

# Vaccine Coercion. Justified or Immoral?

## Introduction

Already in April 2021, the first Australian company introduced a 'Covid19 Vaccination Policy' that coerced employees to get a vaccination as soon as possible under the threat of dismissal. Even in the 4th paragraph of the policy document, it is suggested that non-compliance could result in fines and imprisonment. This policy has been perceived by many employees as clear coercion to take the vaccine (a.s.a.p.). A few employees have resisted the implementation of the policy, and this has resulted in termination of employment.

During their struggle the push for vaccination mandates have spun out of control. Initially age care workers and health care workers were affected but like a domino effect it resulted in that now many large groups of employees are faced with vaccination mandates. For thousands of families this means being confronted with a '[Sophie's choice](#)' between livelihood and health, an almost impossible choice to make. Being forced to make that choice is pure cruelty.

The mainstream media (MSM) has a huge role in setting the environment in which a huge shift in moral thinking has taken place. Many fundamental human rights have been violated based on a public health argument that is founded on assumptions without a solid scientific base. The created fear by MSM surrounding the pandemic has been politically exploited.

Due to the relentless propaganda, the Covid-19 response has morphed into a cult where censorship of counter narrative arguments and far-reaching segregation has become normalised. It is remarkable how the MSM has been uncritical or even promoting these trends. Modern journalism has a lot to answer for.

The covert shift in ethical thinking is at least worrying and perhaps right out dangerous if we don't pause and evaluate what is happening. Two years ago, you would be publicly crucified if you would propose to deny alcoholics or drug addicts any healthcare as they unduly pressure the health system based on their wrong lifestyle choices. Not a crinch now by journalists when politicians and so-called specialists make similar proposals about unvaccinated people.

*This article summarizes the facts, arguments and often ignored unknowns with respect to any form of vaccination coercion and its ethical implications.*

## Is it ethical?

This section will not discuss the ethical dilemmas associated with vaccinations, but with the dilemmas associated with coercion to take the vaccines. In this context, it is accepted that vaccinations in general can provide effective immunity or even sterilising immunity and can help in reducing the negative effects of a serious outbreak of an infectious disease.

The ethical dilemma with respect to vaccine coercion is the balancing act of weighing the universal human right of bodily integrity against the universal human right to health. The generic arguments for justifying vaccine coercion are the emergency nature of the pandemic and the best outcome for the greatest number of people. (Utilitarian principle)

## The story of Covid19-vaccines is different.

It is an undeniable fact that the Covid19 vaccines are developed in an unprecedented time period, with less testing and trials than before, justified by the health crisis. It involves a new technique that is introduced into the world for the first time. These facts make the circumstances around the Covid-19 vaccinations different than 'classic' vaccines.

The generic public perception of vaccinations is that it prevents sickness and that it avoids you being contagious. This general perception is being abused by MSM because the current Covid-19 vaccines have insignificant sterilising effect, if any at all. Even [CDC Director Walensky](#) has admitted that the vaccines can't anymore prevent transmission.

### No Sterilising Immunity.

It is now generally acknowledged that despite being vaccinated you can still get infected and be contagious. The MSM narrative and Doherty modelling is still based on the assumption that it can significantly reduce the spread of the disease. All scientific reports that try to prove this are based on the Alpha variant outbreak.

However, the [public health data about the Delta outbreak](#) of highly vaccinated countries, such as the UK and Israel, indicate a very high level of breakthrough cases. With the level of breakthrough cases amongst the positive tested cases combined with the high infectiousness of the Delta variant, it is evident that vaccination will not significantly reduce the spread during an outbreak of the Delta variant or other future variants like the [Omicron variant](#).

As a matter of fact, with the [emerging evidence of the level of vaccine escape](#), it is not unlikely that the vaccinated will contribute to the spread more than the unvaccinated. After all, if you are still contagious, but with a far greater chance not to have any noticeable symptoms, you are less likely to get tested and self-isolate and therefore increase the likelihood of the spread of the disease.

There were hopes and narratives (which never have been corrected by the MSM) that herd immunity can be reached when 60-80% of the population are vaccinated. With the emergence of the delta outbreak the vaccination target has gone up and politicians dare to mention targets like 95%, which of course without blunt coercion isn't realistic. Though, the reality is that due to the high reproduction rate and high escape ratio of Delta variant the "herd immunity through mass vaccination" narrative is a pipe dream.

