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Veröffentlichungsversion / Published Version

Zeitschriftenartikel / journal article

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### Empfohlene Zitierung / Suggested Citation:

Thießen, M. (2021). Immunity as Relativity: German Vaccination Campaigns and Debates in Times of COVID-19. *Historical Social Research*, 46(4), 316-338. <https://doi.org/10.12759/hsr.46.2021.4.316-338>

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# Immunity as Relativity: German Vaccination Campaigns and Debates in Times of COVID-19

*Malte Thießen* \*

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**Abstract:** »Immunität als Relativitätstheorie: Deutsche Impfkampagnen und Debatten während der Coronapandemie«. COVID-19 was a shock. The shut-down of entire societies was considered a historic turning point already in 2020. Vaccinations promised a way out of the crisis. Even before the vaccination campaigns began, they were seen as a weapon that would decide the war against the pandemic, even as a promise of salvation. These hopes were dashed in 2021. Vaccinations offered a relatively high level of, but not absolute, protection. Vaccinated people were still contagious and thus a risk to others. My article traces the history of this disappointment and the attempts to solve it. I focus on German debates about prioritising vaccine distribution, dealing with side effects, and debates about compulsory vaccination and increasing social pressure on the unvaccinated. Vaccination campaigns thus serve as a probe with which to examine social orders and social distortions. At the same time, I place the current developments in a historical perspective. I ask both about the historical roots of today's debates and about new developments since 2020 that only become visible in a historical perspective.

**Keywords:** COVID-19, history of pandemics, vaccines, vaccination, compulsory vaccination, public health.

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## 1. Introduction

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Vaccinations brought an end to the pandemic. This was already perfectly clear to many people in the spring of 2020. Although vaccination programmes were not even a thought at that time, they were already setting a caesura in press reports and parliamentary debates. When the German government was asked in July 2020 about the duration of the infection control measures, it gave an astonishingly precise timeline: "The Corona pandemic will end when a vaccine [...] is available" (Bundesregierung 2020). Vaccination programmes quickly became a political slogan of perseverance, even a promise of salvation. Thanks to immunity, COVID-19 would end, normality would return and with it the old life.

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German Chancellor Angela Merkel summed up this idea in a television speech in mid-March 2020. She announced to viewers a “guiding principle of all our actions: to slow down the spread of the virus, to stretch it out over the months and thus gain time. Time for research to develop a drug and a vaccine” (Merkel 2020). Keeping a distance, staying at home, wearing a mask, washing hands, and testing regularly – all this turned into a shared endurance until that day when vaccines would finally be available, and all worries would be gone. When the first vaccines finally arrived in New York in December 2020, Governor Cuomo was confident of victory: the vaccine “is the weapon that is going to win the war” (New York State 2020).

In the course of 2021, disillusionment spread. Even though vaccinations did noticeably reduce the number of infections and vaccinated people were also much better protected against severe courses of the disease than unvaccinated people – even against the mutations of the virus – there were still vaccinated people in intensive care units (ICU). The comeback of COVID-19 in autumn 2021 was particularly sobering. The fourth wave with steeply rising infection figures made us all painfully aware that the pandemic was not over despite immunity. Even countries with high vaccination rates such as Denmark (152.39 vaccine doses per 100 inhabitants), Great Britain (155.61), or Iceland (167.36) complained of a high incidence in mid-November 2021: In Iceland it was 278, in Denmark 296, and in Great Britain even 353 (Radtke 2021; Ruppert and Neuroth 2021). The image of vaccination as a weapon of war has suffered noticeably since then.

It was not so much the vaccination that was to blame for this disillusionment, but the behaviour of vaccinated people. Many people thought they were safe after the second vaccination. A pharmacist from Manchester summed up the deceptive feeling of safety in October 2021: “It also has to do with the fact that people have got used to living with Corona. It doesn’t affect them. They think, I’m fully vaccinated. They think the pandemic is over” (Prössl 2021). For many vaccinated people, distance rules, hygiene measures, and contact restrictions apparently no longer played a major role. Immunity proved to be a mortgage in that it lulled vaccinated people into a false sense of security.

This article traces the history of deceptive certainties and the great disillusionment in the COVID-19 pandemic with examples from Germany. I focus on debates about the vaccination programme when it was introduced in the winter of 2020, the expansion of the campaign in the summer, and the increase in pressure on the unvaccinated in the autumn of 2021. A discussion of the COVID-19 pandemic should not, however, be limited to the period since 2020. The roots of great hopes and great disappointments in the fight against COVID-19 lie deeper, as recent studies by historians show (Harrison 2012; Hönigsbaum 2020; Tooze 2021; Fangerau and Labisch 2020; Thießen 2021a). In

order to understand current debates, we need a long historical perspective, with which I begin my contribution.

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## 2. A Brief History of Vaccination<sup>1</sup>

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Immunity as a promise of salvation has a long tradition. Since the 19th century, Europeans have dreamed of vaccination as a weapon with which to fight epidemics and optimise society, indeed, to shape the future. Smallpox vaccination was the first to represent this dream. When it was introduced, it appeared as an absolute promise of safety: a small cut for man – a big step for mankind. Doctors and politicians broke out in jubilation when the smallpox vaccination was introduced. The observation that a small intervention provided lasting protection against the deadly threat fuelled high-flying hopes for a life without pandemics at all. In 1896, on the centenary of the first smallpox vaccination by Edward Jenner, doctors throughout Europe proclaimed a new era. The smallpox vaccination was the beginning of an epidemic-free era, indeed for a “liberation of the human race from all infectious diseases” (cited in Thießen 2017, 94), as participants in a Jenner celebration in Frankfurt am Main prophesied.

