

History of Measles Vaccination in Germany

Despite a very high vaccination rate of over 95%, no increase in the annual number of measles cases and against the advice of the German Ethics Council, members of the Robert Koch Institute (RKI) and the Standing Vaccination Committee (STIKO), the German Society for General and Family Medicine, Doctors for Individual Vaccine Choice (ÄFII), constitutional lawyers and hundreds of thousands of citizens, the Federal Government in Germany has decided to ignore fundamental rights in the constitution by introducing mandatory measles vaccination for children in day care, school pupils, school staff and all health care professionals. Why?

History of mandatory vaccination in Germany

A look back over German history reveals that forced vaccination has been applied in this country before. The first German vaccination law was voted in 1874, resulting in compulsory smallpox vaccination. Even then, criticism of vaccination was always seen as a conflict between the common good and individual rights, or, as portrayed in the press, a conflict between medical progress and naturopathy. At that time however, there were even more legitimate questions about the scientific criteria for safety and efficacy but this was not even mentioned in the relevant debates. After all, the vaccine serums of the time came directly from animals infected with many other pathogens such as syphilis and it was never clear whether the decrease in the incidence of smallpox was due to vaccination or more probably to improved hygiene, as was the case with the plague and cholera.

In the Weimar Republic, the first German democracy, resistance to vaccination became more and more organised, resulting in the establishment of an imperial association to fight the procedure, with 300,000 members. Opponents of vaccination sometimes ended up in prison however, or had to pay high fines, and forced vaccination was still carried out. Surprisingly, the first easing of the vaccination mandate occurred in the Third Reich. During the 1930s, only 60 to 70 per cent of Germans were vaccinated against smallpox but the pox rate still dropped. The first vaccination against diphtheria was introduced at the same time but due to vaccine promotions and so-called 'state education' on vaccination by the recently founded pharmaceutical industry, the diphtheria immunisation rate rose rapidly to almost 90%. It was during this period that pharmaceutical companies gained an incredibly strong position. It was already noticeable in the 1930s that vaccination was being heavily marketed for large profits.

The bottom line here is that education, but also propaganda and fear politics were and still are much more effective than any compulsion or mandate.

Chronology of mandatory vaccination in Germany

After the Second World War and starting in 1953, vaccination was compulsory in the German Democratic Republic (GDR). In addition to smallpox, children were vaccinated against diphtheria, whooping cough, tetanus, polio and tuberculosis. From 1970, measles vaccination was added to the compulsory schedule. A vaccination card had to be presented for admission to childcare facilities and anyone intentionally or negligently unvaccinated could be punished with a reprimand or a fine ranging from 10 to 500 GDR marks.

In the Federal Republic of Germany (FRG), starting in 1949 and lasting until late 1975, there was a general requirement to vaccinate all children between the ages of one and 12, against smallpox. This continued until the 1980s. The legal basis for the mandate was still the Reich Vaccination Act of 1874. In the 1950s, this law was raised for debate because it violated the personality rights enshrined in Common Law.

The first measles vaccine approved for use in Germany was an inactivated split vaccine, whereas today an attenuated live measles vaccine is used and is usually administered twice. The first measles vaccine approved in the United States in 1963 was an inactivated live vaccine. Single measles vaccines are rare today and protection against measles is recommended by either MMR, which includes mumps and rubella components as part of a triple vaccine (approved in the USA in 1971), or quadruple vaccination with MMRV vaccine, which also includes a chickenpox component. According to STIKO, the triple MMR vaccine has been used in Germany since 1980.

Steps leading to mandatory measles vaccination

A requirement to notify and record all cases of measles infection in Germany was introduced in 2001. Fluctuation in the number of cases has occurred, but at a low level, since 2003 (approximately 120 to 2,500 cases per year). The number of adult cases is on the rise while cases in children is decreasing. From January to May 2019, the overall number of cases was far below that of 2015 and 2017 for the same period.

