

# Seven Arguments Against Vaccine Mandate

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## **The 7 arguments - Overcoming the divide: Seven scientific arguments against compulsory vaccination and for an open discourse**

During the last two years, the Corona pandemic took a heavy human toll and great efforts in all fields of social life. 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 directed toward vaccination of the entire population, which is mostly considered to have no alternative. This is currently culminating in the discussion of introducing a statutory vaccination requirement - both general and group-specific. The sanctions already in place against the "unvaccinated" (and thus also those whose vaccination certificate has expired) are thus to be extended even further.

A decision on a statutory vaccination requirement is premature. This is because fundamental questions about the new vaccines have not been adequately clarified and are disputed in research. These include, in particular, the duration and strength of vaccine protection and the type, frequency and severity of side effects. No such law should be based on controversial research questions.

Therefore, the undersigned take the position that a general or group-specific compulsory vaccination against SARS-CoV2 is not justifiable in the current situation on the basis of medical, legal, philosophical and, in the process, ethical and religious arguments. Therefore, a decision for or against covid-19 vaccination must be made individually.

The justification of 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.

### **1st argument: The pandemic with SARS-CoV2 is not ended by vaccination.**

One goal of universal mandatory vaccination is to create a population immunized against SARS-CoV2. We find it questionable that this goal can actually be achieved with the available vaccines that are still conditionally licensed in the EU.

1.) Immunization by current vaccines is much weaker and shorter lasting than expected and promised. Self-protection exists at best against severe courses and that 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. Extent and duration of foreign protection are unknown.

3.) New viral variants are increasingly successful in circumventing vaccine protection. The development and vaccination of a vaccine adapted to new virus variants will, according to the current status, take longer than the average time interval of the occurrence of more successful variants. Consequently, this reactive vaccine adaptation cannot produce a uniformly immunized population.

4.) The evolutionary logic of viral mutation is that of the new variants, those that best circumvent the protection of existing vaccines will be the most successful. Completely vaccinating the population - with a vaccine that does not produce sterile immunity - may increase selection pressure on the virus and therefore may even be counterproductive.

**Argument 2: The risk potential of the vaccines is too high.**

Since the beginning of the vaccination campaign, no systematic research - including long-term research - on the risk potential of the novel vaccines has taken place. Of particular concern for the gene-based covid-19 vaccines is that the vaccines and their modes of action are fundamentally new and have not been studied in long-term trials. Vaccine damage could occur in ways different from what experience with the conventional vaccines would suggest.

1.) Already the suspected cases of side effects from covid-19 vaccination recorded by the Paul Ehrlich Institute are worrying, also in relation to reports on other vaccines. Systematic research on 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, a marked increase in excess mortality emerged that parallels vaccination: if the number of vaccinations increases, excess mortality also increases; if the number of vaccinations decreases, excess mortality also decreases. This pattern is found in several countries and could possibly be an indication of previously overlooked dramatic side effects (Appendix 1).

b) The unusually large increase in cardiovascular and neurologic disease since the start of the vaccination campaign also parallels the vaccination curves (Appendix 2).

c) There is evidence that blood detectable indicators of infarct risk increase substantially after vaccination.

d) The effect of spike proteins on human cellular metabolism is largely not understood. There is serious evidence that they may be the cause of undesirable side effects.

e) Research findings suggest that these side effects may be individual and may deviate from previously known patterns.

f) Current evidence on the omicron variant suggests that individuals vaccinated against a previous variant are more susceptible to this new variant than non-vaccinated individuals.

**3. argument: the risk potential of multiple administrations of SARS-CoV-2 vaccination is insufficiently studied.**

Mandatory vaccination is likely to provide for continued booster vaccinations as vaccine protection rapidly declines and new viral variants emerge. Multiple vaccination (more than two) is an ongoing experiment in population cumulative vaccination risks. Because:

1.) No data have been collected on this in the manufacturers' registration studies to date.

2.) Even in the context of the currently ongoing booster campaigns, hardly any comprehensive analyses on the safety of the approach have been published.

**Argument 4: The general obligation to vaccinate with the currently conditionally approved covid-19 vaccines violates constitutional law.**

The guarantee of human dignity in Article 1 of the Basic Law is the basis of the Basic Law: Man, as an end in himself, is the basis and goal of law. He or she may never be treated by state measures as a mere means to an end (even one that promotes the common good). The dignity of the individual subject cannot be weighed against other fundamental rights; on the contrary, it is absolute. An obligation to vaccinate interferes with the protection of the right of self-determination guaranteed by the guarantee of human dignity with regard to medical interventions in the physical and mental integrity and the physical integrity of the person concerned protected by Article 2 (2) of the Basic Law. It is also possible that the freedom of belief and conscience under Article 4 of the Basic Law may be impaired.

