

English translation of the court summons sent to the State of the Netherlands and the District Court of The Hague on November 27th 2020, relating to the Safe Schools case of the foundation “Stichting Protect EveryBody”, which will be heard on December 2nd 2020. Translation by the team behind the foundation.

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I. Summary of the case

1. This case is about the State's Corona policy regarding children and education.

2. Since the first infection with the Sars-Cov-2 Coronavirus was detected in the Netherlands in February of this year, the Netherlands is, just as many other countries, currently undergoing an unprecedented health crisis. The country faces a virus about which little is currently known, but which has enormous consequences for the health, economy and welfare of Dutch society. In crisis situations like this, governments all over the world are facing extremely difficult choices.

The Dutch State has had to - on the basis of the available but limited information - assess risks and weigh interests against each other, and all against a background of uncertainty, dissatisfaction and even resistance in society. In such a situation, the State has a large degree of (policy) freedom in taking measures.

3. However, when taking measures, the State should be guided by the most complete and latest state of scientific knowledge. At the moment this does not seem to be the case for the Dutch Coronavirus policy with regard to children. The State, in its provision of information, instructions to institutions such as the Regional Health Service (GGD) and compulsory education officials, and in its measures at schools, assumes that children under 18 years play a small role in the spread of the virus. However, this has never been demonstrated, and it is becoming increasingly clear that this role is not so small at all. Also, the Outbreak Management Team ("OMT") (*the national outbreak advisory/ policy/ management council*) in its opinion of 2 November 2020 warned "to be concerned" about the infections among young

people (including students in the upper classes of secondary schools) and has advised to close these classes (advice which was not followed up on by the State).¹

4. Plaintiffs believe that the State is currently acting outside the limits of its policy freedom with regard to schools and children. Precisely in a crisis situation such as this, in which there are still many uncertainties about health consequences of infection, citizens should be able to assess the risks of the Coronavirus themselves on the basis of complete and accurate government information, and then they must be allowed to choose for themselves how they want to deal with those risks as far as their own and their family's health is concerned. For the group of citizens at the center of this case - parents and guardians - this is currently not the case. The information provided by the State to parents and to schools about the risk of children becoming infected and passing on the virus, is in conflict with the current state of the best available scientific knowledge, or at least with the Precautionary Principle.

5. In addition, parents and guardians who, on the basis of the current state of scientific knowledge and given the current level of virus circulation make their own risk assessment, are not permitted to keep their children at home because of the risks of contagion at school. The current policy of the government, in particular where it concerns compulsory schooling, forces some parents and guardians to be at greater risk of contagion than they find acceptable for themselves, for their own health and that of their children, also in view of the information they derive from the authoritative guidelines from the World Health Organization ("WHO").

6. In that respect, plaintiffs further argue that the State exceeds the margins of its policy freedom by deviating from WHO guidelines for providing safe secondary school education schools, without providing objective justification.

7. In short, plaintiffs are claiming in these proceedings:

1. Correct and complete information from the State to parents and guardians on
 - a. the risk of spread of the Coronavirus by children.
 - b. the possible risk for children if one of their classmates is infected.
2. That the advice of the State for measures in the case of children is in line with WHO guidelines.
3. That the State calls on schools and school attendance officers to cancel the obligation to attend physical education for parents and guardians who want to keep their children at home while the virus circulation is dangerously high (as long as the signal values on the national Corona Dashboard has been exceeded).

II. Plaintiffs

¹ Advice from the National Institute for Public Health and the Environment (RIVM) after the 83rd and 84th consultations of the Outbreak Management Team (OMT) COVID-19, source: <https://www.rijksoverheid.nl/documenten/brieven/2020/11/03/advies-nav-83e-en-84e-omt>, p. 6

8. Claimant sub 1 in these proceedings is Foundation Stichting Protect Everybody (hereinafter: "Protect Everybody"). This foundation has been established with the aim to - in and out of court - promote a safe society for all Dutch citizens during the SARS-CoV-2 pandemic, and promote maximum containment of the Coronavirus in the Netherlands. More specifically Protect Everybody is committed to reducing the risk of contamination of pupils and their parents/guardians in primary and secondary education in the Netherlands.

Exhibit 1: articles of association and extract trade register Protect Everybody Foundation

9. Various interest groups are affiliated with Protect Everybody:

(i) Platform ContainmentNow: a civic organization that has been active since March 2020 for the introduction of a containment strategy in the Netherlands in order to contain and stop Coronavirus (Exhibit 2: explanation Vicky van der Togt, one of the initiators of Platform ContainmentNow);

(ii) EndCoronavirus and the New England Complex Systems Institute: EndCoronavirus is an international multidisciplinary volunteer organization that consists of more than 4000 scientists, entrepreneurs and citizens. EndCoronavirus is part of the New England Complex Systems Institute (which as such has also joined Protect Everybody and joined in this lawsuit), and is affiliated with the U.S. universities MIT, Harvard, Brandeis, USC and USCF. EndCoronavirus is working on solutions to contain the Coronavirus. To this end, it offers guidelines and recommendations for policymakers, companies and individuals. EndCoronavirus' guidelines are based on research conducted by scientists from the New England Complex Systems Institute, Harvard, UCLA, MIT and other leading institutes (Exhibit 3: statement by Yaneer Bar-Yam, president of the New England Complex Systems Institute and Physicist and complexity scientist, trained at MIT).

(iii) Schools Safe (Scholen Veilig): A group of volunteers that collects and shares information about the Coronavirus related to children and schools. On the website scholeneveilig.com, the group has been sharing relevant information such as overviews of international scientific literature, newspaper articles and practical documents on safety in schools (Exhibit 4: statement of [anonymous], representative of Schools Safe).

(iv) The Schools Hotline (Scholenmeldpunt): a group of dozens of worried parents, teachers and care workers who, from the beginning of the outbreak, have been collecting data on infections in schools. The Schools hotline is supported in this procedure by the Facebook group "We stay at home during the Corona Crisis, so do our children," with about 4,400 members (Exhibit 5: statement [anonymous], elementary school teacher and representative of the Schools Hotline and the Facebook group).

(v) Zero Covid Alliance: an international collaborative effort for containment of the Coronavirus towards zero (Exhibit 6: explanation by Mohamed Salem, representative Zero Covid Alliance).

10. Plaintiffs sub 2 to 10 are concerned parents with school-age children. They see themselves faced with the situation that they have to send their children to school on a daily basis during

a phase of uncontrolled spread of the virus. Parents who keep their children home are confronted with (threats by) the school attendance officer and in some cases even with CPS (Child Protection Services, Veilig Thuis).

Exhibits 7a to 7g contain statements by the parents who are plaintiffs in this procedure in which they explain their personal situation and explain why they have an interest in the allocation of claims. A number of these parents have had to deal with the school attendance officer because they keep their child or children at home for fear of contagion.

11. In chapter VIII below, the admissibility of plaintiffs will be discussed.

12. In addition, this procedure is supported by another 230 persons who have signed a declaration of support on the website of Protect Everybody. The names of these persons are included in Exhibit 8. Signatories have also sent a statement about their personal situation. These statements are included in Exhibit 9.

III. The Coronavirus and children - the current state of scientific knowledge

13. SARS-Cov-2 is a virus that causes the infectious disease COVID-19. COVID-19 is qualified, within the framework of the Dutch Public Health Act, as a so-called "Group A infectious disease". Group A infectious diseases are considered so serious and contagious that the WHO has determined that any infection, including a single case, must always be reported directly to the international community via the WHO.²

14. At the moment of drafting this writ of summons, worldwide 55,079,655 COVID-19 infections have been identified and 1,328,269 people have died of the virus. In the Netherlands more than ten thousand people died of an established or suspected COVID-19 infection.³ That number increased in the most recent week with 565 persons of whom it is established that they died of COVID-19.⁴ The actual number of COVID-19 related deaths is higher, as evidenced by the excess mortality recorded by Statistics Netherlands (CBS). According to the RIVM, COVID-19 has an "Infection Fatality Rate" of 1%, which means that on average 1 in 100 infected persons dies.⁵

15. In the initial phase of the pandemic, RIVM research seemed to indicate that small children (under 10 or 12 years) play a small role in the distribution of SARS-CoV-2. RIVM carried out this research mainly under children of care workers, when the schools were closed, and they were not identified as an index in the family by the RIVM. In the meantime, the conclusion that children play a small role in the spread of the virus - such as explained below - is outdated.

² MvT Public Health Act, Parliamentary Papers II, 2007/2008, 31 316, no. 3, p. 10.

³ <https://www.cbs.nl/nl-nl/nieuws/2020/40/10-duizend-Coronadoden-tijdens-eerste-golf-van-de-pandemie>

⁴ <https://www.rivm.nl/Coronavirus-covid-19/actueel>

⁵ <https://www.rivm.nl/Coronavirus-covid-19/ziekte>

16. Concerning older children (teenagers) there is no scientific evidence that they are less likely to become infected or spread the virus less quickly than adults. On the contrary, studies on teenage spread indicate that they are at least as contagious as adults.

17. Recent research on 59,073 contacts of 5,706 infected persons showed that the number of infected persons was 59,073 in South Korea (carried out during school closures!): "that household transmission of SARS-CoV-2 was high if the index patient was 10-19 years of age."⁶

18. U.S. research showed that "the viral load in children in the asymptomatic/early infection phase was significantly higher than in hospitalized adults with severe disease with over 7 days of symptoms".⁷ In the same research it was also concluded: "If schools were to reopen fully without necessary precautions, it is likely that children will play a larger role in this pandemic. [...]"

Potential transmission of SARS-CoV-2 between children and families should be considered when designing strategies to mitigate the COVID-19 pandemic."