*The argument that people must be vaccinated to protect other people is based on false assumptions and disregards the normal evolution of emerging variants as more contagious but less virulent.*

### Risks of the vaccines.

The risks associated with the vaccines must evidently be less than the risks associated with the disease. Especially when any coercion is involved that risk-benefit balance should be very convincing.

### Short term effects.

Supporting the narrative of the government and MSM, the 90-95% trial results and the mantra "the vaccines are safe and effective" are being repeated constantly. But the vaccines adverse events reporting systems all over the world produce a number of reports generated since the beginning of the vaccination programs (less than a year duration), equivalent to the previous 50 years for all vaccinations combined.

It is well known that these systems only capture a fraction of the real number. Yet the regulatory bodies of many countries ignore the pleas of many highly credentialed specialists in the field of vaccinology and immunology to halt the vaccination programs until full safety studies are completed.

The term efficacy is very misleading and based on relative risk reduction (RRR). It needs to be compared to the absolute risk reduction (ARR) in order to make sensible conclusions about the efficacy. The generic 90-95% efficacy narrative is misleading because it suggests to the public a 95% protection which is absolutely not the case. RRR is dependent on age, time lapsed since injection and variant. For most of the population (everybody younger than 60) the absolute risk reduction is so low that it doesn't make much sense to vaccinate. Especially for children and healthy young adults the risk of serious adverse events is higher than the mortality risk of Covid-19.

The loss in public trust in the AstraZeneca vaccine has been blamed on the MSM by reporting the deaths due to blood clotting. Since the MSM has completely stopped reporting on adverse events incidents, the risk of thrombosis with thrombocytopenia syndrome (TTS) has gone up from 0.006% to 0.01% between 22nd of August until 3rd of October 2021. (based on TGA's own safety reports)

The same increase in risk is evident in the TGA news reports with respect to the risk of Pericarditis and Myocarditis. An injury that predominantly is exposed amongst the younger male population. The risk of Covid for this group is at least 10 times lower.

In the meantime vaccinations on schools are encouraged with \$50 incentives. If that doesn't raise any ethical questions than Australia is morally bankrupt.

It is astonishing to see the difference in how deaths are claimed as covid deaths despite the question of 'died of covid' versus 'died with covid' and the downplaying of (under-!) reported deaths in the vaccine adverse effects reporting systems with the 'correlation is no causation' argument. This unbalance is a clear indication of the biased messaging.

*The fact that the number of reports is absolutely unprecedented is a clear indication that even with respect to short-term risks, these vaccines are different than 'classic' vaccines.*

### Long term effects.

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.

Many specialists warn that there are profound long term risks such as antibody dependent enhancement (ADE), compromised immune system, and fertility issues, just to mention a few. Some are disputed as having a low chance. But risk is a function of chance and severity of outcome. Mass vaccination considering these risks is not a wise thing to do. Chances it doesn't play out as advertised may be low, but if it goes wrong, it can easily be much more disastrous than having coped with the pandemic without mass vaccination.

*The fact of the matter is; it is all speculation, there is no data, we simply don't know about the long term effects, but ignoring these risks is not wise.*

### (Mis)Information.

The topic of vaccination is politically loaded. This leads to unbalanced messaging. This in turn leads to polarisation.

One moment all vaccines were perfectly safe and the next; 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. Then the advice becomes more restrictive; 'not below 60 years old' and a few days later everyone under 40 is urged to get the AstraZeneca jab. And now MSM has stopped reporting on blood clotting incidents.

MSM has sided with the official messaging and is cherry-picking science and lost objectivity in reporting the issues surrounding the Covid-19 vaccines to support their narrative, (as modern journalism has evolved into).

Balanced information, with a diversity of perspectives, including personal experience and observation, can only be found on social media. Although it may be hard because misinformation is also rampant on social media. The emergence of biased fact checkers and outright censorship do not contribute to a balanced discussion on the risks and benefits of the Covid-19 vaccines. How to find the right nuance?

The unbalanced messaging has led to a cultish believe in mass vaccination. It has led to a situation in which unvaccinated people are not valued as fellow human beings anymore. Many people are beyond fair logic and are insulted when parallels are drawn between the vaccine coercion and the trend in Nazi-Germany in the 1930's, whilst state premiers stating that unvaccinated will be denied health care doesn't meet any critical public outcry.

Whilst Scandinavian countries and states in the US have abandoned all Covid-response measures, Australia steams on relentlessly with more draconian segregation measures and legislation.

It is worrying that the majority of the Australian public is more concerned if the footy goes on than the drift towards totalitarianism.