The introduction of compulsory vaccination has been demanded time and again, ever since the smallest increase in measles cases was picked up, reported and amplified by the German media. In 2015, the German Federal Minister of Health Hermann Gröhe said that compulsory vaccination against measles was "no longer a taboo" for him. Also in 2015, the decision was taken at the CDU (Conservative party) federal party conference that extensive vaccination mandates should be introduced for children. The introduction of compulsory measles vaccination was again requested in 2019. Health Minister Jens Spahn (CDU) and Socialist party (SPD) health expert Karl Lauterbach called for the necessary order to be drawn up in view of the frequent measles cases reported in Hildesheim and reports from UNICEF of an increasing number of these cases worldwide.

Both the German Ethics Council (June, 2019) and STIKO member Prof. Lothar H. Wiehler, head of the Robert Koch Institute, published a statement in the pharmaceutical industry-sponsored medical newspaper *Das Ärzteblatt* that they considered mandatory vaccination to be counterproductive. The German Society for General and Family Medicine, Doctors for Individual Vaccine Choice and many other medical societies warned of the consequences of a vaccine mandate. So where is the Minister of Health getting his information when there is no vaccine emergency, no rising number of cases, nor models elsewhere in Europe indicating that vaccine mandates lead to fewer cases of the disease? On the contrary, we are seeing a trend in Europe and worldwide in which the higher the vaccination rate, the higher the number of measles cases recorded.

On April 11, 2019, the state of Brandenburg became the first federal state to introduce compulsory measles vaccination for children, in accordance with Section 20 (7) IfSG

(*Infektionsschutzgesetz* – German Law for Protection against Infections). This is still subject to review and has not yet been implemented.

Before the vote in the Bundestag and also in the Bundesrat, all members received countless opinions on the planned legislative reform. These included registered letters and emails to all MPs through the EFVV.

On November 14, 2019, the Bundestag took the decision to introduce compulsory measles vaccination for children and staff in German community or health facilities such as day care centres and schools. Likewise for health care professionals. The AFD group (far right party) voted against it and there were individual abstentions from members of the Greens and the Left. In the health committee's decision-making process involving a roll call vote, 459 MPs voted in favour of the "Law for Protection against Measles and Strengthening Prevention through Vaccines". Only 89 MPs voted against it. 105 out of all 653 votes cast, were abstentions. Most of the additional motions proposed by the FDP, the Greens and the AFD parliamentary group were rejected. The Measles Protection Act, confirmed by the Federal Council in December 2019, is therefore due to enter into force on March 1, 2020.

The draft law stipulates that all children must be vaccinated against measles when entering school or kindergarten. The same applies to all people who have contact with the public in community facilities. Evidence must be provided (by July 31, 2020) via the vaccination card. Parents who do not vaccinate their children can expect fines of up to €2,500. This also applies to day care centres that currently admit unvaccinated children. Eventually, all doctors - except dentists - will be authorised to administer vaccinations and documentation will be available in electronic form. Additional information will also be provided by the government, on the *Bundeszentrale für gesundheitliche Aufklärung (BzgA)*, a pharmaceutical industry-sponsored information website on health issues.

The essence of the Measles Protection Act is that proof must be provided to show that children are effectively vaccinated against measles before they are admitted to day care centres and schools. Doctors, naturopaths and all other medical staff and employees in community facilities must also provide proof of full vaccination protection by the end of July 2021.

In addition, all patients' records will be electronic, include vaccination status and be open-access to all government and medical personnel. This will be a legal requirement.

On October 11, 2019, constitutional lawyer Prof Rixen summarised the constitutional problems with the mandate, citing the German constitution (GG) as follows:

- a) The planned Measles Protection Law imposes "compulsory vaccination" (the term specifically used in the legal justification), which is unconstitutional in several respects. In particular, a child's fundamental right to physical integrity (Art. 2 Paragraph 2 Sentence 1 GG), the fundamental rights of parents (Art. 6 Paragraph 2 Sentence 1 GG) and the equality rights of both children and parents (Art. 3 1 GG). These are basic human rights that apply to all German citizens and residents, regardless of nationality, even refugees.

b) Doctors' freedom of profession (Article 12.1 GG) and their equality rights (Article 3.1 GG) are also violated.