19. Also research conducted in the south of India by Princeton Environmental Institute, John Hopkins University and the University of California, Berkeley, published in Science, has shown that children play a much more important role in the spread of the virus than first thought.⁸ Principal Investigator Ramanan Laxminarayan: "Kids are very efficient transmitters in this setting, which is something that hasn't been firmly established in previous studies."⁹

20. A recent report from the Ministry of Health in Israel concluded that children had become infected even more often than adults. From the 678,000 tests performed on children, 55,000 were positive (8%), compared to 157,000 positive tests in 2.54 million tests on adults (6%).¹⁰

⁶ Park Y, Choe Y, Park O, Park S, Kim Y, Kim J, et al., 'Contact Tracing during Coronavirus Disease Outbreak', South Korea, 2020. Emerg Infect Dis. 2020;26(10):2465-2468, vindplaats: <https://dx.doi.org/10.3201/eid2610.201315>

⁷ Yonker, Lael M. et al., Pediatric Severe Acute Respiratory Syndrome Coronavirus 2 (SARSCoV-2): Clinical Presentation, Infectivity, and Immune Responses, The Journal of Pediatrics, 19 augustus 2020, vindplaats: [https://www.jpeds.com/article/S0022-3476\(20\)31023-4/fulltext](https://www.jpeds.com/article/S0022-3476(20)31023-4/fulltext)

⁸ Ramanan Laxminarayan, Brian Wahl, Shankar Reddy Dudala, K. Gopal, Chandra Mohan B, S. Neelima, K.S. Jawahar Reddy, J. Radhakrishnan, Joseph A. Lewnard, 'Epidemiology and transmission dynamics of COVID-19 in two Indian states', Science, November 6, 2020: 691-697, source: <https://science.sciencemag.org/content/370/6517/691>

⁹ Largest COVID-19 contact tracing study to date finds children key to spread, evidence of superspreaders, Princeton Environmental Institute, 30 September 2020, source: <https://www.princeton.edu/news/2020/09/30/largest-covid-19-contact-tracing-study-date-finds-children-key-spread-evidence>

¹⁰ Original report (Hebrew): https://www.gov.il/BlobFolder/reports/bz400844120/he/files_publications_Corona_bz-400844120.pdf. Translation: https://winterwind.org/_media/covid-19/files_publications_Corona_bz-400844120.iw.en.pdf

21. The U.S. Center of Disease Control ("CDC") inquiry into transmission within households showed that transfer occurred regardless of whether the index patient was an adult or a child: "These findings suggest that transmission of SARS-CoV-2 within households is high, occurs quickly, and can originate from both children and adults."¹¹

22. Source and contact tracing in Trento (Italy) showed that children under 15 years of age represented the greatest risk of propagation.¹²

23. Major outbreaks in schools were observed, for example, in Georgia (USA), Mississippi (USA), Tennessee (USA), Nebraska (USA)¹³, New York (USA), Montreal (CA)¹⁴, Quebec (CA)¹⁵, Santiago (Chile)¹⁶, Sydney (Aus)¹⁷, Oise (FR)¹⁸, England (UK)¹⁹, Soest (NL)²⁰ and Israel²¹.

¹¹ Grijalva CG, Rolfes MA, Zhu Y, et al. Transmission of SARS-COV-2 Infections in Households- Tennessee and Wisconsin, April-September 2020. MMWR Morb Mortal Wkly Rep 2020;69:1631-1634, source: <http://dx.doi.org/10.15585/mmwr.mm6944e1>

¹² Fateh-Moghadam, Battisti, et al. Contact tracing during Phase I of the COVID-19 pandemic in the Province of Trento, Italy: key findings and recommendations. medRxiv 2020.07.16.20127357, source: <https://doi.org/10.1101/2020.07.16.20127357>

¹³ COVID-19 outbreaks in children complicate school reopening plans - Al Jazeera English <https://www.aljazeera.com/news/2020/8/19/covid-19-outbreaks-in-children-complicate-school-reopening-plans>

¹⁴ Montreal schools now driving force of COVID-19 spread: experts - Montreal Gazette

¹⁵ 101 schools with COVID-19 outbreaks Transmission between school walls accelerates- Le Journal du Quebec - October 2, 2020 <https://www.journaldequebec.com/2020/10/02/101-ecoles-aux-prises-avec-des-eclosions-de-covid-19>

¹⁶ Torres, Piñera et al. Severe Acute Respiratory Syndrome Coronavirus 2 Antibody Prevalence in Blood in a Large School Community Subject to a Coronavirus Disease 2019 Outbreak: A Cross-sectional Study, Clinical Infectious Diseases, ciaa955. <https://doi.org/10.1093/cid/ciaa955>

¹⁷ Cluster linked to Sydney's Tangara school grows, source of outbreak a mystery. The Sydney Morning Herald, August 11, 2020, <https://www.smh.com.au/national/nsw/cluster-linked-to-sydney-stangaraschool-grows-source-of-outbreak-a-mystery-20200811-p55kjm.html>

¹⁸ Fontanet, Tondeur, et al. Cluster of COVID-19 in northern France: A retrospective closed cohort study. MedRxiv, 2020.04.18.20071134. <https://www.medrxiv.org/content/10.1101/2020.04.18.20071134v1>

¹⁹ Weekly Coronavirus Disease 2019 (COVID-19) surveillance report, week 39. Public Health England. <https://t.co/YQujd2NCCO?amp=1>

²⁰ Five weeks after Corona outbreak at Griffland College in Soest: 69 infections, 1400 pupils at home - Algemeen Dagblad. <https://www.ad.nl/amersfoort/vijf-weken-na-Corona-uitbraak-op-griffland-college-in-soest-69-besmettingen-1400-leerlingen-thuis~ac3458b47/>

²¹ When Covid Subsided, Israel Reopened Its Schools. It Didn't Go Well - New York Times <https://www.nytimes.com/2020/08/04/world/middleeast/Coronavirus-israel-schools-reopen.html>

24. In addition, it is becoming more and more clear that closing schools in different parts of The world has played a major role in reducing the spread of SARS-CoV-2.²² The British Scientific Advisory Group for Emergencies (SAGE; the equivalent of the OMT in the United Kingdom) calculated that the closure of all schools would be associated with a decrease of the R number by 0.2 to 0.5 and thus would be the most effective measure, except for a general lockdown (which would comprise closing schools).²³

25. In a recent publication in The Lancet journal, in which data from 131 countries were published and analyzed, it was concluded that reopening schools after lockdowns leads to an increase of 24% in the number of infections in the first month.²⁴ Another measure with similar effectiveness is a ban on meetings in groups of more than 10 people.

26. The OMT now also recognizes that teenagers and schools play a role in the spread of the virus. The OMT-opinion of 13 October 2020 states: "[...] the OMT observes that young people are regularly infected and could contribute to the dissemination of COVID-19 [...]". RIVM director Jaap van Dissel said during the parliamentary briefing of 28 October 2020: "in our previous OMT letter we have stated that we are well aware that secondary school students can contribute to spreading and that they can also become ill, but that we find going to school so important for that group that we suggest stricter or more stringent measures elsewhere to keep the schools open as long as possible."²⁵

27. The OMT's advice of 2 November states that the OMT is concerned about the infections among young people (including students in the upper classes of secondary schools). For that reason, the OMT advised the State to close the upper grades of secondary schools. In the briefing of Parliament of November 4, 2020, Jaap van Dissel presented RIVM's assumption that when all schools would close for two weeks, the R-value would fall to 0.74 (instead of 0.88), and that the number of ICU-admissions per day on December 7 would have dropped to ten (instead of 20).

²² Yang Liu, Christian Morgenstern, James Kelly, Rachel Lowe, CMMID COVID-19 Working Group, Mark Jit, 'The impact of non-pharmaceutical interventions on SARS-CoV-2 transmission across 130 countries and territories', medRxiv 2020.08.11.20172643; doi: <https://doi.org/10.1101/2020.08.11.20172643> (pre-print, not yet peer-reviewed), Jan Markus Brauner, Sören Minderhann, Mrinank Sharma et al., 'The effectiveness of eight nonpharmaceutical interventions against COVID-19 in 41 countries', medRxiv 2020.05.28.20116129; doi: <https://doi.org/10.1101/2020.05.28.20116129> (preprint, not yet peer-reviewed), Polly Matzinger, Jeff Skinner, 'Strong impact of closing schools, closing bars and wearing masks during the Covid-19 pandemic: results from a simple and revealing analysis', medRxiv 2020.09.26.20202457; doi: <https://doi.org/10.1101/2020.09.26.20202457> (pre-print, not yet peer reviewed)

²³ Scientific Advisory Group for Emergencies, Non-pharmaceutical interventions (NPIs) table, 21 september 2020, <https://www.gov.uk/government/publications/npis-table-17-september-2020>

²⁴ You Li et al, 'The temporal association of introducing and lifting non-pharmaceutical interventions with the time-varying reproduction number (R) of SARS-CoV-2: a modelling study across 131 countries', The Lancet October 22, 2020, source: [https://doi.org/10.1016/S1473-3099\(20\)30785-4](https://doi.org/10.1016/S1473-3099(20)30785-4)

²⁵ Technical Briefing Report, Parliamentary Papers II, 2020-2021, 25 295, no. 709

28. From the RIVM-report on the epidemiological situation of 20 October 2020 it appears that in the week of October 13 until October 20 there were 4,583 new infections reported in the age group 15-19, against 4,393 infections in the age group 30-34 and 3,988 infections in the age group 40-44.²⁶ Only four age groups had more infections (with age group 20-24 as the frontrunner with 5,209 infections).

