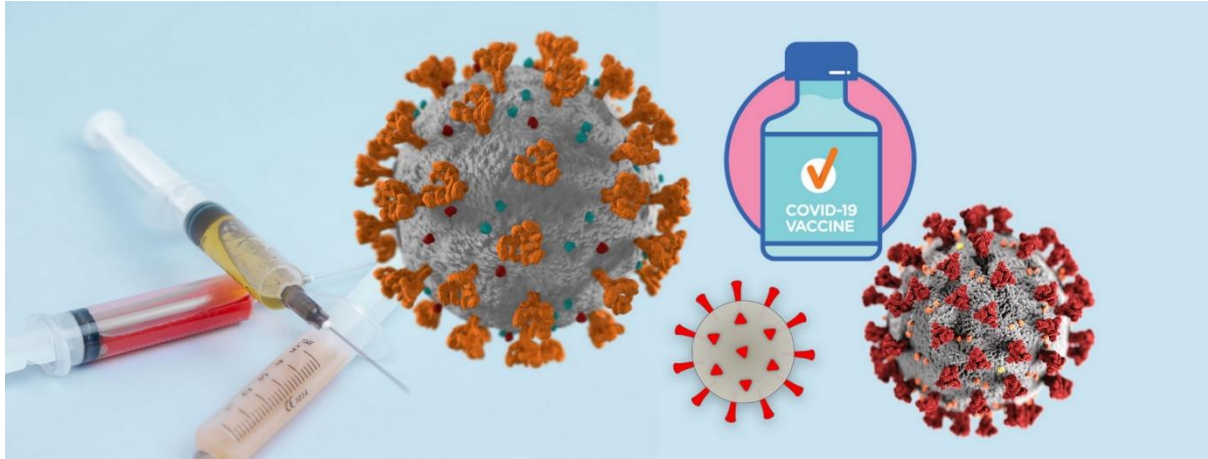


Should COVID Vaccines be Mandated?

Shôn Ellerton, October 28, 2021

Here I try to tackle the question of whether COVID vaccines should be mandated.



Nearly two years into the pandemic, the world has become heavily divided on whether vaccines for COVID-19 should be made mandatory. Here I try to tackle this subject.

My disclaimer in not being an expert of vaccines

This is not a scientific, evidence-based, peer-reviewed article. It is my opinion and observation of the unravelling of a potentially significant piece of history that will probably be under discussion for many years to come.

I did not go to medical school nor did I study biology after graduating from high school. I, instead, slipped into the world of civil engineering, IT, telecommunications and mathematics; however, I do proclaim to be an expert in the field of data management, databases, and business intelligence reporting. I've written various pieces on databases, systems design and IT in general and earlier during the year this article was published, I wrote a piece on how the interpretation of complex data can be moulded into any shape to fit the desired result, [*Make the Data Fit the Desired Result.*](#)

Never accept conclusions based on authority

So, I am not an expert in the world of epidemiology or virology, but should that stop me from writing about it? Of course not. Many, understandably, wish not to write their opinions on such subjects; however, without opinions from others

or to produce counter arguments against an accepted narrative, we would not be able to question *why* something is in place. Should one always accept that something must be right or should be in existence based on an instruction from a higher authority without fully understanding why? Probably not. Now, reverse the argument. Should one disregard or remove something that has been in existence for a long time without fully understanding why? Again, probably not. This is very well illustrated by the principle of Chesterton's Fence. For example, coming across a fence in the middle of nowhere, perhaps something like the Rabbit-Proof Fence in Australia, and deciding to remove it because it doesn't seem to be doing anything without fully understanding why it's there in the first place.

In times of emergency and for safety

One cannot always follow the mantra of never accepting conclusions based on authority. This applies in situations during times of emergency and situations where safety is concerned. It's not so much about accepting conclusions but rather to just follow orders or instructions. However, once the emergency is over, then it is important to question why those orders were put in place for the exercise of learning what to do for the next emergency. Safety is a little different inasmuch that it is a continually evolving process in which orders and instructions are substantiated by evidence and balanced against factors of risk, benefit and costs.

For example, during World War II, everyone was ordered to shut out light from their windows for risk of being seen by the enemy and to tape up their windows to reduce the likelihood of having shards of glass thrown in all directions during a bomb blast. There were no questions to be had. Rules and instructions were enforced by the state. My late grandparents, one side German, the other English, knew this all too well during World War II. The danger of being killed or being defeated by another country was a tangible reality. Many other examples of emergencies include fire outbreaks, evacuation of an island due to flooding, or a serious disease with a high fatality rate.

