

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

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

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

If you have any questions, [please do not hesitate to](#)

[contact \(mailto:autorengruppe@7argumente.de\)](mailto:autorengruppe@7argumente.de) us (<https://7argumente.de/kontakt/>) or [contact \(mailto:autorengruppe@7argumente.de\)](mailto:autorengruppe@7argumente.de)) or [contact \(https://7argumente.de/kontakt/\)](https://7argumente.de/kontakt/) us (<mailto:autorengruppe@7argumente.de>) .

With respect for your responsible work and best regards,

the group of authors of the 7 arguments against compulsory vaccination



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The 7 arguments

Overcoming the split : seven scientific arguments

against compulsory vaccination and in favor of an open discourse



The corona pandemic has demanded a high human toll and great efforts in all areas of social life over the past two years. In quick succession, new ordinances and laws were passed, which large parts of the population responsibly supported. In the past few months, the political path has been increasingly geared towards vaccination of the entire population, which is mostly viewed as no alternative. This is currently culminating in the discussion of introducing a statutory vaccination requirement - both general and group-specific. The existing sanctions against “unvaccinated people” (and therefore also those whose vaccination certificate has expired) are to be expanded even further.

It is premature to pass a resolution on a statutory vaccination requirement. Because fundamental questions about the new vaccines have not been adequately clarified and are controversial in research. This includes in particular the duration and strength of the vaccination protection as well as the type, frequency and severity of the side effects. No such law should be based on controversial research questions.

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

The rationale for our position is summarized in seven arguments. They are consistent 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 will not be ended by vaccination



One goal of the general compulsory vaccination is to create a population immunized against SARS-CoV2. We consider it questionable whether this goal can actually be achieved with the vaccines available, which are still conditionally approved in the EU.

- 1.) The immunization by the current vaccines is much weaker and shorter lasting than expected and promised. At most, there is *self-protection* 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. The extent and duration of the *external protection* are unknown.
- 3.) New virus variants bypass vaccination protection more and more successfully. The development and vaccination of a vaccine adapted to new virus variants will, according to the current state of affairs, take longer than the average time interval between the appearance 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, those who best bypass the protection of the existing vaccines will be most successful. Full vaccination of the population - with vaccination that does not produce sterile immunity - can increase selection pressure on the virus and therefore even be counterproductive.

2nd argument: The risk potential of the vaccines is too high

Since the start of the vaccination campaign, no systematic research - including the long-term - risk potential of the novel vaccines has taken place. For the gene-based COVID19 vaccines, it is particularly important that the vaccines and their modes of action are fundamentally new

and have not been researched in long-term studies. Vaccine damage could occur in a different way than experience with conventional vaccines suggests.

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

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

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

b) The unusually strong increase in cardiovascular and neurological diseases since the start of the vaccination campaign also shows parallels to the vaccination curves (Appendix 2).

c) There are indications that the indicators of the risk of infarction that can be detected in the blood increase significantly after vaccination.

d) The effect of the spike proteins on the human cell metabolism is largely not understood. There is serious evidence that it can cause undesirable side effects.

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



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

3rd argument: The risk potential of multiple administration of SARS-CoV-2 vaccinations has not been adequately researched

The vaccination requirement will presumably provide for continued booster vaccinations, as vaccination protection decreases rapidly and new virus variants emerge. The multiple vaccination (more than two) is an ongoing experiment on the population to accumulate vaccination risks. Then:

- 1.) So far, no data has been collected in the manufacturer's approval studies.
- 2.) Also in connection with the currently running booster campaigns, hardly any comprehensive analyzes on the security of the procedure have been published.

4th argument: The general compulsory vaccination 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, the human being is the foundation and goal of law. State measures must never treat it as a mere means to an end (be it for the common good). The dignity of the individual subject cannot be weighed against other fundamental rights; it is rather absolute. An obligation to vaccinate interfered 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, which is protected by Article 2, Paragraph 2 of the Basic Law. Furthermore, an impairment of the freedom of belief and conscience according to Art. 4 GG is possible.