*Unbalanced messaging or more correctly phrased, blatant propaganda has polarised our society. Historical lessons are ignored and the highly questionable shift in ethical thinking has led to a cultish believe in the mass vaccination and justification of vaccine coercion. What are the implications of this shift on the long run?*

### **Informed Decision.**

The decision to take the vaccine must be an informed decision. The fact is that the Covid vaccinations are related to some important unknown facts. The fact is that they are surrounded with competing narratives and the availability of objective verifiable information is relatively limited, despite, or more likely because of, it being a (political) hot topic.

It is a risk assessment of the known risks of getting the disease versus the mostly unknown risks of taking a vaccine. It is not unreasonable that people choose a known risk above an unknown risk. It is also logical that the longer you wait with taking the vaccine, the better the chance is that some unknowns are cleared up and the better informed your decision is.

Now the push for booster shots is imminent, another fair question to be asked, which is of course not investigated, is: What does regular mRNA gene therapies do to your natural immune system in the long run?

*Is it fair that people are denied making that assessment individually?  
What is the proven basis for any authority to make that assessment for you?*

## Emergency?

The graveness of the Covid19-situation is being used as argument for the justification of vaccine coercion.

## Narrative or facts?

A study based on the Alpha outbreak has inferred that Covid patients have 3.5 times the risk of death in comparison to flu patients. Yes, it was serious, but it is not Ebola nor the Spanish Flu. The case fatality ratio (CFR) of the Delta variant is proven to be 1/2 to 1/3 of the CFR of the Alpha variant. In fact, the Delta variant is now truly comparable to the risks associated with the Flu which has always been an accepted risk in our society without all unprecedented measures from the Covid-19 response.

Other studies have shown that the age profile of Covid-19 deaths is a close match to the normal age-related death patterns. The average age of covid victims is above the average life expectancy. The excess death charts of many countries show periods of a negative rate around the peaks of outbreaks, which makes perfect sense. Overall, the excess death rates in 2020 are not shocking at all.

These facts are not published by MSM because they don't fit the narrative. It is remarkable that the infectiousness of the Delta variant is highly demonised whilst its lower virulence (which is significantly lower than the Alpha variant), is not mentioned or misused as success of the vaccinations. Most political leaders thrive by the message that the Covid19-pandemic is a grave disaster and some claim that the virulence of the Delta variant is worse, which is a lie.

With the emergence of the Omicron variant the fear mongering has been re-established and the push for vaccinations has increased. The first indications with respect to the virulence as expected with the normal evolution of viruses is that it is much more benign, as was the Delta variant in comparison to the Alpha variant. On the other hand, the first indications are that the Covid-19 vaccines are much less effective against Omicron.

*What are the objective criteria for establishing valid grounds for extreme measures like vaccine-coercion? Is it right that it is driven by political opportunism?*

## Grave situation for everyone?

It is well known by now that the risk of Covid-19 is very strongly correlated with co-morbidities and therefore also with age.

The generalisation of the fear as propagated in the propaganda is unfounded and raises serious ethical questions about the justification for vaccine coercion.

Is the situation really that dire for everyone? The risk of the flu is higher than the risk of Covid19 for young people. Is it justified to coerce a person of 25 years old to take a vaccine which he/she is uncomfortable with, by denying traveling, visit grandparents or visit concerts with his friends as young people do? Why are young people forced to take the vaccine whilst even only the short-term risks on serious adverse events are higher than the risk of the disease?

(Based on Israeli health data, this is the case for all ages below 50 for the Delta variant using a very low vaccination risk benchmark).

Is it justified to [put young people's lives at risk](#) to extend the life expectancy of mainly the elderly with probably a very limited time due to co-morbidities?

The narrative that it is selfish not to be vaccinated as you put others at risk is false. Firstly, as already stated, the vaccines have no significant performance in reducing the transmission. Secondly why are people made responsible for other people's risk without considering their own responsibility in the matter. Who is responsible for the co-morbidities that put them at risk in the first place?

The unbalanced messaging has led to calls for children to be vaccinated, whilst the risks of the disease is practically zero for these kids. Emotional blackmail is used as encouragement, by making them made responsible for Nan's or Pop's potential death if they are not vaccinated. That Nan and Pop have been smoking all their life and are not in the best health anymore and therefor are more vulnerable to die from Covid is not questioned by anyone. Not questioning personal responsibility for the vulnerability for Covid is fine, but then don't have the audacity to perform emotional blackmail on children that they have a responsibility for other people's lives and have to risk their own.

Wouldn't Nan and Pop be ashamed to have their grandkids put at risk just for an unquantified insignificant risk reduction to themselves?