Shortly after the introduction of the smallpox vaccination, however, disillusionment set in. Doctors observed with horror that some vaccinated people caught smallpox again after some time. Vaccinations apparently did not guarantee eternal protection. Only a few decades after the introduction of vaccination, booster shots became the method of choice. Equally sobering was the second realisation that even the freshly vaccinated could catch smallpox too. Vaccination therefore did not offer absolute but only relative – albeit relatively high – protection. After these experiences, the concept of “herd immunity” and thus compulsory vaccination became more attractive. If vaccinations did not promise absolute safety, then as many people as possible had to be immunised in order to keep smallpox permanently at bay (Wolff 1998).

The fact that vaccinations only offer a relative promise of safety was thus still much more self-evident to the people in the 19th century than to those in the 21st century. Deviations in the production of smallpox vaccine, difficult quality controls, and the common practice of mass vaccination repeatedly brought about vaccine breakthroughs as well as severe side effects. The problems were no secret. It was obvious that when mass vaccinations of 60, 80, and even 100 children were given in one hour, doctors did not register faulty vaccinations as well as previous illnesses of the children. In the course of the

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<sup>1</sup> For more detail, see Thießen 2021b “Security, Society, and the State: Vaccination Campaigns in 19th and 20th Century Germany”, in this HSR Forum; available at <https://dx.doi.org/10.12759/hsr.46.2021.4.211-315>.

20th century, however, the production of vaccines and the practice of vaccination did improve. Above all, the individualisation of vaccination was most important for this improvement. With the departure from mass vaccination and the enforcement of individual vaccinations at the paediatrician, parents, and doctors gained time for discussions and health checks.

Despite all the successes, immunity remained a relative promise of safety. With the annual flu vaccination, the phenomenon is obvious because the influenza virus mutates particularly quickly. For the 2019/20 flu season, the Robert Koch Institute in Berlin therefore assumed an average vaccination effectiveness of between 62 and 73 per cent (Buda et. al. 2020, 4). However, even standard vaccinations that are established for decades, such as those against diphtheria, measles, mumps, and rubella, do not guarantee one hundred per cent protection (Wichmann and Ultsch 2013). Moreover, the relativity of immunity applies in quite another respect. Some vaccinations, such as those against diphtheria or polio, protect the vaccinated person very effectively against disease, but not against infection. Vaccinated persons therefore sometimes remain infectious and pose a risk of infection for non-vaccinated persons (STIKO 2013).

In Europe, the relativity of immunity had been known to experts since the 1970s but was no longer an issue for the public. The high vaccination rates and frequent booster vaccinations permanently pushed back infectious diseases and caused earlier threats to be forgotten. With the expansion of vaccination programmes since the 1970s, vaccinations provided a lifestyle that became commonplace, at least in the Global North: Immunity was now regarded as an absolute promise of safety. The fact that vaccination at the beginning of the 2020 pandemic was seen as a turning point, a weapon that decided the war and even as a promise of salvation, was therefore a consequence of the successes since the 1970s.

Actually, from the beginning of the coronavirus pandemic, the history of vaccination held good reasons to question the promise of salvation. The historian Karl-Heinz Leven already pointed out this lesson of history in the summer of 2020: “The belief that the most important problems would be solved with a corona vaccination seems as real to the medical historian as the belief in the effect of the Holy Grail” (Leven 2020, 96). Such objections did not meet with much response in 2020. On the one hand, the vast majority of Germans had had good experiences with the promise of salvation for decades. On the other, the promise of salvation was a silver lining on the horizon that provided hope and gave meaning to persevering in the lockdown.

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### 3. Vaccinating Against COVID-19: Teething Problems

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The disappointment was all the greater when vaccination finally got underway at the end of 2020. Although the Germans had had good experience with vaccination programmes for more than 200 years, the vaccination campaign against COVID-19 was taking place under completely new auspices. For the first time in history, vaccinations were not only targeted at individual cohorts or only at children. Rather, all adults were now considered “vaccinees” (*Impflinge*). While in the 1960s and 1970s the vaccination of more than one million children against polio within one year had been celebrated as a sensation, since the end of 2020, as many Germans as possible, in the best case up to 70 million, were to be vaccinated against COVID-19 in the same period.

The start of vaccination around Christmas 2020 was already ill-starred. While in neighbouring countries such as Great Britain the vaccination programme started at full speed, the vaccine trickled into Germany in almost homeopathic doses. Delivery problems on the part of pharmaceutical companies and time-consuming testing procedures slowed down the start of the vaccination. Criticism was not long in coming: “Why is there no emergency vaccine approval in Germany?” asked *Bild der Frau* magazine, criticising the “fatal hesitation” (Utsch 2020). The weekly *Die Zeit* described the start of the campaign on its front page as a “great tremor” and raised a fundamental question: “Why is it taking so agonisingly long? Who is to blame?” (Grabar et al. 2021, 1)

Politicians and doctors were the focus of criticism. For them, thoroughness seemed to take precedence over safety. In the public perception, the testing procedure of the European Medicines Agency (EMA) set Germany back in the fight against coronavirus. The European purchasing policy was also criticised. Too few EU orders of the coveted German-American vaccine from Biontech/Pfizer increased reservations about an EU that seemed to be stifling Germany’s zeal to vaccinate. The steep rise in infection figures in the winter of 2020 fuelled the criticism even further. In the face of death tolls of 1,000 a day, each subsequent day of vaccine introduction stood as a lament for all the senseless victims of the pandemic.