29. Whereas children, and certainly teenagers, thus contribute to the spread of the virus, they do run (much) less risk of dying from a COVID-19 infection than the elderly. In general, the risk of death increases with age. But this does not mean that children are not at risk of serious symptoms or even - in exceptional cases - death. A small number of children who are infected with the Coronavirus are faced with serious complications that are similar to Kawasaki's disease.²⁷ This disease causes inflammation in the blood vessels and in some cases the disease can lead to aneurysms and damage to the heart. Also, children - just like adults - can be left with serious long-term consequences after a COVID-19 infection. In the meantime, more and more research shows that an initially "mild" COVID-19 infection can include long-term (and perhaps permanent) nerve damage, damage to the heart, lung damage and brain damage.²⁸ Serious long-term effects after a Corona infection are also called "Long COVID". At the moment it is still unclear how many infections lead to Long COVID. The WHO has established that 35% of infected people still have symptoms after two to three weeks. The percentage of patients that continue to suffer from (severe) symptoms is estimated by scientists at 10%.²⁹ Long-COVID patients suffer from symptoms such as shortness of breath, extreme fatigue, muscle pain and neurological symptoms such as extreme forgetfulness. In the words of WHO director-general Tedros Adhanom Ghebreyesus: "To a significant number of people, this virus poses a range of serious long-term effects."

30. There is still a lot unclear about the percentage of Long COVID in children, but it is clear that children can also get Long COVID.³⁰ Children have their whole life ahead of them, and it

²⁶ Epidemiological situation COVID-19 in the Netherlands, National Institute for Public Health and the Environment - RIVM, 3 November 2020, 10:00

²⁷ See for example Ouldali et al., 'Emergence of Kawasaki disease related to SARS-CoV-2 infection in an epicentre of the French COVID-19 epidemic: a time-series analysis', *The Lancet Child Adolescent Health* 2020; 4: 662-68, locate: [https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(20\)30175-9/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(20)30175-9/fulltext)

²⁸ See for example [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(20\)30228-5/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(20)30228-5/fulltext), <https://jamanetwork.com/journals/jamacardiology/fullarticle/2768916> and <https://www.hersenstichting.nl/Corona-en-de-hersenen/>

²⁹ 29 Nature, 'The lasting misery of Coronavirus long-haulers', 14 september 2020, source: <https://www.nature.com/articles/d41586-020-02598-6>, Greenhalgh Trisha, Knight Matthew, A'Court Christine, Buxton Maria, Husain Laiba, 'Management of post-acute covid-19 in primary care', *BMJ* 2020; 370:m3026, source: <https://www.bmj.com/content/370/bmj.m3026>

³⁰ See for example CNN, 'Adults may not be the only Covid 'long haulers.' Some kids still have symptoms, months after falling ill', 10 augustus 2020,

can certainly not be ruled out that children with Long COVID will suffer the consequences of this for the rest of their lives. That those consequences can be serious is shown by the story that Protect Everybody received from a mother with two children who both suffer from Long-COVID.

Exhibit 14: explanation of a mother with two children suffering from Long COVID. Her children have been suffering for months from the following symptoms and now there is (after months) finally an appointment for further investigation in the Amsterdam University Medical Center:

"- Fever (daily)

- At times ice cold, very difficult to warm up

- Severe abdominal pain

- Headache

- Skin rash; bumps on whole body and face

- Pale face, grey eyes

- Tired, little energy, lethargic

Only with our 6-year-old:

- Electric tingling in hands and feet/legs

Only with our 3-year-old:

- Palpitations (rock-hard heartbeat 'clapping out of the chest', different speeds, also at rest)

- Painful, tired legs

- Dizzy, few short periods of some days

- Forgetfulness

- Black thin stools; blood in the stools (indicating bleedings in the small intestine/stomach)

- Orange-yellow and yellow-white stools (indicating liver issues)".

31. The John Snow Memorandum, a statement published in October in the journal the Lancet, that has been written by renowned scientists and signed by 6,900 scientists, researchers and care workers (including Marc van Bonten and other members of the Dutch OMT), calls, among other things, for not letting the virus circulate among young people: "Uncontrolled transmission in younger people poses a risk at significant morbidity and mortality across the whole population. In addition to the human cost, this would impact the workforce as a whole and overwhelm the ability of healthcare systems to provide acute and routine care."³¹ The memorandum also states: "The infection fatality rate of COVID-19 is several-fold higher than that of seasonal influenza and infection can lead to persisting illness, including in young, previously healthy people (i.e., long COVID) [...] we still do not understand who might suffer from long COVID."

32. Finally, plaintiffs refer to the declaration of support of Yaneer Bar-Yam, president of the New England Complex Systems Institute and physicist and complexity scientist, trained at MIT (Exhibit 10a) and the statement of Ginny Mooy, anthropologist who has worked in the ebola fight in Sierra Leone 2014 - 2016 as researcher and field worker, and member of the Red Team (an independent group of Dutch experts who contribute with reflection, interpretation and advice for the prevention and control of COVID-19)

<https://edition.cnn.com/2020/08/10/health/children-long-covid-symptoms-intl-gbr/index.html>

³¹ www.johnsnowmemo.com

Exhibit 10b, From the statement of Yaneer Bar-Yam (Exhibit 10a):

"The scientific evidence of multiple studies shows that students can be infected and infect others, and that outbreaks occur in schools. Three of the most important studies were performed about cases in India and published in Science Magazine [1], Israel and published by their Ministry of Health [2], and a multinational study published in The Lancet [3]. Because students are often asymptomatic (or particularly for young children perhaps are not reporting mild symptoms) standard testing protocols often miss their illnesses and contribution to transmission. Some countries have chosen not to test children, partially due to limited testing availability and prior assumptions that child infections are not important for their health or the outbreak transmission. Both of these have confused many other studies and has promoted an incorrect assessment of the involvement of children. Also, it is important to recognize that while students have a lower COVID-19 severe disease and mortality rate, these are not zero. The risk of child illnesses remains significant for the parents and families affected. The emerging understanding of Long COVID that is known to affect tens of percents of those who are infected, including asymptomatic and mild cases of COVID, has not been shown to be age dependent. While data on children is just beginning to be collected, this leaves us with the expectation that children may very well suffer heart, brain, lung and other organ damage for long periods and even their lifetimes. There is also the severe MIS-C that affects children due to Coronavirus infection. Moreover, the transmission in schools, like other indoor, extended time gatherings, in often poorly ventilated rooms, and the use of shared bathrooms, are precisely the conditions for transmission, including superspreader events that have been widely reported upon, see in particular the Israel report that documents them directly."

From the statement of Ginny Mooy (Exhibit 10b):

"Because, as a rule, no source and contact tracing is conducted in schools, there is uncontrolled distribution in this setting. But equally, the distribution from these settings to other settings (such as the family) remains largely unknown, since it is still unknown to what extent (asymptomatic) children transmit the virus to other persons." [...] "The decision of the Dutch government to leave all schools open without precautionary measures has no (bio)medical or scientific, but a political basis."

33. All over the world people are struggling with the question of how to deal with measures for children and schools. Of course, it is very important that children are able to develop and be educated. At the same time, the risk that students and their teachers infect each other, which may pose serious consequences, and to unintentionally spread the virus into society, should be limited as much as possible. It should be borne in mind that in schools large numbers of young people come together and the lessons are given indoors, in which the risk of contamination is much greater than outside.³²

³² See for example Fears AC, Klimstra WB, Duprex P, Hartman A, Weaver SC, Plante KC, Mirchandani D, Planted YES, Aguilar PV, Fernández D, Nalca A, Totura A, Dyer D, Kearney B, Lackmeyer M, Bohannon JK, Johnson R, Garry RF, Reed DS, Roy CJ. Comparative dynamic aerosol efficiencies of three emergent Coronaviruses and the unusual persistence of SARS-CoV-2 in aerosol suspensions. medRxiv 2020 <https://doi.org/10.1101/2020.04.13.20063784> and Santarpia JL, Rivera DN, Herrera V, Morwitzer MJ, Creager H, Santarpia JW, Crown KK, Brett-Major D, Schnaubelt E, Broadhurst MJ, Lawler JV, Reid SP, Lowe JJ. Transmission Potential of SARS-CoV-2 in Viral Shedding Observed at the University of Nebraska Medical Center. medRxiv (2020) doi: <https://doi.org/10.1101/2020.03.23.20039446>

34. The WHO has therefore published a guideline, which has been drawn up in collaboration with the Technical Advisory Group (TAG) of Experts on Educational Institutions and COVID-19 experts from WHO, UNICEF, and UNESCO. In this guideline it is described which measures policymakers should take in schools to offer education as safely as possible.

35. In the WHO guidelines, for schools located in areas where "community transmission" takes place (to which the Netherlands currently belong, without any doubts), and which nevertheless remain open, strict compliance is indicated of COVID-19 guidelines, including a distance of at least 1 meter between students outside and inside classrooms ("Community transmission districts/sub-districts: Maintain a distance of at least 1 metre between all individuals (students of all age groups and staff) for any schools remaining open").³³ In addition, the WHO and UNICEF recommend the use of masks outside and inside classrooms for children older than 12 years ("In countries or areas where there is intense community transmission of SARS-CoV-2 and in settings where physical distancing cannot be achieved, WHO and UNICEF advise decision makers to apply the following criteria for use of masks in schools (either in classes, corridors or communal areas) when developing national policies: [...] Children and adolescents 12 years or older should follow the national mask guidelines for adults").³⁴

36. And also for schools the WHO motto "test, test, test" is of great importance. The WHO advises in its guideline for safe education: "Early detection of suspected cases, test suspect cases; identify and trace contacts; quarantine contacts."³⁵

37. Unlike the Netherlands, almost all European countries (and beyond) have adopted WHO guidelines and apply the advice to keep mutual distance in full for children inside and outside schools. Also, children in secondary education wear masks at school, also in the classroom, especially at a high transmission level of the virus.

38. In the RIVM COVID-19 guideline *contact tracing and outbreak investigation in children (0 to 18 year)*³⁶, additional measures in the case of community transmission - to prevent the total closure of schools - are proposed, including the measure for students to keep a distance of one and a half meters between each other, and reducing the occupancy rate in schools.

