

Seven arguments

Overcoming the divide: Seven scientific arguments against compulsory vaccination and for an open discourse

(January 6th, 2022, <https://7argumente.de/>)

The Corona pandemic has taken a heavy human toll and great efforts in all fields of social life during the last two years. In rapid succession, new regulations and laws have been passed, which were responsibly supported by large parts of the population. In recent months, however, the political path has increasingly been directed towards a vaccination of the entire population, which is mostly considered to be without alternative. This is currently culminating in the discussion to introduce compulsory vaccination - both general and group-specific. Existing sanctions against the "unvaccinated" (and, thus, those whose vaccination certificates have expired) are to be expanded even more.

A decision on compulsory vaccination is premature - since fundamental questions about the new vaccines have not been sufficiently clarified and are still debated in research. These include, in particular, the duration and strength of vaccine efficacy as well as the type, frequency, and severity of side effects. No law of this kind should be based on these controversial research questions.

The undersigned therefore take the position that a general or group-specific compulsory vaccination against SARS-CoV2 is not justifiable in the current situation on account of medical, legal, philosophical as well as ethical and religious arguments. Therefore, a decision for or against COVID19 vaccination must be solely made on an individual basis.

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

One aim of the compulsory general vaccination is to create a population immunised against SARS-CoV2. We consider it questionable that this goal can actually be achieved with the available vaccines, which continue to be conditionally licensed in the EU.

- 1.) The immunisation provided by the current vaccines is much weaker and shorter-lasting than expected and promised. Self-protection exists at best against 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 external protection are unknown.
- 3.) New virus variants have been increasingly successful in circumventing vaccination protection. The development of and following vaccination with a vaccine adapted to new virus variants will, according to the current state of knowledge, take longer than the average time interval of the occurrence of more successful variants. Consequently, this reactive vaccine adaptation cannot produce a homogeneously immunised population.
- 4.) The evolutionary logic of viral mutation is that among the new variants, those that best circumvent the protection of existing vaccines will be the most successful. A complete vaccination coverage of the population - with a vaccination that does not produce sterile immunity – may increase the selection pressure on the virus and may therefore even be counterproductive.

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

Since the beginning of the vaccination campaign, there has been no systematic research – not even into the long-term risk potential of the new vaccines. For the gene-based COVID19 vaccines, it is of particular relevance that the vaccines and their modes of action are fundamentally both new and have not been investigated in long-term studies. Vaccine damage could occur in ways other than those expected from experience with the conventional vaccines.

- 1.) The suspected cases of side effects from COVID19 vaccination recorded by the Paul Ehrlich Institute (Germany) are already worrying, even in relation to reports on other vaccines. Systematic research into side effects and risk factors of vaccinations is therefore urgently needed.
- 2.) Furthermore, current research shows warning signals for a serious risk potential of these vaccines:
 - a) In 2021, and especially in the last few months, there has been a clear increase in excess mortality, which shows 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 has been observed 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 has also shown parallels with the vaccination curves (Appendix 2).
 - c) There is evidence that the indicators of myocardial infarction risk, detectable in the blood, increase significantly after vaccination.
 - d) The effect of spike proteins on human cell metabolism remains largely unknown. There are serious indications that these could 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 findings on the Omicron variant suggest that persons vaccinated against an earlier variant are more susceptible to this new variant than non-vaccinated persons.

Argument 3: The risk potential of multiple administrations of SARS-CoV-2 vaccination has not been sufficiently researched

Compulsory vaccination is expected to require continued booster vaccinations as vaccine protection rapidly declines and new virus variants emerge. Multiple vaccinations (more than two doses) represent an ongoing experiment on the population on cumulative vaccination risks.

Because:

- 1.) No data on this have been collected, so far, in the manufacturers' licensing studies.
- 2.) Even in connection with the ongoing booster campaigns, hardly any comprehensive analyses on the safety of the procedure have been published.

Argument 4: The general obligation to vaccinate with conditionally approved COVID19 vaccines violates German constitutional law (Grundgesetz, GG)

The guarantee of human dignity in Article 1 GG has been the foundation of the Basic Law of the Federal Republic of Germany: *as an end in themselves*, human beings are the basis and the goal of law. They may never be treated by state measures as mere means for any purpose (even if it is for the common good). The dignity of the individual subject cannot be weighed against other fundamental rights, it is absolute.

