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Federal Minister of Health
Nina Warken
11055 Berlin

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Dear Federal Minister Warken,

I would like to sincerely thank you for your recent clear statements on **therapeutic freedom** and **patient autonomy**. On the website of the Federal Ministry of Health (BMG), you write verbatim:

"In Germany, the constitutionally protected therapeutic freedom of physicians generally applies. Physicians decide independently and responsibly on the treatment of patients. The scope of benefits of statutory health insurance is based on proven scientific evidence and is not determined by politics. Likewise, patients are free to decide which therapy they wish to receive."[1]

As the former chairman of the German Network for Evidence-Based Medicine and a university lecturer in general and family medicine (formerly Paracelsus Medical University Salzburg, Witten/Herdecke University, Medical University of Vienna), I am pleased that you are now, with determination, seeking in Germany a return to the principles of **evidence-based medicine (EBM)** as defined by its founding father **David Sackett**.

David Sackett defines EBM as resting on three pillars of equal importance. Alongside the evidence from studies, the clinician's expertise and patient autonomy are indispensable prerequisites for an informed, shared decision on whether to carry out a medical intervention. Sackett writes verbatim:

"[EBM] requires a bottom up approach that integrates the best external evidence with individual clinical expertise and patients' choice."[2]

Unfortunately, during the COVID period Germany moved far away from these principles. The COVID measures were politically imposed by your predecessors without scientific evidence, in some cases contrary to the scientific recommendations of the crisis task force at the Robert Koch Institute (RKI), as we now know from the RKI protocols.

Unfortunately, the US Secretary of Health, Robert F. Kennedy, is also right when he denounces the criminal and disciplinary prosecution of physicians, which was and still remains common practice in Germany whenever doctors stand up for therapeutic freedom and patient autonomy. I refer here only by way of example to Dr Ronald Weikl, Dr Bianca Witzschel, Dr Heinrich Habig, and Dr Michael Foti.

And unfortunately, the restriction of therapeutic freedom and patient autonomy did not end with the conclusion of the so-called COVID pandemic. It continues with an increasingly strictly enforced **measles vaccination mandate**, which lacks any scientific basis. As the German Network for Evidence-Based Medicine, we already expressed a critical view of the general debate on vaccination mandates back in 2019. Our appeal to the Federal Government and to the then Federal Minister of Health not to restrict therapeutic freedom and patient autonomy through a vaccination mandate unfortunately went unheard. The Measles Protection Act was pushed through in 2019 without scientific justification and without necessity.

Allow me to briefly outline the epidemiological situation regarding measles. On average over the last ten years, there have been around **500 measles cases per year** in Germany. Between 2015 and 2019 there was a decline in cases—contrary to the claims made at the time by Mr Spahn. There was therefore, based on the development of case numbers, no necessity to introduce a vaccination mandate. Nor were deaths or serious complications to be lamented. In the "COVID years," measles all but disappeared (2020: 76 cases, 2021: 8 cases, 2022: 15 cases). In 2023–2024 there was a slight rise again to the level prior to COVID (2023: 79 cases, 2024: 645 cases); in 2025 the numbers had already fallen again (233 cases).[3]

An epidemic emergency caused by measles that would justify a restriction of fundamental rights (here, the right to bodily integrity under Article 2, paragraph 2 of the German constitutional law)[4] has not existed in Germany for decades—if indeed it ever existed at all. Measles complications and deaths had already fallen to almost zero even before the introduction of the measles vaccine in the early 1970s, so that the vaccination itself appears questionable overall. This can be debated. In the absence of robust study data, it is unknown what the effects of stopping vaccination would be. The death and complication rates that are used today as proof of a population-level benefit of vaccination either come from developing countries that are not comparable to Germany in terms of hygiene, nutrition, and medical care, or from German figures from before the introduction of vaccination—that is, from a period which likewise is not comparable to today, particularly regarding medical care.