During times of emergency, additional powers are often granted to the state to ensure that compliancy to emergency rules and regulations are enforced. Unfortunately, it is seldom that 'sunset clauses' are included, the classic case being that of 9/11. Emergency powers can remain in place in perpetuity if there is no clear definition as to what signifies the end of the emergency. In the case

of war, I would assume that the emergency is over when the war is over and the enemy country, or countries, surrender. I would assume the emergency is over in the case of fire outbreak, when the fires have been put out. Although note that very dry weather does *not* constitute an emergency but rather, a heightened risk of being in a state of fire emergency, in which additional measures are put in place, whether they are physical (e.g. fire barriers) or directional (don't start a campfire).

This is where things start to get rather muddy, because we often have legislation to *reduce* the likelihood of an emergency. For example, we have mandated use of seatbelts, correct earthing on electrical appliances and prohibition of use of dangerous materials for new buildings like asbestos. These are *not* emergency powers and we have to be clear on how to distinguish them.

As of writing, South Australia has been under a declaration of emergency since the start of the COVID-19 pandemic and has and will continue to enforce its emergency powers for the health and safety of the state while it seems fit. Such measures, as in the case of Victoria, include the mandated vaccination of, well, nearly everybody except for children. It was clear from the Victorian premier's political broadcast on the 24th of October that anybody who is not vaccinated will not be able to enjoy the privileges of mainstream society effectively casting them as a sort of pariah. Has he made the right decision? Time will tell.

In the case of the COVID-19 pandemic in Australia, the pertinent questions are how long will the emergency last and what defines the end of the emergency? To inject a little scepticism into all this, would the state and its people *want* to end the emergency? When South Australia announced it will open its borders later in the year, one of my friend's colleague at work jumped up and down hysterically that we will all be risk and shouting how irresponsible such an action would be. Despite those being vaccinated, this delusional paranoid behaviour has not been uncommon in those states of Australia which have been isolated from the rest of the world for months on end.

We feel much safer under a responsible government

Most of us would probably feel safer under a responsible government. If we are aware that there is an emergency which needs to be quashed, we hope that our governments can lead us out of the emergency. In the case of the pandemic, there is no shortage of news to suggest that this is a worldwide emergency. I

remember sitting on a dentist's chair looking up to a TV mounted on the ceiling showing the ABC News on Oct 22nd when Melbourne exited its world record-breaking 263 days of lockdown. The reporters interviewed people enjoying themselves at bars and being happy to be out of the lockdown. Meanwhile, in the captions below, they constantly reminded us that a record-breaking 16 deaths occurred, which seemed especially important enough for the ABC to remind everyone on Melbourne's first day of freedom. They then proceeded to interview several people about how anxious they were that the lockdowns are ending and how the Australian states are beginning to open again. The ABC have been complicit during the entire time of the pandemic in upping the ante of fear with the citizens of Australia.

Many of us may not be up-to-speed on the news from *other* responsible governments around the world. Is it reasonable to understand how other countries have reacted to the pandemic? Is it narrowminded to suggest that simply because it works for one country it will not work for another? It is natural for us to make comparisons or base conclusions to suit a bias.

Questions to answer here may include what constitutes a responsible government? Why would one nation have a different set of rules from another with respect to a viral pandemic? Who will be the most responsible government with the most successful strategy with respect to the virus?

Creating a toxic cocktail of divisive opinions

The varying stance of how various nations, or indeed, states *within* a federated nation, are tackling the pandemic has created a very nasty ecosystem of toxicity. Emotions run on full heat. Reasonable, nuanced and civilised debates deteriorate into shaming, abuse and ostracism. Friends and family are no longer communicating with each other due to political, ideological and religious differences. Collective opinion in the echo chambers of being bullied into needing to be approved by others through social media and the dogged efforts of mainstream news to pump deep-seated bias has most assuredly changed the way we think. It is easy for us to formulate opinions about something or someone else based purely on somebody you know who shares a similar bias, which is why it is equally important to hear out the opinions from those you may not know and do not share your point-of-view. Children of divorced parents (as I am) often had to understand this from very early on in their lives. A good statesman, diplomat or ambassador *must* be able to understand this. Re-

watching the documentary film, [*The Fog of War*](#), I was impressed with the former secretary of defence, Robert S. McNamara's way of thinking during his long career over several presidencies and over several extremely polarising events during the history of the United States.

