art. 19 Abs. 4 GG, § 86b SGG, § 103 SGG, § 106 SGG, § 109 SGG, SGB V §§ 2, 11, 12, 13, 16, 27, 28, 55, 56, 57, BGB §§ 630a bis 630h, SGB I §§ 13 bis 15, SGB X §§ 20, 21, 25, 35, der Verordnung (EG) Nr. 883/2004, der Verordnung (EG) Nr. 987/2009, der Richtlinie 2011/24/EU, der EMRK Art. 2, 3, 6, 8, 13, 14, der UN-Behindertenrechtskonvention Art. 5, 13, 15, 16, 17, 25, des ICCPR Art. 6, 7, 17, 26 und Art. 2 Abs. 3 sowie des ICESCR Art. 12.

Anlagen / Nachweise:

1. Screenshot eingehender Anruf Zahnarztpraxis Karl-Marx-Straße, 09.06.2026, 10:17 Uhr, 35 Sekunden, Telefonnummer +49 30 6875992.
2. Sprachnachricht / Hinweis von RA Levent Göktekin vom 25.06.2026 betreffend die Mitteilung, dass die Zahnarztpraxis wegen angeblich offener Rechnung die Behandlung nicht fortsetzen wolle.
3. Legal Analysis Report No. 08 als strukturierte Anlage.
4. Aktuelle Fotos des erneut abgebrochenen Zahns und der Verletzungen im Mundbereich werden nachgereicht bzw. ergänzend vorgelegt.
5. Frühere Eingaben im Verfahren S 193 KR 463/26 ER, insbesondere zur Kostenforderung vom 27.05.2026.
6. Beschluss des Sozialgerichts Berlin vom 10.05.2019, Az.: S 56 KR 923/19 ER.
7. Unterlagen der Evangelischen Elisabeth Klinik aus dem Jahr 2019, insbesondere Schreiben zur Klärung der Kostenübernahme und Rechnung über 2.305,69 EUR.
8. Medizinische Unterlagen aus 2019, insbesondere zur damaligen schweren Erkrankung, zum Krebs- / Kaposi-Sarkom-Verdacht, zur weiteren Diagnostik und zu den damaligen Behandlungs- und Kostenübernahmeproblemen, soweit das Gericht deren Vorlage für erforderlich hält.
9. Unterlagen zum europäischen Krankenversicherungsstatus / EHIC, soweit vorhanden oder von der AOK Nordost beizuziehen.

Mit freundlichen Grüßen

Ismail Rustam



LEGAL ANALYSIS REPORT No. 08

1998-2026 Cumulative Medical, Dental, Police-Prosecutorial, Court, Parliamentary, Housing and Institutional Non-Protection Chain in the Case of Ismail Rustam

Urgent Article 2 / Article 3 Protection and Evidence-Preservation Analysis

Prepared for	Ismail Rustam / Rustam Ismail / Rustam Azeri, Berlin, Germany
Date	26 June 2026
Status	AI-assisted legal-documentary working report; not a court judgment and not a substitute for independent legal representation or forensic certification.
Source basis	Previous AI-assisted legal-documentary reports 001-008, 01-07, 1-6/7; submitted official references; court, police, prosecutor, medical, insurance and institutional records; current WhatsApp/audio-transcript material supplied in this conversation.
Important wording rule	Documented and previously analysed facts are treated as document-based findings. New oral explanations or documents not yet inspected are marked as current witness statements / pending verification.
Betreuer note	RA Levent Göktekin is expressly not accused. He is recorded as a long-term support person whose role must remain protective and must not be used to weaken the applicant's direct participation.
Immediate emergency note	The applicant reports a threatened loss of home after approximately 20 years, with a deadline around 30 June 2026, and states that he cannot upload the notice due to transmission limitations. This must be verified urgently and treated as a housing-and-life-risk issue, not as an irrelevant private dispute.

This report uses the strongest legally safe formulation: it preserves documented findings as documentary record, while identifying pending items as requiring independent verification. It avoids reducing previously analysed material to mere "applicant allegations."

I. Executive Summary

This Report No. 08 consolidates the 1998-2026 record into a single urgent human-rights analysis. It does not treat the current situation as an isolated dental dispute, an ordinary theft matter, a simple police-service complaint, or a private housing issue. The reviewed record points to a cumulative sequence in which medical vulnerability, evidence-device loss, dental destruction, police/prosecutorial non-protection, court fragmentation, social-insurance obstruction, institutional notice, and now threatened loss of home appear together as one protection problem.

The most important rule for this report is evidentiary accuracy. Where earlier AI-assisted legal-documentary reports identified facts from submitted documents, case numbers, official letters, medical records, police/prosecutorial references, court materials, photographs, videos, payment records, or institutional correspondence, Report No. 08 refers to them as document-based findings or reviewed documentary record. It does not downgrade them to mere personal allegations.

The current emergency is heightened by a reported housing deadline around 30 June 2026. The applicant states that after approximately 20 years in the home he is being forced toward homelessness. Because homelessness in this case intersects with HIV/AIDS, disability, dental inability to chew, previous hospital-risk records, past detention/enforcement pressure, and repeated references to acute life-and-safety crisis

caused by institutional pressure, the housing issue must be treated as an urgent life-and-health protection matter.

The report also records the applicant's explanation that a recurring pattern appears in the record: when one serious chain approaches exposure or legal review, a new coercive crisis emerges - health, detention/enforcement, assault, evidence loss, dental destruction, or housing - forcing the applicant to divert energy to survival. This is not stated here as a final judicial finding of conspiracy. It is stated as a serious document-based pattern question requiring independent investigation under effective-remedy, evidence-preservation and non-retaliation standards.

II. Evidence-Wording Rule: Do Not Weaken Documented Findings

Report No. 08 must preserve, not destroy, the evidentiary value of the previous legal-documentary reports. The phrase "the applicant alleges" is used only for new oral explanations, current witness details, or items not yet verified in submitted records. For matters already reviewed in the earlier reports, the proper legal wording is:

- the reviewed documentary record shows;
- the previous AI-assisted legal-documentary analysis identified this as a document-based finding;
- the official case references and submitted documents establish this as an investigated legal line;
- the available records confirm institutional notice;
- the issue requiring investigation is why the documented chain did not trigger effective protection.

This distinction is legally necessary. Reducing previously reviewed documentary material to "the applicant says" would weaken the prior reports and give a false impression that the record is only subjective speech. Report No. 08 therefore uses three evidence categories:

1. Documented record / document-based finding: facts visible in records or already identified from records in previous reports.
2. Previously analysed legal chain: matters mapped across Reports 001-008, Reports 01-07 and Reports 1-6/7.
3. Current witness statement / pending verification: new facts, oral events or documents described now but not yet inspected, including the present housing document that the applicant states he cannot upload.

III. Documentary Source Matrix

Source block	Record identified	Legal relevance
Report 002 / Evidence devices	iPhone 5 theft/destruction, iPhone 13 Pro as replacement evidence device, 30.06.2023 police/prosecutorial files, later assaults, request to preserve O2/IMEI/payment/device-registration records.	Document-based evidence-device chain, not ordinary property-loss framing.
Report 003 / Dental	Sozialgericht Berlin S 193 KR 463/26 ER, AOK Nordost, Kriminalpolizei 251219-1346-467062, Kammergericht/Oberlandesgericht §172 StPO, loss of chewing function, photographs/videos/X-rays/payment records around 11,000 EUR.	Documented dental-medical emergency and urgent expert-review line.
Report No. 2 / Berliner AIDS-Hilfe	AIDS-Hilfe placed on actual notice through letters, fax, CD/DVD references, 19-page complaint, visual protest, HIV/AIDS vulnerability, social and legal risk.	Institutional notice to specialised HIV/AIDS assistance actor.
Report No. 4 / Delivery Proof Register	418-page folder containing letters, fax reports, registered-mail receipts, return receipts, institutional replies, stamps and cover letters.	Formal notice/delivery chain to international organisations, courts, media, embassies and political institutions.
Report No. 06 / Embassy	Consular protection analysis; iPhone 5 and	Consular and international-protection

LEGAL ANALYSIS REPORT No. 08 - Ismail Rustam - AI-assisted legal-documentary analysis

	iPhone 13 Pro as evidence devices; "German state did not protect me; I was forced to protect myself from the German state."	framing.
Report No. 008 / Köpenick-Living Death	Methodology separating documents, witness statements, authority positions and legal assessment; 02.11.1999 detention incident and "living death" chain through 2026.	Earlier core chain and evidentiary wording principle.
Current WhatsApp screenshots / WEISSER RING	Visible WhatsApp contact line shows transmission of police non-protection materials and later "Bitte keine weiteren Dokumente zusenden!" response.	New institutional-notice and refusal-to-receive-further-documents issue requiring direct file request to WEISSER RING.
Current Sergiu / AIDS Hilfe transcript	Russian-language conversation provided in chat: advice to focus on teeth and housing, warning that broad struggle could lead to psychiatry, Germany/Azerbaijan comparison.	Current notice and minimisation/deflection evidence; not a personal accusation against Sergiu.
Current housing emergency statement	Threatened loss of home after approximately 20 years, reported deadline around 30 June 2026; document could not be uploaded due to transmission limitations.	Urgent Article 2 / Article 3 / Article 8 protection issue pending document annex.

IV. 2019-2026 Detailed Chain

A. 2019 hospital and suspected Kaposi-sarcoma / evidence-device origin

The reviewed medical/evidence-device record identifies a 2019 medical chain involving Franziskus-Krankenhaus, Evangelische Elisabeth Klinik, Vivantes Auguste-Viktoria-Klinikum, Auguste-Viktoria Tagesklinik and Charité. The record includes a Charité/radiology line concerning suspected Kaposi-sarcoma in 2019-2020 and HIV-related medical vulnerability. The legal importance is not only medical treatment. The medical record explains why the iPhone 5 mattered: it was described in previous analysis as an evidence-bearing device containing photo/video/material proof connected with hospital conduct, medical deterioration, suspected Kaposi-sarcoma/cancer-risk issues and later human-rights submissions.