The risk profile of covid-19 is so distinct that a targeted strategy on focussing protection measures to the vulnerable (like Sweden did) makes just logical sense. The lack of logic applied is proof of that the Covid-response has merged into a cult.

*The risk profile of Covid19 warrants to differentiate the risks (and measures) per age group.*

## Irreversible!

Taking a vaccine is irreversible and any consideration to vaccine-coercion must have a solid basis. Other trade-offs of the infringements of human rights such as limiting freedom of movement in response to the general medical emergency are at least reversible. If the justification for lock-down measures is controversial already, ***how can we step so lightly towards irreversible measures?***

This is particularly poignant given the fact that the Covid19-vaccines are developed with a new technique and potential long term adverse effects cannot be compared to historic experiences with vaccines.

Who is liable if an employer coerces employees into taking a vaccine and in the (very, very unlikely?) event he/she suffers from severe consequences of it? (e.g. Stroke due to blood clotting!). Who picks up the bill if there are significant adverse effects emerging after a few years?

## Other coercive measures to reduce risk.

If the situation is deemed to be that grave and infringements on civil liberties are justified why are our governments not contemplating other measures that reduce risk?

Obesity is a clear risk factor for Covid-19. If all obese people are fined unless they lose some weight, that will reduce the severe outcomes of infections. It is a reversible measure. It also equalises the disparity between the emphasis on the notion that everyone is made responsible for the vulnerable versus the undebated notion of individual responsibility to avoid becoming part of the vulnerable.

***If this suggestion will raise some eyebrows, how come that vaccine-coercion won't?***

## Other alternative treatments.

There is a clear attitude difference between the push to roll out these vaccines and the willingness to look at alternatives. The amount of government capital and political investment and the clearly subjective messaging surrounding the Covid-19 vaccines are disproportionate to the open-mindedness towards alternative treatments such as the use of Ivermectin. Provisional approval of vaccines is not possible if there are alternative treatments. Is this attitude difference an indicator of the overreach of the wealthy and powerful vaccine producers?

*What are the ethical implications of the commercial motives in the differences in attitudes to vaccines and other alternatives?*

## Opinion

### It must be a personal decision.

It is up to individuals to make a personal risk assessment about any vaccination. Personal health conditions and age are important factors in this risk assessment. Also, religion, personal values, trust and family circumstances may play a major role in this decision.

Imagine an employee being coerced into taking the vaccine by threat of termination of employment. The employee has a partner that has religious reservations against the vaccination. Now the employee must choose between her/his marriage or compliance under the notion that she/he contributes to the common good. (Which is not proven!) Is a hedonistic approach in this never justified?

*A blanket decision made by any governing body does not respect all these individual circumstances.*

### Irreversibility is key.

The irreversibility of vaccinations demands a very strong benefit for a very bad situation. With the emergence of the Delta variant, which is less virulent, the clear indicators that the vaccines will not avoid transmission and the compiling evidence that vaccines only offer temporary protection, these conditions are not met.

Just contemplate the really(?) very, very unlikely chance that after a few years it turns out that the vaccines do have severe health implications for many. You can imagine the political excuses already.

Now add vaccination coercion to this scenario. Food for Royal Commissions. What will the generation be called? Who will compensate?

### Uncertainty as basis?

There are also too many unknowns at this stage to warrant the notion that the circumstances of this pandemic outweigh the infringement of individual freedom in an irreversible manner. Especially the scientific unknowns in the efficacy of the vaccines in reducing the spread is ignored in lots of narratives.

## Is Utilitarianism appropriate?

The generic justification for vaccine Coercion is often founded in Utilitarianism. But is that appropriate?

Please read this article on the application of ethical principles on vaccine coercion:

[Headless Chook or Lack of applied Ethics?](#)

***The justification to infringe on the right of bodily integrity has not enough foundation because it is unreasonable, disproportionate, and build on scientific quicksand.***

***Vaccine-coercion is unethical.***

## Other Reflections

### Where are we going?

If vaccine-coercion is deemed to be acceptable, what are we starting? We'll initiate a 2-tier society with a group of second class citizens. What about those that have medical grounds not to take the vaccine?

Is that not the beginning of tyranny? Especially when it is supported with electronic tracking measures, how easy and tempting is it to add other 'requirements' to it, to comply with 'policy of the day'? What precedent are we creating? Aren't we going on a slippery slope?