Health politicians were thus faced with the choice between plague or cholera. The loudly demanded shortening of vaccine testing would have increased the risk of side effects, but at the very least would have reinforced the impression that those in power were willing to kill for rapid vaccination protection if necessary. Already in view of the coronavirus protests and their favourite topic, vaccination, this impression would have been a fatal signal (Pantenburg, Reichardt, and Sepp 2021; Thießen 2021a, 129-43). But a purchasing policy on one’s own, i.e., German fist, also had political explosive power. In particular, representatives of the Green (Bündnis 90/Die Grünen)

and Left parties (Die Linke) warned against a “vaccination nationalism” that would jeopardise the European idea.

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#### 4. Vaccination as an Order of the Social

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Vaccine was therefore a scarce commodity at the start of the German vaccination programme. For the first few weeks, only 400,000 vaccine doses were available. All the more important was a concept that regulated the allocation of the coveted substance. One and a half months before the start of vaccination, scientists and political advisors published a position paper that justified prioritising individual groups of people. The starting point of this justification was the increased mortality risk of people, but also the question of how justice could be done in vaccination. In short, vaccines were ultimately about what held German society together. Who was particularly at risk and therefore to be immunised preferentially? Who had to go to the back of the queue?

The early justifications of vaccine allocation first of all make one thing visible: a change in German risk perceptions. For decades, people with previous illnesses and old people had been considered a kind of collateral damage of pandemics. In 2020, Germans no longer wanted to accept this. The first lockdown in spring 2020 had already been explicitly justified with the protection of the elderly and the pre-sick – and met with a large consensus. The heightened sensitivity to the threat to the elderly and the previously ill also shaped the vaccination campaign from winter 2020 onwards, with the elderly and residents of old people’s homes and nursing homes and their caregivers enjoying the highest priority (STIKO, Deutscher Ethikrat and Leopoldina, 2020, 3). Despite overcrowded ICUs and overworked hospital staff, the vaccine went first and foremost not to doctors and the health service, but to the over “80-year-olds and residents of nursing homes for the elderly.” These were “particularly at risk and, despite being difficult to reach, should be vaccinated at the beginning of the vaccination campaigns” (STIKO 2021, 3), as recommended by the Standing Commission on Vaccination (STIKO).

The debate in the German Bundestag on the “National Vaccination Strategy” on December 16, 2020, reflects this consensus, which Federal Health Minister Jens Spahn also spoke of in this session. In the German parliament, he justified the decision to “vaccinate the particularly vulnerable, the elderly, people in nursing homes, those over 80, those who care for and support them, first. There is a great consensus in Germany on this issue, and that is also good” (Spahn 2020, 25232). Although all opposition parties were not sparing in their criticism of the government on this day, the prioritisation of vaccine allocation was not met with rejection anywhere. Only the right-wing populist “Alternative für Deutschland” (AfD, Alternative for Germany) did not linger over a debate on prioritisation in the Bundestag. AfD MP Paul Viktor Podolay

preferred to use the debate as an opportunity to reject vaccination in principle: “The government’s approach is so rigid that it puts all its eggs in the vaccine basket, without considering that efficient therapy and prophylaxis would make vaccination obsolete” (Podolay 2020, 25226). His party colleague Steffen Kotré subsequently reduced this criticism to a succinct formula, which the AfD also used to score points with protesters against the containment measures: “So we’re dealing with an experiment rather than a vaccination.” Although Kotré earned sharp protest from the government benches as well as having to admit himself that there had never been any talk of compulsory vaccination in the Bundestag, his speech ended with an appeal that could also be heard at Corona demonstrations since April 2020: “We say no to compulsory vaccination” (Kotré 2020, 25233-4).

Other opposition parties also took the federal government to court. They used the vaccination debate for demands for a stronger involvement of parliament in the fight against epidemics. In the case of vaccination, such demands seemed particularly obvious because members of the Bundestag from several parliamentary groups declared the “trust” of the population to be the basis of the epidemic fight. At least on this point, even the Liberal Party (Freie Demokratische Partei, FDP) and Die Linke were in agreement. Thus, the Liberal Stephan Thomae explained a growing vaccination scepticism with the lack of involvement of parliament: “And many uncertainties in the population and rumours about compulsory vaccination [...] do not arise from factual reasons at all. They arise because negotiation processes are opaque and non-transparent for people” (Thomae 2020, 25229). Janosch Dahmen of the Green Party, in turn, pointed out that the coronavirus vaccination was “an enormous step forward, but [...] unfortunately also not a magic wand.” An open approach to the side effects of the vaccine would be decisive for the success of the vaccination programme: “Only through honesty, transparency and education will we make progress” (Dahmen 2020, 25229).

Despite such criticism, however, the prioritisation of vaccinating the elderly and those with previous illnesses was not in question in the Bundestag. Since December 27, 2020, mobile vaccination teams visited old age and nursing homes to immunise residents and caregivers against COVID-19. The subsequent immunisation of doctors and nurses was also uncontroversial, as was the later vaccination of educators and teachers. The only criticism was the slow pace of the vaccination campaign, which did not seem to gain momentum until March 2020.



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## 5. Distributional Struggles and Ambivalences of Security

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After the Federal Republic of Germany had been considered a “failure” (*Ver-sager*; Heuser 2021) because of the faltering vaccination campaign, the Germans suddenly turned into a role model in the spring of 2021. Since mid-April 2021, the press has outdone itself with success stories. In a television programme at the beginning of May, for example, a lady’s voice announced German best performances to cheerful background music: “We are now vaccinating like world champions. A prick every seven seconds. Over one million vaccinations in one day is the record” (Galileo 2021). While just a few hundred thousand people had been vaccinated by the beginning of 2021, GPs and vaccination centres now repeatedly reported more than one million vaccinated within a single day. In mid-May, the news channel “Tagesschau” even announced a “record” of 1.35 million vaccinations in a single day (Tagesschau 2021a). At the beginning of May 2021, a good 30 per cent of all Germans, and thus more than 25 million people, had received their first vaccination.