Report No. 08 therefore treats the iPhone 5 not as an ordinary phone but as a medical-legal evidence device. Its theft/destruction and later loss of access to its contents must be assessed under evidence preservation, private life, medical proof, effective remedy and investigation obligations.

B. 2021-2026 dental destruction, AOK Nordost and Sozialgericht Berlin S 193 KR 463/26 ER

The reviewed dental report identifies a complex sequence from approximately 2021 onward: repeated Heil- und Kostenpläne submitted to AOK Nordost, progressive destruction of teeth, loss of chewing function, alleged failure to secure timely medical treatment, criminal-police references, court filings before Sozialgericht Berlin and Kammergericht Berlin, professional complaints to Ärztekammer Berlin, and correspondence with health-insurance and public bodies.

This is not to be framed as a reimbursement disagreement. The document-based issue is loss of an essential bodily function: chewing. The reviewed materials refer to severe oral inflammation, pain, nutrition-related problems, physical weakening, systemic infection risk, photographs, videos, X-rays and payment records around 11,000 EUR. The applicant's current dental photographs supplied in this conversation visually support the existence of a serious dental condition, while medical diagnosis and causation require independent dental-forensic expertise.

Official references to be preserved and linked in the report include: Sozialgericht Berlin S 193 KR 463/26 ER; Kriminalpolizei / LKA 121 Vorgangsnummer 251219-1346-467062; Staatsanwaltschaft Berlin 253 AR 31/26; Generalstaatsanwaltschaft Berlin 121 Zs 139/26; Kammergericht Berlin 6 Ws 11/26; AOK Nordost; Ärztekammer Berlin; and relevant dentist/treatment files.

The urgent legal question is whether a person with HIV/AIDS, disability and severe dental destruction was left without effective chewing function, without timely expert examination, and without coordinated medical-social-criminal protection, despite multiple official and institutional notice channels.

C. iPhone 13 Pro as continuation evidence device - 30.06.2023

The central legal issue is not shoe theft or ordinary property loss. Any mention of other property must remain secondary. The evidence-device chain is: medical evidence -> iPhone 5 evidence device -> theft/destruction -> iPhone 13 Pro replacement/evidence device -> iPhone 13 Pro theft -> defective or insufficient police handling -> unresolved device/data issue -> later assault and non-protection concerns.

The key references are: 30.06.2023 iPhone 13 Pro theft, police case 230701-0330-348519; prosecutorial references 3031 Js 4495/24 and 282 Js 3791/23; O2 purchase/device/IMEI/payment records; and related police complaint materials. Report No. 08 treats this as an evidence-preservation issue involving medical files, videos, photographs, legal submissions, police and prosecutorial records, and human-rights documentation.

D. 25.11.2023 Zoologischer Garten assault line

The date is treated as 25 November 2023. Earlier accidental references to 2024 are not used as a substantive date because the applicant states the date was corrected in later submissions and official handling. The relevant line concerns the alleged assault at or around Zoologischer Garten, the police/prosecutorial reaction, and the broader pattern of non-protection after physical attacks.

This event must be read together with LPD St 33 - 01941/1727/24, the Berlin Police Complaints Office response of 17.01.2025, and any available videos, emergency-call records, CCTV/body-camera/dispatch records, property-room records and witness materials.

E. 13.11.2024 Hermannstrasse / Hermannplatz assault line

The record identifies the 13.11.2024 assault line under 241113-1810-131001 and related materials including 241120-1537-100348. Report 002 recommended preservation and review of all emergency calls to 110 and BVG/U-Bahn video records from Hermannstrasse/Hermannplatz. The legal issue is effective investigation and protection of a medically vulnerable person subjected to physical violence in public space.

F. Metro / enforcement / detention pressure as survival-displacement mechanism

The applicant reports that since 2019 and again in 2024-2026 he was repeatedly exposed to metro-ticket / enforcement / detention pressure, including lower-court decisions and later corrective higher-court handling in 2020. The precise documents for each sub-event must be attached in the annex. For Report No. 08, the legal significance is the alleged displacement mechanism: when the applicant pursued health or institutional-protection issues, a parallel enforcement or detention threat forced attention away from the life-and-health case.

This must be examined under ECHR Articles 5, 6, 13, 14 and 18, and under German constitutional requirements of proportionality, disability-sensitive assessment and effective legal protection. The report does not treat lawful fare enforcement as automatically unlawful; it asks whether, in the documented context of GdB 100, AIDS/HIV, medical emergency and procedural burden, enforcement was applied in a way that produced disproportionate life-risk and obstructed access to health/legal protection.

G. Threatened loss of home after approximately 20 years - deadline around 30.06.2026

A new immediate emergency must be recorded as a current documentary exhibit. On 26 June 2026, the applicant uploaded a photograph of the first page of a letter from Rechtsanwalt Uwe Witting dated 10 September 2025. The visible letter is titled "Kuendigung des Mietverhaeltnisses wegen Eigenbedarfs" and is addressed to Rustem Ismail at Wichmannstr. 9, 10787 Berlin. It states, on behalf of Torsten Krumbach and Marc Duke, that the Mietverhaeltnis concerning the apartment at Wichmannstr. 9, 10787 Berlin is terminated under § 573 Abs. 2 Nr. 2 BGB, with the stated date 30 June 2026. The letter is marked "per Einschreiben". Therefore the 30 June 2026 housing-loss deadline is no longer only a witness statement; it is supported by a visible uploaded documentary photograph. Full forensic use still requires the complete original letter, all pages, envelope/tracking data, and any court or enforcement follow-up.

In this specific case, threatened homelessness cannot be treated as an ordinary private housing dispute. It intersects with HIV/AIDS, disability, dental inability to chew, physical weakness, alleged prior detention/psychiatric pressure, attacks in public space, lack of family/social support, and explicit acute life-and-safety risk language. Under ECHR Article 8, the home/private-life dimension is direct; under Articles 2 and 3, the cumulative health/survival consequences must be considered; under Article 13, an effective urgent remedy must be available before irreparable harm occurs.

The Sergiu / AIDS Hilfe conversation supplied in Russian further confirms that the housing issue was not merely invented after the fact: the contact advised the applicant to focus on teeth and housing, rather than on the broader system chain. This supports that the housing problem was known to at least one AIDS-assistance contact. It is not used to accuse Sergiu personally; it is used as current notice evidence and as proof that the housing problem was part of the immediate survival context.

V. Recurring Escalation / Attention-Displacement Pattern

The applicant's current explanation must be preserved as a serious pattern analysis: each time one serious crime or rights-violation chain moves toward exposure, a new and heavier crisis appears - health, detention/enforcement, evidence loss, physical assault, dental destruction, psychiatric threat, or housing loss. In his words, each new crisis forces him to leave the previous file unfinished because the new crisis threatens immediate survival.

Report No. 08 does not make a final criminal finding that all events were centrally organised. That would require independent investigation, metadata, official files, witness evidence and forensic review. However, the record already supports a legal question that must not be dismissed: whether multiple official and institutional systems allowed or produced a cumulative sequence in which no individual actor was held accountable, no effective remedy ended the pattern, and every new crisis generated delay, exhaustion and loss of proof.

This pattern is relevant to ECHR Article 13 (effective remedy), Article 18 (possible improper use of restrictions if restrictions are deployed for purposes other than their formal purpose), Article 2 (life), Article 3 (inhuman/degrading treatment), Article 8 (home, private life, bodily integrity, correspondence/evidence), Article 14 (discrimination), and CRPD protections for persons with disabilities.

VI. Institutional Notice and Non-Effective Protection

A. Amnesty International, delivery proofs and international notice

The delivery-proof record must be treated as a notice register. The 418-page delivery-proof file contains letters, fax reports, Deutsche Post registered-mail receipts, return receipts, institutional replies, receipt stamps and related cover letters. Its evidentiary value is that it shows repeated formal attempts to deliver human-rights material to international organisations, embassies, courts, media, human-rights bodies and political institutions. Where replies or acknowledgements exist, the proof shows actual receipt, not only attempted dispatch.

Therefore, Report No. 08 should not say that "nobody knew." The proper issue is: multiple institutions were placed on notice; what effective protection, triage, referral, investigation, medical/legal support or reasoned refusal followed?

B. Berliner AIDS-Hilfe and AIDS/HIV assistance notice

The reviewed Berliner AIDS-Hilfe report shows that the applicant repeatedly brought HIV/AIDS-related medical, social, legal and human-rights material to a specialised HIV/AIDS organisation in Berlin. The record contains dates, addresses, receipt indicators, fax reports, email acknowledgment, CD/DVD references and visual protest evidence. By 31.01.2011 AIDS-Hilfe confirmed receipt of a fax; by 13.04.2011 the organisation had received or was presented with a large legal complaint setting out the broader chain in detail.

This finding is not merely subjective. It is a document-based notice finding. If the complete internal file shows no meaningful triage, referral, written response, crisis support, legal/social referral, medical-support action or documented reason for refusal, then the conduct must be analysed as institutional inaction despite notice and as possible failure of protective function within competence.

C. Sergiu / AIDS Hilfe current conversation

The current Russian-language conversation attributed to Sergiu is used cautiously. It is not used to blame Sergiu personally. The applicant expressly says Sergiu is a good person but lacks the power to solve the broader case. The legal relevance is notice and minimisation: the conversation shows a current AIDS-assistance contact being informed about the broader chain, while advising the applicant to reduce the focus to teeth and housing and warning that broad struggle may lead to psychiatric consequences.

The conversation also includes a comparison that Germany is "the freest country" and that if the applicant wants contrast he should go to Azerbaijan, where he would be quickly detained. In Report No. 08 this is relevant not as a political debate, but as evidence that Germany-based protection complaints were relativised instead of substantively addressed. It also confirms that the housing problem was part of the immediate issues discussed.

D. WEISSER RING

The WhatsApp screenshots supplied in this conversation show a contact line identified as WEISSER RING / Hr. Beya. The visible material includes a 08.12.2024 communication concerning police failure and lack of protection from violence. It includes references to 30.06.2023, 25.11.2023, 13.11.2024 and related police/prosecutorial matters. A later visible message states: "Bitte keine weiteren Dokumente zusenden!"

