



## Campaign:

### Vaccine Mandate is not the right tool

With this campaign, ÄFI – Ärztinnen und Ärzte für individuelle Impfentscheidung e.V. (Doctors for an individual vaccinal decision) wish to convince politicians and citizens that the Corona mandate vaccine cannot be justified medically, legally or ethically. A mandate vaccine for the healthcare personnel (as well as for staff working in some public facilities) has already been decided and a general Corona vaccination mandate is under discussion. Our association has always campaigned against mandatory vaccination advocating a free and individual vaccination decision. Here you will find the most important arguments and why this also applies to vaccination against SARS-CoV-2.

## Fact Checking

**The most important arguments used by the vaccine-supporters and why they do not apply:**

**1. "There is still a large vaccination gap among people aged over 60 – three million people in this age group are still unvaccinated. They end up disproportionately often in the intensive care units where they cause the bottlenecks."**

A good 90% belonging to this age group have been vaccinated and the most part of them have also received the booster.



Why imposing the vaccine to people who are well advanced in years and have a long experience of life? Why cannot they decide for themselves which risk to accept and which not to for the rest of their life? Perhaps there are also important medical reasons against a vaccine but these are not officially recognized as contraindications?

Our intensive care units do not become overloaded to their limits because of them, but because of shortage of nurses and thus reduced number of beds. Rather than closing 21 hospitals nationwide and accepting that more than 6000 nurses left their job since the beginning of the Corona crisis, politicians should be called upon finally remedy the situation.

Elderly and unvaccinated cannot be blamed for the health system being overload. With the patient's provision they have any way the possibility to control to which medical measures they are willing to be subjected and which not.

There is more: since the Omikron variant it is clear that also older people are no longer threatened with such severe courses. If this case, they can affect vaccinated as well as unvaccinated people.

**2. “A vaccine mandate for healthcare workers is important and correct because it protects groups of people who are particularly at risk. (Nursing personnel, ill people, people with handicaps...)”**

The vaccination does not provide any reliable protection against transmission. There are studies that find no difference for the Delta variant, and there are other studies that find a difference, although a relatively small one, that is not clinically relevant. Reliable studies about Omikron are not (yet) available. It can be assumed that the vaccination does not reduce significantly the risk of infection. There will not be a herd immunity with these vaccines. Particularly people working in medical professions know very well how to protect themselves and others – here hygiene measures are the number one priority. The vaccine mandate affects also the professional groups who do not have any contact with the patients (for example the administrative staff).



**3. “The vaccine mandate has to be implemented now so that we will be prepared in autumn with the threat of the next wave.”**

We do not know whether the now propagated triple vaccination with the currently known vaccines will protect against future virus variants that are still unknown. We do not know for how long the booster shots will last. We do not know which virus variants we will be in store for us in the future. We cannot vaccinate ‘in advance’.

**4. “There is a risk that in autumn we will be facing a virus variant having the infectivity of Omicron and the disease potential of the Delta variant. The two of them together are a highly dangerous mixture. We can prevent it with vaccination because it certainly protects also from such variants.”**

See point 3. We do not know yet for how long and where the current vaccines really protect. We do not know which virus variants are still developing. It is absurd to evoke a danger based on pure speculations just to spread fear. A vaccine mandate cannot be justified on this basis.

**5. “A vaccine mandate gives those who have followed all the measures/rules, the feeling that now it is the turn of the others – the unvaccinated. Because of them, civil liberties are still being restricted. This injustice ends with vaccine mandate since freedom means mandatory vaccine for everybody (according to Markus Blume, CSU General Secretary).”**

It is unacceptable that a vaccination requirement with far-reaching/radical interventions in guaranteed fundamental rights is imposed to make a certain group of people feel better/ give a certain group of people a better feeling. Nor it can be used as a signal for the vaccinated (North-Rhine Westfalia’s Prime Minister Wüst) to



instruct and educated the unvaccinated. Vaccine mandate cannot be used to “protect the unvaccinated from themselves” (Kalr Lauterbach).

**6. “Since months we have been driving vaccination hub-buses across the country, we are doing everything to reach neglected districts. We advertise vaccination in seven languages, the vaccine hubs work without any deadline. If this is not enough then people have to be legally obliged to get vaccinated.”**

In certain cities and regions, it may be true that a lot was done to reach people. It is doubtful whether all means were really exhausted. The example of Bremen with its high vaccination rate shows that more is possible than it has happened in many places. Particularly in this free and Hanseatic city, people tend to oppose a vaccine mandate, because they have had good experiences that persuasion and outreach vaccination offers are more useful than coercive measures. And nationwide not all possibilities have been exhausted.

**7. “Only a mandate vaccine will produce a sufficient immunization and health of the population. We can put an end to the pandemic only through vaccination.”**

There is no link between a high vaccination rate and the number of infections. Cities like Bremen or countries like Portugal and Spain show it. So far, nowhere showed that a vaccine mandate really leads people to be healthier. Coercive measure provoke resistance and can cause social upheavals that shake the foundations of our community. Psychosocial stress from pressure and scaremongering tends to lead to more depression. It has also been shown that a natural infection with SARS-CoV2 provides longer-term and better immunity than the currently available vaccines. The fact that the recovered status was arbitrarily limited to 62 days (90 days minus 28 days during which those affected by the disease are not yet considered recovered)



while it has been extended to 365 days everywhere else also lacks of any logic or scientific basis.

**8. "Those who are vaccinated have to finance the expensive intensive treatment of the unvaccinated ones. This is unfair and no longer shows solidarity. It is especially during a pandemic that we have to show solidarity."**

There are also many vaccinated people that need intensive care treatment. If we wanted to exclude the unvaccinated from the solidarity system of healthcare, this should be then applied to people that practice high-risk sport, smoke, people that are overweight or affect their health through other behaviours. By doing so, we would destroy the basis of our self-image as an open and pluralistic society.

**9. "The vaccines are safe and do not have any side-effect."**

As with all vaccines, the reported figures about the side effects of the Coronavirus-vaccines show a considerable number of unreported cases. This is due to the recording method and, according to the Paul Ehrlich Institute, it leads to an under-recording by a factor of 5 to 10. International studies show that with a vaccination there is a significant risk of developing myocarditis, especially after mRNA vaccines and particularly for young men. The best studies indicate a risk of up to 1 case in 2,000 vaccine doses – an unprecedented frequency of a serious complication. Even if such myocarditis heals from its acute phase, studies indicate that those who are affected, have a high risk of late cardiac complications, some of them will appear only after a few years.



## Reference

### Argument 1:

[Robert Koch-Institut](#), 3.02.2022

[Nanishi et al.](#), 16.01.2022

[Andrews et al.](#), 27.01.2022

### Argument 2:

[Singanayagam et al.](#), 29.10.2021

[de Gier et al.](#), 4.11.2021

[Salvatore et al.](#), 19.11.2021

### Argument 7:

[Centers for Disease Control and Prevention](#), 19.01.2022

### Argument 9:

[Chua et al.](#), 28.11.2021

[Sharff et al.](#), 27.12.2021