1.) With regard to the encroachment on Article 2, Paragraph 2 of the Basic Law, the constitutionality of an obligation to vaccinate is questionable because of the questionable *purpose* and lack of *suitability*, *necessity* and *appropriateness*.

a) In this respect, the choice of a legitimate *purpose* is unclear. The main considerations are: herd immunity, interruption of chains of infection, avoidance of deaths and severe courses (and the associated relief for the health system), end of the pandemic.

b) The *suitability* of a general compulsory vaccination is clearly denied with regard to the first two purposes mentioned under a). With a view to avoiding severe courses, it should be pointed out that the conditionally approved vaccines lose their effect after a very short period of time (3 to 6 months) and, in any case, are not suitable for the long term. Furthermore, their effectiveness for new virus mutations cannot be assumed (cf. 1st argument under 3.). For the same reasons, a general compulsory vaccination is also unsuitable for ending the pandemic.

c) The *necessity* would only be answered in the affirmative if there were no more lenient means of achieving the goals that would be equally suitable. Since the suitability is questionable, considerations are at best hypothetical: Such considerations would, for example, concern the protection of vulnerable groups, the improvement of the health system or the (if possible) prompt adaptation of the vaccines. In the design of the general vaccination obligation, less drastic variants should also be considered: for example, a wide exemption for medical indications even in the case of existing medical uncertainties (autoimmune diseases, dispositions for vaccine damage - previous allergies or damage to vaccinations, known heart diseases, etc.), which an individual Enable doctor-patient weighing.



d) Appropriateness in the narrower sense presupposes that when weighing up the impaired and the protected interests, there is a clear predominance of the protection of the general public intended by the mandatory vaccination. That is not the case here. Because the risk ratio between the risk of a severe course or death from COVID and the risk of severe or fatal side effects from the vaccination is to the disadvantage of the 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 new and only conditionally approved vaccines, which is not yet sufficiently well known (cf. 2nd argument). That means,

2.) A mandatory vaccination subject to a fine collides with Art. 1 GG. This protects [\(https://blog.zeit.de/teilchen/2019/05/23/hoeren-sie-mal-wie-schoen-das-grundgesetz-klingt/\)](https://blog.zeit.de/teilchen/2019/05/23/hoeren-sie-mal-wie-schoen-das-grundgesetz-klingt/) people from being reified - treated as a mere object. Due to the obligation to vaccinate, he would be forced to tolerate an irreversible intervention in his body through a medical treatment that was previously only conditionally approved, i.e. a medical treatment complex that has not yet been adequately researched. This would also be done solely for the sake of the other members of society or for the purpose of fighting pandemics for society as a whole or - depending on the target - to maintain medical treatment resources. To what extent these purposes can actually be achieved through compulsory vaccination is unclear. It is constitutionally clear, however, that the use of the individual is inadmissible even if it can protect the well-being and even the lives of many others with a probability bordering on certainty. Unvaccinated people in their 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 should be borne in mind that individuals are free to refuse medical interventions for ideological or religious reasons in the area of their freedom of belief and conscience. ^

5th argument: The overload of the hospitals by COVID19 sufferers is not clearly proven by the statistical data

The general compulsory vaccination is justified, among other things, by relieving the burden on hospitals and in particular on intensive care units. There are also many unanswered questions in this context.

- 1.) Even after almost two years of pandemic, there are no reliable findings as to what proportion of the reported COVID19 patients are being treated in hospitals for a COVID19 disease and what proportion is in the hospital for another cause.
- 2.) Insufficient statistical information is available on the vaccination status, age distribution and the presence of previous illnesses of the actual COVID19 patients.
- 3.) Hospitals are subject to economic constraints and political incentives when providing treatment capacities for COVID-19. Ongoing debates about the decreasing number of beds registered as "operable" under changing framework conditions lead to the question: Can the burden on this system not be relieved through appropriate and transparent administrative and financial support?

6th argument: Measures other than vaccination have not been exhausted

The one-sided propagation of the compulsory vaccination continues the neglect of other effective measures against the pandemic that has already been practiced in the last two years, such as the failure to improve the working conditions of nurses and doctors, the



maintenance or replenishment of the intensive care bed capacity as well as the development and use of therapies and Medication.

7th argument: The COVID19 vaccination requirement accelerates social conflicts

The vaccination requirement is based on the assumption that society can return to normal with it. The opposite is the case: society is being divided more deeply. Citizens who consciously decide against vaccination for medical, ideological, religious or other reasons are marginalized and possibly even prosecuted. Public discourse creates artificial worlds in which critical voices can hardly be heard. Language itself is also pushed into the role of a vicarious agent for controversial political goals. Simplifying 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.