The legal issue is not whether WEISSER RING is a perpetrator. The issue is whether a victim-support organisation was placed on notice of serious police non-protection and violence materials, and what concrete step it took after receiving such material. A request should be made to WEISSER RING for its full internal file, referral notes, risk assessment, advice records, contact logs and reasons for refusing further documents.

VII. Betreuer / RA Levent Göktekin - Express Non-Accusation and Protective Context

This report expressly does not accuse RA Levent Göktekin of wrongdoing. The applicant states that Levent Göktekin has been one of the few persons who helped him since 1999, including after detention, with accommodation/registration support and repeated personal assistance. The applicant does not wish to make him an adversary and does not want him placed in an impossible position.

The applicant explains that he deliberately did not give Levent Göktekin legal authority over the contested human-rights case because he feared that institutional pressure would place him in an impossible position. The Betreuer role is therefore to be understood as protective and supportive, not as a mechanism to silence, withdraw, narrow or neutralise the applicant's claims.

Authorities should ensure that the Betreuer is not used as a procedural shield to bypass the applicant's own voice. The applicant experienced the medical harm, loss of chewing function, physical attacks, evidence loss, police/prosecutorial failures and housing threat directly. Therefore, his direct participation, access to documents and informed consent must remain central.

VIII. Applicable Legal Framework

European Convention on Human Rights: Article 1 requires Contracting States to secure Convention rights to everyone within their jurisdiction. Article 2 protects life; Article 3 prohibits torture and inhuman or degrading treatment; Article 5 protects liberty and security; Article 6 protects fair trial; Article 8 protects private and family life, home and correspondence; Article 13 requires an effective remedy; Article 14 prohibits discrimination in the enjoyment of Convention rights; Article 18 prohibits restrictions being applied for purposes other than those for which they are prescribed.

UN Convention Against Torture: Articles 12, 13 and 16 are relevant where serious ill-treatment, failure to investigate and degrading treatment are alleged.

International Covenant on Civil and Political Rights: Articles 6, 7, 9, 17, 26 and Article 2(3) are relevant to life, inhuman treatment, liberty, privacy/family/home, equality and effective remedy.

Convention on the Rights of Persons with Disabilities: Articles 5, 13, 15, 16, 17, 22 and 25 are relevant to disability equality, access to justice, freedom from degrading treatment, freedom from violence, integrity of the person, privacy and health.

International Covenant on Economic, Social and Cultural Rights: Articles 9, 11 and 12 are relevant to social security, adequate living conditions, food/housing and health.

German legal framework: Grundgesetz Articles 1, 2(2), 3 and 19(4); SGG §86b; SGB V §§27 and 28; BGB §§630a-630g; StPO §§152, 160 and 172; and proportionality, disability-sensitive assessment, medical-record access and effective legal protection principles.

IX. Legal Assessment

A. Article 2 ECHR / Right to life

The cumulative record raises an Article 2 protection issue. It is not one isolated risk. The combined factors are HIV/AIDS, suspected cancer/Kaposi-sarcoma medical history, dental inability to chew, possible infection/nutrition risk, repeated physical attacks, alleged police non-protection, threatened detention/enforcement, psychological collapse warnings, and now threatened homelessness. If authorities are on notice of a real and immediate risk to life or serious bodily integrity, they must not treat the matter as ordinary administration.

B. Article 3 ECHR / Inhuman or degrading treatment

The prolonged combination of medical vulnerability, loss of bodily function, untreated dental emergency, public assaults, repeated institutional refusal or deflection, and threatened homelessness may cross the threshold of degrading or inhuman treatment if the facts are confirmed. This is especially serious because the person is medically vulnerable, disabled and repeatedly placed in survival conditions.

C. Article 5 ECHR / liberty and detention pressure

Where fare-enforcement or other criminal/enforcement mechanisms create realistic detention threats against a person whose medical survival and legal protection are already unstable, Article 5 and proportionality concerns arise. The issue is not whether enforcement exists in law; the issue is whether it was used or allowed to operate in a way that created disproportionate life-risk and diverted access to medical/legal remedy.

D. Articles 6 and 13 ECHR / access to justice and effective remedy

The record raises a strong effective-remedy issue. Numerous file numbers exist, but the applicant's legal problem appears fragmented across police, prosecutors, courts, AOK, Sozialgericht, medical institutions, Betreuer channels and NGOs. A remedy that exists only formally, while urgent health, evidence and housing risks remain unaddressed, is not effective in practical terms.

E. Article 8 ECHR / home, private life, bodily integrity and evidence

Article 8 is engaged by the threatened loss of home after approximately 20 years, the bodily-integrity/dental line, the medical-evidence-device chain, and private/family/correspondence issues. Loss of home in this case would not be a neutral housing event; it would affect survival, medical stability, access to documents and ability to pursue legal remedies.

F. Article 14 and CRPD / discrimination and disability-sensitive protection

The applicant's GdB 100 status, HIV/AIDS, disability, migrant/exile background, social vulnerability and human-rights activity require heightened care. Equal treatment does not mean treating a severely disabled and medically vulnerable person as though he had no special survival or access barriers. Disability-sensitive access to justice and health protection are essential.

G. Article 18 / improper-purpose question

The applicant's pattern analysis - that new crises appear whenever an earlier violation chain approaches scrutiny - raises an Article 18-style question. Restrictions, enforcement, psychiatric pressure, housing action or procedural barriers must not be applied for purposes other than their stated lawful purpose.

Report No. 08 does not make a final Article 18 finding; it identifies a serious investigative question requiring independent review.

X. Immediate Requests

4. Immediate housing-protection review before 30 June 2026, including suspension of any eviction/homelessness step until the applicant's medical, disability and legal-risk situation is independently assessed.
5. Emergency contact with the responsible Bezirksamt / Wohnungsnotfallhilfe / Sozialamt / court enforcement body to prevent homelessness and preserve access to documents, medication, food and medical care.
6. Independent dental-medical-forensic expert examination, including photographs, videos, X-rays, treatment records, consent forms, payment records and before/after dental documentation.
7. Preservation of iPhone 5 and iPhone 13 Pro evidence-device records, including O2 records, IMEI/device registration, payment records, police property-room records, search/tracking records and any data-recovery possibilities.
8. Coordinated review of Sozialgericht Berlin S 193 KR 463/26 ER, LKA 121 / 251219-1346-467062, Staatsanwaltschaft 253 AR 31/26, Generalstaatsanwaltschaft 121 Zs 139/26 and Kammergericht 6 Ws 11/26.
9. Full review of the 25.11.2023 Zoologischer Garten and 13.11.2024 Hermannstrasse/Hermannplatz assault lines, including 110 calls, CCTV, dispatch, body-camera and witness records.
10. Request to WEISSER RING for full internal file, risk assessment, referral notes and explanation of the "Bitte keine weiteren Dokumente zusenden!" response.
11. Request to Berliner AIDS-Hilfe / AIDS Hilfe for complete internal files, incoming logs, CD/DVD handling notes, crisis-support notes, referrals and reasons for any refusal or non-action.
12. Protection of RA Levent Göktekin from being placed under improper pressure, and recognition that his role is supportive/protective, not a substitute for the applicant's own legal voice.
13. A direction that the applicant's acute life-and-safety risk statements must be treated as urgent protection warnings, not as a reason to discredit, psychiatrise or silence the complaint.

XI. Conclusion

The document-based record already developed in prior AI-assisted legal-documentary reports supports a serious legal question: whether the applicant has been left for years inside a cumulative system of medical, social, dental, police-prosecutorial, court, institutional and now housing non-protection. The current threatened loss of home after approximately 20 years is now supported by an uploaded photograph of a formal owner-use termination letter dated 10 September 2025 with the stated termination date 30 June 2026. It is not separate from the chain. It is the newest survival crisis in a sequence already involving health, evidence, bodily integrity, liberty, police protection and access to justice.

The case must therefore be treated as an urgent cumulative human-rights matter requiring immediate preservation of evidence, prevention of homelessness, independent medical/dental expert examination, coordinated criminal/prosecutorial review, and protection of the applicant's direct participation. It must not be reduced to a private housing problem, a dental reimbursement dispute, an ordinary phone theft, a fare issue, or a psychiatric label.

Final statement for legal use: The reviewed materials require independent investigation because the recurring pattern, if confirmed, would engage Germany's positive obligations to protect life and bodily integrity, prevent inhuman or degrading treatment, investigate serious harm, preserve evidence, provide effective remedy, protect home and private life, and ensure non-discriminatory access to justice for a disabled and medically vulnerable person.

XII. Annex Index to be Attached When Available

- Uploaded photograph of first page of eviction / housing-loss notice: RA Uwe Witting, dated 10 September 2025, titled "Kuendigung des Mietverhaeltnisses wegen Eigenbedarfs", stated termination date 30 June 2026, Wichmannstr. 9, 10787 Berlin.
- Sergiu / AIDS Hilfe Russian-language audio transcript and metadata, including the housing/teeth focus and psychiatry warning passages.
- WEISSER RING WhatsApp screenshots, including 08.12.2024 police-protection submission and "Bitte keine weiteren Dokumente zusenden!" response.
- Current dental photographs, X-rays, videos and payment records around 11,000 EUR.
- AOK Nordost correspondence, Heil- und Kostenpläne, Sozialgericht S 193 KR 463/26 ER submissions.
- LKA 121 / 251219-1346-467062, Staatsanwaltschaft 253 AR 31/26, Generalstaatsanwaltschaft 121 Zs 139/26, Kammergericht 6 Ws 11/26 materials.
- iPhone 5 and iPhone 13 Pro evidence-device documents, O2/IMEI/payment/device-registration records.
- 25.11.2023 Zoologischer Garten videos/case materials and 13.11.2024 Hermannstrasse/Hermannplatz call logs/CCTV requests.
- Delivery-proof register for Amnesty, AIDS-Hilfe, DRK, UN, ECHR, embassies, media and political institutions.
- Betreuer/Levent Göktekin court appointment documents and applicant statement clarifying non-accusation and protective role.