With success came problems. While in times of scarce vaccines, favouring the elderly, the previously ill, and nursing and medical staff did not arouse any discussion, a new feeling arose with the successes: Vaccine envy (*Impfneid*). The extension of vaccine allocation to contact persons of pregnant women or to relatives of sick people (Robert Koch Institute 2021) fuelled distribution struggles. Since that time, numerous “vaccination pushers” (*Impfvordrängler*) appeared for the first time in the queues in front of the vaccination centres or in the waiting rooms of doctors’ offices, trying to obtain the coveted shot by giving false information about age, profession, or the care of relatives. The Hamburg vaccination centre alone uncovered 2,000 such pushers within one week at the beginning of May 2021. In Munich, the vaccination centre recorded 350 cases for the same period (Spiegel 2021).

The distribution struggles require explanation because Health Minister Jens Spahn proclaimed “vaccinations for all” at precisely this time. At the beginning of May 2021, he declared at the German Medical Congress that the previous prioritisation according to risk groups would fall in a few weeks. By July at the latest, he said, the stage would be reached “where we will actually have vaccinated everyone who absolutely wanted to” (quoted in Redaktionsnetzwerk Deutschland 2021a). So how can the selfishness shortly before the release of the vaccine to the entire population be explained? Why did the distribution struggles escalate at a time when the vaccine for all was finally within reach?

Distributional struggles are as old as vaccination itself. For the introduction of vaccinations realigns people’s perception of risk. With the start of the vaccination campaign, illnesses from infectious diseases no longer only appear

threatening, but even worse: they appear preventable, downright negligent. For this reason, many distribution struggles of the 20th century can be explained precisely not by the scarcity of vaccines, but by their greater availability. During the vaccination campaigns against diphtheria in the 1930s or against polio in the 1960s, for example, the fiercest disputes did not occur at the beginning of the campaigns, when initially only individual hotspots were preferentially immunised. The distribution battles were severe at a later stage when vaccination became available to broader sections of the population. Now the pressure on individuals or parents grew to prevent the risk of infection for their children, which seemed all the more senseless.

Vaccinations are thus a prime example of the ambivalence of safety (Conze 2012). At a time when millions of Germans had already been vaccinated and the “vaccination for all” was only a few weeks away, death by COVID-19 seemed particularly threatening. These changed risk perceptions also make an intensification of the generation gap since spring 2021 comprehensible. In April, the German media reported for the first time about “the old” who were starting a cut-throat competition against “the young.” The background to these disputes were reservations about the AstraZeneca vaccine, which carried a higher risk of side effects in younger people compared to the Biontech/Pfizer vaccine. The fact that older people preferred Biontech/Pfizer despite the better availability of AstraZeneca exacerbated the generational divide. Insistent appeals were now heard. “Think of the young!” (Charisius 2021), demanded the *Süddeutsche Zeitung*, for example, “Leave some Biontech for the young!” complained the magazine *Der Spiegel*, which at the same time drew a bitter balance: “Younger people in Germany have to pay the piper: for the vaccine selfishness of healthy older people” (Hecking 2021).

After the prioritisation of previously ill and elderly people had been a broad consensus for months since the beginning of the vaccination campaign, everything was different after April 2021. The rising vaccine level increased the need among Germans to take their immunisation into their own hands in order not to succumb to an avoidable epidemic now – of all times, at the perceived end of the pandemic. TV presenter Micky Beisenherz, who contracted COVID-19 at the beginning of May, put this widespread feeling in a good way: “Getting sick with corona in May 2021 is a bit like tripping over a cup of water at kilometre 41 in a marathon and falling down” (Beisenherz 2021).

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## 6. Immunity as Competition

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Not only did vaccinations intensify distribution struggles in everyday life, but competition also intensified at the international level. Since the end of 2020, the previously popular rankings for the lowest incidence were supplemented by a new, but now all the more important category: the vaccination rate. The

level of the vaccination rate now seemed to determine the performance of the respective state. Immunity has since mutated into a yardstick for the state's crisis-solving competence, and even for the better model of society.

The prelude to these "vaccination races" (Ankenbrand 2021) was given by Russian reports on the development of the first vaccine against COVID-19 in the summer of 2020. Even its designation as "Sputnik V" speaks for a pronounced historical consciousness on the part of Russian experts. For the "Sputnik shock" still stands for what was probably the greatest humiliation of the West during the Cold War. Sputnik V was to join this success story: "Putin's Corona prestige object" made Russia "the victor in the PR battle for the time being" (Rescheto 2021).

