

[7 arguments against compulsory vaccination \(https://7argumente.de/\)](https://7argumente.de/)

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[7 ARGUMENTS – THE TEXT \(HTTPS://7ARGUMENTE.DE#TEXT\)](https://7argumente.de/#TEXT)

Dear Members of the German Bundestag,
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On the occasion of the debate on the possible introduction of the general vaccination obligation, we have formulated seven scientific arguments which, in our view, prove that there is no reliable scientific basis for compulsory vaccination; From our point of view, this clearly speaks against the introduction of compulsory vaccination.

We are very concerned about the possible decision to make vaccination compulsory and therefore kindly ask for independent scientific examination of the complex problem areas outlined in the text before you make a decision on this matter.

If you have any questions, please do not hesitate to contact us
(autorengruppe@7argumente.de (<mailto:autorengruppe@7argumente.de>)) or under [Contact \(https://7argumente.de/kontakt/\)](https://7argumente.de/kontakt/).

With respect for your responsible work and kind regards,

the group of authors of the 7 arguments against compulsory vaccination

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The 7 arguments

Overcoming the divide:Sheeben

scientific arguments against a legal vaccination obligation and for an open discourse

The corona pandemic has taken a heavy human toll and great efforts in all fields of social life over the past two years. In rapid succession, new regulations and laws were enacted, which were responsibly supported by large parts of the population. In recent months, the political path has increasingly been geared towards vaccination coverage of the entire population, which is usually regarded as having no alternative. This is currently culminating in the discussion to introduce a legal vaccination obligation – both general and group-specific. The already existing sanctions against "unvaccinated" (and thus also those whose vaccination certificate has expired) are to be extended even more.

A resolution on a statutory vaccination obligation is premature. Fundamental questions about the new vaccines have not been sufficiently clarified and are controversial in research. These include, in particular, the duration and strength of the vaccination protection as well as the type, frequency and severity of side effects. No such law should be based on controversial research questions.

The signatories therefore take the position that a *general or group-specific vaccination obligation against SARS-CoV2* is not justifiable in the current situation on the basis of medical, legal, philosophical and ethical and religious arguments. Therefore, a decision for or against the COVID19 vaccination must be made individually.

The justification for our position is summarized in seven arguments. They are in line with the positions of thousands of scientists in Austria, Switzerland, Italy, France, Scandinavia, Great Britain and the United States.

Argument 1: The SARS-CoV2 pandemic will not be ended by vaccination

One goal of universal vaccination is to create a population immunized against SARS-CoV2. We consider it questionable that this objective can actually be achieved with the vaccines that

are still conditionally approved in the EU.

1.) Immunization by the current vaccines is much weaker and shorter than expected and promised. *Self-protection* exists at most from severe courses and only for a few months.

2.) These vaccines do not produce 'sterile' immunity. Despite vaccination, infections and the transmission of viruses are possible at any time. The extent and duration of *third-party protection* are unknown.

3.) New virus variants circumvent vaccination protection more and more successfully. The development and vaccination of a vaccine adapted to new virus variants will currently take longer than the average time interval for the occurrence of more successful variants. Consequently, this reactive vaccine adaptation cannot produce a uniformly immunized population.

4.) The evolutionary logic of the virus mutation is that of the new variants, the most successful will be those that best circumvent the protection of existing vaccines. A complete vaccination of the population – with a vaccination that does not produce sterile immunity – can increase the selection pressure on the virus and therefore even be counterproductive.

Argument 2: The risk potential of vaccines is too high

Since the beginning of the vaccination campaign, there has been no systematic research – including the long-term risk potential of the novel vaccines. For the gene-based COVID19 vaccines, it is particularly important that the vaccines and their modes of action are fundamentally new and not researched in long-term studies. Vaccine damage could occur in a different way than the experience with conventional vaccines suggests.

1.) Already the suspected cases of side effects from COVID19 vaccination recorded by the Paul-Ehrlich-Institut are also worrying in relation to reports on other vaccines. Systematic research into side effects and risk factors of vaccinations is therefore urgently needed.

2.) In addition, current research shows warning signs of a significant risk potential of these vaccines:

a) In 2021 and especially in recent months, there has been a significant increase in excess mortality, which has parallels to vaccination: If the number of vaccinations increases, excess mortality also increases, the number of vaccinations decreases, excess mortality also decreases. This pattern is found in various countries and could possibly be an indication of previously overlooked dramatic side effects (Appendix 1).