In any case, where there is no robust evidence of a benefit of vaccination, no vaccination mandate may be enacted—especially not when, as the RKI, STIKO and the Paul Ehrlich Institute (PEI) openly acknowledge, measles vaccination (now available only as the triple MMR vaccine or the quadruple MMRV vaccine) can lead to serious side effects and vaccine injuries.

The alleged protection of so-called "vulnerable children" also cannot convincingly serve as a reason for a vaccination mandate. In Germany, approximately **170 children** die each year from infectious diseases; however, not a single child dies from measles. "Vulnerable children" die from influenza, pneumococcal infections, staphylococci, streptococci and other common infectious diseases—but not from measles.

If one considers the benefit-harm balance of measles vaccination, a considerable potential for harm stands opposite the lack of individual benefit and the lack of evidence of benefit at population level. The individual benefit (not the population benefit) of vaccination is measured by the individual risk of infection and complications from the disease. With an average of 500 measles cases per year and 83 million inhabitants in Germany, the annual risk of illness is around **0.0006%**, and with an assumed life expectancy of 80 years the lifetime risk is therefore around **0.048%**. In addition, according to an ECDC report, around **20%** of

measles cases occur in vaccinated individuals.[5] The risk of complications or death is at least a factor of 1000 lower and is therefore below **0.000048%**. Even if one relates the figures only to the measles-susceptible part of the population, around 8–10 million people in Germany (the unvaccinated and around 20% of the vaccinated), this yields only a lifetime risk of complications and death of around **0.0005%**.

According to analyses by the Paul Ehrlich Institute from 2012 (more recent data are not available!), each year there are around **110 reports of serious vaccine injuries**, for which PEI itself considers a causal connection between vaccination and harm possible or probable in about half of cases.[6] Furthermore, PEI acknowledges that underreporting of approximately **1:10 to 1:20** must be assumed,[7] meaning that we must expect around **1,000–2,000 serious adverse reactions**. Even under the cautious assumption that only 600 serious adverse effects per year are causally associated with vaccination, the risk of a serious vaccine complication—given an estimated 1.2 million MMR or MMRV vaccinations carried out per year—would be around **0.05%**, and for the two vaccinations required under the Measles Protection Act would therefore be **0.1%**, and thus **200 times higher** than the lifetime risk of developing or dying from a measles complication. Therefore, on the basis of epidemiological data, there is currently a relative contraindication to measles vaccination.

In view of this stark imbalance between possible individual benefit and harm, I consider it ethically indefensible to vaccinate children with one of the MMR or MMRV vaccines available in Germany without appropriate information and warning to parents. Please do not misunderstand me: contrary to the general defamation directed against my person, I am not fundamentally anti-vaccination, but rather an unwavering advocate of evidence-based medicine, therapeutic freedom, and patient autonomy. Anyone who believes they must have their children vaccinated against measles in order to contribute to measles elimination in Germany or even to the eradication of measles worldwide should be free to do so—but a vaccination mandate is inadmissible given the current epidemiological situation.

For this reason, I issue vaccination exemption certificates for healthy German children, because a relative contraindication is present. As you certainly know, Section 20, paragraph 9 of the Infection Protection Act does not differentiate between absolute and relative contraindications, but speaks only generally of a contraindication. People come to me from all over Germany to obtain vaccination exemptions for their children, because German physicians no longer grant justified and medically and scientifically substantiated vaccination exemptions—since many doctors have been intimidated, prosecuted, harassed through house searches, convicted, and punished in a completely disproportionate manner in the recent past for allegedly issuing false health certificates.

I am very pleased that you have now made it clear that you want to restore evidence-based medicine, therapeutic freedom, and patient autonomy in Germany at last. Please inform me of your plans:

- to amend the Infection Protection Act and the Measles Protection Act,
- to abolish the unconstitutional measles vaccination mandate,
- to protect doctors who dare to protect their patients from state arbitrariness by issuing completely correct health certificates, and
- to rehabilitate and compensate doctors who have been wrongfully convicted.

Thank you in advance for your prompt reply. I would be happy to provide further explanations and to engage in discussion.

Yours sincerely,

Dr. med. Andreas Sönnichsen