### George Orwell?

Israel has started administering booster shots and made it a condition for their vaccination passport. Many countries have already ordered booster shots. It is becoming clear that vaccine efficacy wanes within 4 months. What are the implications for your immune system if you get vaccinated multiple times? Do we really want a world in which everybody is reliant on regular (3 monthly?) vaccinations? Couple that with coercion and segregation; isn't that an Orwellian prospective?

But Big Pharma will love it!

## Vaccination versus Lockdowns

In many jurisdictions in the world, lockdowns are implemented as response to the pandemic. A lot of political capital is invested in those lockdowns, but there is an emerging realisation that it probably has a use-by date. The political 'get-out-of-jail-card' of the situation that they have created, is mass vaccination. At the moment, it is the political holy grail. The MSM and official narratives are that mass vaccination is necessary to get out of lockdowns. This narrative is false and short-sighted.

In the Netherlands with a vaccination rate of 85%, due to the emergence of an outbreak of the Omicron scariant, full lockdown measures have been reimplemented. What are the promises to regain freedom when you get vaccinated really worth?

### Betting on one horse?

What if the efficacy of reducing the spread turns out to be disappointing? Watch this space as the vaccine escape in many highly vaccinated countries are unexpectedly high. That we have to live



with Covid-19 is the new paradigm but there is also a strong sense to hold on to the holy grail narrative. Politically driven the credo's like 'the pandemic of the unvaccinated' are launched whilst refusing to publish the real ratios of the vaccinated hospitalisations. From those countries that are more transparent with their data we know this is a political driven lie.

There may be some benefit to vaccinations for some elderly age groups in reducing hospitalisations and death, but how long does it last? Do we properly measure the risks of vaccinations in these age groups?

As evident when comparing the Alpha with the Delta variant data, the trend is clear that with every new variant the Covid-19 vaccines become less effective. First indications of the Omicron variant are a continuation of this trend.

Australian health practitioners are threatened with deregistration if they go public with concerns that don't support the government narrative. They are forbidden to engage in treatment methods using cheap safe drugs that have proven results for early treatment of Covid-19. These facts by itself should be grounds for a deep concern on the correct way to establish a true assessment of the safety of the vaccines.

When do we start making serious efforts in treatment methods and medicines to treat the disease? If half of the political (and monetary) capital that was invested in the vaccines, was invested in treatments without political bias, then the world would have been in a less dire predicament.

## What Strategy?

Another area where the views are terrible dogmatic is the matter of Strategy.

Although ignored in the MSM narrative, it is well known that Covid-19 has a very distinctive parabolic risk profile in age distribution.

This risk profile is an opportunity to think of another strategy of targeted approach. Just focussing on the vulnerable (mainly the elderly) would enable to stop 'one size fits all' measures like generic lockdown measures and mass vaccination. It is feasible as Sweden has proven that with an initial hit you can reap the benefits on the long run. And Sweden doesn't have a polarised society!

If that strategy would have been adopted from the beginning when it became clear that the disease has such a distinctive risk profile, we could have saved a lot of headache and money! Probably for the fraction of the costs that it has taken to ease the economic pain due to the lockdowns, it could have been arranged that everyone above 65 would have a personal assistant doing their groceries and providing a social chat (in full PPE).

A targeted approach is still an option to end the current unrealistic Strategy of Elimination, but the willingness to make the switch is probably also unrealistic given the cultish believe in vaccinations that has rooted in society.

Although it may be the only option if you want to reach of form of herd immunity where the disease has normalised risks due to robust natural immunity for the majority of the population. But what is normal in a cult?

It doesn't take much to make the switch as the most vulnerable age groups have already high vaccination rates. But it requires abandoning politically rooted dogma's, which is most probably unrealistic, despite the demise for many victims of these dogmas.

## Natural Immunity versus Vaccination.

Common sense dictates, and most specialists acknowledge, that natural immunity is the best immunity you can get. It will activate the full gambit of the immune system and is likely to enhance the next immune response after every reinfection. (Even with another strain)

A targeted approach will enable us to protect the elderly who have little concerns about unknown long-term effects. It could enable us to let the virus run through the younger population as they hardly have any significant risk of the disease. This is likely the only opportunity to build up long term resistance against the virus without moving to an Orwellian society that is dependent on Big Pharma.

This is not irresponsible. It is balancing a low risk against regaining freedom and the opportunity to turn this virus into a common flu virus and avoiding deep disparity in society.

***The paradigm of either continuous lockdown periods or the whole population need to be vaccinated needs some reconsiderations.***

***We need to stop panicking and seriously do risk analysis, consider other treatment options and consider another strategy.***