Striking parallels to this race can be found throughout the 20th century. At the end of the 1950s, for example, the GDR introduced a Soviet vaccine against polio. At that time, West Germany was still struggling with the approval of a US vaccine and therefore still had to mourn thousands of sick people and numerous deaths in the early 1960s. In the East, the Socialist Unity Party of Germany (Sozialistische Einheitspartei, SED), the ruling party, was already celebrating the success of the vaccination programme at this time. On posters and brochures, in television and radio broadcasts, the SED spread its successes before the East German population. The victory against polio seemed all the more impressive because it could be chalked up as superiority over the West. Therefore, in 1961 – probably not coincidentally in the year the Berlin Wall was built – the GDR launched a major campaign in which its own vaccination successes were contrasted with the problems of the West. At the end of June 1961, Chancellor Konrad Adenauer received a telegram from East Germany with a "generous offer," as the SED wrote. In view of a rampant polio epidemic in West Germany, the GDR offered several million doses of East German polio vaccines, "especially since we ourselves are free of the disease," as the telegram gleefully pointed out. While the offer was well received in the Western German press, Adenauer dismissed the initiative as a propaganda ploy, with good reason. However, the rejection of the offer met with criticism from the population, as the author of a letter to the editor in the *Bonn Generalanzeiger* put it: "People fall ill and die because our authorities are obviously not prepared for this case, because they reject an effective remedy for quite obvious political reasons and prefer to let people die. Who is playing games with human lives for political reasons?" (all quotes from Thießen 2017, 251-2, 313)

Parallels between this "Cold Vaccine War" and the coronavirus pandemic are palpable. First of all, not only health goals but also geopolitical goals played a role in the introduction of the Sputnik vaccine. When the German government negotiated the procurement of the Sputnik vaccine with Russia in the spring of 2021 and Saxony's Prime Minister Michael Kretschmer explored the possibility of ordering up to 30 million Sputnik doses on a trip to

Moscow (Grothe 2021), it was therefore a matter of tangible foreign policy: How could the vaccine trade be linked to human rights advocacy, for example, in the case of the imprisoned Kremlin critic Nawalny, or to the construction of the “Northstream 2” gas pipeline between Germany and Russia? The Sputnik vaccine was seen as having serious side effects that seemed to make Germany vulnerable to blackmail from Russia.

The consequences of the Cold War became noticeable in quite another way during the COVID-19 pandemic. For example, East German states were much more open to Russian vaccines in 2021 than West German states. In March 2021, Saxony-Anhalt’s Prime Minister Reiner Haseloff even explicitly referred to his personal experiences in the GDR. Haseloff deliberately referred to the decades of cooperation between the GDR and the Soviet Union: “We have no problem with Sputnik V. As a child, I was already successfully vaccinated against polio with a Russian preparation [...] I would be vaccinated with Sputnik V any time” (quoted in Redaktionsnetzwerk Deutschland 2021b). The fact that the Russian vaccine was ultimately not used in Germany was therefore due less to the difficult testing conditions for the vaccine than to the even more difficult political framework conditions. The more the vaccine brought the Russian government prestige gains in international competition, the higher the hurdles to the introduction of Sputnik V were in Western Europe.

Vaccination programmes as a test of power not only opened up competition between East and West. Vaccination rates also increased competition within Western Europe. Especially the comparison between vaccination programmes in the EU and those in the UK was politically charged due to the Brexit having taken place at the turn of 2020/21. After all, British Prime Minister Boris Johnson celebrated the faster vaccination start on the island as the first big step towards new independence. Faced with faltering vaccination programmes on the continent, Brexiteers rubbed their hands with glee: “Freed from the shackles of the bureaucratic institution, the independent kingdom could now act in its own interests – and thus save the lives of millions of citizens” (Weser-Kurier 2021). When the EU questioned exports of European vaccines to the UK in January 2021 because of Brexit, the *Daily Mail* even spoke of a declaration of war and branded it “Europe’s vaccine war” (Groves and Martin 2021). In this case, too, vaccination programmes became a political issue because they opened up a projection surface for completely different disputes. In the vaccination war between the UK and the EU, this connection was palpable. While the slow start to vaccination and lengthy testing procedures in the EU were seen as evidence of the continent’s bureaucratisation, the high vaccination rates on the island stood for British pragmatism and a spirit of optimism that made even Boris Johnson’s previous misman-

agement of the pandemic seem forgotten. Even in the regional and local elections in May 2021, Boris Johnson was able to achieve high approval ratings with reference to the successful vaccination launch (Volkery 2021).

Competitions for the better vaccination rate could even be observed one level lower in Germany, namely between the federal states. Here, too, vaccination opened up a competition that revealed every day which federal states (*Bundesländer*) “were ahead in vaccination” (Ruhr-Nachrichten 2021). And of course, vaccination was also a political issue in the comparison between the *Bundesländer*. The election campaign for the Bundestag, which began in the summer of 2021, intensified a competition for the better vaccination rate, which was never just about immunity, but always also about a performance test for the competencies of the respective state government. Health and immunity thus mutated into an argument in the race for the chancellorship.

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## 7. National Self-Interest and International Solidarity

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Competitions for the better vaccination rate still turn into downright vaccination wars today. In the *Frankfurter Allgemeine Zeitung*, Klaus-Dieter Frankenberger brought the disputes over vaccine supply to an oppressive conclusion in the spring of 2021: “In the meantime, the availability of vaccines has even become a political weapon in the competition between states and systems.” Frankenberger spoke of a “vaccine nationalism” (Frankenberger 2021) that prevents urgently needed global cooperation. So far, however, vaccination has only been thought of globally for reasons of prestige, especially in the case of Russia or China, which use vaccine deliveries to Asia, Africa, and South America to expand political spheres of influence.

Germany and the EU did not cut a very good figure in this respect either. There was actually no question of vaccination nationalism on the part of the German government. Already in mid-December 2020, when the German vaccination campaign had not even started, Spahn made it unmistakably clear in the Bundestag debate on the “National Vaccination Strategy”: “But we have very consciously decided to take this path together at the European level. The ‘we’ is stronger than the ‘I’: this is true in this pandemic in everyday life, in taking care of each other; but it is also true in European solidarity” (Spahn 2020, 25232). Spahn’s party colleague, Karin Maag, further underpinned the European approach in this debate. As “part of the European community,” Germany should not “leave the smaller European partners [...] out in the cold” (Maag 2020).