In my lifetime, the most toxic strain of opinion has come from those who despise Trump; however, there is a new one being formed. Those who despise the unvaccinated and those who despise the vaccinated. And it is very troubling.

For those who I know and talk to about the vaccine, there are three general classes working from the largest to the smallest group. That the vaccine does work and should be highly recommended but not mandated as it is the one taking the vaccine that it is trying to protect. The next group of those are those who strongly believe that the vaccine should be mandated, and lastly, a smaller group of people, some of them who I know very well, being die-hard antivaxxers. One of the antivaxxers went on to say that he keeps away from vaccinated people for fear of them 'shedding' the virus, a term I was not familiar with until I asked him what it was. Apparently, I could have a higher viral load, because of the vaccine I had taken, which could then be passed onto him. It sounded very far-fetched to me; however, on reading the history of the smallpox vaccine, shedding did seem plausible to some extent. I recall in my childhood before my father went on a trip to India when he got some sort of inoculation or vaccine by his local doctor in Wales. I don't know what he took but he was sick as a dog for three days lying in a bed and everyone was advised to keep away from him. It's something I remember vividly.

Having an opinion whether one should be vaccinated or unvaccinated is one thing, but to denounce and ostracise others in the most impolite and discourteous way imaginable whether they are vaccinated or unvaccinated simply serves to galvanise convictions and, generally, makes things worse. Having a nuanced and civil debate between those who are strongly polarised is seldom possible because neither side will often understand the other. Sun Zhu in his *Art of War* famously quoted, 'keep your friends close and your enemies closer'.

The vaccine sentiment changed

It is easy to forget that not long ago back in mid-2020, the prospects of a vaccine being made available before the end of the year or even later was quite

uncertain. Some even shrugged it off as bit of a pipe dream in which we would eventually just have to throw away the shackles of lockdowns and other restrictions and learn to live with a virus without any medical protection. Ultimately to achieve herd immunity. That changed quickly around July 2020 when the Trump administration granted nearly [half a billion dollars](#) for the phase 3 trials of Moderna. Remarkably, COVID-19 vaccines were in the making and they were proving to be successful.

However, there was much hesitancy in taking the vaccine and it became deeply politicised. Kamala Harris irresponsibly said during October 2020,

“But if Donald Trump tells us that we should take it [the vaccine]. I’m not taking it”.

Left-leaning ‘fact-checkers’, months later, spun a different story. Snopes, in August 31st, 2021, stated that it was a myth when Kamala Harris discouraged others from taking the Trump vaccine. And that is true. She did not say that. But she most definitely said that *she* wouldn’t be taking it.

Coincidentally or not, Moderna revealed its vaccine efficacy results in mid-November 2020, shortly after Biden’s presidential win. From that day on, vaccine sentiments were generally positive, and in less than a year, Biden and other political leaders had been urging the population to take the vaccine.

It does not come at a surprise to me why many are deeply confused about whether to take the vaccine or not.

Our innate trust (or distrust) in big pharma

As I alluded to earlier, I am no expert in vaccines; however, what I do know, is that vaccines are not always successful. Although the list is small, there have been vaccines that have been pulled off the shelves for a variety of reasons. Adverse side effects, some of them not evident until several years later. The virus, having been eradicated. Replacement with a new better one. And of course, economic reasons. Although not vaccine-related, there have been many big pharma screw-ups including one of the most infamous, the thalidomide babies. Fresh off the press as of writing, the lawsuit of Johnson & Johnson with respect to [asbestos being found in talcum powder has re-emerged](#) with the pharma giant offloading its liabilities to one of its subsidiaries that filed for

bankruptcy. J&J was ordered to pay nearly \$5 billion back in July 2018 when the case was opened.

However, big pharma has, no doubt, provided mankind with a variety of drugs, vaccines and medicines which have contributed in fighting disease and, in general, providing drugs to alleviate some of our symptoms to make us better. On the flipside, products created by big pharma are often heavily advertised and sometimes consumed needlessly and irresponsibly contributing to further health issues. They have also profited enormously as well. Sure, R&D (research and development) is very expensive; which explains the sometimes very high cost of medicine, but many of our big pharma companies have grown into giants equalling that of today's big tech platforms. I once made the regular commute from Bedford to Hatfield in the UK during the early 2000s and I often took a glimpse at the Berlin Wall-style wall which surrounded the GlaxoSmithKline bioscience catalyst facility along the A1 highway just outside Stevenage. I don't know whether they had any terrible secrets to hide, but it was very clear that they didn't want anyone trespassing there.