(b) The unusually large increase in cardiovascular and neurological diseases since the start of the vaccination campaign also shows parallels with the vaccination curves (Annex 2).

c) There is evidence that the blood-detectable indicators of the risk of infarction increase significantly after vaccination.

d) The effect of spike proteins on human cell metabolism is largely misunderstood. There is serious evidence that they may be the cause of unwanted side effects.

e) Research results indicate that these side effects may be individual and deviate from the previously known patterns.

f) Current findings on the Omikron variant indicate that people vaccinated against a previous variant are more susceptible to this new variant than non-vaccinated persons.

Argument 3: The risk potential of multiple doses of SARS-CoV-2 vaccinations is insufficiently researched

Compulsory vaccination is expected to provide for continued booster vaccinations, as vaccination protection is rapidly decreasing and new virus variants are emerging. Multiple vaccination (more than two) is an ongoing experiment on the population on cumulative vaccination risks. Because:

- 1.) So far, no data have been collected in the approval studies of the manufacturers.
- 2.) Even in connection with the current booster campaigns, hardly any comprehensive analyses of the safety of the procedure have yet been published.

Argument 4: The general obligation to vaccinate with the currently conditionally approved COVID19 vaccines violates constitutional law

The guarantee of human dignity in Article 1 of the Basic Law is the basis of the Basic Law: As an end-to-end being, man is the reason and goal of the law. It must never be treated by state measures merely as a mere means to an end (even if it promotes the common good). The dignity of the individual subject is not open to any balancing of other fundamental rights, but rather applies absolutely. Compulsory vaccination would interfere with the protection of the right to self-determination guaranteed by the guarantee of human dignity with regard to medical interventions in the physical and mental integrity and in the physical integrity of the person concerned protected by Article 2.2 GG. It is also possible to impair freedom of belief and conscience in accordance with Art. 4 GG.

1.) In Hinblick auf den Eingriff in Art. 2 Abs. 2 GG ist die Verfassungsmäßigkeit einer Impfpflicht der Fragwürdigkeit des *Zwecks* wegen und mangels *Geeignetheit, Erforderlichkeit* und *Angemessenheit* zu bezweifeln.

a) In this respect, the choice of a legitimate *purpose* is already unclear. Above all, herd immunity, interruption of infection chains, avoidance of deaths and severe courses (and thus the relief of the health system), ending the pandemic come into consideration.

(b) The *appropriateness* of a general vaccination obligation must in any event be clearly denied with regard to the first two purposes referred to in (a). With regard to the avoidance of severe courses, it should be noted that the conditionally approved vaccines lose their effect after a very short time (3 to 6 months) and therefore in any case have no permanent suitability. Furthermore, their effectiveness for new virus mutations cannot be assumed (see 1st argument under 3.). For the same reasons, a general obligation to vaccinate is also unsuitable for ending the pandemic.

(c) *The necessity* would be affirmed only if there were no more lenient means of achieving the objectives which would be equally appropriate. Since the suitability is already questionable, considerations are hypothetical at best: Such considerations would concern, for example, the protection of vulnerable groups, the improvement of the health care system or the (if possible) timely adaptation of vaccines. In the design of the general vaccination obligation, less drastic variants would also have to be considered: for example, a broad exemption for medical indications even in the case of existing medical uncertainties (autoimmune diseases, dispositions for vaccine damage – previous allergies or damage during vaccinations, known heart diseases, etc.), which enable an individual doctor-patient assessment.

(d) *Adequacy* in the strict sense presupposes that, when weighing up the affected and protected interests, there is a clear preponderance of the protection of the general public intended by the vaccination obligation. That is not the case here. This is because the risk of

severe course or death from COVID and the risk of severe or fatal side effects from vaccination is to the detriment of vaccination for large groups of people. According to serious scientists, the risk of younger adults is higher in the case of vaccination. In addition, there is a demonstrably significant and in its dimensions not yet sufficiently known risk potential of the novel and only conditionally approved vaccines (see 2nd argument). This means that serious risks to the health of the individual must be weighed against an unclear benefit for society as a whole.

