

On April 9th _____'s staff received via email the new _____ Covid-19 Vaccination Policy (the Policy). This policy is based on the Queensland Government's Chief Health Officer Direction of 31st March 2021 (the Direction). The Policy presents the threat of penalties, imprisonment and termination of employment in case of non-compliance. The tone of the Policy is rather disappointing. It is perceived as coercion to take the vaccination and this is violating the universal human right of bodily integrity.

In this paper the objections to this Policy will be explained.

Disproportionate measures.

In the Direction at par 4.e. is stated; "who transports **a diagnosed person** by ambulance or aeromedical services, including from a quarantine facility to a hospital." Last year, even in the peak of the initial outbreak, the amount of Covid19-transport of a diagnosed person, have been very low and the greater majority of the jobs doesn't involve covid19 diagnosed persons.

In the Direction under par 7 exceptions to the vaccination directive are defined and provide an option for _____ to have no operational impact at all, even in the rare occasion that a diagnosed patient needs to be transported and there is no vaccination compliant crew available. ("Non-clinical staff who are necessary to maintain the operation of the unit") The only impact is 14 day surveillance testing which is mostly covered under the current _____ Covid19 policies anyway.

With the current _____ Covid19-policies there is no requirement for aircrew to have direct contact or even break social distance with any Covid19 diagnosed or even suspect patient. With the covid screens and not going into hospitals the aircrew are always even physically separated from any diagnosed or suspect patient and the pickup and delivery points are the best ventilated areas possible. Not being vaccinated has no negative impact on patient safety in this context.

Vaccination mandates are of a totally different order than masking mandates. It involves fundamental human rights and should not be taken lightly. To coerce people to take the job is not justified. Given the definition of "relevant employee" and the proportion of times aircrew could possibly become "relevant employee" and given the Direction's option to still do the job safely, does not warrant to interpret vaccination requirement as an inherent requirement of the position as an aircrew member.

Respect

During the initial outbreak of Covid19, _____ gave employees the opportunity to opt out of any Covid19 related jobs. That was a respectful position towards the feeling of employees in the matter. It is disappointing to see that this respect is abandoned. It is unfair that people who fear the unknown risk of long-term consequences of any vaccine are treated differently than people that fear the risks of disease.

Instead of employees having indicated that they are not happy to do Covid19 related jobs last year, a similar policy could easily be adopted to have crews that are not vaccination compliant (yet), with similar operational consequences.

Fear

In explaining the reservations towards vaccination of some people, it need to be made clear that the first fear that comes to mind is the fear of being categorised as 'anti-vaccer' or 'conspiracy theorist' and the loss of open-mindedness in reading following arguments. Following paragraphs are based on facts.

The current vaccines are developed with a new technique and did not undergo the years long testing and trials that was undertaken for vaccines that were developed in the past. So in contradiction to 'classic' vaccines, there are certain elements simply unknown.

There is no evidence that the vaccines will provide sterilising immunity. There are hopes, and media narratives that with enough uptake the vaccines will beat the virus, but there is still no proof that it will. The upholding of certain governmental policy measures actually indicate that it is very likely that despite vaccination, you can still spread the disease. The objective to protect the community from the risk of the spread of Covid19 is likely not met with the Policy.

With the current uptake in the world, it could be expected that there is enough data about the risks of short-term effects of the vaccines. But with the recent policy change with respect to the Astrazeneca vaccine, we are apparently we are still in a phase where some risks are still being identified. We will have to go through such a phase again with the release of new vaccines.

Unfortunately, simply inherent to the new techniques and the relative short term testing period there is simply no data at all to establish long-term risks of the vaccines. Some specialists warn that there are risks of compromising your immune system and there are some that claim that the risks are minimal. The fact of the matter is; it is all speculation, there is no data, we simply don't know.

The topic of vaccination is politically loaded. This leads to unbalanced messaging. This leads to distrust. Last week all vaccines were perfectly safe and this week, it must be admitted that for people under 30 years old, the risks of serious harm due to blood clotting is higher than the risk of ending up in ICU for the disease itself. On the other hand, social media is exploding with misinformation but also some few balanced considerations, but finding the nuance is sometimes hard.

It must be an individual choice.

The fact is that the Covid vaccinations are related to some important unknown facts. The fact is that they are surrounded with competing narratives. It is up to individuals to make a risk assessment of the known risks of getting the disease versus the mostly unknown risks of taking a vaccine. Personal health conditions and age are important factors in this risk

assessment. It is not unreasonable that some people choose a known risk above an unknown risk.

The uncomfortable fact is that once you have taken a decision, you cannot go back. Therefore there is merit for the train of thought that the longer you wait (in a low risk environment), the more informed your decision may be.

It is an important personal decision in which influencing people is fair game (and prevalent!), but where (indirect) coercion into a certain time pressured decision is inappropriate as it involves personal factors of health and trust and (limited) availability of verifiable information.

Imagine an aircrew member with a medical condition which involves increased risk of blood clots and having to take blood thinners for that, being uncomfortably coerced into taking the vaccine because of the threat of losing his/her livelihood and then having a stroke and become disabled. In that (as the governmental narrative goes;) very, very unlikely event, will the company compensate the aircrew member for his/her ruined life?

Objection

In the WHO interim position paper from 5 February 2021; considerations regarding proof of COVID-19 vaccination for international travellers, it is stated that it is WHO's position that national authorities and conveyance operators should not introduce requirements of proof of COVID-19 vaccination for international travel as a condition for departure or entry, given that there are still critical unknowns regarding the efficacy of vaccination in reducing transmission.

'Vaccination passports' are mild infringements on civil liberties in comparison to termination of employment.

The Policy is perceived as coercion to take the vaccines. Depending on your values and character, this can be classified as unethical.

Especially in the light of the ratio of work in which aircrew could become 'relevant employees', and the fact that practically there will be hardly any change in procedures when respect was awarded to those few who fear the unknown long-term risks, as until now respect was given to those who fear the disease.

We strongly object to the Policy and suggest that amendments will be made as soon as possible.