Pfizer and other big pharma companies have always been at the forefront of 'proudly sponsoring' hundreds of other industries and charities and, in exchange, making their brand well known through the power of television advertising. Regarding political contributions, Pfizer, [in its report for the 2019-2020 fiscal year](#) supplied nearly \$10m to political groups, both Republican and Democrat. Bear in mind that, with a market cap of nearly \$250 billion, this is not a huge chunk of their revenue. Next year's report will be an interesting read.

There is a lot of money tied up with big pharma, and this has added fuel to those who harbour suspicion and distrust at taking a vaccine created by one of these giant behemoths.

Anti-vaxxer frustrations

I know a few antivaxxers as friends and, from my experience, they seem healthy enough. Many of them, coincidentally, eat only moderate amounts of refined foods, eat more vegetables and fruits and exercise regularly at least two or three times a week. Injuries aside, some of them have refused to take any form of medicine or therapeutics and, throughout their years, have never suffered an ailment or illness bar the occasional minor one, like a common cold or a sore throat. Looking through the lens of such an individual, it is a big ask to force

such a person to take a vaccine of any descript. This, of course, does not represent logical reasoning either, as this does not preclude the possibility of something going wrong in the future. Statistically, there must have been many cases of antivaxxers who suddenly get very sick *because* they chose not to become vaccinated. At this point, readers will probably surmise that I believe taking the vaccine is recommended, and they would be right.

An anti-vaxxer like the one described above takes exception and vents frustration when there are so many in the developed nations that are not taking care of their health, especially those who are obese. It is a known fact that obese people are far more likely to suffer the effects of COVID-19 than those in the ideal weight range. And I agree with this to a large extent. Excepting those with specific conditions where obesity is an unavoidable symptom, it pains me to see obese families with obese children in tow. I walked into the marketplace in central Adelaide and saw a young family with two children gorging on big bottles of Coke, doughnuts and chips (French fries). All of them were morbidly obese. If there's one major co-morbidity that can be associated with COVID-related deaths, it is heart disease, and we all know that morbid obesity is a big factor in the cause of heart disease.

Another point of frustration the anti-vaxxer often talks about is the way data can be easily interpreted to fit any number of narratives. For example, if someone dies from a heart attack but happened to be COVID positive, that patient has died from COVID complications. Yet, if someone died from a heart attack after taking a vaccine, that patient has died of a heart attack. As mentioned earlier, data can be interpreted in a variety of ways. Having a good knowledge of statistics and how to apply it is advantageous of understanding data and how to interpret it.

What often infuriates the anti-vaxxer is the deliberate suppression by big tech platforms to suppress those, many of which are established doctors and scientists, airing their views criticising the push for vaccine mandates. Yet those who are unhinged conspiracy theorists, comedians or those simply too big to take down and go on to criticise vaccine mandates are usually left alone, a cunning but devious tactic. Censorship by big tech platforms is a major concern but beyond the scope of this article.

The anti-vaxxer can be its own enemy in which some of their arguments and justifications pale to nothing in terms of credibility. The so-called 'Plandemic',

the nefariously coordinated activity of planning the pandemic to make the rich richer and the poor, poorer. Although, that's kind of happened anyway! That the vaccine contains nanochips to track our movements at all times. That a so-called New Order is in the making along with a new universal currency. These are the nutty conspiracy theorists and, personally, I kind of like them as a valid source of entertainment. Unfortunately, the humour is lost for those who take offence with them suggesting that conspiracy theorists are a real threat and they are subverting society.

The pro-vaxxers and the silent majority

I was one of the first in my age bracket that received the Astra Zeneca jab. I had a history with pneumonia in the past and, over the ensuing years, suffered a few more bouts of bronchial illnesses. Whether they were related to the pneumonia is uncertain; but I certainly did not want to contract the virus and be unlucky enough to get a bad reaction from it. In all honesty based on statistics alone, even if I had contracted the virus, the chance of being hospitalised would have been low, but looking at the evidence of the *reduction* of hospitalisation from taking the vaccine, it made sense for me to take it.