As a result of the growing politicization, there is also an interdisciplinary ideological standardization in academic research as “science”. This represents a disregard for the plural, free discourse on the urgently needed gain in knowledge about the benefits and risks of vaccination.

The confidence of many citizens in the state could be fundamentally shaken by strengthening 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 prerequisite for a decision regarding compulsory vaccination against Covid-19.

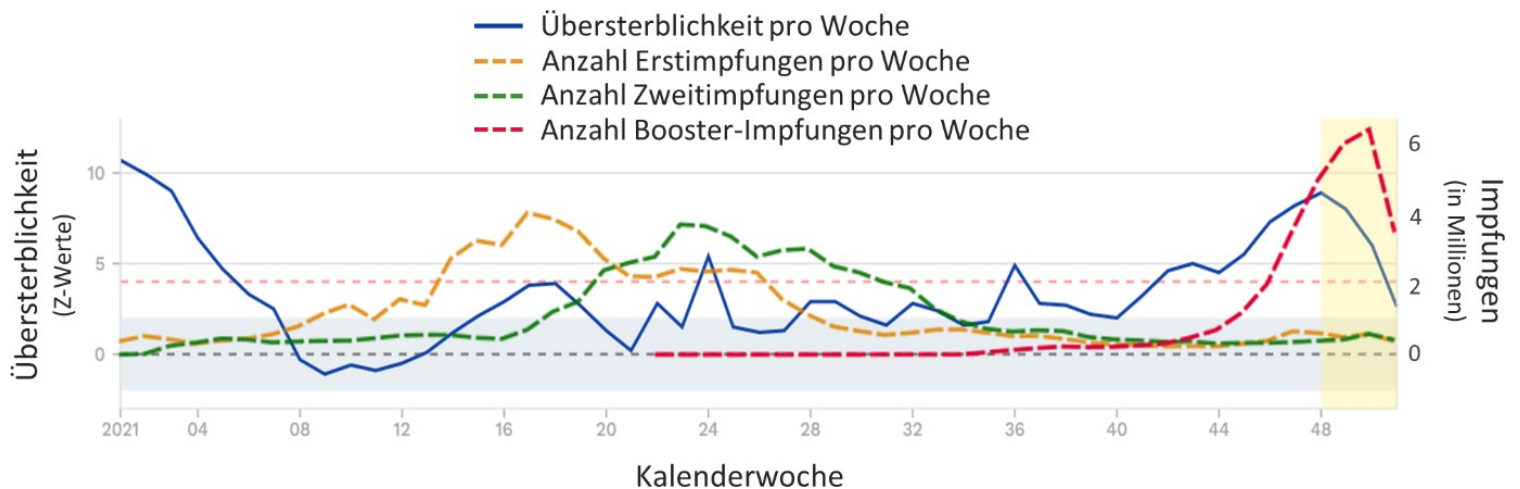
The arguments are not directed *against* a specific content position. Rather, they are arguments in *favor of the* fact that in the current situation it is important to develop a *common* approach to questions in science that allows a currently non-existent solid basis to be gained for health and mental distress with a view to all dimensions of the crisis to alleviate with each other.