IV. The situation in the Netherlands

39. Currently the Netherlands is in the second wave. Although the number of infections fortunately declined a bit last week, at the time of drafting of this summons still 31 people per

³³ World Health Organization & United Nations Children's Fund (UNICEF) (2020), 'Considerations for school related public health measures in the context of COVID-19', 14 september 2020, <https://apps.who.int/iris/handle/10665/334294>

³⁴ Ibid

³⁵ Ibid

³⁶ <https://lci.rivm.nl/Handreiking-contact-en-uitbraakonderzoek-kinderen>

100,000 inhabitants tested positive per day.³⁷ This is much more than the signal value of 7 per 100,000 inhabitants maintained by the Government and much more than the value at which a country becomes a 'red zone' in the new 'traffic light system' for travel advisories of the European Union (50/100,000 infections per 14 days).³⁸

40. The percentage of positive tests in week 45 was 14.5%.³⁹ For comparison: one of the WHO indicators that the epidemic is under control in a particular area, is a percentage of positive tests of less than 5%.⁴⁰ Also the other 'signal values' on the Corona Dashboard have been amply surpassed: on 10 November an average of 151 hospitalizations (signal value: 40) and 39 ICU admissions (signal value: 10) were reported.⁴¹ For almost all safety regions, the risk level is 'very serious'. At the time of the hearing and at the time the interim relief judge will make a statement, the figures will hopefully fall further. In addition, the day before this writ of summons was issued, promising news came out about possible vaccines. Here it should be noted that this does not detract from the interest of plaintiffs in their claims. Unfortunately, it will - even in the most favourable scenario - take months before the first Dutch people can be vaccinated. It will take even longer before most of the Netherlands can be vaccinated and the end of the pandemic may be in sight. In the intervening period it is extra important that effective measures are taken to prevent infections – including infections among children - and inform people about the risks. It can also not be excluded that the virus circulation will again rise and remain above the signal values of the Corona Dashboard, and give parents and guardians good reason to temporarily keep their children at home again. The vaccine fortunately gives the prospect of a return to 'the old normal', hopefully as early as sometime in 2021, so children will be able to go to school in a normal way. The requested relief is therefore temporary in nature.

41. In spite of the current high infection rate, despite the mentioned scientific research which increasingly shows that children do play a role in the distribution of the virus, and even despite the OMT's advice to close the highest classes of secondary schools temporarily, the Dutch State still seems to be basing policy and communication on an underestimation of the role of children and schools. This is explained below.

42. The State writes in public government information (which citizens rely on when they search for information about the virus) that children under the age of 18 are less likely to get the infection and to spread the virus. Some of the most recent state information:
- "Frequently asked questions about the Coronavirus and secondary (special) education"

³⁷ Corona Dashboard November, 16 2020

³⁸ https://ec.europa.eu/commission/presscorner/detail/en/QANDA_20_1875

³⁹ <https://www.rivm.nl/Coronavirus-covid-19/actueel>

⁴⁰ World Health Organization (2020), 'Public health criteria to adjust public health and social measures in the context of COVID-19, Annex to Considerations in adjusting public health and social measures in the context of COVID-19', 12 mei 2020, <https://apps.who.int/iris/handle/10665/332073>

⁴¹ Corona Dashboard November 10, 2020

on the website of the central government⁴² and news item “Secondary schools completely open after the summer” on the website of the central government: "The figures show that students hardly get infected with the virus and when it happens, the disease has mild effects". Note: this notice was deleted after receipt of the summons letter on behalf of Protect Everybody from the frequently asked questions page questions - see chapter VI below.

- Frequently asked questions on the website of the RIVM⁴³: "We see a rising number of infections in all age groups, also in adolescents and young adults. Yet children play a small role in the spread of the new Coronavirus. COVID-19 is less common in children and they spread the virus less. The infections and contagiousness of children do increase when they are getting older. Spread of the virus often takes place outside school, during intensive contact with friends/classmates in their spare time and only limited at school and in the classroom. Education is important for the well-being, development and health of children and adolescents. Moreover, children play only a limited role in the spread of the new Coronavirus."

- RIVM: contact and outbreak tracing manual for COVID-19 in children (0 to 18 years)⁴⁴: "The spread of SARS-CoV-2 among children or from children to adults is less common than among adults or from adults to children. Children (<18 years) with underlying afflictions do not have an increased risk of a serious course of COVID-19. Thus, the above applies to all children.

- RIVM: Children, school and COVID-19: "The new Coronavirus is spreading especially among adults and from adult family members to children. Distribution of COVID-19 among children or from children to adults is less common. In general, the younger the child, the more the less important is the role in the spread of the virus. [...] Young people from 13 to 18 years of age do not have to keep a 1.5 meter distance from each other, but they do to adults."

- Corona and rules for schools primary and special (primary) education' on the website of the Government⁴⁵ and “Mondkapjes in het onderwijs” (masks in education) on the website of the Government⁴⁶: "In children, the risk of infection is small and the risks are limited."

- RIVM: 'The COVID-19 disease'⁴⁷: "Children with COVID-19 are less likely to have symptoms than adults, according to RIVM-research. It also seems that they infect others less often than adults."

⁴² <https://www.rijksoverheid.nl/onderwerpen/Coronavirus-covid-19/ouders-scholieren-en-studentenkinderopvang-en-onderwijs/voortgezet-onderwijs>

⁴³ <https://www.rivm.nl/Coronavirus-covid-19/vragen-antwoorden>

⁴⁴ <https://lci.rivm.nl/Handreiking-contact-en-uitbraakonderzoek-kinderen>

⁴⁵ <https://www.rijksoverheid.nl/onderwerpen/Coronavirus-covid-19/ouders-scholieren-en-studentenkinderopvang-en-onderwijs/basisonderwijs-en-speciaal-onderwijs/Corona-en-regels-voor-scholenbasisonderwijs-en-speciaal-basisonderwijs>

⁴⁶ <https://www.rijksoverheid.nl/onderwerpen/Coronavirus-covid-19/openbaar-en-dagelijksleven/mondkapjes/onderwijs>

⁴⁷ <https://www.rivm.nl/Coronavirus-covid-19/ziekte>

- "The Dutch measures: basic rules for everyone" on the website of the Central government⁴⁸: "Small children and elementary school children do not need to be tested if they have symptoms".

43. Plaintiffs are of the opinion that the information provided by the State in chapter III., according to research results, is incorrect and incomplete. After all, it appears that it is incorrect, or in any case not absolutely correct, that distribution is less common among children, and this certainly applies to older children (as the OMT also recognizes). At the very least, in the light of the international scientific research, insufficient proof for the information above by the State, and at least the State would have to clearly specify this lack of scientific certainty in the information; precisely what (serious) health risks are possible, to avoid creating a false sense of certainty that those risks are limited. The fact that it is so strongly and unreservedly stated that children are less contagious, can cause parents and guardians to reduce the health risk posed by their children. Children themselves and other contacts of these children (such as grandparents and grandmothers or other vulnerable people) are misjudging and on the basis of this incomplete information, making (fatal) decisions. For comparison: the Robert Koch Institute, the German equivalent of the RIVM, mentions the following about the contagiousness of children: "Infectivity in childhood has rarely been studied and can therefore not conclusively be evaluated. The rate of infection by children, in studies, was similar to those for adult primary cases. Studies on viral load in children show no significant difference to adults."⁴⁹ The American CDC writes on its website: "While fewer children have been sick with COVID-19 compared to adults, children can be infected with the virus that causes COVID-19, can get sick from COVID-19, and can spread the virus that causes COVID-19 to others. Children, like adults, who have COVID-19 but have no symptoms ("asymptomatic") can still spread the virus to others."⁵⁰

51 Protocol source and contact research COVID-19 version 9 October 2020, <https://lci.rivm.nl/COVID-19-bco> and Guide contact and outbreak investigation COVID-19 in children (0 to 18 years) version 9 October 2020, <https://lci.rivm.nl/Handreiking-contact-en-uitbraakonderzoek-kinderen>

52 Information for parents/guardians of a patient in primary education, secondary education and children's centers version 9 October 2020, source: <https://lci.rivm.nl/informatiecontacten-patientonderwijs-kindercentra>. At the bottom of the Handreiking contact and outbreak investigation COVID-19 in the case of children (0 to 18 years of age), the version of 9 October 2020 explicitly refers to this information letter.

44. In addition, there is no basis for the thesis that the spread of the virus often takes place

⁴⁸ <https://www.rijksoverheid.nl/onderwerpen/Coronavirus-covid-19/nederlandse-maatregelen-tegen-hetCoronavirus/gezondheidsadviezen>

⁴⁹ 49 Robert Koch Institut, SARS-CoV-2 Steckbrief zur Coronavirus-Krankheit-2019 (COVID-19), par. 16. source: https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Steckbrief.html;jsessionid=E261F9B6F473FCF5A54F0C4032C4E648.internet102#doc13776792bodyText16

⁵⁰ <https://www.cdc.gov/Coronavirus/2019-ncov/daily-life-coping/children/symptoms.html>

outside the school environment, but is limited in school and in the classroom. This is not apparent from research and there is no possibility to conclude this in the Netherlands, now that no contact tracing takes place when classmates are concerned, and now children under 13 do not need to be tested (see below).

The policy and information in the context of contact tracing in the classroom

45. Since October 9, 2020, the policy of the State has been that contacts of persons under the age of 18 years, in principle, are not considered to be close contacts with regard to contact tracing, but by default as a "category 3" contact.⁵¹ This applies to all children with whom the infected person has been in contact at school, and the situation is only different when children in their free time had "frequent and intensive contact with each other". In other words: if a child at school sits all day next to a friend inside the classroom and also spends all the breaks with this friend, then the friend is no close contact according to the State. If the same children are playing soccer with each other in the open air in their free time, that same friend is a close contact.