It was a reasonably simple numbers game. At the time, there was a massive scaremonger campaign that pervaded the Australian media when Astra Zeneca was reported to have killed a very small number of people due to blood clotting, which led to its withdrawal and demise. I had more chance of winning the \$1m Lotto so I was perfectly at ease standing in a queue of no more than two other people in front of me while the Pfizer queue was snaking its way backwards and forwards airport-style extending nearly twenty metres *outside* of the vaccination facility. It was an odd moment. We even had different coloured badges depending on what vaccine we chose to take. I could imagine the burblings and whispers from those in the Pfizer queue. "Look over there at those three people in the Astra queue. Brave, but well, hope they dodge the bullet!". Smug as a bug in a rug, I walked in and out of the facility in less than half an hour including the ten-minute waiting time. I waved at the same people still standing in the Pfizer queue as when I walked in. No, I didn't really do that last bit!

Most people tend to be quite alright in taking the vaccine and don't make too much of a fuss about it either. I had a couple of hours of discomfort after the first jab, but that was it. However, most are not all that bothered with either the anti-vaxxers or those powers which are trying to mandate vaccines.

As with many other issues in life, the majority are not likely to stir the pot or hold their heads up over the parapet with issues that are unlikely to affect them. Sadly, by doing so, when an issue does arise and undesired consequences are experienced by that person, protesting or taking action is often too late.

Am I part of the silent majority? No. How could I be? I've written this.

Is it even necessary to mandate vaccines?

By now, the reader may have surmised that I am pro-vaccine and anti-mandate. At least, for the moment.

Given the data I've read, I have satisfied myself that taking the vaccine will reduce one's likelihood of being hospitalised. There may be the occasional fully vaccinated person who *does* gets hospitalised, but it seems to be rare. The anti-vaxxer will, of course, latch onto such news with great fervour when it happens. Unfortunately, it also adds fuel to those who want to mandate the vaccine for children as well when the very rare case of a child dying from COVID complications occur. In any case, we are talking outliers here (outside the 95% or 2nd standard deviation range) and they disproportionately make the news of course.

From a purely technical view, mandating vaccines might make sense; however, it may not be necessary at all.

In many countries, most of its citizens are willingly glad to be able to be vaccinated. I believe even more would be so if the vaccine had not been forced as a condition of obtaining more freedoms out of pandemic-induced restrictions like lockdowns and masks. In the state of Victoria, the premier, Dan Andrews, announced on several occasions that more freedoms will be granted if more people take the vaccine. Such a statement may have made more sense should the vaccination level be abysmally low; however, the goalposts kept changing. From 70%, to 80%, 90%, ultimately to 100%.

I read that there was an 80% vaccination rate globally when smallpox got eradicated so why is the state of Victoria so hellbent on achieving 100%? The closer one approaches that 100% milestone, the harder it gets like some mathematical asymptote, and the law of diminishing returns sets in very quickly in terms of other complications which I will set out later.

For some societies, vaccine mandates may become *implicitly* in place through the mechanism of private health insurance. Rather than penalising those who have not taken the vaccine, premium discounts may be offered to those who take the vaccine. This ‘positive version’ of vaccine mandating would not be too dissimilar to insurance schemes who offer premium discounts on car insurance for those students who earn a B or better at high school.

Although beyond the scope of this article to explain in detail, it’s worth discussing the popular trend of comparing COVID and smallpox with respect to vaccine mandates. Smallpox mandates were not *globally* mandated. Some countries mandated them. Some did not. However, the vaccine was fervently taken without question by most of the population due to its extremely high fatality rate and nasty long-term symptoms for those who survived. If COVID had the same fatality rate as smallpox did, I would suspect that the very small remaining antivaxxers, for whatever reason they could possibly have, would probably isolate themselves from everyone else anyway.

The challenges of mandating vaccines

If we continue with our vaccine programmes without issuing draconian vaccine mandates, I believe the virus will become inconsequential or even disappear. Likewise, as with smallpox, 80% vaccination is an achievable goal globally. However, to reach anywhere near 100%, vaccines would need to be mandated, and even if they were, 100% could never be achieved.