An obligation to vaccinate 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 bodily-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 faith and conscience under Article 4 of the Basic Law is impaired.

- 1.) With regard to the encroachment on Article 2 (2) of the German Basic Law, the constitutionality of an obligation to vaccinate is to be doubted 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, avoidance of deaths and severe courses of disease (and thus the relief of the health system), ending the pandemic.
 - b) The suitability of a compulsory vaccination is to be clearly denied, at least with regard to the first two purposes mentioned under a). Regarding the avoidance of severe courses of disease, it must be pointed out that the conditionally approved vaccines lose their effectiveness after a very short period of time (3 to 6 months) and provide therefore no long-term suitability. Furthermore, their effectiveness against new virus mutations cannot be assumed (cf. Argument 1 / 3.). For the same reasons, a general obligation to vaccinate is also unsuitable to end the pandemic.
 - c) Necessity would only be affirmed if there were no other, less restrictive means to achieve the objectives that would be equally suitable. Since the 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 drafting of the compulsory vaccination, less severe options should also 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 caused by vaccinations, known heart diseases, etc.), which allow an individual doctor-patient assessment.
 - d) Reasonableness in the narrower sense requires that, when weighing the impaired and the protected interests, there is a clear preponderance for the protection of the general public intended by the vaccination obligation. However, this is not the case here. The risk ratio between the risk of a severe case or death due to COVID and the risk of severe or fatal side effects due to 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 considerable risk potential associated with the new vaccines, the extent of which is not yet sufficiently known (cf. Argument 2). Consequently, serious risks for the well-being of the individual must be weighed against an unclear benefit for society as a whole.

- 2.) A compulsory vaccination subjected to a fine collides with Article 1 of the Basic Law. The latter protects human beings 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 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 in 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. However, it is clear from a constitutional point of view that it is inadmissible to use the individual for this purpose, even if it can protect the well-being and even the lives of many others with a probability bordering on certainty. Unvaccinated persons in their very existence would be made illegal by a general obligation to vaccinate and criminalised by the threat of sanctions.
- 3.) With respect to Art. 4 GG, it must be considered that individuals are free to refuse medical interventions for ideological or religious reasons within the scope of their freedom of faith and conscience.

Argument 5: The excessive burden on hospitals caused by COVID19 patients has not been clearly proven by statistical data

The compulsory vaccination has been justified, among other reasons, by the need to relieve hospitals and especially intensive care units. In this context, many questions remain unanswered.

1. Thus, even after almost two years of the pandemic, there are no reliable data on the proportion of reported COVID19 patients treated in hospitals for COVID19 and the proportion hospitalised for other reasons.
2. No sufficient statistical information exists on the vaccination status, age distribution and presence of previous diseases of the actual COVID19 patients.
3. Hospitals are subject to economic constraints and political incentives when providing capacities for COVID-19 treatment. Ongoing debates about the tendency of the number of beds reported as "operable" to decrease under a changing framework lead to the question: Could relief for this system rather be achieved by adequate and transparent administrative and financial support?

Argument 6: Measures other than vaccination have not been fully utilised.

The one-sided propagation of compulsory vaccination continues to neglect other effective measures against the pandemic as already seen in the last two years; such as the failure to improve the working conditions of nurses and doctors, the maintenance or restocking of intensive care bed capacity, and the development and use of therapies and medicines.

Argument 7: Compulsory COVID19 vaccination fuels social conflict

Compulsory vaccination is based on the assumption that society can use it to return to normality. Quite the opposite is the case: society is becoming more deeply divided. Citizens who consciously decide against vaccination for medical, ideological, religious or other reasons are ostracised, and may even be prosecuted. Public discourse creates artificial worlds in which critical voices can hardly be discerned. Language itself is also being pushed into the role of an accomplice of controversial political goals. Simplifying definitions ("vaccinated" - "unvaccinated") encourage polarisation in our society; euphemistic abbreviations like "2-G" conceal the fact that a (large) minority is systematically, openly and rigidly excluded from societal life.

Due to the growing politicisation, an ideologising standardisation - of "the science" - has also been emerging in academic research across disciplines. This represents a disregard for the free, plural 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 an intensification of this trend. The resulting conflicts adversely affect 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 on compulsory vaccination against Covid-19.

Our arguments are not directed against any particular position. Rather, they are arguments for the fact that in the current situation it is crucial to develop a collaborative approach to questions in the scientific community that will allow us to gain a solid foundation, which does not exist at the moment, for mutually addressing questions of health and mental distress in every dimension of the present crisis.

