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# Open letter from "Doctors stand up"



Open letter  
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**Doctors are on**

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**To the members of the Bundestag**

**To the Federal Chancellor of the Federal**

**Republic of Germany**

Platz der Republik 1

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December 13, 2021

**For information to:**

- the federal and state health ministers
- German Ethics Council Office Jägerstr. 22/23, 10117 Berlin
- The parties represented in the German Bundestag
- Press office of the German Medical Association, Herbert-Lewin-Platz 1, 10623 Berlin
- Press office of the National Association of Statutory Health Insurance Physicians, Herbert-Lewin-Platz 2, 10623 Berlin
- German Press Agency, Markgrafenstr. 20, 10969 Berlin
- also to: Die Zeit, Süddeutsche, Welt, Handelsblatt, FAZ, Frankfurter Rundschau, taz, BILD, Neue Züricher Zeitung (NZZ), multipolar, NachDenkSeiten

**Open letter****Little benefit and still unclear risks from the COVID vaccinations**

Dear MEPs,  
dear Federal Chancellor,

We perceive with great concern that our society is being divided into those who have not been vaccinated against COVID and those who have not been vaccinated and that there is growing pressure on those who have not been vaccinated to be vaccinated.

We call on the government to put a stop to this split and not only to stop all direct and indirect coercive measures with the aim of vaccinating previously unvaccinated people, but to actively prevent them.

In the following we explain why any kind of compulsion or pressure to get vaccinated is neither justified nor ethically justifiable.

## **The effectiveness of vaccinations to protect against severe COVID-19 disease**

The registration studies of the vaccines against COVID-19 have shown a relative vaccine effectiveness of about 60 to 95% in preventing infection. However, the follow-up was only 10 to 14 weeks [1-4]. Due to the short observation time and the insufficient number of events, no statements can be made about long-term effectiveness, nor can statements be made to prevent severe courses or deaths. Here

observational studies with vaccinated and non-vaccinated people are necessary.

An important example of such a study is a large matched cohort study from Israel in which 596,618 vaccinated and unvaccinated people were compared with regard to the risk of COVID-related hospitalization or death [5]. The relative risk reduction of vaccinated persons with regard to hospital treatment was 58% - which is already much less than the approval studies suggested. However, the absolute risk reduction was only 0.025%. This means that about 4000 people need to be vaccinated to one to prevent hospitalization.

Regarding the prevention of death, the absolute risk is reduced by the vaccination by only 0.0039%. This means that around 26,000 people have to be vaccinated to prevent a COVID death. The likelihood of individuals being protected by the vaccination is extremely low and must therefore be weighed against the risks of the vaccination. There are now numerous other observational studies with very similar results.

## **The effectiveness of vaccines against SARS-CoV-2 mutants over time**

Recent work shows that the vaccine effectiveness decreases over time. In a study published in the

New England Journal of Medicine, there was a decrease in the relative vaccination effectiveness from > 90% immediately after complete immunization to around 65% after four months [6]. In addition, it was shown that there was a significant increase in infections with the Delta variant in both vaccinated and unvaccinated people in the study in July 2021, which suggests that vaccination effectiveness not only decreases over time, but also for the delta variant is lower. Statements on protection against hospitalization and death were not possible in this study, as only one hospital admission and not a single death could be observed.

A recently published cohort study from Sweden shows impressively that the vaccination effectiveness drops so much after six to seven months that protection can no longer be assumed [7]. This fact is also reflected in the increasing numbers of vaccinated COVID patients treated in hospital and intensive care units.

Even the boosting that is now propagated by many will not solve the COVID problem. In a study from Israel, the absolute risk reduction for a severe course of COVID through the booster was 0.18% for patients over 60 years of age with an observation period of only one month [8].

Corresponding studies on younger and otherwise healthy people are completely lacking. Above all, it is unknown whether vaccination and boosting will be effective with regard to newly emerging variants such as "Omikron".

## **The Risks of COVID Vaccines**

No drug or vaccine has received so many reports of serious adverse effects and deaths in such a short period of time as the vaccines against COVID-19. In its safety report of September 20, 2021, the Paul Ehrlich Institute reported more than 156,360 reports of incidents related to a COVID vaccination in Germany [9]. The number of unreported cases is probably many times higher. Of the reported incidents, 1,450 were fatal, 15,122 (0.015% of all vaccinations) were classified as serious (hospital admission required). Serious side effects, the occurrence of which is highly likely to be related to the vaccination, include inflammation of the heart muscle and pericardium (myo- and pericarditis), severe allergic reactions (anaphylaxis), thromboses (pulmonary embolisms, strokes, heart attacks), lack of blood platelets (thrombocytopenia, bleeding) and paralysis of the whole body (Guillain-Barré syndrome). The long-term consequences of the already known serious side effects and other, as