Civil Unrest

Announcement of vaccine mandates have created quite a stir in terms of protests, demonstrations and strikes. Depending on the news one watches, civil unrest and riots have been taking place in many cities in which mandates are on the cards. Contrary to what much of our mainstream news portrays, many protestors are professionals including doctors, nurses, teachers, lawyers, airline crew, and many others. There will be a few whackos who tend to attend *any protest* just to get attention. And as they bring a little entertainment and heighten the viewers’ emotions, they often get the news headlines.

Enforcing mandates

In our digital age, we have trained much of our population into using smartphone technology to check in at practically every establish we visit.

Whether we sit on a train, visit a restaurant, a store or even a walking trail, there's now often a sign with a QR code to check in. Apart from the rebellious few who refuse to check in, most people are trained, and more importantly, happy to do so. That technology, of course, is easily extendable to checking on our vaccination status, which, in turn, enables those nations who enforce mandates to grant powers to their police to check on anybody's vaccination status. Those same QR codes could conceivably link one's vaccination status to the location where they are at. This tracking of people's medical information and where they've been is very obtrusive, and I fear, we have utterly forgotten about the value of freedom and liberty. After all, during 2019, much of the free world was shocked at the steps China was taking in tracking all its residents using facial recognition and artificial intelligence. Now, in 2021, so many are *embracing* the prospect of being perpetually tracked by the state, to be 'safe' from the pandemic.

As for policing those to ensure that they have proof of vaccination, this has already started to pose a bit of a problem, at least in the state of New South Wales in Australia when Mick Fuller, police commissioner, stated that his officers will not be checking up on people in venues whether they have been vaccinated or not. Many other enforcement agencies around the world are stating that they do not have the required resources to check up on everyone's vaccine status. In terms of triaging what the police should be doing in the community, this seems reasonable enough.

A society of denouncing others

During October 2021, I took a first aid training course at St Johns Ambulance. The trainer, a 41-year-old, lived his childhood in East Berlin and I had a fascinating conversation with him after the course. He vividly recounted a story in which two friends knew each other for more than 20 years. One would assume that, in twenty years, an immutable trust would have developed between the two but it turned out that one of the friends had been secretly building up a dossier of his friend's activities, turning it over piecemeal to the inquisitive Stasi, the then official state security service of the DDR (East Germany). One night, he disappeared without a trace. 'Probably shot in the back of the head near the shore of a lake', he jested with some dry humour.

That story, as brutal as it sounds, was not an uncommon one and had been evidenced many times since the fall of the Wall by documents revealed and from thousands of interviews, including ex-Stasi officials.

Should one make a comparison to today's behaviour, so particularly prevalent on social media, in denouncing others for not being vaccinated? Maybe. Maybe not. However, and this is undeniable, there are many who genuinely hate the unvaccinated because *they* are the ones who are delaying the freedoms promised by the politicians who are holding back and punishing everyone else because of the belligerent few who refuse to get vaccinated. Take the state of Victoria in which 80% vaccination is nearly reality, a significant milestone in the historical context of smallpox, is it worth continuing the vaccine mandates until 100% vaccination is achieved? Probably not, but, again, this is my opinion.

Exemptions, exemptions, exemptions!

Out of all the challenges of mandating any vaccine, the issue of exemptions must certainly be one of the most befuddling and confusing of the lot.

Take the United States. Most states have a religious exemption in which, provided one can evidence that you are a practicing member of a religion, one does not have to be vaccinated. Oddly enough, atheism was mentioned as a valid religion in some states. Many other states also have a *philosophical* exemption in which you may be granted a waiver on having to take the vaccine based on personal or philosophical grounds. Lastly, there are the states, such as California and New York, that do not have any exemptions in place bar from those who are medically at risk at taking the vaccine.

This challenge alone, in my opinion, will be the most contentious hurdle in mandating vaccines. Much like forcing the Sikh to take off his head garment or forcing a woman to remove her Burqa, forcing someone to inject something in the body against that person's religious beliefs is fraught with difficulties.

Are unvaccinated people risking the safety of others?

One of the most common questions from those who are critical of mandating vaccines is if unvaccinated people pose a danger to others.

It seems like a reasonable question but is the answer clear?

Unvaccinated people who get sick from the virus are more likely to create an additional burden on the health system if the data is correct that hospitalisations are reduced for those who are vaccinated. That fact alone might suggest that mandating vaccines is warranted and could leave me sitting on the fence if I was put in a position to order the mandate of vaccines. However, I have a good degree of confidence that vaccination rates will be sufficiently high enough soon not to need mandates, thus avoiding all the challenges of mandating the vaccine as discussed above.