ADDENDUM A - Uploaded Housing-Loss Documentary Photograph (26 June 2026)

This addendum updates the earlier housing section. The uploaded photograph is no longer merely a pending witness description. It visibly shows the first page of a formal German-language letter dated 10 September 2025 from Rechtsanwalt Uwe Witting, Goettingen, addressed to Rustem Ismail, Wichmannstr. 9, 10787 Berlin, and sent per Einschreiben.

The visible subject line reads: "Kuendigung des Mietverhaeltnisses wegen Eigenbedarfs". The letter states that, on behalf of Torsten Krumbach and Marc Duke, the tenancy for the apartment at Wichmannstr. 9, 10787 Berlin is terminated under § 573 Abs. 2 Nr. 2 BGB, with the stated termination date 30 June 2026.

Documentary significance: the housing emergency is now supported by a visible document. It must be treated as an urgent protection issue because it intersects with HIV/AIDS, GdB 100 / severe disability context, loss of chewing function, current dental-medical emergency, evidence-device loss, police/prosecutorial non-protection concerns, and explicit acute life-and-safety-risk language caused by the accumulation of pressure.

Legal caution: this report does not decide whether the landlord-side Eigenbedarf termination is valid or invalid under German tenancy law. It records the notice as a serious current event requiring immediate review, legal advice, social protection, and prevention of homelessness before 30 June 2026. The complete original letter, all pages, proof of service, envelope/tracking data, any response, and any court or enforcement file must be preserved and reviewed.

Pattern relevance: the applicant explains that this new housing crisis appears while the dental-medical, evidence-device, police/prosecutorial and institutional-notice chains are being pursued. For Report No. 08, this must be preserved as an investigative question: whether recurrent new survival crises - health, enforcement, assault, evidence loss, dental destruction, psychiatric pressure, and now housing loss - have the effect of preventing effective pursuit of earlier violations. This is recorded as a serious pattern question requiring independent review, not as a final judicial finding.

Figure A1. Uploaded photograph of first page of 10 September 2025 owner-use termination letter (housing-loss deadline stated as 30 June 2026).

Source Basis Used in This Working Report

- ChatGPT / OpenAI-system-assisted Legal Analysis Report GPT-HR/DE/IR-002/2026, especially the evidence-device final assessment and annex index.
- ChatGPT Legal Analysis Report GPT-HR/DE/IR-DENTAL-003/2026, especially Sozialgericht Berlin S 193 KR 463/26 ER, AOK Nordost, Kriminalpolizei 251219-1346-467062 and loss-of-chewing-function analysis.
- Legal Analysis Report No. 2 - Berliner AIDS-Hilfe, especially the notice finding, fax/email/CD/DVD references and preliminary conclusion.
- Legal Analysis Report No. 4 - Delivery Proof Register, especially the 418-page delivery/notice archive.
- Report No. 06 - Embassy / consular protection analysis, including iPhone 5 and iPhone 13 Pro as evidence devices.
- Report No. 008 - Köpenick / "Living Death" methodology and evidentiary wording rule.
- Current conversation materials supplied on 26 June 2026: dental photographs, WEISSER RING screenshots, Sergiu / AIDS Hilfe transcript, housing-emergency statements, and uploaded photograph of the 10 September 2025 owner-use termination letter with the stated 30 June 2026 deadline.

ADDENDUM B - Housing Sale, Owner-Use Termination, Social-Welfare Context and Requested External Protection Review

This addendum records an additional clarification supplied after REV1. It does not replace Addendum A; it expands the legal questions raised by the uploaded termination letter dated 10 September 2025 and the stated termination date of 30 June 2026.

B.1. What is already documented and what must still be obtained

The uploaded photograph already documents a formal owner-use termination letter (Kündigung des Mietverhältnisses wegen Eigenbedarfs), dated 10 September 2025, addressed to Rustem Ismail at Wichmannstr. 9, 10787 Berlin, invoking § 573 Abs. 2 Nr. 2 BGB and stating termination as of 30 June 2026.

The newly clarified points go beyond the first-page photograph and must be treated as urgent investigation questions: when exactly the apartment was sold; whether it had previously been converted into a condominium; under what conditions it was sold; what the buyer knew about the protected tenant; whether public authorities knew that the applicant had lived there for approximately 20 years; and whether the rent was being paid through Grundsicherung / social assistance.

These matters require the following records before final forensic use: Grundbuch extract, purchase date, sale contract where accessible, Teilungserklärung / condominium-conversion documents, tenancy contract, rent-payment records from Grundsicherung or other social authority, correspondence with Sozialamt/Jobcenter/Bezirksamt/Wohnungsamt, and any documents showing whether the authorities examined protective housing options before the 30 June 2026 deadline.

B.2. Legal significance of sale while the tenant remained in the apartment

The applicant explains that the apartment was sold while he was living there and while the rent was paid through social assistance. This creates a serious legal-protection question: if public authorities were paying the rent and therefore knew that this apartment functioned as the applicant's long-term survival space, why was no effective protective coordination triggered when the apartment was sold and an owner-use termination followed?

The sale of an apartment does not by itself erase the tenancy. Under the German-law principle commonly expressed as "Kauf bricht nicht Miete", the buyer generally enters into the existing tenancy. Therefore, the legal focus is not the sale alone but the subsequent use of Eigenbedarf, the timing and genuineness of that asserted need, and whether the applicant's health, disability, long residence and homelessness risk required continuation of the tenancy or emergency protective measures.

B.3. Owner-use / Eigenbedarf must be examined as genuine, concrete and proportionate

The visible termination letter appears to rely on Eigenbedarf. The applicant now clarifies that, according to his understanding, the asserted need is questionable because the owner is said to live and work in Munich and because the Berlin connection may be framed around another person's apartment or visits rather than an immediate, concrete and permanent housing need. This clarification must be preserved as a verification point, not ignored.

The report therefore requests an examination of whether the asserted owner-use need is genuine, serious, concrete and proportionate, or whether it is being used as a formal mechanism to remove a medically vulnerable, long-term, socially supported tenant from his protected home. Relevant questions include:

- When did the new owners acquire the apartment, and what did they know about the 20-year tenant at purchase?
- Was the stated owner-use need already foreseeable at purchase?
- Is the intended use actual residence, occasional use, visitor use, work-related convenience, or another arrangement?
- Does the person named in the owner-use justification belong to a legally relevant category for Eigenbedarf?
- Was any comparable alternative accommodation offered, examined or documented?
- Were the applicant's GdB 100, HIV/AIDS, dental inability to chew, severe medical condition, psychological pressure and homelessness risk considered before termination was pursued?

B.4. Hardship / Sozialklausel and disability-health protection

Even if a formal owner-use ground is asserted, the applicant's situation raises a hardship issue. The applicant reports approximately 20 years of residence in the same home, severe illness, GdB 100, HIV/AIDS, dental destruction, loss of chewing function, current inability to safely relocate, and acute risk of homelessness and acute life-and-safety crisis if the home is lost.

This must be analysed under the hardship logic of German tenancy law, disability protection, health protection, ECHR Articles 2, 3 and 8, Article 13 effective remedy, Article 14 non-discrimination, and CRPD duties concerning persons with disabilities. The question is not merely whether a private owner has stated Eigenbedarf. The question is whether ending this tenancy in these circumstances would expose the applicant to a real life-and-health danger that public authorities must prevent.

B.5. Possible condominium-conversion / § 577a BGB protection to be checked

If the apartment was converted into a condominium during the applicant's tenancy and then sold, the applicability of conversion-related protection periods must be examined. This requires the Grundbuch history and conversion documents. Report No. 08 does not assume that § 577a BGB automatically applies; it states that it must be checked because the applicant's long-term tenancy and later sale/owner-use termination make the point legally material.

B.6. Social-state responsibility and the question of protective purchase or alternative secure housing

The applicant raises a further social-state question: if the state, through Grundsicherung or other social assistance, paid the rent for many years, why did the authorities not prevent the loss of the home, purchase or secure the apartment where legally possible, examine municipal protection tools, or at least provide an equivalent safe and medically suitable replacement before allowing a 20-year tenant to be pushed toward homelessness?

This report does not state that the state had an automatic duty to purchase the apartment. It states that the long-term social-payment context creates a duty to explain what protective measures were examined, why they were not used, and how homelessness of a seriously ill and disabled person is to be prevented before 30 June 2026.

B.7. Applicant's position on relocation inside Germany versus external protection

The applicant states that he does not want to be moved into a new, unknown and potentially dangerous arrangement inside Germany if this only opens a new cycle of vulnerability, surveillance, social conflict, police non-protection or medical obstruction. He requests that, if German authorities cannot ensure safe

housing, medical protection, legal protection and physical security inside Germany, relocation or protective placement outside Germany be examined.

This request is recorded as a protection request, not as a final legal entitlement established by this report. Its legal relevance is that the applicant sees the threatened eviction not as an isolated tenancy problem but as a continuation of a cumulative 1998-2026 pattern in which new crises arise whenever previous medical, police, prosecutorial or institutional-non-protection chains approach scrutiny. The requested remedy is therefore not merely "a different apartment," but a safe, medically compatible, legally protected and harassment-free living environment.

B.8. Additional immediate requests arising from the housing-sale clarification

- Immediate suspension of any eviction or forced homelessness step until the hardship, disability, health and social-welfare issues are examined.
- Written disclosure of sale date, ownership history and condominium-conversion history insofar as legally obtainable through court, counsel, Grundbuch or public-authority review.
- Immediate review of whether § 574 BGB hardship protection, § 577a BGB conversion protection, disability accommodation duties and social-welfare housing duties apply.
- Written assessment from the competent social authority confirming whether it paid the rent, since when, and what protective housing steps it has taken before the 30 June 2026 deadline.
- No relocation into unsafe or medically unsuitable accommodation; any proposed replacement must be stable, accessible, socially safe, medically compatible and not expose the applicant to new harm.
- If safe protection cannot be guaranteed inside Germany, examination of external protection / relocation options through competent legal, consular and human-rights channels.

Prepared as REV2 update to Report No. 08. This addendum preserves the new housing-sale and relocation-protection questions without weakening the already documented medical, dental, evidence-device, police/prosecutorial, court and institutional-notice findings.