2.) A compulsory vaccination subject to a fine collides with Art. 1 GG. This protects (<https://blog.zeit.de/teilchen/2019/05/23/hoeren-sie-mal-wie-schoen-das-grundgesetz-klings/>) man from being treated as a mere object. Due to the compulsory vaccination, he would be forced to tolerate an irreversible intervention in his body by a medical treatment that has so far only been admitted to a limited extent, i.e. a medical treatment complex that has not yet been sufficiently researched. This would also be done solely for the sake of the other members of society or for the purpose of combating the pandemic as a whole for society as a whole or – depending on the objective – maintaining medical treatment resources. To what extent these purposes can actually be achieved by compulsory vaccination is unclear. However, it is constitutionally clear that the purpose of the individual is inadmissible even if it can protect the well-being and even the lives of many others with almost certainty. The unvaccinated human being in his very existence would be illegalized by a general vaccination obligation and criminalized by means of the threat of sanctions.

3.) With regard to Art. 4 GG, it should be borne in mind that the individual person is free in the area of his or her freedom of belief and conscience to refuse medical interventions for ideological or religious reasons.

Argument 5: The overload of hospitals by COVID19 patients is not clearly proven by the statistical data

The general obligation to vaccinate is justified, among other things, by relieving the burden on hospitals and in particular on intensive care units. In this context, there are also many open questions.

- 1.) Even after almost two years of pandemic, there is no reliable evidence as to what proportion of reported COVID19 patients are being treated in hospitals for COVID19 illness and what proportion is in hospital for other reasons.
- 2.) Sufficient statistical information is not available on the vaccination status, age distribution and presence of pre-existing conditions of the actual COVID19 patients.
- 3.) Hospitals are subject to economic constraints and political incentives in providing treatment capacity for COVID-19. Ongoing debates about the decreasing number of beds reported as "operable" under changing conditions lead to the question: Can a relief of this system not rather be achieved through adequate and transparent administrative and financial support?

Argument 6: Measures other than vaccination are not exhausted

The one-sided promotion of compulsory care continues the neglect of other effective measures against the pandemic, such as the lack of improvement in the working conditions of nurses and doctors, the maintenance or re-increase of intensive care bed capacity and the development and use of therapies and medicines.

Argument 7: Mandatory COVID19 vaccination is forcing social conflicts

Compulsory vaccination is based on the assumption that society can return to normality. The opposite is true: society is becoming more deeply divided. Citizens who consciously decide against vaccination for medical, ideological, religious or other reasons will be excluded, possibly even prosecuted. Public discourse creates artificial worlds in which critical voices can hardly be heard. The language itself is also pushed into the role of a vicarious agent of controversial political goals. Simplistic definitions ("vaccinated" – "unvaccinated") promote polarization in our society; euphemistic abbreviations such as "2-G" disguise the fact that a (large) minority is systematically, publicly and rigidly excluded from social life.

Due to the growing politicization, there is also an ideologizing standardization as "science" in academic research across disciplines. This represents a disregard for the plural, free discourse on the urgently needed gain of knowledge on the benefits and risks of vaccination.

The trust of many citizens in the state could be fundamentally shaken by a strengthening of this course. The resulting conflicts affect the rule of law and democracy.

The seven arguments put forward are intended to raise questions, the clarification of which should be a precondition for decision-making regarding mandatory vaccination against Covid-19.