First of all, this European approach appears as progress. In the end, however, calls for European solidarity simply obeyed the power of the factual. The increasingly close ties between European states since the 1990s greatly reduced the benefits of national vaccination campaigns. The free movement

of persons, the common internal market, and the Schengen Agreement had already revealed the fatal consequences of border demarcations at the beginning of the pandemic. In the interest of national security alone, it made sense to avoid epidemic outbreaks in neighbouring countries. In this respect, European states ultimately pulled together despite all individual interests and occasional conflicts.

Although there was little evidence of vaccination nationalism within Europe, it was all the more difficult to look beyond Europe. The European commitment to vaccination initially remained just that: European. Considerations of a global vaccination strategy, on the other hand, played no role. In the Bundestag debate on the “Nationale Impfstrategie” (“National Vaccination Strategy”) in mid-December 2020, of a total of 14 MPs, only one, Gesine Löttsch (Die Linke), brought a global perspective into the discussion. From the beginning, she called for “a globalisation based on solidarity. The idea cannot be that vaccine doses that are not needed in Germany and the EU are made available to poor states. We need an ethical and a sensible way [...] A prerequisite for this is that patent protection is finally lifted so that poorer countries can also produce the vaccine cheaply” (Löttsch 2020). For Löttsch, vaccination and international solidarity go hand in hand, because in her eyes, immunity is not only a medical, ethical, and legal question, but also a social one.

Such motives were in themselves convincing arguments for global vaccination concepts. But even those who did not like the idea of international solidarity had to look beyond the European horizon out of national interest. For in addition to humanistic motives, there is another equally valid argument for global vaccination concepts: egoism. After all, global immunity is something that ultimately benefits everyone. In the Federal Republic, such benefit calculations have always played a leading role in vaccination campaigns. When, for example, the risk of smallpox entering Germany increased in the 1960s, Lower Saxony’s Minister of Social Affairs, Georg Diederichs (SPD), urged Federal Minister of the Interior Gerhard Schröder (CDU) to make greater efforts for global vaccination programmes. A global vaccination programme would be “beneficial for both partners. The countries in need of development aid would be free of smallpox, and the countries providing aid could save a large number of children from death or infirmity in the future by reducing mass vaccinations in Europe (quoted in Thießen 2017, 248). Even in the case of the WHO global polio vaccination campaign launched in 1988 – or most recently the WHO global measles campaign – national self-interest has always been a driver of international humanitarianism. Global immunity promised both eradication of the disease and an end to costly preventive measures in Europe.

In the first year of the coronavirus pandemic, international solidarity for most Germans was limited to supporting European neighbours. At the beginning of February 2021, the International Red Cross and the International Red Crescent (IFRC) sounded the alarm about such developments. In terms of vaccination protection, a deep “gap between North and South” had opened due to unequal distribution. IFRC Secretary General Jagan Chapagain substantiated this claim with alarming figures. According to these, “almost 70 per cent of the vaccinations administered so far have been injected in the 50 richest countries. In the 50 poorest countries, on the other hand, only 0.1 per cent of the vaccine doses were administered” (Süddeutsche Zeitung 2021). Surprisingly slowly, the realisation filtered through in Germany that a global threat required global solutions. In February 2021, the “Progressive Alliance,” an international network of social democratic and socialist parties, called for global solidarity and support for the WHO’s COVAX initiative, which had already been working towards a globally equitable distribution of vaccines since the summer of 2020.

German President Frank-Walter Steinmeier took up this initiative at a joint press conference with WHO Director-General Tedros Adhanom Ghebreyesus and called for vaccines to be distributed to poorer countries. A fairer distribution was not only “a question of humanity,” but also “a litmus test of international solidarity.” In the coming weeks, the “international solidarity” Steinmeier called for became more convincing for the Germans. This was due in particular to a discovery that was causing increasing concern in Europe: mutations. It is true that mutations were already known to be a problem. In spring 2021, however, the connection between mutations and immunity increasingly became the focus of public debate. On the one hand, medical studies made it clear that new mutations could circumvent the painstakingly built-up vaccination protection (Kupferschmidt 2021). On the other hand, it was recognised that gaps in immunity increased the mutation rate of the virus. With this problem, the “battle between man and virus” reached “a new stage” according to the magazine *Der Spiegel* (Grolle 2021). This new stage was by no means an exaggeration, not even in historical perspective. For the usual vaccinations against smallpox, diphtheria, or measles had lost none of their effectiveness against the infectious disease, even after decades. Even the occasional mutations of polio after incomplete vaccination campaigns could always be kept in check by vaccine variants.

In the case of the COVID-19 vaccine, on the other hand, the increased occurrence of mutants increased the pressure to push for international cooperation. Udo Bullmann (SPD), a member of the European Parliament, therefore reconciled the global dimension of the pandemic with national needs very well in the party organ *Vorwärts*. According to Bullmann, Europe should not lose any more time “in the race against new mutations worldwide” (Dittrich 2021). In India at that time, several hundred thousand people were infected

with a mutant on a single day, causing concerns about a new wave growing throughout Europe. Against this background, international immunity thus served national security interests more than ever. This realisation did not mean that from now on large quantities of vaccine suddenly flowed from north to south. For example, the WHO's COVAX initiative lacked less money than raw materials to produce vaccines for poorer countries. Nevertheless, global patent release initiatives such as that of US President John Biden in early May 2021 demonstrated that global immunity was gradually gaining political traction. The background to this change in attitude was complex. International immunity first of all satisfied national security interests. It also provided a response from "the West" to geopolitical ambitions of China and Russia. And occasionally, international solidarity was perhaps still an expression of a humanism that dreamed of a "world without disease" (Zimmer 2017).

