



Germany does not need a mandatory vaccination, not even against Covid-19!

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On December 10th 2021, the German Bundestag and the Bundesrat decided to introduce a mandatory vaccination against SARS-Cov-2 for healthcare professionals. This prompt introduction of a general compulsory vaccination against SARS-Cov-2 is currently being politically discussed and approved by a majority of the German Ethics Council in its ad hoc statement of December 22nd 2021.

As doctors, we fundamentally regard vaccinations as part of their preventive medical care, we take the following position:

We are aware of the state's duty to protect the life and body of its citizens. We recognize the threatening situation at this stage of the pandemic and see vaccines as part of a strategy that needs to cope with the dynamics of a constantly changing situation. However, we reject the introduction of a both vaccine mandate related to healthcare facilities and a general one against Covid-19.

We are guided by the following reasons:

The anti-Covid-19 vaccines do not provide any lasting protection against the SARS-CoV-2 infection (self-protection)

The protection decreases significantly at the latest three months after the second vaccine dose [[Israel 2021](#)] and it falls below to 20% six months after the second vaccination [[gov.il 2021](#)]. This "substantial risk" also for the vaccinated people to become infected was clearly pointed out for example by Professor Dr. Drosten at the Health Committee of the German Bundestag on 15th November 2021 [[tagesschau.de](#)].

Reliable data on the duration of protection after a booster vaccination or in relation to the Omikron variant are not yet available.

The anti-Covid-19 vaccines do not provide any reliable protection against the infection of others (external protection)

In contact studies under "real-world conditions", as for the Delta variant, the risk of infecting others is just as high for vaccinated infected people as for unvaccinated infected people [[Singanayagam 2021](#), [Salvatore 2021](#)]. A vaccine mandate, e. g. for the nursing staff, in order to protect those being assisted from contagion, cannot thus be based on any scientific evidence.

Data on protection against infection after a booster vaccination or for the Omikron variant are not yet available.



Covid-19 vaccines do not provide any lasting protection to the society („herd immunity“)

With only a temporary protection against personal contagion and without a significant reduction in the risk of transmission to others, herd immunity cannot be achieved with the available vaccines. As Prof Lothar Wieler, President of RKI, pointed out at the Federal Press Conference held on 12th November 2021 [[WELT, 12.11.2021](#): „We have removed the word herd-immunity“].

The durability of vaccine protection is inevitably compromised by the new variants of the virus

By the appearance of the Omicron variant, it has become clear that with SARS-CoV-2 and its high mutation frequency, no vaccine can provide lasting protection. Forcing the population to use a vaccine that, at the time of the commitment, has not even been developed, let alone approved (e. g. special vaccines for Omicron), is legally and ethically absurd.

The risks associated with Covid-19 vaccines affect individual groups within the population very differently and cannot yet be conclusively assessed

All Covid vaccines have only a „conditional authorization“ after a shortened approval process. Reliable data on the medium- or long-term safety of these novel vaccines are of course not yet available. This fact alone calls the mandatory use of these vaccines into question from an ethical point of view.

The risk of short-term side effects is not evenly distributed over the total number of vaccinated people, but it also particularly affects those population groups who are particularly less threatened by severe diseases (for example myocarditis after mRNA vaccines in young men aged between 16 and 25 years [[Buchan 2021](#)]).

The risks associated with SARS-CoV-2 infection are distributed very differently within the population

Infectious mortality lies within the range of other infectious diseases up to middle adulthood, e. g. seasonal influenza, which are accepted as part of normal life risk [[Ioannidis 2021](#), [Herrera-Esposito 2021](#)]. It is only from the age of around 60 that severe disease courses, complications or deaths occur significantly more frequently. The proportionality of a general mandatory vaccination for people below this age is therefore more than just questionable.

It is scientifically questionable whether mandatory vaccine relieves the burden on the healthcare system

More than 60 percent of Covid-19 patients in intensive care units belong to the age group at risk of the over 60, over 80 percent to the age group over 50 [[DIVI](#), Abruf 21.12.21]. Thus no substantial relief to hospitals and intensive care units can be expected from a mandatory vaccine for young adults or even adolescents and children. In the group of patients over 60 who are in intensive care, more than 40 percent are fully vaccinated whereas almost 50 percent of hospitalized patients in this age group have post-vaccination infections [[RKI weekly report from 16-12-2021](#)]. These data relativize the possible effect of a mandatory vaccine to achieve the desired relief of the healthcare system even in this age group.



Even by disregarding the arguments listed before, a mandatory vaccination with its own administrative and legal effort cannot be an effective short-term tool to remedy the deficiencies in the healthcare system whose absolute responsible are the choices made by policy.

This requires quick and lasting strategies. One of these e. g. it would be to upgrade the currently overworked nursing professions and increase the staff.

Furthermore, a mandatory vaccination, now anchored by law for the nursing professions, involves also the risk that the care situation in hospitals will further deteriorate since a significant number of dismissals are expected [[inFranken.de](#)]. This phenomenon is expected or observed also in other countries with similar regulations [[Kmietowicz 2021](#)].

A mandatory vaccination deeply encroaches with fundamental and human rights

In light of the presented reasons against a mandatory vaccination, these further aspects must be considered:

- 1. The introduction of a general mandatory vaccination represents a serious encroachment on the physical integrity of every citizen.**
- 2. The already existing healthcare facilities vaccine mandate prevents people from exercising their professional freedom.**
- 3. Vaccinations that are administered against the express will of a person violate in a profound and lasting way the right to self-determination and thus also the dignity of people.**

Conclusion

A mandatory vaccination against Covid-19 is a disproportionate interference with the fundamental rights of every single citizen and hence with the basic values of our society.

As necessary as it is to fight the pandemic with determination, it is irresponsible to adopt coercive measures for which, as already stated, there is currently no adequate scientific basis.

A vaccine mandate is not exactly an agile and flexible tool necessary for the management of the pandemic, as other countries have successfully shown us. In these ever-changing conditions, it cannot be a solution.

As already stated, a mandatory vaccination will have no effect. We appeal to you as politicians, we appeal to your responsibility towards this situation and the people of this country:

There are effective alternatives supported by scientific evidence. Do approach people in risk groups with vaccination offers and take specific risk-focused measures – together with and for the citizens.

Berlin, 24th December 2021

Board of Directors

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