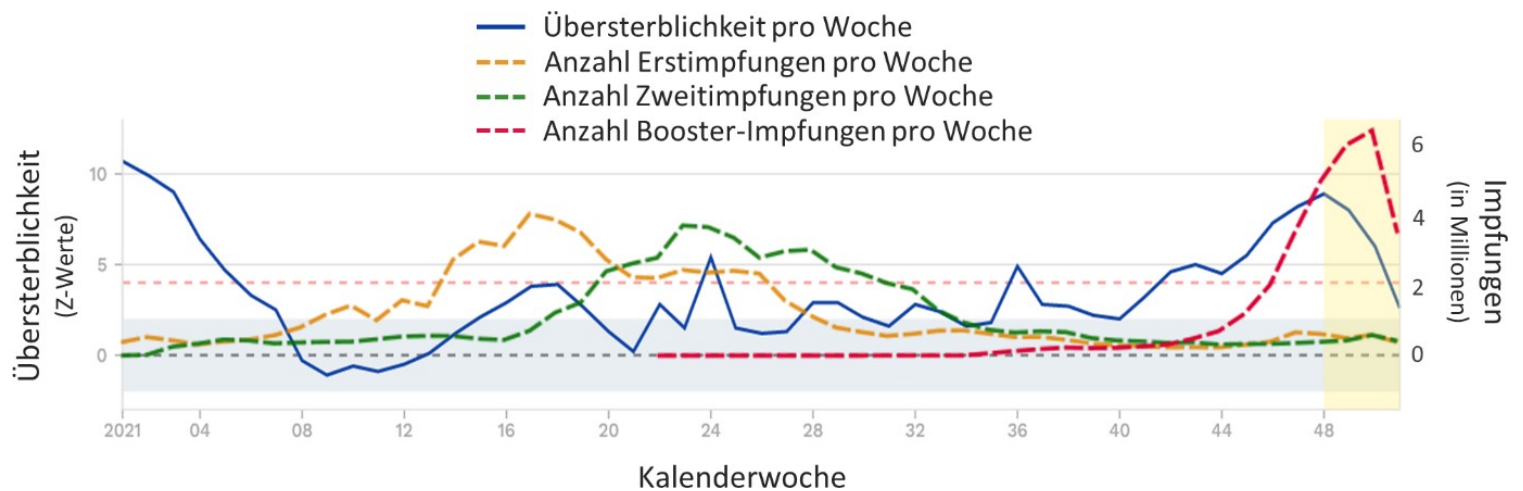
The arguments are not directed *against* a specific substantive position. Rather, they are arguments *for* the fact that in the current situation it is important to develop a *common* question attitude in science that makes it possible to gain a solid basis that does not exist at the moment in order to alleviate health and mental distress together with a view to all dimensions of the crisis.

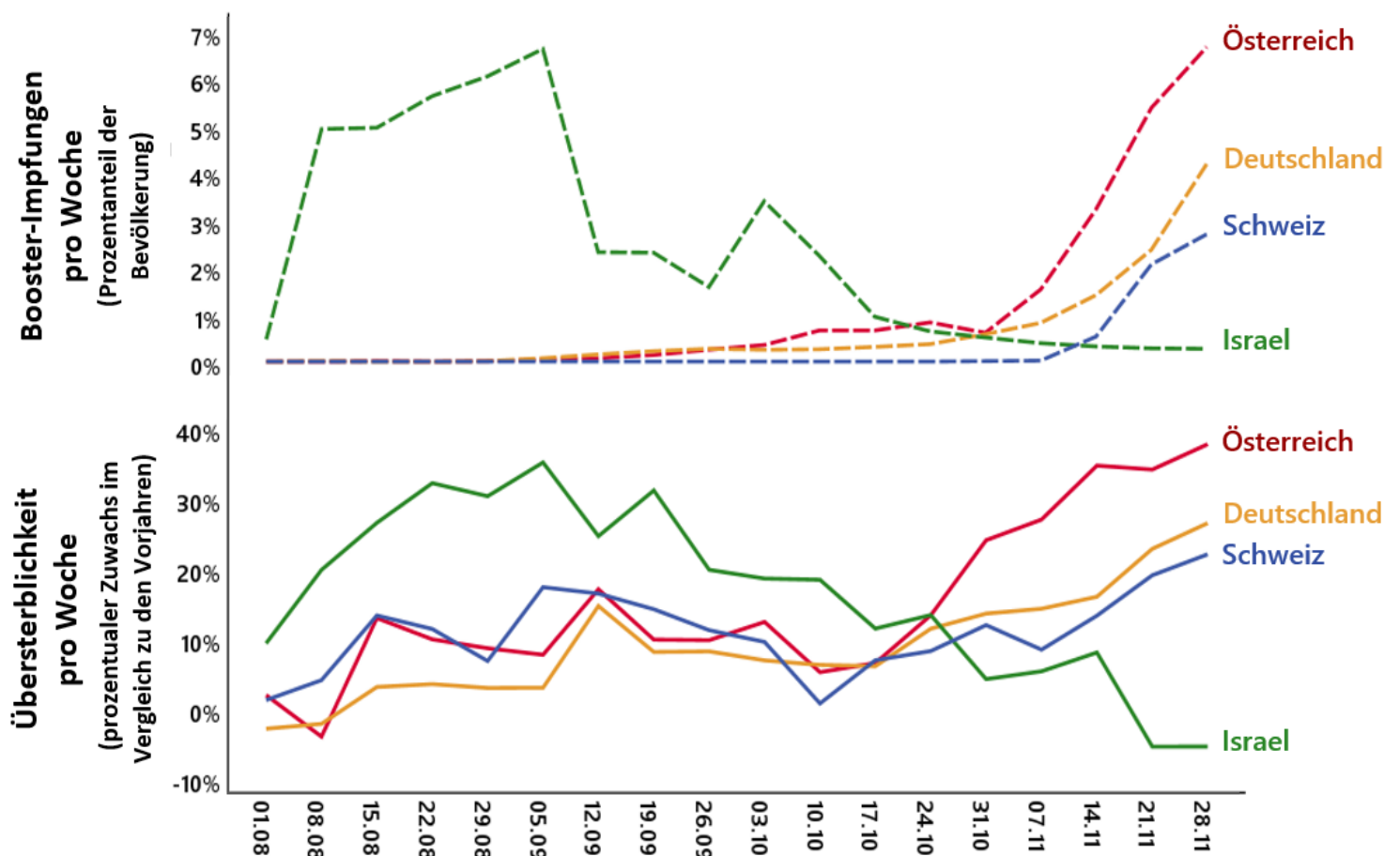
We ask that, out of this spirit of freedom of science and human dignity, we make a joint effort to overcome the present situation, with its multiple suffering and the division of our society, and to heal its scars permanently.