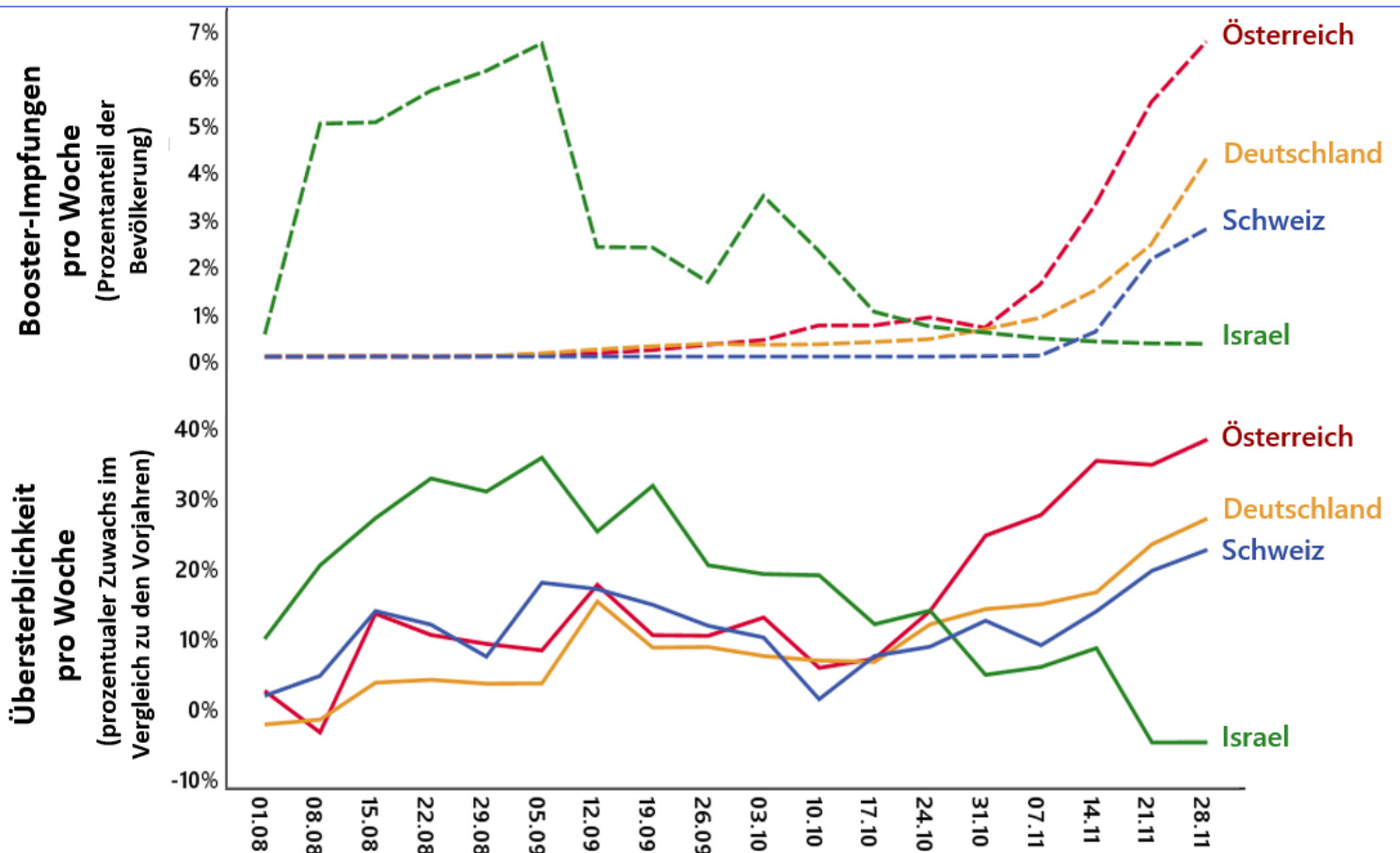
Out of this spirit of freedom of science and human dignity, we ask that joint efforts be made to overcome the present situation with its multiple suffering and the division of our society and to heal its scars permanently.

Investments

Attachment 1:

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





Sources:

- © Graphics: 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:

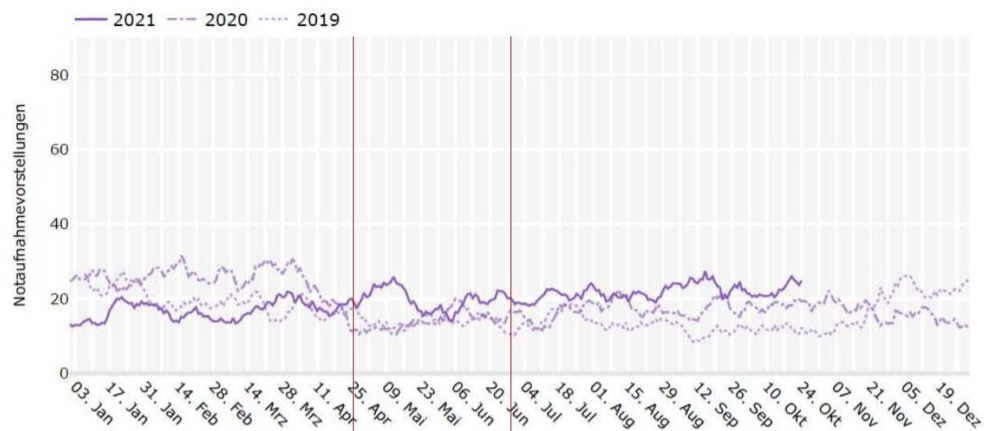
<https://ourworldindata.org/grapher/covid-vaccine-booster-doses-per-capita>