ADDENDUM C - Housing Sale, Purchaser-Spouse Need, Renovation Burden and Relocation Risk

This REV3 addendum records the applicant's additional clarification after the uploaded termination letter dated 10 September 2025. It must be read together with Addendum A and Addendum B. The uploaded termination letter is documentary evidence of a termination based on alleged Eigenbedarf with an indicated termination date of 30 June 2026. The further details below are preserved as applicant witness clarification requiring verification through the Grundbuch, purchase documents, building files, tenancy file, social-welfare payment records, correspondence and, where available, video evidence.

C.1. Non-discrimination note: the legal issue is not the sex or orientation of the couple

The termination letter refers to the purchaser's "Ehemann". The applicant clarifies that the persons concerned are both men. This report does not treat that fact negatively and makes no discriminatory statement about sexual orientation, marital status or private life. The legally relevant issue is only whether the asserted owner-use need is genuine, concrete, serious, proportionate and sufficiently substantiated, and whether it can justify the removal of a severely ill, disabled, long-term tenant from his established home.

C.2. Questions concerning the asserted need of the purchaser and his husband

Because the applicant has lived in the apartment for approximately 20 years and because the rent has been paid through social assistance / Grundsicherung, any asserted owner-use need must be examined with special care. The following questions must be answered through documents rather than assumptions:

- Where exactly does the purchaser's husband currently live in Berlin, and in which legal housing status?
- If the husband already has a residence in Berlin, why is the applicant's long-term apartment necessary instead of the husband's existing Berlin accommodation?
- What is the purchaser's current residence in Munich and what housing, ownership or lease rights does he hold there?

- Is the planned use of the Berlin apartment a real permanent move, a second residence, occasional use, visitor use, work-related convenience or another arrangement?
- Was the alleged need already foreseeable when the purchaser acquired the apartment?
- Did the purchaser buy a tenanted apartment while knowing that a medically vulnerable person with approximately 20 years of residence and social-assistance rent payment lived there?
- Were any alternative apartments, compensation arrangements, protected replacement housing or hardship solutions examined before termination was pursued?

C.3. Date and conditions of sale must be investigated

The applicant believes that the apartment was sold approximately in 2017 or 2018, while he was already living there. This must be verified from the Grundbuch, purchase contract, notarial records, Teilungserklärung / condominium-conversion records, seller-purchaser correspondence and any available public-authority housing file. The date and conditions of the sale are legally important because the purchaser may have acquired the apartment with full knowledge of the protected long-term tenancy, the social-welfare payment context and the applicant's medical vulnerability.

The report therefore requests disclosure or judicial examination of the sale history, the ownership history, the conversion history if any, the purchase conditions, and any representations made about the tenant at the time of sale. The central question is whether the apartment was sold as an investment with a known long-term vulnerable tenant and later converted into an Eigenbedarf termination case.

C.4. Public-authority knowledge and social-welfare responsibility

The applicant explains that the rent was paid by the state through Grundsicherung / social assistance. This means that public authorities were structurally aware that this apartment functioned as the applicant's protected survival space. If the authorities paid the rent for years but did not intervene when the apartment was sold, when major renovation burdens arose, and when the termination date of 30 June 2026 approached, the matter raises a serious social-state protection question.

- Which authority paid the rent, from which date, and in which amount?
- Was the authority informed of the sale, the renovation burden, the Eigenbedarf termination and the 30 June 2026 deadline?
- Did the authority examine a hardship objection, emergency housing protection, legal aid, Mieterberatung, Wohnungsamt support, protected replacement housing or social-court interim relief?
- Did any public body examine whether the applicant could realistically survive relocation, given GdB 100, HIV/AIDS, dental inability to chew, medical exhaustion, police-prosecutorial stress and acute life-and-safety risk statements?

C.5. Multi-year renovation burden before termination

The applicant further states that after the sale or during the new ownership period the building underwent extensive renovation for approximately three to four years. He describes heavy dust, construction dirt, loss of air quality, blocked windows, blocked door/balcony areas, work on balcony walls and severe daily burden. He states that videos exist and can be submitted separately. These details require verification through building permits, construction records, landlord notices, tenant correspondence, photographs, videos, medical notes and witness statements.

The legal relevance is that the applicant reports having endured a prolonged construction/renovation burden in the same apartment, and only after the renovation was completed or largely completed was the apartment sought back through Eigenbedarf. This sequence must be examined as a cumulative pressure line, not as an isolated tenancy event. If a medically vulnerable tenant endured years of renovation burden and is then removed from the apartment immediately after the building becomes improved or usable, the proportionality and good-faith character of the termination require heightened scrutiny.

C.6. Current location as protective infrastructure

The applicant states that the current apartment is not merely a replaceable physical space. He emphasises that the apartment is located in an area where, on one side, there is a hospital/medical infrastructure and, on the other side, criminal-police infrastructure. In the applicant's view, this location has survival and safety relevance because of his medical risk, repeated assault history, evidence-device history,

police/prosecutorial file history and fear of being moved into a new unknown environment where further risks could be staged or intensified.

Any proposed relocation must therefore be assessed medically, socially and security-wise. It is not sufficient to offer any room or any apartment. A replacement must be stable, safe, accessible, medically suitable, socially non-hostile, compatible with his treatment needs and not expose him to new intimidation, violence, isolation or procedural dependency.

C.7. Pattern concern: new acute crises introduced when previous matters approach scrutiny

The applicant's legal interpretation is that serious new crises repeatedly emerge when he approaches the point of obtaining scrutiny of earlier violations. He describes a pattern in which one severe issue - health, imprisonment, police violence, evidence-device loss, dental destruction, criminal attacks, or now housing loss - diverts time and energy from the preceding matter and creates a new emergency that must be fought first. This report records that pattern concern as an applicant witness analysis requiring independent investigation. It is not stated as a final judicial finding, but it is legally relevant because the documented record already contains multiple overlapping proceedings and emergencies from 2019 to 2026.

In the housing context, the applicant argues that the threatened removal from the home after approximately 20 years must be treated as an acute life-risk event in the broader chain, not as a normal private tenancy inconvenience. Health danger, homelessness danger, psychological breakdown danger, risk of forced institutionalisation, and loss of the only stable base from which he can preserve evidence and pursue legal remedies are all directly relevant to proportionality and urgency.

C.8. Additional document requests for housing-sale and renovation line

- Grundbuch extract and full ownership history of the apartment.
- Purchase contract date and notarial information showing what was known about the existing tenancy.
- Any Teilungserklärung / condominium-conversion documents and dates relevant to § 577a BGB review.
- All landlord notices concerning renovation, construction, balcony/window/door works, scaffolding, access restrictions, dust protection and tenant compensation.
- All social-welfare / Grundsicherung rent-payment records and any authority correspondence about housing risk.
- All correspondence between the landlord, purchaser, property manager and public authorities concerning the tenant, sale, renovation, Eigenbedarf or termination.
- Evidence of the purchaser's and husband's current residences, employment locations, housing alternatives and concrete plan for use of the apartment.
- Any medical, psychiatric, social or legal assessment of the applicant's ability or inability to survive relocation.

C.9. Immediate legal-protection position

The applicant requests that no forced eviction, forced homelessness, or removal from the current home be allowed before the sale history, Eigenbedarf basis, hardship grounds, disability-health risks, social-welfare obligations, renovation burden and external protection options are fully examined. The applicant further requests that, if Germany cannot guarantee a safe and medically suitable continuation of housing without exposing him to a new cycle of danger, relocation outside Germany through competent legal, consular and human-rights channels must be examined as a protection measure.

Prepared as REV3 update to Report No. 08. This addendum preserves the additional housing-sale, renovation-burden and relocation-risk questions without weakening the already documented medical, dental, evidence-device, police-prosecutorial, institutional-notice and urgent health-risk findings of the prior reports.

REV4 ADDENDUM - Corrections and Additional Evidentiary Blocks

This REV4 addendum preserves corrections requested by the applicant after reviewing the prior version. It is intended to be read as an integral part of Report No. 08 and not as a separate complaint. The changes

below are designed to avoid weakening already documented findings while keeping evidentiary categories legally accurate.

R4.1. Amnesty International / HRW and continuing email notice through 2026

The Amnesty International, Human Rights Watch and other international-organisation notice line must not be limited to older CD/DVD, fax and postal submissions. Those older materials remain important, but they must be read together with the applicant's later and continuing email transmissions through recent years and up to the present period.

The applicant states that he has repeatedly sent updated materials by email to Amnesty International, HRW and other human-rights bodies; that automatic acknowledgments or receipt indications from Amnesty and other bodies exist; and that despite repeated notice, no visible effective protective action, meeting, interview, case-opening explanation, urgent referral or reasoned refusal has been provided. These email proofs must be indexed as a modern continuation of the earlier CD/DVD and fax/postal notice chain.

Legal significance: the notice history is not only historical. It is continuing. If recent emails and acknowledgments confirm receipt of updated materials concerning dental destruction, housing loss, police-prosecutorial non-protection, evidence-device loss and medical access obstruction, the institutional-inaction analysis remains current and cannot be dismissed as an old unresolved NGO correspondence issue.

R4.2. Charite dental expert-refusal / private-payment expert assessment blockade

The report must include the Charite dental-expert-refusal line. The applicant states that he attempted to obtain an expert dental assessment at Charite using his own private funds; that he was registered and waited for approximately three hours; that he was then refused or expelled without expert assessment; and that video evidence records entry/registration, waiting, refusal and the security situation. The applicant further states that security personnel indicated he had not caused a disturbance and appeared to confirm that the reason for removal was not violent or disruptive behaviour.

This event is legally significant because an independent expert assessment is central to determining causation, urgency, damage, treatment necessity, medical fault, evidence preservation and the applicant's ability to eat and speak. If a hospital or clinic refuses even a privately paid expert examination after registration and waiting, the case is no longer only a cost-approval dispute with AOK; it becomes an expert-access blockade.

The video links provided by the applicant, including the YouTube link visible in the submitted WhatsApp material (for example: <https://youtu.be/XuHb2zjH-wA?si=A7CUktISrVuVbyc>), must be inserted as evidence references and independently checked for date, location, content, continuity and metadata. If further links were submitted, they must be listed in the annex rather than omitted.