We kindly request that from this spirit of scientific freedom and human dignity, joint efforts are made to overcome the current crisis with its widespread suffering and the divide in our society, helping to eventually heal its scars.

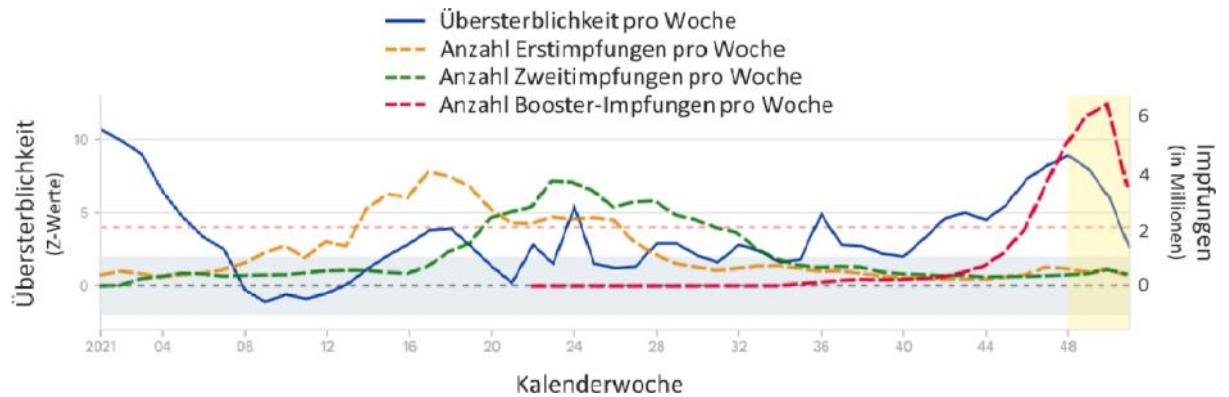
The Authors

- Prof. Dr. Jessica Agarwal
Prof. Dr. Thomas Aigner
Prof. Dr. Ralf Alleweldt
Prof. Dr. Dr. h.c. Kai Ambos
Prof. Kerstin Behnke
Prof. Dr. Ralf B. Bergmann
Prof. Dr. Madelaine Böhme
Prof. Dr. Andreas Brenner (CH)
Prof. Dr. Klaus Buchenau
Dr. phil. Matthias Burchardt
Prof. Dr. med. Paul Cullen
Prof. Dr. Viktoria Däschlein-Gessner
Assoc.-Prof. Dr. theolog. Jan Dochhorn
Prof. Dr. Ole Döring
Prof. Dr. Gerald Dyker
Jun.-Prof. Dr. Alexandra Eberhardt
Dr. Alexander Erdmann
Prof. Dr. Michael Esfeld (CH)
Dr. Matthias Fechner
Prof. Dr. Marc Forster, RA (CH)
Dr. med. Johann Frahm
Prof. Dr. Ursula Frost
Prof. Dr. Katrin Gierhake
Prof. Dr. Frank Göttmann
Prof. Dr. Ulrike Guérot
Prof. Dr. Lothar Harzheim
Prof. Dr. med. habil. Karl Hecht
Prof. Dr. Saskia Hekker
Prof. Dr. med. Sven Hildebrandt
Prof. Dr. Detlef Hiller
Prof. em. Dr.med. Dr. phil. Georg Hörmann,
Prof. Dr. Stefan Homburg
Dr. Agnes Imhof
Dr. René Kegelmann
Prof. Dr. Martin Kirschner
Dr. Sandra Kostner
Prof. Dr. Boris Kotchoubey
Prof. Dr. Christof Kuhbandner
PD Dr. Axel Bernd Kunze
Prof. Dr. Salvatore Lavecchia
Dr. Christian Lehmann
Dr. h. c. theolog. Christian Lehnert
PD Dr. phil. Stefan Luft
Prof. Dr. Jörg Matysik
Dr. Christian Mézes
Prof. Dr. Klaus Morawetz
Prof. Dr. Gerd Morgenthaler
Prof. Dr. Ralph und Dagmar L. Neuhäuser
Dr. Henning Nörenberg
Prof. Dr. Gabriele Peters
Dr. med. Steffen Rabe
Prof. Dr. Konrad Reif
Prof. Dr. Markus Riedenauer
Prof. em. Dr. Stephan Rist (CH)
Prof. Dr. Günter Roth
Prof. Dr. Steffen Roth
Dr. med. Christian Schellenberg
Prof. Dr. Andreas Schnepf
Prof. Dr. Wolfram Schüffel
Prof. Prof. Dr. med. Klaus-Martin Schulte,
FRCS, FRACS
Dr. Jens Schwachtje
Prof. Dr. Harald Schwaetzer
Prof. Dr. Michael Schwartz
Prof. Dr. Henrieke Stahl
Prof. Dr. Christian Stangl
Prof. Dr. Anke Steppuhn
Prof. Dr. Wolfgang Stölzle (CH)
Prof. Dr. Lutz Stührenberg
Prof. Dr. Med. Henrik Ullrich
Prof. Dr. Tobias Unruh
Dr. med. Hans-Jürgen Vogel
Prof. Dr. Christin Werner
Dr. Christine Wehrstedt
Dr. Jan Christoph Wehrstedt
Prof. Dr. Martin Winkler (CH)
Prof. Dr. Christina Zenk