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

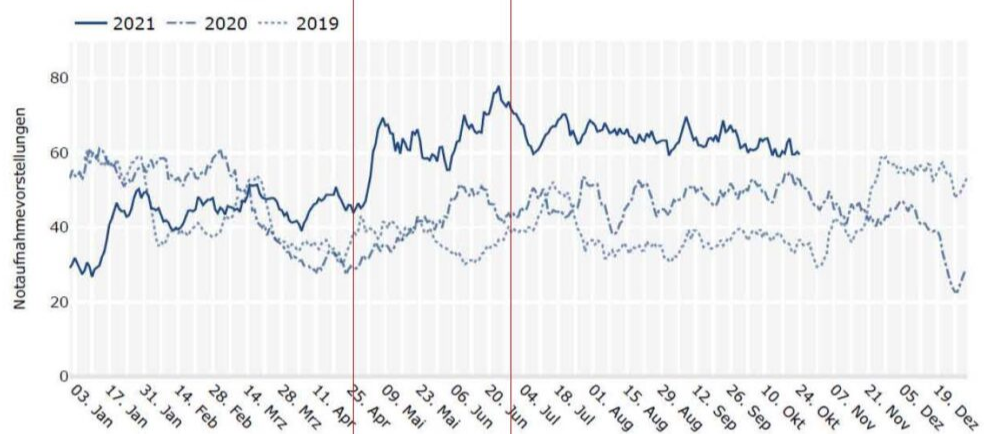
mortality: (<https://ourworldindata.org/excess-mortality-covid>) mortality: <https://ourworldindata.org/excess-mortality-covid>)

Appendix 2:

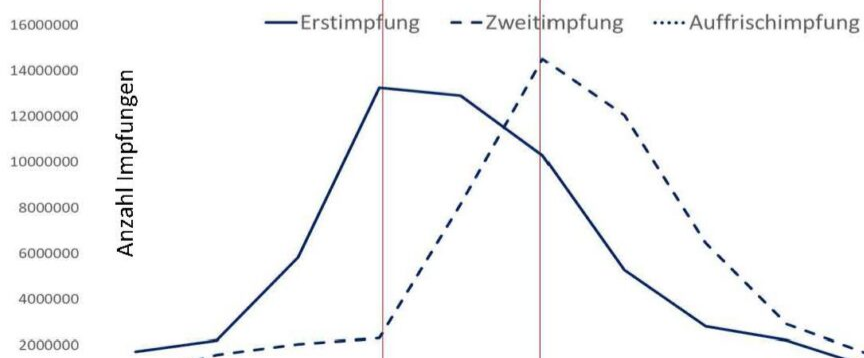
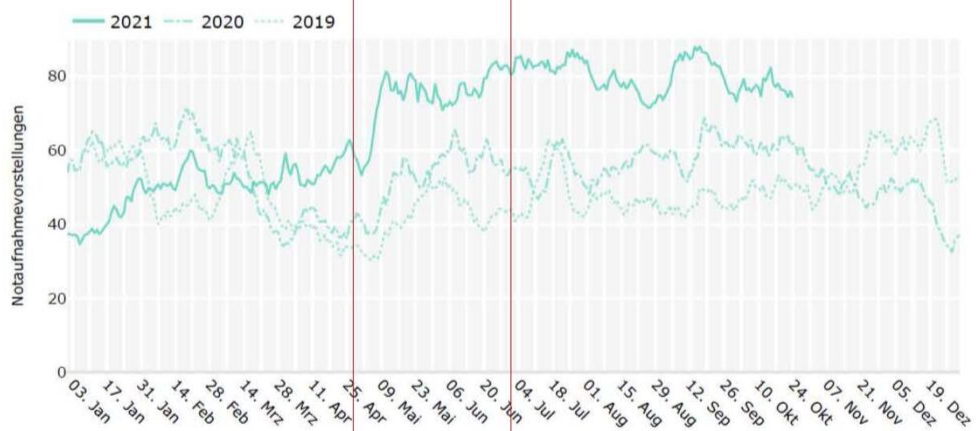
Respiratorische Vorstellungsgründe



Kardiovaskuläre Vorstellungsgründe



Neurologische Vorstellungsgründe





Sources:

- Reasons for presentation: RKI emergency room situation report from October 27th, 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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