46. For a category 3 contact, it is not advised to go into a 10 days quarantine. Merely, a letter will be sent to (parents of) category 3 contacts with the advice to observe the general Corona measures and to be extra alert to symptoms. This means that parents of children who are in class all day next to a child who has tested positive, in principle always receive such a standard letter with this advice. In the standard letter to parents/guardians of classmates of an infected child we find the following text⁵² "You get this information because your child has had contact in the classroom with a person who tested positive for COVID- 19. Since there has been no close contact, your child does **not** need to quarantine." [bold type not added by attorney at law, in the standard letters the word "not" is actually bold]

47. In other words: in the case of a COVID-19 infected classmate, the key message from the government to parents/guardians has been that they do not have to worry that their child has become infected (or that they themselves will become infected as a result), this in a situation where it is not at all that clear how close the contact with the infected child actually has been. This reassures parents, while there may be no reason at all to do so, and this may result in parents making different choices (e.g., visiting grandparents) than when they would have gotten the full information (for example: "your child is in the classroom with a Corona patient and it has not been established whether there has been close contact").

The measures

48. The starting point of the government is that children follow physical education at school.

49. Schools must adhere to the following rules: (i) hygiene measures of the RIVM; (ii) report "unusual numbers" of cases of infection to the GGD; (iii) limiting the number of contacts by, for example, staggered pauses and start times; and (iv) good checks if children have Corona-related symptoms so they then stay home.

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50. As of 1 July 2020, the cabinet has introduced the rule that children between 12 and 18 year do not need to keep distance from each other. This rule still applies. Also in Secondary schools children do not need to keep away from each other. Pupils in high schools do need to maintain a 1.5 meter distance from adults, and vice versa.

51. On September 18, the Cabinet introduced the policy that children under the age of 13 years old do not have to get tested when having symptoms. On the website of the central government on testing policy is stated⁵³: "Small children and children in elementary schools do not need to be tested if they have symptoms that fit Corona". These children do not have to stay home and can just go to school.

53 <https://www.rijksoverheid.nl/onderwerpen/Coronavirus-covid-19/testen/wanneer-testen>

54 <https://www.rijksoverheid.nl/actueel/nieuws/2020/10/01/duidelijkheid-over-mondkapjes-in-het-onderwijs>

55 <https://www.rijksoverheid.nl/onderwerpen/Coronavirus-covid-19/ouders-scholieren-en-studenten-kinderopvang-en-onderwijs/voortgezet-onderwijs>. This page is after receipt of the summons from Protect Everybody modified and this phrase has been removed.

52. Furthermore, the Government urgently advises everyone in secondary schools to have a face mask to wear outside lessons, so in the hallways between lessons and in the auditorium. This means that a mask does not have to be worn in the classroom, while the 1.5 meters rule does not apply to the students themselves (although the 1.5 meters rule does not apply to the students themselves, they must keep a distance of 1.5 meters from the teacher).⁵⁴

53. The State justified this exception as follows on the Government website⁵⁵: "According to experts, the exception to the 1.5 meters rule is justified. This can lead to the spread of the virus, but that risk does not outweigh the negative effects of the current situation on the well-being of young people. The figures show that students hardly get infected with the virus and if it happens, the disease progresses mildly."

54. Unlike (almost) all other European countries, the State therefore chooses not to follow the WHO guidelines on a number of important points:

1. for children between 12 and 18 it is not recommended to keep distance;
2. for this age group, it is not recommended that in classrooms face masks should be worn;
3. for contacts of children under the age of 18 no quarantine of 10 days is advised;
4. it is advised not to test children with symptoms under 12 years of age.

55. In the charts below, the difference between the policy in other European countries and Dutch policy.

General rules:

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	NL	BE	DE (NRW)	FR	ENG	SCO	WAL	NIR	DK	CH	IT	SE
General corona rules	1.5m distance, inside and outside, mask recommended inside	1.5m distance, inside and outside, mask when distance impossible	1.5m distance, inside and outside, mask when distance impossible	1m distance, inside and outside, mask mandatory	1m distance, 2m in principle, inside and outside, mask mandatory	2m distance, inside and outside, mask mandatory	1m distance, inside and outside, mask mandatory	1m distance, inside and outside, mask mandatory	1m distance, 2m in high risk situations, inside+outside, mask mandatory	1.5m distance, inside and outside, mask when distance impossible	1m distance, inside and outside, mask mandatory	Maintain distance, 1-2m depending on the situation
Rules for teenagers up to 18yrs of age	Exemption from the rules	Same as adults	Same as adults	Same as adults	Same as adults	Same as adults	Same as adults	Same as adults	Same as adults	Same as adults	Same as adults	Same as adults
Rules for children of primary school age	Exemption from the rules	Exemption from the rules up to 11 years of age	Same as adults	Same as adults	Same as adults	Exemption from the rules up to 11 years of age	Exemption from the rules up to 10 years of age	Same as adults	Same as adults	Exemption from the rules up to 11 years of age	Same as adults	Same as adults

Rules in schools:

	WHO	ECDC	AAP	GfV	NL/SE	BE / GB / DE	FR / IT / ES
Masks (primary)	✓	✗	✓	✓	✗	✗	✓
Masks (secondary)	✓	✓	✓	✓	✗	✓	✓
Masks teachers	✓	✓	✓	✓	✗	✓*	✓*
Distancing of pupils		✓	✓	✓	✗	✓	✓
Stay away with symptoms			✓	✓	✗**	✓	✓
Quarantine after visit to high risk area					✗	✓	✓
Proactive test teacher					✗	✓	✓

WHO: World Health Organisation, ECDC: European Center for Disease Control, AAP: American Academy Pediatrics, GfV: Gesellschaft für Virologie, Association of German virologists. * unless distancing ** protocol: some younger kids go to school. Symptomatic older children are often tolerated in school, rather than quarantined immediately. Source: government Covid websites, WHO/ECDC/AAP/GfV websites.

Enforcement of compulsory education

56. Since the 31st of August, compulsory education is again maintained in accordance with the "Service document basic education Coronavirus COVID-19" of the Ministry of Education, Culture and Science, and this did not change when on October 14 the country entered "partial lockdown". This means that parents and guardians who (want to) keep their children at home because of the risk of contagion can be confronted with the school attendance officer. Well was until recently on the website of the central government to read that an exception can be made for students who belong to a high-risk group according to the RIVM, or have family members who belong to a risk group.

57. Parents feel pressured to send their child to school in spite of the risk of infection, while the Netherlands is in a phase of uncontrolled viral transmission (with values well above the official signal values). By now, it is confirmed that at least half of secondary schools have been infected with Corona. The concerns of parents who prefer to keep their child at home is therefore well-founded.

58. In addition, according to the RIVM, children never belong to a risk group. After all, the guidelines of the RIVM read: "For children (<18 years of age) with underlying suffering the rule is that they do not have an increased risk serious disease with COVID-19." From this it seems to follow that the exception to compulsory schooling for children at risk never needs to be applied, because according to RIVM, even children with underlying suffering are not at increased risk.

59. What this means for parents in practice can be read in the statement of plaintiff sub 2 and plaintiff sub 3 and the attached correspondence with the school attendance officer. Their eleven-year old son has Cystic Fibrosis ("CF"). This is a rare, serious and incurable disease in which patients suffer from tough and thick mucus that causes problems particularly with the lungs. The accumulated mucus there causes inflammation and leads to shortness of breath. Because of this disease, their son was already attending only half days in school prior to the outbreak of the Coronavirus. After the outbreak, these parents decided to keep their children at home. Because their son belongs to a risk group they did not find it safe or responsible to send their children to school. However, the attending physician of the son of these parents indicated that their son could go to school anyway (according to the guideline of the RIVM that: "for children with underlying suffering the guideline is that they do not have an increased risk of serious disease with COVID-19"). The parents then received an invitation to enter into a conversation with the school attendance officer and shortly afterwards received an official warning. In a very extensive letter in which these parents explained their situation and asked for exemption from compulsory schooling, the school attendance officer responded as follows: "By not letting your children go to school, you impede the development of your children. That is why Compulsory Education will start again with you, shortly, a conversation with the goal of coming to agreements to get the minor back into school. If you don't cooperate, we issue a fine, according to legal guidelines, or report your situation to Child Protection Services." (*Exhibit 7a: declaration and correspondence school attendance officer*).

60. Meanwhile, these parents have been "interrogated" by the school attendance officer, an official report was drawn up, and there have been repeated threats to turn to Child Protection. They have hired a lawyer to prevent any fines being imposed, or worse, that Child Protection Services will become involved.

61. This account is not unique. Claimant sub 9 has, under heavy pressure from the school attendance officer, CPS and school management decided to send her children to school again. "CPS together with the school attendance officer have threatened that we will report to court if we continue to keep our children at home and that they could call in Child Protection Services. From Monday, September 28, 2020 my children, under heavy pressure from the school attendance officer, CPS and school management, are back in school". (see the affidavit in Exhibit 7g)

62. For example, Plaintiff sub 4 has also had to deal with the school attendance officer because he keeps his daughter home from secondary school: "At one point, the attendance officer said, Mrs. [...], that " there are 120 absenteeism reports outstanding, and at some point they will be followed by an official report, and CPS can also come into the picture." (see statement in Exhibit 7b)

63. What the consequences of this are can be seen, for example, in the plaintiff's statement sub 10, a parent who keeps his daughter at home, after which the school contacted CPS (Exhibit 7h): "We are very concerned that if our child is forced to go to school, they run a high risk of being infected and with the ultimate consequence of losing a parent or other family members. In all honesty, we lie awake daily".