The vaccines used in Germany are however not single measles vaccines, but combination vaccines containing mumps, rubella and sometimes chickenpox components also. The German Ethics Council also referred to the problem of “co-vaccination” but the Federal Council committees also criticised this: “The effect of the draft law restricting fundamental rights is thus extended to vaccination against both mumps and rubella, when in fact, these disease components are not included in the mandate.”

With the approval of this law, the SPD is breaking its own campaign promise not to introduce a vaccination mandate. In the past, due to constitutional concerns, German Chancellor Merkel has also spoken in favour of education instead of compulsory vaccination.

Investigations by the Italian group Corvelva have revealed contamination in the PRIORIX TETRA vaccine, also to be used in Germany under this mandate. The results of these analyses were submitted by Hans Tolzin to the Paul Ehrlich Institute (PEI) supervisory authority on October 26, 2019. Among the numerous contaminants found was the almost complete DNA of a male foetus. The amount of DNA exceeds the WHO-recommended maximum by more than 10 times. The PEI replied on December 30, 2019, referring Mr. Tolzin to the European Directorate for the Quality of Medicines (EDQM), for quality assurance. No further steps have been taken so it is apparently acceptable for a contaminated product to be used for enforced vaccination.

[Ignored errors in measles vaccination approvals](#)

We are told that the measles death rate is 1 in 1000. The actual number in wealthy countries ranges from 1 in 10,000 to 1 in 100,000. The main risk factor for measles in humans is malnutrition and vitamin A deficiency; an adequate supply of vitamin A reduces the risk by 80%. We are also told that we need herd immunity but herd immunity to measles can never be achieved because societies with the highest vaccination rate (99%) have the largest measles outbreaks.

The measles death rate before vaccination was the same as it is today: almost zero. The measles vaccine is live so the vaccinated are contagious. For example, in the Disneyland outbreaks, vaccine viruses were identified in 38% of cases. Modern epidemics have only occurred after vaccination campaigns (Ukraine 2018, Tonga 2019, Samoa 2019) and many measles outbreaks occur in vaccinated populations. The statistics even show that the higher the vaccination rate, the higher the number of measles infections (this is called the “measles paradox”).

In 1986, the US Congress — bathed in pharmaceutical money (the pharmaceutical industry has been number 1 in both political and lobbying spending for the past 20 years) passed a law that grants blanket immunity to vaccine manufacturers and releases them from liability for vaccine damage. The public is thus required to trust the moral scruples of Merck, GlaxoSmithKline, Sanofi and Pfizer but these companies are indiscriminate and have a long history of dishonesty. The four companies that supply the vaccines for the entire enforced vaccination market are actually all convicted criminals. In total, since 2009, they have had to

pay out more than \$35 billion in fines for fraudulent acts, lies, bribing officials, bribing doctors, falsifying documents and leaving a trail of devastation from minor injuries to disabilities and death caused by the products, the dangers of which they knew but which they nevertheless sold with stipulations that they would be safe and efficient.

Are vaccines the only pharmaceutical or medical product for which no strict tests are conducted? To get an FDA license, pharmaceutical companies are usually required to carry out virtual double blind trials for years, trials in which the drug is compared with placebo. In fact, no vaccine has ever been tested against inactive placebo at the CDC. According to a 2003 Cochrane report on measles vaccination, the design and reporting of safety results in MMR-II vaccine studies, both before and after the vaccine was placed on the market, are largely inadequate. In the case of (MMR) measles vaccination, no comparative study has ever been conducted between vaccinated and unvaccinated.

Nor are we told that in 2-10% of those vaccinated, the vaccination has no effect. The official term is “non-responders”. The antibody level also drops post-vaccination by approximately 10% a year. After a decade, we can no longer speak of protection. Additional doses of vaccine do not lead to better protection, because the titers decrease after 4 months at the latest.