yet largely unexplored negative effects such as an antibody-dependent enhancement of inflammatory processes in the event of renewed infection (Antibody-dependent-enhancement [ADE]) and the promotion of the development of immune complex and autoimmune diseases through the nucleoside-modified mRNA of the Due to the short observation times so far, mRNA vaccines cannot be foreseen at all. Bleeding) and whole body paralysis (Guillain-Barré syndrome). The long-term consequences of the already known serious side effects and other, as yet largely unexplored negative effects such as an antibody-dependent enhancement of inflammatory processes in the event of renewed infection (Antibody-dependent-enhancement [ADE]) and the promotion of the development of immune complex and autoimmune diseases through the nucleoside-modified mRNA of the Due to the short observation times so far, mRNA vaccines cannot be foreseen at all. Bleeding) and whole body paralysis (Guillain-Barré syndrome). The long-term consequences of the already known serious side effects and other, as yet largely unexplored negative effects such as an antibody-dependent enhancement of inflammatory processes in the event of renewed infection (Antibody-dependent-enhancement

[ADE]) and the promotion of the development of immune complex and autoimmune diseases through the nucleoside-modified mRNA of the Due to the short observation times so far, mRNA vaccines cannot be foreseen at all.

## **The infectiousness of vaccinated and unvaccinated people**

Current studies show that neither the viral load nor the number of people to whom the infection is passed on differs between those who have been vaccinated and those who have not been vaccinated [10] [11]. Vaccinated people are therefore just as contagious as those who have not been vaccinated and can equally contribute to the spread of the disease. These results were confirmed by a large population study by Public Health England: the same PCR-Ct values are found in vaccinated and unvaccinated persons for both alpha and delta infections [12].

## **Vaccination of those who have recovered**

There is not a single study that shows a benefit of vaccination for convalescents with regard to clinically relevant endpoints. Those who have recovered have a very low risk of developing the disease again and an even lower risk of a severe course of the disease. In a study from Qatar, the



risk of developing the disease again within one year in unvaccinated convalescents was 0.37%, the risk of severe disease was only 0.001%, and there was not a single death [13]. Even if the high relative risk reductions of the vaccination studies are transferred to a collective of convalescents, the NNV, i.e. the number of those who have to be vaccinated to prevent a severe course, is over 100,000.

## **The benefit-harm balance of the COVID-19 vaccines**

When considering the benefit-harm balance, a person's personal risk of falling seriously ill from COVID-19 or dying from the disease must be taken into account. This risk is mainly determined by age and chronic illnesses. A systematic review article showed that the risk of dying from COVID is around 10,000 times higher for people over the age of 80 than for children under 10 years of age [14]. This factor must be taken into account when considering the benefits as well as the harms of vaccination. The figures in the safety report of the Paul Ehrlich Institute suggest that serious adverse effects occur about as often in children as in adults.

Heart muscle inflammation is probably even more common in children and adolescents. In children, the number of vaccinations required to prevent *one also increases* severe COVID-19 illness or even death from COVID many times over. It can be concluded from this that the benefit-harm balance of the vaccination for children, adolescents and young adults is very likely to be negative, which means that the vaccination does more damage than prevents serious COVID diseases. At most in the case of old people and those with risk factors for a severe course, a possibly existing protective effect of the vaccination could predominate. The short-term protection and the negative consequences of the booster vaccinations, for example in Israel, make even these benefits appear doubtful. In addition, it must be taken into account

For these reasons, every person must be free to decide freely for or against the vaccination after having been properly informed about the benefits and risks. A direct or indirect compulsory vaccination can neither be justified nor ethically justified on the basis of the available findings.

## Conclusion

The absolute, individual benefit of vaccinations against COVID-19 is marginal in the population average. It may be higher for people at high risk of a severe course of COVID. Even for these people, however, the vaccines carry as yet unknown risks of negative long-term effects. Young and healthy people and especially healthy children and adolescents must be advised against vaccination, as the risks of serious side effects and long-term effects far outweigh the possible benefits.

The claim that vaccination protects other people from COVID-19 is not valid and untrustworthy in view of the high number of illnesses among vaccinated people and the lack of difference in infectivity between vaccinated and unvaccinated people.

Vaccination of those who have recovered is neither scientifically nor epidemiologically meaningful.

## **We therefore demand**

- the immediate stop of the exclusion and restriction of unvaccinated children and adolescents from social participation
- the immediate stop of the one-sided vaccination information that trivializes the

- possible damage, as well as an end to the compulsion of the population to vaccinate
- the immediate end of discrimination against unvaccinated people and the unequal treatment of vaccinated and unvaccinated people in public life, at work and in schools and daycare centers
  - a return of the political and medical decision-makers to (scientific) neutrality, away from the lobby-compliant panic policy that has been carried out up to now, which both deliberately ignores scientific facts and tramples on the basic free democratic values

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