64. Other parents would prefer to keep their child at home, but do not want to do so as long as that is not allowed. See for example the statement of plaintiff sub 8 (Exhibit 7f): "We feel limited in our freedom to choose what is right and safe for our son and indirectly for ourselves. The level of acceptable risk for us has been widely exceeded."

V. Why plaintiffs believe that the State is acting contrary to the law

Applicable law

65. From Articles 2 and 8 of the European Convention on Human Rights (ECHR) it follows that the State has the positive obligation to protect the lives and to protect the family life of its citizens. The Constitution states that "binding provisions" of treaties and of decisions of organisations under international law may be brought before the courts (Article 93 and Article 94 of the Constitution). Articles 2 and 8 ECHR are such "binding to all" provisions which citizens can invoke against the State.

66. Plaintiffs realize that in these unprecedented circumstances, the State needs to take difficult decisions weighing these fundamental rights against other fundamental rights, and there is no choice that does not affect any fundamental rights. Plaintiffs also realize that the State has a great deal of freedom, and certainly in an emergency situation like this should have such freedom, to make choices that it deems suitable. However, the plaintiff is of the opinion that the State, given what is described above, has acted outside the boundaries of its policy freedom. This is further set out below.

Provision of incorrect and incomplete information

67. According to settled case law of the ECHR, states have a positive obligation to protect the right to life, as referred to in Article 2 of the ECHR, and to protect the right to respect private and family life, as referred to in Article 8 of the ECHR. The EHRM has confirmed in the context of dangerous activities and natural disasters that in the adoption of preventive measures by the Treaty States, particular emphasis should be placed on the public's right to information: 'The Court reiterates that the positive obligation to take all appropriate steps to safeguard life for the purposes of Article 2 (...) entails above all a primary duty on the State to put in place a legislative and administrative framework designed to provide effective deterrence against threats to the right to life. (...) Among these preventive measures particular emphasis should be placed on the public's right to information, as established in the case-law of the Convention institutions.'⁵⁶ (emphasis by the attorney)

⁵⁶ EHRM 5 December 2013, ECLI:NL:XX:2013:292 (Vilnes and others / Norway), rov. 157-159

& Rb The Hague 25 January 2017, ECLI:NL:RBDHA:2017:587, rov. 5.155.

60 EHRM 24 July 2014, ECLI:NL:XX:2014:366 (Brincat et al. /Malta), rov. 102.

68. In this context, the ECHR has repeatedly considered that national governments should, under Article 8 of the ECHR, take the same practical measures as the measures to be taken in the context of Article 2 of the ECHR.⁶⁰

69. According to the ECHR, the measures to be taken include the following: to make information available to citizens ex officio in order to enable them to assess which health or safety risks they are exposed or have been exposed, or so that they can take measures can take to protect themselves against those risks: '[T]he Court reiterates that since Guerra and Others (...) the Court has affirmed a positive obligation for States, in relation to Article 8, to provide access to essential information enabling individuals to assess risks to their health and lives. In the Court's view, this obligation may in certain circumstances also encompass a duty to provide such information, as can be inferred from the concluding paragraph 60 (concerning Article 8) in Guerra and Others (...) and the affirmation of the "public's right to information" with reference to the latter in the context of Article 2 (see Öneriyıldız, cited above, § 90, and Budayeva and Others, cited above, § 132).' (...) In relation to Article 2 the Court has held that 'among [the] preventive measures [to be taken] particular emphasis should be placed in the public's right to information' (...), and the position in relation to Article 8 can hardly be different.

70. In the fulfilment of the obligation to provide information ex officio, the Aarhus Convention is also of interest. Article 5 paragraph 1 introductory sentence and point c of the Aarhus Convention contains the obligation for treaty states to provide information ex officio: "In the event of any imminent threat to human health or the environment, whether caused by human activities or due to natural causes, all information which could enable the public to take measures to prevent or mitigate harm arising from the threat and is held by a public authority is disseminated immediately and without delay to members of the public who may be affected."

71. In its judgment of 25 June 2017, the District Court of The Hague ruled on State liability for damages of Q fever patients, confirmed that the obligation ex officio pursuant to Articles 2 and 8 of the ECHR information provision may have content similar to that contained in the above-mentioned obligation under the Aarhus Convention. In the case of an immediate threat to health or the environment, whether the result of human activities or as a result of natural information, Treaty States are therefore deemed, pursuant to Articles 2 and 8 of the ECHR, to have committed to provide all information that enables citizens to take measures to prevent or reduce damage. Such information shall be provided by Member States immediately and without delay to citizens who may be affected.

72. The District Court of The Hague has established in the Q-fever case referred to above that the obligation to provide information ex officio pursuant to Articles 2 and 8 of the ECHR also applies, in the context of the spread of infectious diseases. That case concerned the matter of whether the State had adequately informed Q fever patients about the dangers of the infectious disease (the court concluded that this was the case). The court ruled that in view of the legal duty of the government to control infectious disease, the obligation rested

to proactively inform citizens who could potentially be affected by the risk of contamination of Q fever about this risk. According to the court, the key issue is to provide relevant information that could assuage concerns about risks and to provide information that would allow citizens to assess to which health risks they were or had been exposed. This obligation also required information to be provided by the State before or without complete (scientifically proven) certainty existed about the (specific aspect of the) risk.

73. Furthermore, on the basis of the settled Case Law of the ECHR, even if it is not clear what the exact consequences will be, the government must at least provide the citizens with the information that allows them to assess the risks and, with informed consent, make a choice whether or not to take said risks. The precautionary principle therefore also plays a role in the taking of measures.

74. The State has, in the manner in which it implements the positive obligations under Articles 2 and 8 ECHR, a "margin of appreciation" - and thus room for policy choices. When there is a threat to the health or life of people, this margin of appreciation according to the ECHR is less spacious - so there is less room for policy choices.

75. Plaintiffs believe that the State, in providing information on the SARS-CoV-2 virus, has entered outside the space to which it belongs, given the current state of scientific knowledge as expressed in recent OMT advice. This applies also to the extent that there is no scientifically proven certainty about the risks of contamination of and by children. Also in that case, the State is obligated under the precautionary principle to inform citizens about the possibility that children (and in any case teenagers) will spread the virus to the same extent as adults.

76. Repeated State communications (both the Central government and RIVM, which falls under the responsibility of the Ministry of Health, Science and Sport) that children spread the virus to a lesser extent, and similar communications, are not based on current scientifically widely held views. Indeed, the current state of scientific knowledge indicates that in any case secondary school students get infected just as often and are just as contagious as adults. That teenagers spread the virus is also shown by the fact that the OMT recently has indicated it is "worried" about infections among young people (including students in upper grades of secondary schools) and has advised to close said grades of secondary schools.

77. The same applies to the information letters sent to parents and guardians of children who have been in close (and prolonged) contact in the classroom with someone who tested positive for COVID-19. Since 9 October 2020, the policy has been that such contacts of children in the classroom are in principle no longer deemed a "close contact" but a "category 3" contact, and that the parents/guardians of these children receive by default a letter stating that "there is no close contact". In that letter, however, the authorities fail to mention that "close contact" is used here in a different way than in normal speech. Parents are thus misinformed, or at least not adequately informed. This letter conceals that a contact between pupils that according to normal speech would indeed qualify as a 'close contact' in this specific case by the government is not called a 'close contact' only and only because this contact took place at school. That, by the standards of normal speech, no 'close contact' has taken place at school with the infected pupil, is in many cases contrary to the truth, and as a

result of this incorrect/incomplete provision of information by the government parents and guardians may not properly assess the risk that they and other contacts of their children (including the elderly) run. This can lead to choices that cause disease and can even result in death.

78. According to the plaintiffs, this results in the obligation to provide the relevant information.

Measures

79. In addition, plaintiffs believe that the State is acting outside the framework of policy freedom by failing - especially in the current situation where there is a very high degree of virus transmission - to advise measures for children and schools that would protect the individual (children) from infection, and society from the spread of this life-threatening virus, whereas this would be practically possible.

80. The State has the (positive) obligation to take appropriate measures to protect people under its jurisdiction from a 'real and immediate risk'. There is no doubt that the Coronavirus is such a 'real and immediate risk' for the Dutch citizen, and that the State must take measures against it. The State does take measures, and in so doing has freedom in the choice of measures to be taken.

81. However, the measures taken by the State must be reasonable and appropriate. The policy pursued by the State in taking measures must be consistent. In addition, relevant rules of international law and scientific insights and generally accepted standards must be taken into account. Guidelines drawn up by the WHO can be seen as such generally accepted standards.

82. From the beginning of the virus outbreak, the WHO has insisted that testing should be the main cornerstone of policy ("test, test, test"). Only by detecting infections and preventing them from spreading further, governments can keep an eye on the virus and prevent further outbreaks. The countries that are most successful in controlling the Coronavirus are also the countries that test the most and that, through source and contact tracing and quarantine/isolation, prevent further spread.

83. Also, the State has always stressed the importance of testing and tracing, and after the first wave used mass communication to call on the Dutch to be tested - also in case of minor symptoms.

84. However, on September 18, the State announced that children under 13 years of age no longer need to be tested if they have symptoms that fit the Coronavirus. This choice was made because at that time there was a large shortage in test capacity ("The OMT advises that if priority setting is necessary in relation to testing, to omit testing children"). This would involve a temporary prioritization ("The Cabinet will take the advice of the OMT to temporarily make testing in certain groups more risk-oriented"). However, testing capacity is now more than sufficient, there is even some overcapacity. Nevertheless, the State has again

not adjusted the testing policy and remains the rule that children under 13 do not have to be tested.

85. In so doing, the State is going against the WHO's most important guideline, and against what the State itself calls "the most important line of defense against the virus" and thus conducts an inconsistent policy. Plaintiffs are of the opinion that the State's has failed to take up the obligation to take reasonable and appropriate measures against the "real and immediate risk" of COVID-19 infection.