Grounds

Appendix 1:

a) Germany: course of excess mortality (Euromomo) and course of the three vaccinations per week:





Sources:

- © graphs: Christof

Kuhbandner • Euromomo excess mortality: <https://www.euromomo.eu/graphs-and-maps>
<https://www.euromomo.eu/graphs-and-maps>

- Number of vaccinations:

https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Daten/Impfquotenmonitoring.xlsx

https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Daten/Impfquotenmonitoring.xlsx

- Country comparison: Our World in Data (booster vaccinations:

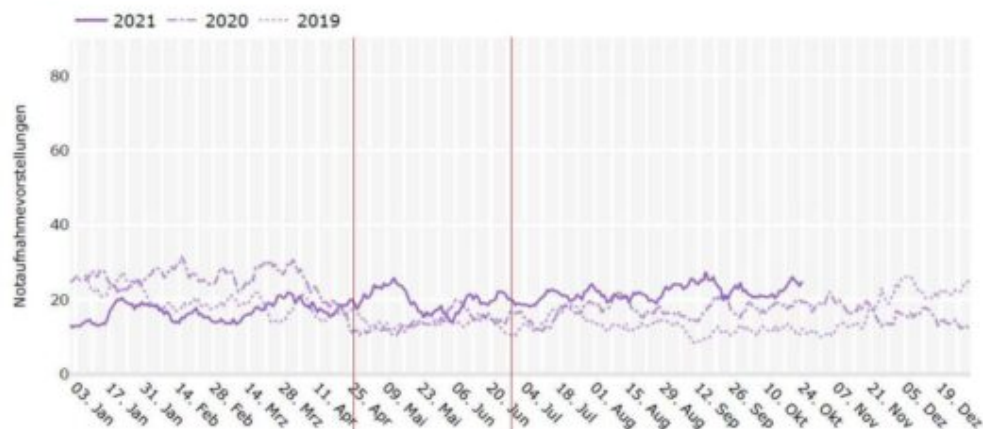
<https://ourworldindata.org/grapher/covid-vaccine-booster-doses-per-capita>

<https://ourworldindata.org/grapher/covid-vaccine-booster-doses-per-capita>); Excess mortality: <https://ourworldindata.org/excess-mortality-covid>