1.) With regard to the encroachment on Article 2.2 of the Basic Law, the constitutionality of an obligation to vaccinate is doubtful because of the questionable nature of the purpose and the lack of suitability, necessity and appropriateness.

a) In this respect, the choice of a legitimate purpose is already unclear. The following can be considered: herd immunity, interruption of infection chains, prevention of deaths and severe courses of disease (and thus the relief of the health care system), ending the pandemic.

b) The suitability of a general vaccination obligation must be clearly denied, at least with regard to the first two purposes mentioned under a). With regard to the prevention of severe courses of disease, it should be noted that the conditionally approved vaccines lose their effectiveness after a very short period of time (3 to 6 months) and are therefore not suitable for long-term use.

Furthermore, their efficacy cannot be assumed for new virus mutations (cf. 1st argument under 3.). For the same reasons, a general obligation to vaccinate is also unsuitable for ending the pandemic.

c) Necessity would only be affirmed if there were no milder means of achieving the objectives that were equally suitable. Since suitability is already questionable, considerations in this regard 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 would allow an individual doctor-patient assessment.

d) Appropriateness in the narrower sense requires that, when weighing the impaired and protected interests, there is a clear preponderance for the protection of the general public intended by the vaccination obligation. This is not the case here. This is because the hazard relationship between the risk of a severe course or death from covid and the risk of severe or fatal side effects from vaccination is to the disadvantage 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 considerable risk potential of the novel and only conditionally approved vaccines, the extent of which is not yet sufficiently known (cf. 2nd argument). This means that serious risks to the health of the individual must be weighed against an unclear benefit to society as a whole.

2.) An obligation to vaccinate, which is subject to a fine, conflicts with Article 1 of the Basic Law. This protects humans from being reified - treated as mere objects. The obligation to vaccinate would force people to tolerate an irreversible intervention in their bodies by a medical treatment that has so far only been approved 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 other members of society or for the purpose of combating a pandemic for society as a whole or - depending on the objective - for maintaining medical treatment resources. The extent to which these purposes can actually be achieved through compulsory vaccination is unclear. It is clear, however, from a constitutional point of view that it is inadmissible to make the individual vaccinated a target even if the well-being and even the lives of many others can be protected by it with a probability bordering on certainty. The unvaccinated person in his sheer existence would be made illegal by a general obligation to vaccinate and criminalized by the threat of sanctions.

3.) With regard to Article 4 of the Basic Law, it must be borne in mind that individuals are free to refuse medical interventions on ideological or religious grounds within the scope of their freedom of faith and conscience.

**Argument 5: The overloading of hospitals by covid-19 patients is not clearly supported by the statistical data.**

One of the reasons given for the general vaccination requirement is to relieve the burden on hospitals, especially intensive care units. In this context, many open questions also emerge.

- 1.) For example, even after almost two years of the pandemic, there are no reliable findings on what proportion of reported covid-19 patients are treated in hospitals for covid-19 illness and what proportion are hospitalized for other reasons.
- 2.) There is insufficient statistical information on the vaccination status, age distribution, and presence of pre-existing conditions of actual covid-19 patients.
- 3.) Hospitals are subject to economic constraints and political incentives in providing treatment capacity for covid-19. Ongoing debates about the trend of decreasing number of beds reported as "operable" under changing framework conditions lead to the question: Can relief of this system not rather be achieved by adequate and transparent administrative and financial support?

**Argument 6: Measures other than vaccination have not been exhausted.**

The one-sided propagation of mandatory vaccination continues the neglect already practiced over the past two years of other effective measures against the pandemic, such as the failure to improve working conditions for nurses and physicians, maintain or replenish intensive care bed capacity, and develop and use therapies and medications.

**Argument 7: The covid-19 vaccination obligation forces social conflicts.**

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

Growing politicization also leads to an ideologizing standardization as "the science" in academic research across disciplines. This represents a disregard for 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 drag down the rule of law and democracy.

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

In each case, the arguments are not directed against any particular substantive position. Rather, they are arguments for the fact that in the current situation it is important to develop a common questioning attitude in the scientific community that allows us to gain a solid foundation, which does not exist at the moment, for alleviating health and mental distress with each other with regard to all dimensions of the crisis.

We ask that, out of this spirit of freedom of science and the dignity of the human being, joint efforts be made to overcome the present situation with its multiple suffering as well as the division of our society and to heal its scars permanently.

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