[Alleged low measles vaccination rate in Germany](#)

In 2013, 96.7% of children had been vaccinated once and 92.6% twice against measles. In 2012, all 16 federal states achieved an average vaccination rate of over 95% for the first measles injection. Since 2010, the initial measles vaccination rate in Germany has been significantly above the mean of the countries where measles vaccination is mandatory - recently 2% higher. 97% of parents in Germany have voluntarily opted for measles vaccination for years.

The apparently low vaccination rate for the second measles vaccine injection in Germany should not conceal the fact that by the time German children start school, the vast majority will have received a first measles vaccine so are already protected against the disease and, secondly, in many neighbouring European countries, the second measles vaccine would not have been recommended or administered at that point in time. This expressly applies to some of the countries with mandatory vaccination programs in which only one measles injection is ever administered.

In many countries, the second measles vaccine is actually given much later. This is the case in Bulgaria where it is given at age 12, in Hungary at age 11, in Poland and Slovakia at age 10. At the time of school enrolment, properly and ‘fully’ vaccinated children in all of these countries had not yet received a second measles vaccine injection.

[Alleged vaccination fatigue in Germany](#)

Studies by the Federal Centre for Health Education came to the exact opposite conclusion in 2016, when the number of vaccine supporters had increased significantly compared with the previous studies from 2012 and 2014. The pharmaceutical industry also published figures indicating that apparently more children are vaccinated in Germany than in other countries.

Vaccination rates in Germany compared with European neighbours and the consequences

Here too, a comparison of measles incidence over the last ten years (per one million inhabitants and by year) shows that there were large outbreaks of measles in the EU, particularly in countries with compulsory vaccination (Bulgaria 2009/2010: incidence up to almost 3000 cases; Czech Republic 2015: Incidence over 50 cases; Slovakia 2018: Incidence over 100 cases), whereas Germany, with no mandate, had only 30 cases, even in 2015, the year with the highest incidence of the past 10 years (Berlin "epidemic"). In 2018, the incidence of measles in Germany was significantly below the mean of the countries in which measles vaccination is required by law.

The alleged rise of measles in Germany

For year 2019, measles case numbers by the end of calendar week 18 were less than 50 per cent of the long-term mean for the corresponding period from 2001 to 2018. In Germany, the trend was declining: according to the Robert Koch Institute, after recording just under 930 measles cases in 2017, only around 540 cases were reported in Berlin in 2018. Every year of the last 10, between 165 and 2,465 people contract measles in Germany. There has definitely been no increase in measles cases in Germany in the past 19 years.

The protest continues

A constitutional complaint is currently being prepared and protests and demonstrations continue to be organised. Large-scale demonstrations in many major German cities have received no media attention. The largest demonstration so far is now planned to take place on the 21st of March 2020 in Munich. We are looking forward to this major demonstration at which the eminent pharmaceutical critic and lawyer Robert F. Kennedy, Jr., and also Vera Sharav, a Holocaust survivor, pharmaceutical critic and chair of the Alliance for Human Research Protection (AHRP) will speak. In addition, Corvelva from Italy, VaccinatieRaad from the Netherlands, EFVV representatives and other international guests will travel from Hungary, France, Poland and other European countries, as well as the UK and the USA.

The demonstration will start at 11.30 a.m. at Odeonsplatz.

The final rally will take place at 2:30 p.m. on Marienplatz.

The demonstration ends at around 5:30 p.m.

We will be relying totally on donations to fund this event and are most grateful for all support offered:

German Vaccination Consent Network

IBAN DE64 6509 1040 0106 7580 04

Reference: Demo Munich

Sources:

- DEGAM statement on the draft bill on protection against measles and on strengthening vaccination prevention (Measles Protection Law), 2019
- *Vaccination: a duty?*, Opinion of the German Ethics Council, June 27, 2019
- Doctors for individual vaccination decisions, open letter to Federal Minister of Health Jens Spahn, as well as information to German Bundestag group leaders and health policy spokesmen for political groups, May 29, 2019
- EFVV, Measles publication, 09.2019
- EFVV, Measles summary, 12.19
- All other sources can be found in the EFVV publication