86. The same applies to the policy of the State with regard to measures in schools. Where the State calls on all citizens to keep one and a half meters distance and, if that is not possible, to wear a mask in indoor areas, secondary school students do not need to, while there is no reason to believe that they are less contagious and while the WHO does advise the use of masks. In classrooms, masks are still not advised, while tables do not stand at a distance from each other. This while the OMT is worried about the infections of older children in schools, and even a partial closure has been advised.

87. Furthermore, the State provides no justification for deviating from the guidelines of the WHO, and of its own guidelines (1.5 meters distance, masks inside) for high school students. The OMT - the most important scientific advisor of the State during this pandemic - has established that high school students can contribute to viral transmission. An objective justification appears absent. By way of comparison: a German judge ruled earlier that the failure to provide objective justification for not keeping 1.5 meters distance in classrooms leads to this regulation running counter to the German constitution.

88. Nor is there any objective justification for the rule that children under the age of 13 do not need to be tested. Where in the past insufficient testing capacity existed and prioritization of other, more vulnerable population groups maybe justified that practice, that is no longer the case. There is more than enough capacity to also test children under 13 years of age.

89. The State's policy is therefore inconsistent, unreasonable or inappropriate, and according to plaintiffs in violation of the State's obligations under articles 2 and 8 EVRM.

Compulsory education

90. But it is not just a question of whether the State sufficiently takes measures to provide adequate information, such as Articles 2 and 8 of the ECHR demand of it.

91. The question here is also, and perhaps even more so, whether the State may prevent (by threatening high fines and even removal of their children or other child protection measures) parents who keep their children away from school to take care of their children, themselves and their family life, to act upon that desire and need. Pursuant to that:

92. The right to family life protected by Article 8 of the ECHR shall include without a doubt the right of parents to take all those (precautionary) measures that they can reasonably judge to be in the interest of the health of their children and themselves. That

right is moreover an obligation expressly laid down by law in section 1:247 of the Dutch Civil Code, in which it is stipulated that the parental authority includes the duty and right of the parent to protect his minor child. Paragraph 2 of that article reads: "Under care and upbringing are also understood to mean the care and responsibility for the mental and physical well-being and the safety of the child as well as to promote the development of its personality."

93. The mere fact that the State estimates Corona risks for such parents and their children to be lower risk or more acceptable than those parents and children find acceptable for themselves, does not give the State the right to impose its riskier policies by threatening to impose serious measures and sanctions on them and their children to force them to go to school, with all the exposure risks that entails. With these conduct by the State seriously infringes the rights of these parents and have children on the basis of articles 2 and 8 ECHR and article 1:247 BW. That applies all the more so where the State's risk policy is not in line with the most recent medical scientific insights, with WHO guidelines and with the most recent advice from its own advisor, the OMT, and whilst the Netherlands is in a phase of uncontrolled viral spread. There is then no sound and sufficient justification for the infringement by the policy of the State upon rights of parents and their children according to Articles 2 and 8 of the ECHR and Article 1:247 of the Civil Code.

VI. Rebuttal by the State and consultation

94. Protect Everybody has informed the State of its claims by letter of its attorneys dated 23 October 2020, and requested the State to enter into consultations if referred to in article 3:305a paragraph 3 sub c.

Exhibit 11: Letter of summons Protect Everybody 23 October 2020

95. The State, through the Director of Primary Education of the Ministry of Education, Culture and Science, responded in an email dated 6 November 2020. In this email, the State announced that the statement on the website of the Central government that "pupils hardly get infected" had meanwhile been removed. Furthermore, the State explained its policy and took the view that its information and policy are in line with advice of the OMT and that communication is constantly updated based on the latest insights and the latest state of affairs. The State also emphasized that it is of great importance that children continue to be educated. The State did not explain in this reaction why it has not adhered to WHO guidelines for safe education. With regard to compulsory schooling, the State stated that the "Service document basic education Coronavirus COVID-19" is not a guideline and that the power to enforce compulsory education lies with the council of mayor and aldermen of the municipality concerned.

Exhibit 12: e-mail correspondence ministry of OCW and the lawyer of the Protect Everybody Foundation

96. The lawyer of Protect Everybody responded on November 9th that Protect Everybody is pleased that the announcement on the website of the Central Government (on the page with frequently asked questions) that "pupils hardly get infected" was removed. With regard to the

remaining information provided by the State it should be noted that this information is not "constantly updated according to the latest insights and the latest state of affairs", since RIVM and the Ministry refer to information from the summer of 2020 (as stated in the e-mail from the ministry that there are only 10 suspicions of clusters in schools reported, but it also states that this is information from 10 July 2020 - so in the middle of the Summer vacations). This is therefore not according to developments in recent months, whereas the OMT has now indicated it is "worried" about the infections among young people (including students in the upper classes of secondary schools) and has advised the upper classes of high schools to close.

97. The lawyer of Protect Everybody has also informed the State that the State according to Protect Everybody IS responsible (and liable) for the content of standard documents and instructions drawn up by the State, and the consequences of using those documents and following those instructions.

98. The parties held consultations on 16 November 2020 and the claims of plaintiffs were further discussed, with the State explaining its policy in more detail. Although that consultation had a constructive atmosphere, the parties did not reach a solution, and the State appeared unwilling to meet the claims of plaintiffs. The State remains of the view that its policy is justified because children are less likely to become infected and less contagious.

VII. Jurisdiction judge in preliminary relief proceedings, responsibility of the State

99. The provisions demanded by plaintiffs are directed against actual acts of the State, i.e. against acts which in themselves have no legal effect and don't intend to. Against these actions there is therefore no legal protection open at the administrative court, so the civil courts have jurisdiction. Nevertheless, there is reason to make a number of comments about this point.

100. It goes without saying that the management of a global pandemic would benefit from a centralized and coordinated approach in which knowledge and experiences in dealing with this global threat are shared. The role of WHO testifies to this, as does the joint procurement of potential vaccines through the EU, or the admission of Dutch patients by German hospitals. Clearly, it doesn't work if every country doctor is required to reinvent the wheel on his/her own.

101. Within the Netherlands, the national government therefore has an important coordinating, guiding and directing role in dealing with the pandemic. The information on the website of the RIVM, which is part of the State, is an important example of this. The very frequent press conferences by the Prime Minister and the Minister of Health, broadcast live by national public broadcasters, in which they state the national Corona policy from the government, is another important example of this.

102. The State, perhaps forced by the decentralized organization of the Dutch public health care system, has opted for a national Corona policy that to a large extent is not cast in the form of binding obligations, but in the form of information and guidelines and advice, not

only for citizens to influence their daily behavior, but also for implementing agencies and public institutions to influence the way they conduct their tasks. That this information, advice and guidelines of the central government does not have a binding character, does not prevent them from massively being followed by the implementing bodies and institutions to which they are addressed when they perform tasks that relate to that information, advice and guidelines. This, of course, is also what the central government aims and strives for, and is also what she could have expected in advance given the mutual loyalty between all public institutions and office-holders in the representation of the public cause.

103. According to plaintiffs, this entails that the central government itself can also directly be held directly responsible and liable, even if the implementation of that policy is arranged by others. The central government can then, for example, no longer hide behind the fact that the GGDs are not under her authority and cannot argue that if plaintiffs wish to complain about the standard letter (discussed above) that the GGDs send, plaintiffs should not address the Central government but the relevant GGD.

104. The standard letters sent out by the GGDs are part of the RIVM "Guideline COVID-19". This guideline has been published by RIVM (<https://lci.rivm.nl/richtlijnen/covid-19>). and the standard information letters are an annex to this Directive (<https://lci.rivm.nl/leefregels>). That the contents of the standard letter for Parents/guardians of classmates (that an intensive contact of children within the school environment is not called a 'close contact' because this intensive contact has taken place within the school environment) rests entirely on (political) choices and guidelines of the central government and is not something that every GGD independently made up on its own. So it is obvious that the standard letter is the implementation of a national policy set out by the central government.

105. For the avoidance of doubt, plaintiffs do not oppose this commanding role of the central government in any way. They merely state that where the government in fact, despite the lack of a legal authority to perform certain tasks, has drawn an important commanding role towards itself and had started to perform tasks related to the management of the pandemic, she also in this extra-legal role and the interpretation she gives to it, directly liable in legal terms.

106. In summary: if the central government is actually in charge and wishes to be so with regard to the Corona policy of the Municipal Health Centers, it can also be sued in court in that role by stakeholders such as plaintiffs. In these proceedings it concerns the standard letter from the GGDs about which plaintiffs want to complain.

107. The same applies where plaintiffs oppose the 'Service Document' that the State has circulated to all school attendance officials. Formally, it is true that attendance officials fall under the authority of Municipal Executive (Mayor and alderman) and thus carry out municipal policy, the mere fact that the central government (the Ministry of Education, Culture and Science) has drawn up and distributed this service document to all compulsory education officials leaves no room for doubt that the central government thinks it can exert influence on that policy and wishes to exert that influence. The established fact that as a result of an earlier circular from the central government at the beginning of the pandemic, the attendance officials have indeed temporarily ceased to enforce [compulsory education],

shows that the central government has the desired influence on the policy of the (municipal) attendance officials. The central government thus actually controls the policy of the attendance officials, at least where it concerns school absenteeism related to the pandemic.

108. In itself, plaintiffs recognize that a parent has recourse with the administrative courts in the case of fines. Also when child protection measures taken by the school attendance officer are provoked or initiated, legal protection open to the parent, in principle. The State may therefore wish to argue that parents who are, in an individual case, faced with such sanctions, may challenge that sanction before the designated court and within that framework may also challenge the "Service Document" so that there is no more room for legal protection by the civil judge in interlocutory proceedings directly against the "Service Document" and against the central government as the organization which drew up the "Service Document", and to all school attendance officials.