R4.3. Refusal of medical referral / Überweisung by former house doctor

The applicant states that his former house doctor, identified in the materials as Dr. Michael Bänsch / Baensch, did not support him with an Überweisung / referral for an expert dental assessment at Charite or an appropriate specialist clinic. The applicant states that this was one of the reasons he changed his house doctor.

This point must be framed as a medical-coordination and referral-duty issue requiring verification, not as a final accusation without the file. The relevant records to request are the house-doctor file, referral requests, refusal or non-issuance notes, patient-record entries, correspondence with Charite, AOK, dentists and any later new house-doctor records. The legal issue is whether a chronically ill and disabled patient with alleged oral injury, inability to chew, pain and urgent social-court proceedings was denied the medical pathway needed to obtain an independent expert assessment.

R4.4. Court and institutional failure to secure an independent dental-forensic expert

The expert issue must be placed at the centre of the dental block. The applicant's position is that neither the court process nor the medical system has secured a prompt independent dental-forensic expert examination. He states that he cannot obtain the expert assessment privately, cannot obtain referral support from the former house doctor, and has not received a court-ordered independent expert despite urgent proceedings.

The requested expert assessment must include: current oral examination; photographic documentation; X-rays and CT/CBCT where medically indicated; treatment chronology from 2021 to 2026; AOK Heil- und Kostenpläne; implant records; sinus-involvement review; mouth injury assessment; capacity to chew, swallow and speak; sharp tooth/metal-component injury risk; infection risk in the context of HIV/AIDS and other chronic illnesses; and evidence-preservation measures.

R4.5. Current oral-injury description: cuts to lip and tongue, inability to chew and pain while speaking

The applicant adds a current physical-injury detail that must be preserved: he states that broken tooth structures and/or metal implant/prosthetic components now cut the inside of his lips and tongue like a sharp object; that the problem is not limited to eating; that even speaking causes cuts, pain and injury; and that this exists on top of the already documented loss of chewing function. This statement must be recorded as current applicant-witness evidence requiring urgent medical verification, photographic documentation and independent expert assessment.

This factual detail strengthens the urgency: the case is not merely future prosthetic planning. It is presented as an ongoing bodily-integrity problem involving pain, wounds, speech difficulty, nutrition difficulty and infection risk.

R4.6. Section X correction - remove acute life-and-safety wording from requested measures

The applicant expressly requests that Section X / requested urgent measures must not use current acute life-and-safety language as a trigger for psychiatric intervention. The report must remove such wording from the operative request section and replace it with neutral protective language: acute life-and-safety risk; homelessness risk; medical collapse risk; psychiatric-neutralisation concern; need for housing protection, medical expert assessment, evidence preservation and safe relocation review.

The applicant's position is that psychiatric language has historically been used to discredit, silence or neutralise broad human-rights complaints. Therefore the requested measures must be formulated as protection from homelessness, medical deterioration, evidence loss, and psychiatric discrediting - not as a request for involuntary psychiatric action.

R4.7. Levent Göktekin correction - protective role, not accusation

All references to Levent Göktekin must be corrected and kept protective. He must not be described as having provided actual housing or as having housed the applicant inside his family home. The applicant states that after release from detention, Levent Göktekin helped with Anmeldung / registration so that the applicant's legal existence, mail access and rights would not be further blocked. The applicant did not live inside that family household; the assistance was registration-related humanitarian and practical support, not full housing provision.

The report must also record the applicant's present position that Levent Göktekin is not being accused. On the contrary, the applicant states that Levent has repeatedly helped him, including in recent minor sanction/fine matters such as scooter-related penalties and other small administrative sanctions, and that without such support many minor or legally questionable penalties could have escalated. The applicant regards Levent's continued support despite pressure as protective and courageous.

Any reference to Levent's formal role must therefore be careful: the issue is not that Levent caused the applicant's broader legal-medical destruction, but that the case is too large and politically/institutionally dangerous for one support person to carry. The applicant states that people who helped him in the past often faced pressure, job loss or institutional consequences; this context explains why Levent must not be placed in a hostile or accusatory position in the report.

R4.8. Helper-pressure pattern to be preserved

The report should preserve, as applicant-witness evidence requiring verification, the pattern that persons who assisted the applicant allegedly later faced pressure or institutional consequences. Examples given by the applicant include a woman referred to as Mizrak in the immigration/Senate context, a Turkish-language AIDS counselling professor/woman in the early 2000s, and Cemalettin Çetin / family-counselling context after a parliamentary inquiry concerning the applicant's name. These details require independent

verification, but they are relevant to why later helpers, including Levent Göktekin and Sergiu / AIDS-Hilfe, may have limited capacity or fear of involvement.

R4.9. Sergiu / AIDS-Hilfe correction remains unchanged and must not be softened

The Sergiu / AIDS-Hilfe correction remains part of REV4. Sergiu Grimalschi must not be treated as a person who first encountered the case in 2026. The 2009 line establishes physical and institutional notice to Berliner AIDS-Hilfe e.V.; the 31.01.2011 AIDS-Hilfe email establishes a named Sergiu Grimalschi receipt acknowledgment and request for phone contact; the 2026 audio must therefore be read in the context of long-term AIDS-Hilfe notice.

The Russian wording “Потому что иначе тебя закроют в психиатрию...” must not be softened into ordinary psychological-stress advice. It should be treated as a psychiatric-neutralisation warning: if the applicant continues pursuing the wider systemic, political and state-responsibility dimension, he could be placed in psychiatry. This is not presented as proof that Sergiu personally intended harm, but as evidence that an AIDS-Hilfe contact understood the systemic dimension and warned the applicant to narrow the case to teeth and housing.

R4.10. Pärviz Yazdani and consular/diplomatic notice must remain

The Pärviz Yazdani / Azerbaijan Embassy notice and assistance line must not be removed. It remains legally relevant to consular protection, diplomatic notice, the 2013 meeting context, the 7000+ page material transmission, and the question whether higher-level legal protection should have been triggered. It should be treated separately from the AIDS-Hilfe / Sergiu line and not merged or deleted.

R4.11. 2006 Erwerbsminderung / Arbeitsagentur and 2008 GdB 80 line

The report must clearly state that the work-capacity issue did not arise only recently. The Bundestag/petition file records that the applicant complained about the refusal of Rente wegen Erwerbsminderung and that he stated he could no longer work because of his health condition and systematic withholding of medical treatment. It further records that on 25.10.2006, on the initiative or referral of the Arbeitsagentur, he applied for Erwerbsminderungsrente. The rejection by Deutsche Rentenversicherung Bund was based on insurance-law prerequisites, not on a simple finding that no serious medical problem existed.

This must be read together with the Schwerbehindertenausweis / Versorgungsamt Berlin document showing GdB 80 valid from 21.02.2008. Therefore, by 2006-2008, state, social-insurance and disability systems were already formally confronted with the applicant's loss-of-work-capacity / disability reality. Later treatment, housing, police, prosecution, social-court and dental decisions should not treat him as an ordinary healthy person.

R4.12. 1998-2005 damage period; 2005 correction and 2006/2008 confirmation records

The report must not suggest that the applicant's core medical, social and life damage began only after 2005. The legally correct chronology is the opposite: the principal damage chain arose in the 1998-2005 period, while the 2005 court-correction / acquittal / compensation-entitlement chain and the 2006-2008 work-capacity/disability records show later legal and administrative visibility of damage that had already occurred. The earlier reports map this 1998-2005 sequence as immigration detention, medical unfitness / vulnerability, release without effective shelter or medical protection, winter homelessness, Krankenschein and medical-access obstruction, chronic illness progression, 2003 heart/infarct-related proceedings, the 2004 Reichstag life-death protest, and only thereafter the 03.01.2005 court correction.

Accordingly, when ECHR Articles 2, 3, 6, 8, 13 and 14, the CRPD, ICCPR, ICESCR and the German Basic Law are listed, the report must state that the violation risk and the concrete harm were already real by 2005 because the 1998-2005 damage chain had already unfolded. The 2006 Erwerbsminderung / Arbeitsagentur line and the GdB 80 disability document valid from 2008 are not the beginning of the damage; they are later official confirmations and system-visible consequences of the earlier 1998-2005 harm.

End of REV4 Addendum. This addendum should be integrated into the final Report No. 08 and cited in the executive summary, dental section, institutional-notice section, housing section and requested-measures section.

XI. Integrated Final Corrections - Expert-Review Blockade, Continuing NGO Notice, Betreuer Transparency and Video Annexes

This integrated final section supplements and corrects Report No. 08 without weakening the prior legal-documentary findings. It preserves the distinction between already document-supported facts, materials submitted for verification, and legal questions requiring independent investigation. Current urgent-protection requests must avoid language that can be used to psychiatrise or silence the applicant; the operative language is life-and-safety risk, medical collapse risk, homelessness risk, evidence-loss risk, expert-assessment blockade and psychiatric-neutralisation concern.