There were models for this dream. The WHO's Smallpox Eradication Programme from the 1960s, the Global Polio Eradication Initiative against polio since the late 1980s, and the Global Vaccine Action Plan to eradicate measles from 2012 are examples. Global initiatives against coronavirus thus joined a venerable tradition of eradication that the global community had been embracing for decades. The comparison with these role models has only one decisive disadvantage: it is lame. For one thing, global campaigns against smallpox, polio, and measles were easier to plan than those against COVID-19, because smallpox, polio, and measles rarely or never mutated, so they could usually be fought with the same vaccine. The many and relatively rapid mutations of the coronavirus since spring 2021, on the other hand, indicated that the vaccine would have to be repeatedly refreshed in the future. The dream of an early global eradication of COVID-19 was therefore soon over. As early as mid-May 2021, the STIKO chairman, Thomas Mertens, announced for the first time the necessity of booster vaccinations after one year at the latest: "The current Corona vaccinations will not be the last" (Redaktionsnetzwerk Deutschland 2021c).

The short-lived commitment to global immunity noticeably waned in the course of 2021. Even in the autumn of 2021, when sufficient vaccine supply was assured in the Global North, it remained a matter of loud announcements that have so far been followed by few deeds. To be sure, at the end of September 2021, US President Biden called for a transatlantic vaccination partnership for a global vaccination offensive and promised that the USA would serve as an "arsenal" (cited in Hesse 2021) for the world, as it had during World War II. However, the implementation of these lofty plans is currently still in the stars.



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## 8. Compulsory Vaccination Through the Back Door?

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In the summer of 2021, the pandemic in Germany seemed to be over. Coronavirus disappeared from the front pages of the newspapers and from television news broadcasts. Admittedly, the vaccination rate in Germany was still far from the 85 per cent that experts demanded as a prerequisite for herd immunity. However, the vaccination rate has been rising steadily since spring 2021. After only ten per cent had received a first vaccination at the beginning of April, four weeks later it was already around 30 per cent. By mid-July, almost 60 per cent had already received a first vaccination. Since then, however, the curve of the vaccination rate has increasingly flattened. At the end of August, only slightly more than 65 per cent of Germans had received their first vaccination. And in mid-November, the vaccination rate was still just 70 per cent.

Thanks to the low incidence until August and the relaxed situation in the ICUs, the faltering vaccination readiness was a cause of concern for experts at best. Virologists like Christian Drosten and health politicians like Karl Lauterbach dampened the good summer mood early on with warnings of an imminent rise in the number of infections if the vaccination rate was not continuously increased. And even when the beginning of a fourth wave became apparent in August, the pressure to act remained low. For one thing, the mortality figures appeared relatively low until October, despite high incidences. For another, most of the people in the ICUs were unvaccinated. In other words, the fourth wave seemed to confirm the safety promise of vaccinations once again. Against this background, Federal Health Minister Jens Spahn still emphasised on October 25, 2021, that the epidemic situation of national scope should end soon: “The state of emergency, established by the Bundestag, that can be ended in my view because four out of five adults are vaccinated” (quoted in Tagesschau 2021b).

A short time later, the mood changed. At the beginning of November, not only the number of infections increased, but also the number of deaths. In addition, the intensive care units were now overloaded again. And last but not least, the high incidence brought the risk of infection back into the spotlight for children who still had no opportunity to be vaccinated. The change in public risk perception can be traced in a nutshell in the reporting of the *Bild* newspaper. On November 4, the tabloid still criticised the warnings of the German government and the RKI about a fourth wave as a “corona panic chorus” (“Corona-Panik-Chor”; Piatov and Rosenfelder 2021). Only five days later, the same newspaper lamented in view of the threatening situation: “Who screwed this up? Germany again not prepared for Corona wave” (“Wer hat’s verbockt?”; Bild 2021).

One reaction to the comeback of COVID-19 was debates on the introduction of compulsory vaccination for certain professional groups. While a general compulsory vaccination was still not an option despite increasing approval among the population, the focus since November has been on a compulsory vaccination in the health and care sectors. Incidentally, in many European countries, such a sectoral compulsory vaccination against COVID-19 was already a matter of course for a long time. The Deutscher Ethikrat (German Ethics Council), which did not want to recommend compulsory vaccination for certain professions even during the second and third waves at the end of 2020 and beginning of 2021, changed its position in November 2021. Although a sectoral vaccination obligation would entail risks such as the “abandonment of professions in the affected occupational groups,” the “obligations to protect people from high-risk groups” (Deutscher Ethikrat 2021, 3) should be valued more highly. Compulsory vaccination for parts of the health care system and the nursing sector is therefore proportionate. From a historical perspective, this demand is by no means unusual; on the contrary, sectoral vaccination obligations, e.g., against smallpox, even after the end of general compulsory vaccination, or against diphtheria, polio, and tuberculosis, have a long tradition in the Federal Republic.

More remarkable, in a historical perspective, is another reaction to the worsening situation: increasing the pressure on the unvaccinated. Since March 2021, Germans were entitled to free testing for the coronavirus. These tests became increasingly important over the summer, as access to certain buildings and participation in events was increasingly determined by the “3G rule.” From then on, Germans had to prove that they had been vaccinated (*geimpft*), recovered (*genesen*), or tested (*getestet*). Since September, federal states such as Hamburg suggested the introduction of the “2G rule” in restaurants, according to which only convalescents or vaccinated persons were allowed to enter. Also, on the famous Reeperbahn, many theatres, restaurants, and bars now introduced a restriction for the unvaccinated. In November, the rules were tightened again nationwide. Now, in federal states like Berlin, the 2G rule applied not only to all restaurants, but also to cinemas, theatres, sports halls, swimming pools, and fitness studios.