109. Plaintiffs believe that such a defense must fail.

110. Precisely because the influence exerted by the central government on the policy of the compulsory school attendance takes place with a non-statutory instrument, allows for difficulty to gauge, in the case of an individual parent, to what extent the generic behind-the-scenes influence of the central government has played a role. A parent who seeks legal protection against a fine decision taken against him/her by a school attendance officer or against a child protection measure, must now fight against an invisible force that works behind the scenes. That parent can only guess to what extent the motivation to take the decision in question was not only dictated by the circumstances of his individual case, but also or perhaps mainly because of the "Service Document" that is a generic, politically inspired instruction from the central government to the attendance officials to take enforcement action and no longer accept 'Corona contamination risk' as a legitimate reason for school absenteeism. Motivation and reasoning do not have to coincide. Even if the stated reasons for such a sanction decision do not refer to the "Service Document" it is entirely possible that the decision of the school attendance officer to issue that sanction decision was influenced by the Service Document. That is why Plaintiffs want the "Service Document" to be modified.

111. Another point is also important in this context. The school attendance officer can impose high penalties on school absenteeism (see article 26 paragraph 1 of the Compulsory Education Act 1969: violation leads to a fine of the second category - maximum € 4,350 - or penal detention of up to one month). Such a fine is, for the vast majority of parents, an extraordinarily heavy sanction. A child protection measure is a much heavier sanction still, that deeply affects family life and relationships within a family. A parent or guardian who keeps a child home in the interest of the health of his school-going child and his family, given the content and effect of the "Service Document", thus risks extraordinarily severe penalties. Such heavy sanctions are a strong deterrent and thus have a 'chilling' effect on parents who are just exercising the fundamental rights which Article 8 of the ECHR and Article 1:247 of the Dutch Civil Code confer on them. Such parents should not reasonably be required await a fine or child protection measure if they wish to oppose the extra-legal instructions and policies of the central government that de facto interferes deeply with their 'family life' and parental authority rights. Adequate exercise and protection of these basic (Constitutional) rights means that parents must also be offered legal protection directly against this extra-statutory

policy instrument deployed by the central government, and not only at the stage when this extra-legal policy instrument has led to concrete, extremely far-reaching and threatening sanction decisions or child protection measures. The "Service Document" aims to be a generic one, have a collective effect on the exercise of basic rights by the parents and must, therefore, also at that collective level of leverage, preventively, be questioned in court.

112. Plaintiffs find support for this view in the judgment of 25 May 2020 of the Preliminary Relief of the District Court of The Hague, in which the following was considered: "Insofar as the State argues that Stop5GNL has access to administrative courts in the various ongoing licensing procedures, it also applies that this argument cannot lead to the non-admissibility of Stop5GNL in this procedure. Stop5GNL can in those individual procedures never achieve a ban on the rollout of 5G, as intended in this procedure. The necessarily granted licenses for the rollout of a 5G network look at the use of the frequency bands and at specific destinations to be granted (environmental permits). Stop5GNL cannot be required to contest the lawfulness of many individual decisions taken during rollout of the 5G network. As they now challenge the principled choices that underlie the decision-making processes, they would in that case not have adequate legal protection."

VIII. Admissibility

Protect Everybody Foundation

113. Protect Everybody is, by virtue of article 3:305a of the Dutch Civil Code, authorized to make claims such as the present to be instituted for the benefit of its supporters.

114. In paragraph 1 of article 1018b of the Code of Civil Procedure ("Rv") - in which the applicability of title 14a Rv to the collective action is regulated - an exception is made for summary proceedings such as the present one. In this article it has been determined that title 14a Rv, with the exception of the provisions of article 1018c paragraph 1 of the Dutch Code of Civil Procedure does not apply in interlocutory proceedings. In accordance with article 1018c paragraph 1 Rv is explained below that Protect Everybody is admissible in her claims.

115. The description of the events to which the claim relates is presented Chapter IV of this summons. The persons to whom the protection of the claim extends are school-age children and their parents and guardians, whose fundamental rights have been or are at risk of being violated and whose interests Protect Everybody seeks to protect in this procedure. The interests represented in this procedure are by their nature common, because they are about the policy and information provision of the Dutch State, which concerns all citizens and residents.

116. In accordance with paragraph 1 of article 3:305a of the Dutch Civil Code, Protect Everybody represents on the basis of its articles of association (Exhibit 1) the interests for which they invoke protection in this procedure (promoting a safe society for all Dutch citizens during the SARS-CoV-2 pandemic). Protect Everybody acts on behalf of the collective interest according to article 3:305a of the Dutch Civil Code (the general interest not to be infected

with the Coronavirus, and the interests of parents and guardians who may be confronted with the enforcement of compulsory education by the government).

117. Although Protect Everybody was only founded in October 2020, the underlying organizations have been undertaking numerous activities since the beginning of the Coronavirus - and in doing so, partly implemented the statutory objective of Protect Everybody: to inform Dutch citizens about and draw attention to the containment of the Coronavirus and advocate a policy where the virus is contained as much as possible, also in schools. To this end, they also made several recommendations. They have recently decided to bundle and formalize activities in a foundation. In this context, the condition set out in paragraph 1 of 3:305a of the Dutch Civil Code has already been fulfilled.

118. In addition, Protect Everybody points out that, given the relatively short time that the Coronavirus circulates in the Netherlands, a collective advocate cannot be expected to have carried out activities related to containment of the Coronavirus for a long time. If this requirement were to be made, any collective action in relation to the Coronavirus would in fact be impossible a priori, as a result of which no legal protection would be offered to the injured parties whose fundamental rights to health and (family) life are violated as a result of the state's Corona policy.

119. In addition, the specific importance of (part of) the claims of Protect Everybody came into being very recently. After its earlier suspension (on instruction' of the central government to the attendance officers, in response to the pandemic, after a Parliamentary motion to that effect was adopted), compulsory schooling is now again maintained in accordance with the "Service document basic education Coronavirus COVID-19" of the Ministry of Education, Culture and Science. On September 18, the testing policy was adjusted so that children under 13 no longer need to be tested. With that, the necessity to adjust the directive for Enforcement of compulsory school attendance arose only on 31 August 2020, and the claim regarding the testing policy only on September 18 2020.

120. Protect Everybody also meets the admissibility requirements of article 3:305a. paragraph 3 BW. The directors of Protect Everybody as well as the directors of the interests groups which founded Protect Everybody, have no profit motive. Also, the established claims have a sufficiently close relationship with the Dutch legal sphere. The injured parties have their usual place of residence in the Netherlands. The present procedure concerns children who go to school (or want to go to school) in the Netherlands and their parents/guardians and teachers working in the Netherlands. Also, the procedure relates to the Corona policy of the Dutch state.

121. Furthermore, Protect Everybody has tried sufficiently to realize its claims by consulting with the State. The State on November 6 reacted to the claims and on 16 November the plaintiffs held consultations with the State. The response of the State and subsequent consultations showed that the State is not willing to meet the claims of Protect Everybody (with the exception of removing one of the items mentioned by Protect Everybody as incorrect communications). Protect Everybody is therefore forced to initiate legal proceedings.

122. Now that Protect Everybody stands up for an idealistic goal, according to paragraph 6 of article 3:305a BW the so-called "light regime" applies. There is therefore no need to comply to paragraphs 2 and 5 of Section 3:305a of the Dutch Civil Code. This case also concerns a limited financial interest and the claims of Protect Everybody do not extend to compensation in money.

Interest of individual claimants

123. Plaintiffs subsections 2 through 10 have an interest in the claims because, in case of relief, they will either be able to (1) send their children to school in a safer way and (2) keep their progeny at home when the signal value on the Corona Dashboard is exceeded, without the risk of facing possible fines or even more far-reaching sanctions.

IX. Urgent interest

124. The urgent interest in the claims of plaintiffs is a given. The Netherlands is itself in the middle of a second wave, the Coronavirus is expected to continue to rage for months more and the consequences of the state's Corona policy are irreversible. The consequences of the illness of a child, or of the next of kin of a child, can obviously not be reversed. Every day that the Corona policy of the State remains unchanged, is a violation of the rights of plaintiffs. An immediate provision with immediate effect, in order to put an end to the unlawful actions of the State, is therefore necessary.

WITH THE REQUIREMENT

That your honorable judge in preliminary relief proceedings may be pleased to, executable with immediate effect,

- 1) Order the State to remove all information from government agencies, including statements on the website of the central government and the website of the RIVM, mentioned in the information referred to in paragraph 42 of the body of the summons, which states that young people under 18, or at least teenagers, are less likely to become infected with the Coronavirus, and/or the Coronavirus would hardly spread, or to a lesser extent;
- 2) Order the State to review the standard letter "Information for Parents/Guardians of a patient's classmates and peers in primary and secondary education and child centers" to be adapted in such a way that "no close contact has taken place" is no longer stated without further explanation;
- 3) Order the State to withdraw the advice that elementary school children do not need to be tested if they get symptoms that fit the Coronavirus;
- 4) Order the State to change its guidelines for measures in secondary education in such a way that it is in accordance with WHO guidelines, i.e. that in secondary schools must be at least stay one meter away from each other or, if this is not possible, wear a face mask;
- 5) Order the State to change the "Service document basic education Coronavirus

COVID-19" of the Ministry of Education, Culture and Science in such a way as to fit that it calls on school attendance officers not to enforce compulsory education with respect to parents who keep their children home in connection with the risk of Coronavirus infection, as long as the infection rate is above the signal value of the Corona Dashboard of 7 infections per 100,000 inhabitants per day.

On conviction of the State, to pay the costs of these proceedings within 14 days after the judgment to be given in this case, to be increased by the subsequent costs in accordance with the court-approved cost schedule.