1. Consolidated Core Scope of Report No. 08

14. 1998-2005 core damage chain and later confirmation: immigration detention, medical unfit/vulnerability, medical/social assistance blockade, winter homelessness, chronic illness progression, 2003 heart/infarct-related proceedings, 2004 Reichstag life-death protest and press visibility, followed by the 2005 court correction/acquittal/compensation-entitlement line. The 2006 Erwerbsminderung/Arbeitsagentur line and the 2008 GdB 80 disability record are to be treated as later official visibility/confirmation of earlier harm, not as the period when the harm first arose. The later 91,000 EUR court-cost/damages-action chain belongs to the post-correction procedural-neutralisation context.
15. Parliament and petition line: Bundestag, Abgeordnetenhaus, Report 004 and Report 005. The parliamentary files show serious allegations reached parliamentary level, while the visible responses do not show a proportionate factual investigation into medical-care denial, detention/police conduct and continuing health damage.
16. 2019 hospital/Kaposi-sarcoma line: Franziskus-Krankenhaus, Evangelische Elisabeth Klinik, Vivantes Auguste-Viktoria-Klinikum, Charite, 20.08.2019 MRI, Kaposi-sarcoma suspicion, biopsy/diagnostic-delay allegations and related medical-evidence preservation.
17. iPhone 5 evidence-device line: 2019 hospital evidence stored on the device, then alleged theft/destruction and evidence loss.
18. iPhone 13 Pro and O2 line: second evidence carrier, 30.06.2023 theft, phone-location/O2 materials, and police/prosecutorial file handling.
19. 2023-2024 assaults: Zoologischer Garten 25.11.2023, Hermannstrasse/Hermannplatz 13.11.2024, police calls, later "not found" type responses and video evidence.
20. Metro/Vollstreckung/GdB 100 line: 2020 decision, later 2024-2026 enforcement pressure and failure to treat the applicant as a severely disabled person with GdB 100.
21. 2025-2026 dental/implant line: Dima, Yevsey Ananyev, approximately 11,000 EUR, 10.03.2025 sinus incident, 4,000 EUR + 1,000 EUR payment line, WhatsApp evidence, X-rays, photographs, videos and LKA/police-prosecutorial references.
22. Charite self-funded expert-assessment refusal: 22.01.2026 and 27.01.2026 events, video links and the applicant's claim that he was registered and waited for hours but was refused an independent dental/medical-legal assessment despite willingness to pay privately.
23. AOK / Sozialgericht Berlin S 193 KR 463/26 ER: 1,575 EUR / 450 EUR issues, Heil- und Kostenplan access, lack of clear treatment plan, chewing-function loss, infection/nutrition risk and urgency of independent expert assessment.
24. Betreuer Levent Goektekin / 54 XVII 8/22: his role must be treated as protective and supportive, not as blame. The transparency issue concerns court/authority communication and the legal limits of Betreuer authority, not a personal accusation against him.
25. Attorney Sapina line: 2,000 EUR payment and the allegation that effective legal steps were not proportionate to the severity of the case.
26. International and German legal matrix: ECHR Articles 2, 3, 6, 8, 13, 14; ICCPR; CAT; CRPD; ICESCR; German Basic Law Articles 1, 2(2), 3, 19(4); SGB V; SGG; BGB; StPO; and possible obstruction-of-justice questions including StGB section 258a if official protection of offenders is substantiated.

The operative consequences of this legal matrix must be stated clearly. Under these instruments, courts and authorities should not merely exchange correspondence or reduce the case to reimbursement. They must ensure effective access to court, disability-sensitive participation, full reasons, equality/non-discrimination, protection of life and bodily integrity, preservation of evidence, urgent independent dental-medical/legal expert

review, and direct access by the applicant to the procedural record. Where several bodies are simultaneously involved - Sozialgericht Berlin, AOK Nordost, LKA/Kriminalpolizei, Staatsanwaltschaft, Generalstaatsanwaltschaft, Kammergericht/Oberlandesgericht, Charite, the medical/dental chambers and treating practices - the legal question is whether the failure to secure expert review and protection reflects isolated delay or a coordinated non-opening / non-protection pattern requiring independent investigation.

27. Conclusion: the matter should not be treated as isolated mistakes. It requires investigation as long-term non-protection, evidence loss, expert-assessment blockade, procedural fragmentation and possible institutional neutralisation.

2. Continuing Notice to Amnesty International, HRW and Other Human-Rights Bodies

The Amnesty International / HRW / international-organisation line must not be limited to older CD/DVD, fax and postal submissions. The applicant states that in recent years and up to the present day he continued sending email submissions and updates about the same chain of events, including the 2019-2026 medical, dental, police, housing and court-procedure developments. The applicant states that automatic acknowledgements from Amnesty International and other organisations confirm receipt, but that no visible effective protective intervention, interview, case-opening, emergency referral, forensic preservation measure or substantive human-rights assessment followed.

This creates a continuing-notice issue: if emails and automatic replies show that the organisations repeatedly received updated information, the legal-documentary question is not only what the organisations knew in 2007-2013, but also what they knew from 2019-2026 and why no visible emergency pathway was activated. These emails and automatic replies should be indexed as a separate annex: date, recipient, subject, delivery/auto-reply proof, factual block communicated and visible response/no response.

3. Charite Self-Funded Expert-Assessment Refusal and Video Annex

The Charite dental/medical expert-assessment line must be treated as a central evidence-blockade issue. The applicant states that on 22.01.2026 and 27.01.2026 he attempted to obtain an independent dental/medical-legal expert assessment at Charite at his own expense. According to the applicant, he was registered, waited for approximately three hours, and was then refused or expelled instead of being examined. He states that video evidence shows entry, registration, waiting, refusal/expulsion, and a security-related confirmation that he had not created a disturbance but was asking why he was being removed after seeking an expert assessment.

This must not be reduced to an ordinary hospital-admission misunderstanding. In the context of the Sozialgericht, AOK, dental-forensic and criminal-complaint tracks, refusal of a self-funded independent expert assessment may contribute to the alleged evidence blockade: no court-appointed expert, no private expert access, no referral from the house doctor, and no forensic reconstruction while the oral condition continues to change.

Video links submitted by the applicant for verification:

- 1 - Charite self-funded expert request refusal: <https://youtu.be/j0RVub3qp6o?is=Zq1vNpvQ9CiEZshL>
- 2 - Charite self-funded expert request refusal: <https://youtube.com/shorts/zFyqW-cDrAw?is=PLqlluD3CfCopQ0G>
- 3 - Charite self-funded expert request refusal: <https://youtu.be/hriZaSD3kSo?is=pWlnZGJESOt2e2nJ>
- 4 - Charite self-funded expert request refusal: <https://youtube.com/shorts/oyvjINv1Olc?is=bkgfEmVwck6YXqAO>
- 5 - Charite self-funded expert request refusal: <https://youtu.be/ivKuSrO621I>
- 6 - Charite self-funded expert request refusal: <https://youtube.com/shorts/J5O0MUKHV9U?feature=share>

4. Dr. Uwe-Michael Baensch / House-Doctor Referral Refusal

The uploaded 13.01.2026 Dr. Uwe-Michael Baensch document must be included as a separate referral-duty and medical-coordination issue. The document is headed as a formal objection concerning an omitted medical duty and refusal to issue a necessary referral for medical-legal assessment. It states that the applicant objected to the refusal to issue an Überweisung for independent clinical assessment / expert opinion / evidence preservation.

The same document states that the applicant is severely chronically ill, including HIV/AIDS, oncological history and tuberculosis history, and that he suffers from massive oral infections, functional chewing loss and systemic weakening. It expressly frames the issue not as ordinary dental follow-up treatment, but as medical-legal clarification of a possible treatment error with acute health danger. It cites sections 630a-630c BGB, sections 27

and 73 SGB V and the Patientenrechtegesetz, and demands a referral to an appropriate clinic, including MKG / Zahnklinik Charite, for assessment.

This supports the conclusion that the applicant did not merely request another routine dental appointment. He sought independent expert clarification and evidence preservation. If the house doctor refused to facilitate this, the issue should be investigated under medical coordination duties, referral duties, patient rights, conflict-of-interest concerns and failure to protect an immunologically vulnerable patient from continuing oral infection and functional nutritional harm.

5. Current Oral Injury, Chewing Loss and Speech-Related Harm

The report must describe the current dental harm not only as loss of chewing function. The applicant states that broken teeth, exposed fragments and metal/implant components cut the inside of his lips and tongue like a knife, including during ordinary speech. He reports that his lips and tongue are injured, eating is functionally impaired, and speaking itself can cause cutting pain. This must be treated as an ongoing bodily-integrity and urgent-health issue requiring immediate independent dental-forensic assessment.

The legal point is that delayed examination destroys evidence: teeth are removed, wounds change, infections worsen or heal, and later experts may no longer reconstruct chronology, causation or responsibility. Therefore the court, AOK, medical chamber, prosecutors and any responsible medical institution must not postpone expert review while relying only on correspondence about costs.

6. Sozialgericht / AOK / Expert-Assessment Failure

In S 193 KR 463/26 ER the central relief should not be reduced to reimbursement or 1,575 EUR / 450 EUR cost items. The central issue is whether the applicant has been left without clear Heil- und Kostenplan, without treatment plan, without independent expert assessment and without protection against progressive dental, nutritional and infectious harm. The applicant argues that the court should first secure an independent expert review because only an expert can determine the medical reality, causation, urgency, prior treatment errors and the relationship between AOK conduct, dentists' conduct and current harm.

Accordingly, Report No. 08 should state that a judicial process concerning dental destruction, immune vulnerability, inability to eat properly, oral injuries and alleged treatment error cannot be adequate if it proceeds without promptly securing an independent dental-forensic expert opinion and preservation of X-rays, photographs, videos, treatment records, AOK files, WhatsApp records and payment evidence.

The case-numbered dental chain must be expressly preserved: Sozialgericht Berlin S 193 KR 463/26 ER; Kriminalpolizei / LKA 121 Vorgangsnummer 251219-1346-467062; Staatsanwaltschaft Berlin 253 AR 31/26; Generalstaatsanwaltschaft Berlin 121 Zs 139/26; Kammergericht Berlin 6 Ws 11/26; AOK Nordost; and the related medical/dental institutions. If these bodies are all aware of the same dental destruction, immune vulnerability, alleged treatment errors, payments, X-rays, videos, WhatsApp records and current inability to chew, but no independent expert review is secured, the issue must be investigated as possible coordinated expert-review blockade and procedural cover/non-opening, not merely as separate administrative delay. This wording does not make a final criminal finding; it identifies the legal question that the courts and oversight bodies must answer.

7. Betreuer Levent Goektekin - Protective Role and Procedural Transparency

The report must avoid any negative accusation against Levent Goektekin. The applicant expressly states that Levent Goektekin has helped him since 1999 and remains one of the very few persons who has protected him in practical and administrative matters. The earlier Anmeldung point must be worded precisely: Levent did not house the applicant inside his family home; he assisted with registration/address and mail/humanitarian support so that the applicant's legal existence and access to rights would not be completely blocked after detention and homelessness. This was not full housing provision.