From a medical point of view, the benefit of this measure was questionable. After all, it had long been clear, and not only to experts, that even vaccinated and recovered people could be infectious and thus a risk of infection. Virologists therefore warned that the 2G rule only provided a “false sense of security” (Tagesspiegel 2021). The apparent safety could even turn into a danger because it prevented vaccinated and recovered people from implementing contact restrictions and hygiene rules. Ultimately, the 2G rule was primarily an attempt to increase the attractiveness of vaccination and thus the vaccination rate: The pressure on the unvaccinated should increase. Berlin’s mayor Michael Müller did not even justify the introduction of the 2G rule in Berlin

with epidemiological findings. His statement revealed that the tightening of measures was aimed at convincing the unvaccinated: “2G makes it clear: it will become more uncomfortable and complicated not to be vaccinated or recovered” (Betschka et al. 2021).

This trend towards increasing pressure was also reflected in another measure taken by the Federal Ministry of Health that caused astonishment among many medical professionals: the previously free COVID-19 tests were abolished by the Federal Ministry of Health in mid-October (Bundesgesundheitsministerium 2021a). As an explanation for this step, the ministry explicitly referred to the opportunity for free vaccination: “Since in the meantime all citizens can be offered immediate vaccination, a permanent assumption of the costs for all tests by the federal government and thus the taxpayer is no longer necessary” (Bundesgesundheitsministerium 2021b). Obviously, this measure was also less about medical considerations. Physicians and politicians such as the health expert from the Green Party, Janosch Dahmen, warned with good reason against a “shadow pandemic” because henceforth many infections would remain undetected (Tagesschau 2021c). So, the goal was less medical than political. The *Westdeutsche Allgemeine Zeitung* put this strategy on a fitting headline: “End for the free tests: doctors expect more vaccinations” (Onkelbach 2021).

At first glance, increasing the pressure on the unvaccinated and planning compulsory vaccination for individual groups seems only logical. The death toll rising again in November 2021, the overcrowded intensive care units, and the longing for an end to the pandemic undoubtedly increased the pressure on health policy to act. A high herd immunity seemed to be the only way out of the misery. Pressure was considered a legitimate means to achieve this goal in view of the emergency. At second glance, however, this development is remarkable. For it stands for a change in West German health policy: for the departure from voluntarism. The introduction of the Measles Protection Act in 2019 had already broken with the West German tradition of voluntary vaccinations. Although representatives of the STIKO and the Ethikrat raised doubts about the proportionality and benefit of compulsory vaccination against measles (Deutscher Ethikrat 2019), Jens Spahn reintroduced compulsory vaccination for children and adolescents for the first time in the history of the Federal Republic with the Measles Protection Act. The law met with broad approval among Germans. According to a “survey by the opinion research institute YouGov, 73 percent of respondents were ‘completely’ or ‘rather’ in favour” (Ärzteblatt 2019).

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## 9. Conclusion

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The successive increase in pressure on the unvaccinated and the introduction of compulsory vaccination for certain occupational groups was thus understandable on the one hand in view of the worrying situation in autumn 2021. On the other hand, the strategy marks a fundamental change in German health policy in the 21st century. It is true that a general vaccination obligation was not yet an option at the end of 2021, despite growing approval among Germans. Nor was it possible in Germany to experience what the Austrians had been experiencing since mid-November: a lockdown only for the unvaccinated and plans for the introduction of a compulsory vaccination in February 2022. However, the successive tightening of the 2G rules and increasing access restrictions for the unvaccinated in Germany took on the characteristics of the “compulsory vaccination through the back door” (Pommerenke 2021), about which the Germans have been bitterly arguing since the beginning of 2021.

Whether the increase in social pressure will have an effect remains to be seen. At least the recent measures taken by the federal government raise hope that the medical risks of the 2G rule have been recognised. After negotiations between the incumbent and the designated new federal government, the “2G rule” became the “2G-plus rule,” which allowed access to events and buildings for vaccinated and recovered persons only with an additional negative test result (Ismar 2021). This measure was not only a sensible approach to increasing security, but it also made it clear that immunity as a theory of relativity had now fully arrived in politics. Chancellor-designate Olaf Scholz summed up this learning process of the Germans in a debate in the Bundestag with a beautiful image: “First of all, it is important to get vaccinated because that helps to protect you from the virus. But we know: This is not a space suit we are wearing” (Scholz 2021).

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All articles published in HSR Forum 46 (2021) 4:

## Vaccination and Society: A History from Smallpox to COVID-19 in Germany

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Security, Society, and the State: Vaccination Campaigns in 19th and 20th Century Germany.

doi: [10.12759/hsr.46.2021.4.211-315](https://doi.org/10.12759/hsr.46.2021.4.211-315)

Malte Thießen

Immunity as Relativity: German Vaccination Campaigns and Debates in Times of COVID-19.

doi: [10.12759/hsr.46.2021.4.316-338](https://doi.org/10.12759/hsr.46.2021.4.316-338)

Supplementary Material HSR Special Issue 46 (2021) 4:

Malte Thießen

Security, Society, and the State: Vaccination Campaigns in 19th and 20th Century Germany. Online Appendix with Original Quotes.

HSR Transition 35.

doi: [10.12759/hsr.trans.35.v01.2021](https://doi.org/10.12759/hsr.trans.35.v01.2021)