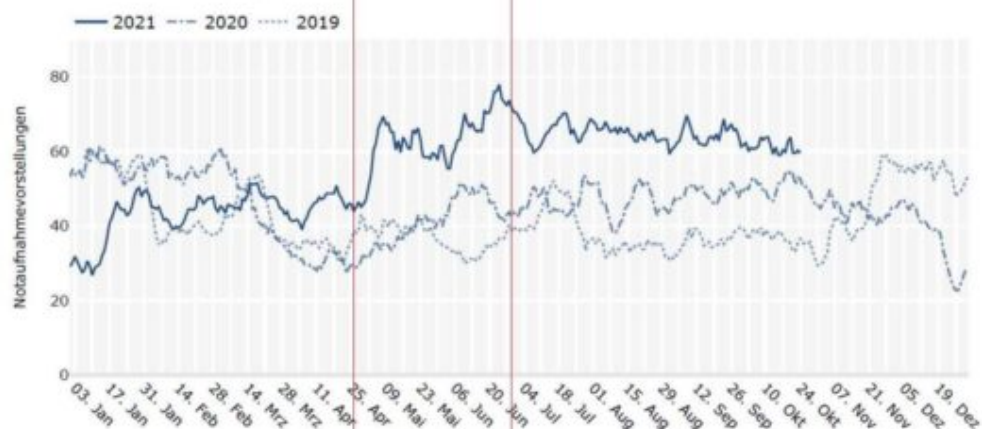
<https://ourworldindata.org/excess-mortality-covid>

Appendix 2:

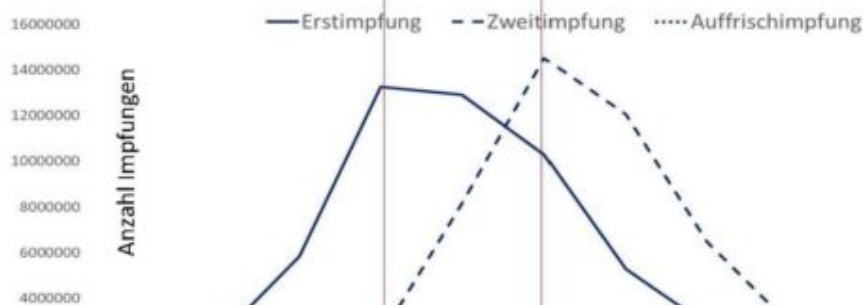
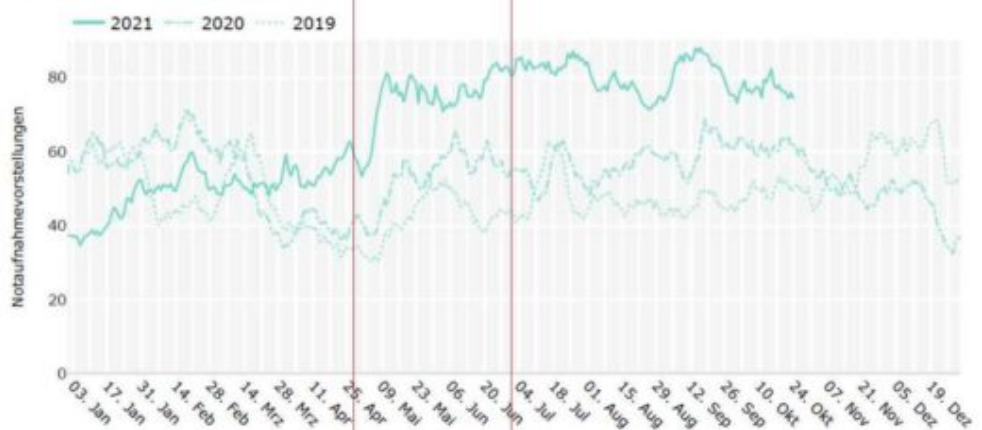
Respiratorische Vorstellungsgründe

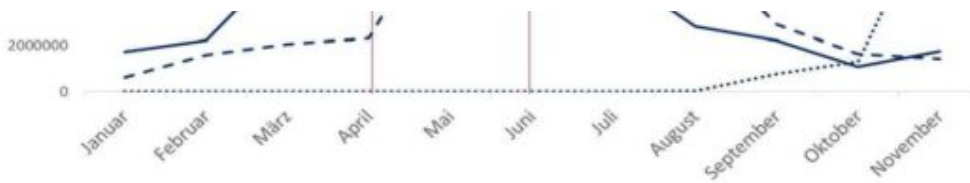


Kardiovaskuläre Vorstellungsgründe



Neurologische Vorstellungsgründe





Sources:

- Reasons for presentation: Emergency room situation report of the RKI of 27.10.2021 • Number of vaccinations:

https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Daten/Impfquotenmonitoring.xlsx
 (https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Daten/Impfquotenmonitoring.xlsx)

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