The applicant also states that Levent Goektekin has recently helped against smaller but cumulative administrative pressures, including scooter-related penalties and other minor fines, and that he intervened in writing where repeated minor sanctions appeared disproportionate. These facts should be used to show his protective role, not to blame him.

At the same time, procedural transparency must be framed as a protection measure for both the applicant and Levent Goektekin, not as distrust of Levent. The applicant asks that Sozialgericht Berlin, AOK Nordost and any related authority or medical institution send him direct copies of all substantive communications, decisions,

statements, expert-related correspondence and settlement/withdrawal/procedural proposals in addition to any communication with the Betreuer. This is necessary because the applicant himself experiences the bodily pain, loss of chewing function, oral injuries, housing risk and legal consequences, and because his life experience shows that third persons who try to help him may be placed under pressure or in difficult positions by state or non-transparent actors. Direct copy to the applicant protects his own participation, protects Levent from being placed in an impossible position, and ensures that no procedural step is misunderstood as having been taken without the applicant's informed opportunity to respond. This is a court-access, transparency and participation issue, not a personal accusation against Levent Goektekin.

8. YouTube / WhatsApp Dental Payment and Implant-Conversation Annex

The applicant also submitted the following video links concerning dental-implant conversations and payment/WhatsApp evidence. These links must be preserved as a verification annex, with the original upload date, duration, metadata, screenshots and transcript to be indexed later.

- 1 - Dental doctor implant/payment conversations (WhatsApp): https://youtu.be/NdtoStOIDN8?is=fmAOR_9vTOhw90Vy
- 2 - Dental doctor implant/payment conversations (WhatsApp): https://youtu.be/XuHb2zjH-wA?is=-_UUIpEZ6KCUsbcp

9. Section X - Operative Requests Without Psychiatricising Trigger Language

The operative request section must avoid terminology that could be misused as a basis for psychiatric neutralisation. The report should use precise protection language: acute life-and-safety risk, homelessness risk, medical collapse risk, evidence-loss risk, expert-assessment blockade, psychiatric-neutralisation concern, and need for immediate independent investigation and protective measures. The applicant states that the purpose is not psychiatric confinement, but protection of life, health, evidence, housing, court access and external safety/relocation options.

ADDENDUM D - Source-Based Strengthening: Case Numbers, International Duties and Coordinated Expert-Review / Non-Protection Question

Purpose of this addendum. This addendum is included so that Report No. 08 is not read as a general narrative or as a collection of subjective complaints. It expressly anchors the analysis in the previously reviewed legal-documentary reports, the visible case numbers, and the domestic/international obligations that require coordinated action. The report's existing evidence-wording rule remains controlling: previously reviewed documents and case references are treated as document-based findings, while new oral or uninspected items remain pending verification.

Core strengthening point. In the dental/implant, expert-review and medical-protection line, the legally relevant issue is no longer only whether one clinic, one insurer, one dentist, one prosecutor or one court failed separately. The issue requiring investigation is whether the simultaneous conduct or non-action of Sozialgericht Berlin, AOK Nordost, dental and hospital institutions, Kriminalpolizei/LKA, Staatsanwaltschaft, Generalstaatsanwaltschaft, Kammergericht and related actors resulted in a mutually reinforcing or coordinated blockade of independent expert review, evidence preservation, criminal accountability and urgent medical protection.

D.1. Explicit Source and Case-Number Anchors

Source block	Case numbers / documents to anchor	Why it strengthens Report No. 08

	evaluation.	
iPhone 13 Pro / O2 / evidence-device continuation	30.06.2023 iPhone 13 Pro theft; police reference 230701-0330-348519; prosecutor references 3031 Js 4495/24 and 282 Js 3791/23; O2 device/IMEI/payment records.	Not ordinary property loss; second evidence-device chain.
2023-2024 assault lines	25.11.2023 Zoologischer Garten line, LPD St 33 - 01941/1727/24; 13.11.2024 Hermannstrasse/Hermannplatz line, 241113-1810-131001 and 241120-1537-100348; 110 calls, CCTV, dispatch/body-camera/witness materials.	Requires coordinated police/prosecutorial review and preservation of video/call evidence.
Metro / Vollstreckung / disability-sensitive review	254 Cs 1048/24; 3034 Js 3591/24; related Vollstreckung/Inhaftierung submissions; GdB 100 context; 2020 higher-court corrective line to be annexed.	Shows possible survival-displacement through enforcement pressure and need for proportionality/disability review.
Housing-loss / Eigenbedarf line	RA Uwe Witting letter dated 10.09.2025, Kündigung des Mietverhältnisses wegen Eigenbedarfs, Wichmannstr. 9, 10787 Berlin, stated termination 30.06.2026; BGB §573; potential §574 and §577a issues.	Shows immediate housing-and-life-risk line after approximately 20 years in the home.
Betreuer / participation transparency	Betreuungsgericht / Amtsgericht Mitte 54 XVII 8/22; RA Levent Göktekin as protective/support person; applicant requests direct copies of all court/AOK communications.	Not an accusation against Levent Göktekin; ensures the applicant remains directly informed and protected against any pressure on third persons.

D.2. Coordinated Non-Protection / Expert-Review Blockade Question

The dental and implant line must be assessed as an interlocking state/medical/prosecutorial/court protection problem. The applicant reports loss of chewing function, open and unprotected dental structures, oral injuries to lips and tongue, infection and nutrition risks, and inability to obtain independent expert examination. Those risks are not resolved by treating the file as a narrow reimbursement dispute.

The court file S 193 KR 463/26 ER, AOK Nordost, Kriminalpolizei/LKA 121 (251219-1346-467062), Staatsanwaltschaft 253 AR 31/26, Generalstaatsanwaltschaft 121 Zs 139/26, Kammergericht 6 Ws 11/26, Charité, the primary-care Überweisung issue and the dental providers must be read together. If each institution looks only at its own narrow file, the combined harm remains without remedy. That is the precise Article 6 / Article 13 / CRPD Article 13 problem.

Report No. 08 therefore requests a coordinated file review, not a fragmented administrative answer. The authorities should determine who had notice, what documents were received, why independent dental-medical-forensic expert review was not ordered, whether medical records were withheld, whether criminal/prosecutorial files ignored medical evidence, and whether any actor relied on another actor's inaction to avoid responsibility.

The possible StGB §258a question must be stated carefully: the report does not make a final accusation of Strafvereitelung im Amt. It states that if officials knowingly obstructed investigation, suppressed evidence, avoided expert review or allowed accountability to fail despite documented serious harm, then a §258a-type question may require independent review by an authority not connected with the previous handling.

D.3. What Courts and Authorities Must Do Under the Conventions

Legal source	Operational duty in this case
ECHR Article 2	Treat the combined medical, dental, housing, assault and enforcement pressure as a life-and-health protection issue; prevent foreseeable collapse; preserve evidence relevant to risk.
ECHR Article 3 / CAT Articles 12, 13, 16	Investigate prolonged degrading treatment or serious ill-treatment allegations effectively; do not dismiss severe dental/medical pain, bodily injury, homelessness risk or psychiatric-neutralisation warnings as ordinary inconvenience.
ECHR Articles 6 and 13	Ensure effective access to court and remedy: direct participation of the applicant, copies of all communications, independent expert evidence, reasoned decisions, and no purely formal remedies that leave urgent harm untouched.
ECHR Article 8	Protect home, bodily integrity, private life, medical evidence and correspondence; treat threatened loss of the 20-year home as a survival/evidence issue, not a neutral relocation matter.
ECHR Article 14 and CRPD Articles 5, 13, 15, 16, 17, 22, 25	Apply disability-sensitive procedure and health protection; a person with HIV/AIDS, GdB 100 context, loss of chewing function and documented vulnerability must not be processed as if there were no special barriers.
ICCPR Articles 6, 7, 9, 17, 26 and Article 2(3)	Protect life, physical integrity, liberty, home/private life, equality and effective remedy; investigate serious harm in a way capable of identifying responsibility.
ICESCR Articles 9, 11, 12	Protect social security, housing/adequate living conditions, food/nutrition and health, especially where dental destruction blocks eating and homelessness is threatened.
German law: GG Arts. 1, 2(2), 3, 19(4); SGG §86b; SGB V §§27, 28; BGB §§630a-630g; StPO §§152, 160, 172; BGB §§573, 574, 577a	Order urgent interim protection, obtain medical/dental records, secure expert examination, preserve criminal evidence, verify housing hardship/Eigenbedarf, and ensure effective judicial review.

D.4. Minimum Source-Based Orders Required

- Order or secure an independent dental-medical-forensic examination, including X-rays, photos, videos, implant materials, dental records, payment records, consent forms and before/after documentation.
- Require AOK Nordost, dental providers, Charité and the primary-care/referral line to produce all records, internal notes, Heil- und Kostenpläne, refusals, and reasons for not arranging expert review.

- Join or cross-reference the relevant file numbers so that Sozialgericht, criminal police, prosecutors, Kammergericht and AOK do not answer in separate fragments.
- Send the applicant direct copies of all court/AOK/Betreuer-related communications and allow direct written participation. This is not distrust of RA Levent Göktekin; it is a protection measure because third persons can be placed under pressure and because the applicant personally lives the pain, health risk and legal consequences.
- Preserve O2/IMEI/device evidence, 110 calls, CCTV/body-camera/dispatch logs, property-room records, and all institutional receipt logs from NGOs and public authorities.
- Treat the 30.06.2026 housing line as urgent protection and evidence-preservation matter until Eigenbedarf, Härtefall, disability, medical and safety factors are independently reviewed.

Final source-based strengthening statement. The existence of many file numbers is not proof that remedies worked. In this case, the file numbers are themselves evidence of institutional notice. The central legal question is why, despite those files, no coordinated protection, independent expert review, evidence preservation and effective remedy occurred. This is why Report No. 08 must be read as a source-based cumulative-protection report, not as a weakened narrative of isolated complaints.

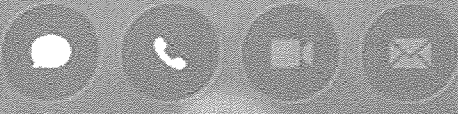
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