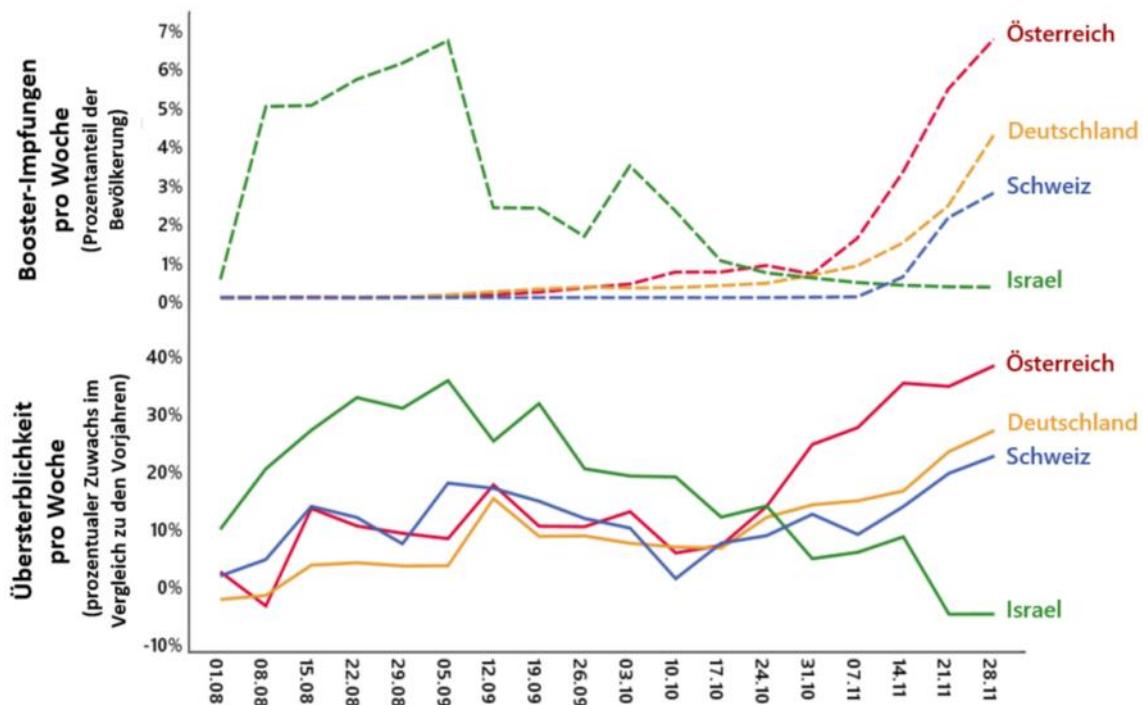
Appendix:

Anlage 1:

- 3.) Deutschland: Verlauf der Übersterblichkeit (Euromomo) und Verlauf der drei Impfungen pro Woche:



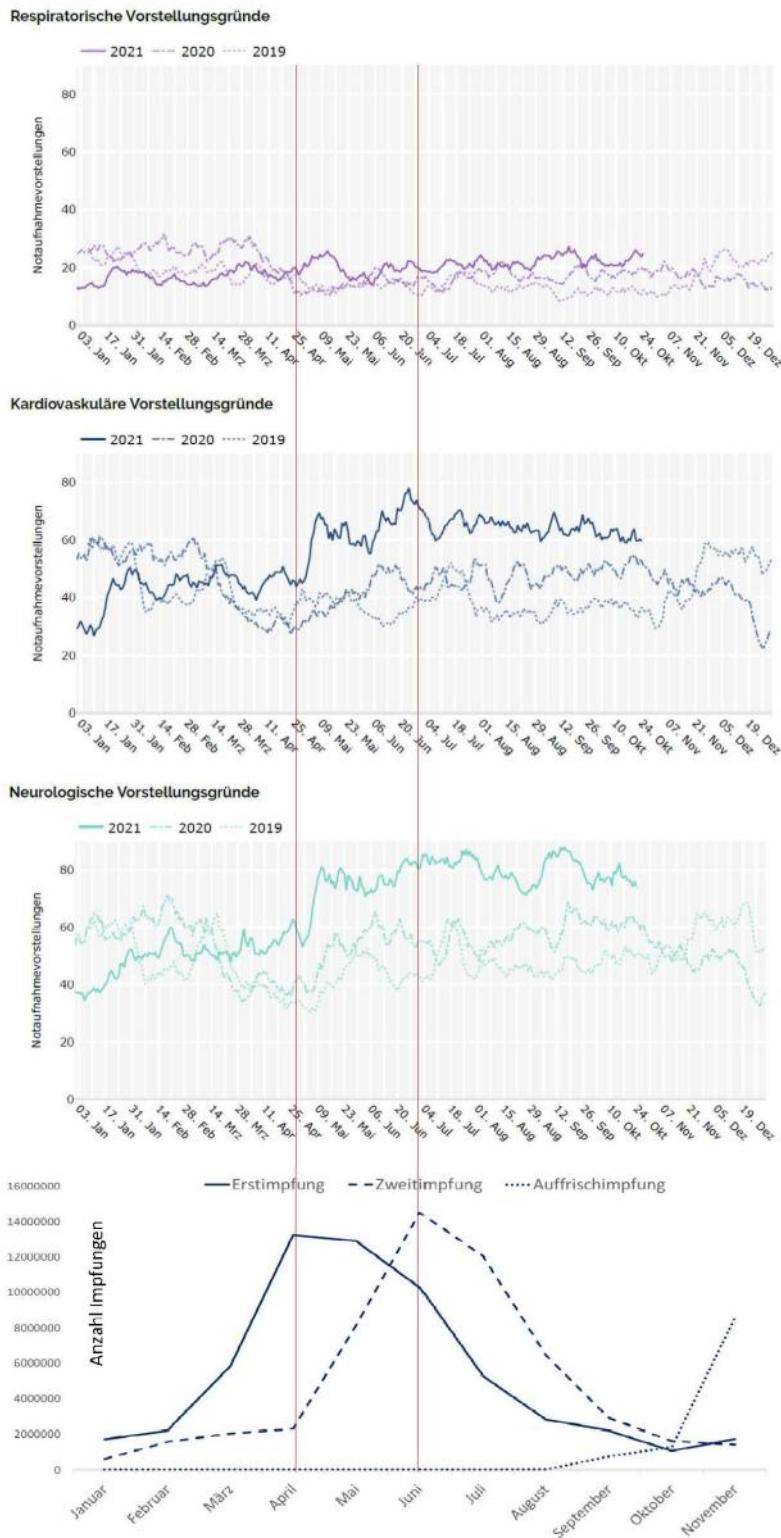
- 4.) Ländervergleich: Verlauf der Übersterblichkeit und Verlauf der Booster-Impfungen pro Woche in Deutschland, Israel, Österreich und Schweiz:



Reference:

- 5.) © Grafiken: Christof Kuhbandner
- 6.) Euromomo-Übersterblichkeit: <https://www.euromomo.eu/graphs-and-maps>
- 7.) Anzahl der Impfungen: https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Daten/Impfquotenmonitoring.xlsx
- 8.) Ländervergleich: Our World in Data (Booster-Impfungen: <https://ourworldindata.org/grapher/covid-vaccine-booster-doses-per-capita>; Übersterblichkeit: <https://ourworldindata.org/excess-mortality-covid>)

Anlage 2:



Reference:

- 4.) Vorstellungsgründe: Notaufnahme-Situationsreport des RKI vom 27.10.2021
- 5.) Anzahl der Impfungen: https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Daten/Impfquotenmonitoring.xlsx