There are other vexing questions to be asked. Why is Israel's case count so high despite the vaccination program and how did Scandinavia essentially 'get away with it' returning to pre-pandemic normality with cases dropping during September and October 2021 without the need for vaccine mandates and, in the case of Sweden, lockdowns?

Instead of asking the question of whether unvaccinated people are posing a risk to others, why not ask the question if the vaccinated pose a *smaller* risk to those who are unvaccinated.

To answer this, two additional questions raise their heads.

Both vaccinated and unvaccinated people can catch the virus. To what degree one can catch it more than other?

Assuming both vaccinated and unvaccinated can host the virus, which one is likely to spread faster in the community and by how much? Incidentally, the CDC states clearly that both vaccinated and unvaccinated can spread the virus.

I'd like to see a debate between a panel of medical experts on one side who disagree with mandates and another panel of medical experts on the other who agree with mandates in answering these two questions.

As for what I know, I've come across a couple of heady academic papers riddled with graphs and plots sent by those who are pro-mandate in answer to the question of spreadability of the virus depending whether one is vaccinated or not. What the authors of the papers omit are formulative conclusions on whether the virus is more easily spread by the unvaccinated. But as I didn't understand half of what the paper is trying to illustrate, I'm, frustratingly, not able to critique it.

On vaccine passports

Vaccine mandates or not, what is decidedly making or going to make life difficult for those who are unvaccinated is the ability to take travel freely around the world. Moreover, in some countries and states, regular activities such as going to concerts, parks, museums, or other some other attraction or venue will not avail themselves to those who are unvaccinated.

Australia, from the 1st of November 2021, will allow its own citizens, residents and immediate family to travel; however, those who are unvaccinated will need to quarantine for 14 days rather than 7. Here, there is an option available for those who are not vaccinated. However, many nation states are proposing or even implemented policies that disallow travellers to enter without a vaccine passport, full stop.

Setting aside the complications of free data movement across international borders with respect to the vaccination status of travellers, there is one question that need clarifying.

Can all nations agree on a list of standard authorised vaccines?

I seriously doubt it. Not many months ago, it was unclear if the United States would deny overseas travellers' entry who had the Astra Zeneca vaccine rather than the approved Moderna and Pfizer ones. Since then, this has been resolved. However, what about other less-known vaccines which have been or are being developed across the planet? Who holds the authorised list of vaccines, and if so, would all nations adhere to it? Again, I seriously doubt it.

To ask a traveller who's been vaccinated with such and such a vaccine to vaccinate again with another vaccine just to enter a country that doesn't recognise the vaccine that's already been taken is, not only inconvenient, but possibly ill-advised. One could see a foreseeable future of world travellers with a dozen different vaccines listed on their vaccine passports. This would be patently absurd, and it brings back the question of whether the unvaccinated poses a risk to those who are already vaccinated. As for other diseases which we are commonly vaccinated for, do we have vaccine passports for them? Do travellers to Australia need to prove that they have been vaccinated for measles, tuberculosis or hepatitis? No.

Mandates in the workforce

Some governments around the world are enforcing vaccination mandates for the workforce.

Dan Andrews, the premier of Victoria, in that broadcast mentioned earlier, stated that Victoria will become a fully vaccinated state. Various other nation states around the world are on the same path. Businesses will need to comply to ensure that their staff are fully vaccinated, or substantial fines will be levied.

Many workers from many different professions have objected to these rulings and have either voluntarily quit or have been fired for not complying. Although I chose to vaccinate, I am empathetic to those who are protesting and refusing to take the vaccine. In social media circles, there are many who are deeply furious with those who refuse to vaccinate and relish in casting their lofty virtuosity with bitter reprisal.

As for those businesses who are under state-driven vaccine mandates, this adds an additional level of responsibility and cost for those businesses to enforce. As if this wasn't enough, many businesses in the western world must already comply to a litany of safety, DIE (diversity, inclusion and equity), litigation, corruption and financial set of rules to trade legally.

Conclusion

"There is more than one kind of freedom," said Aunt Lydia. "Freedom to and freedom from. In the days of anarchy, it was freedom to. Now you are being given freedom from. Don't underrate it." – Margaret Atwood in *The Handmaid's Tale*

The above passage in Atwood's book, *The Handmaid's Tale*, is disconcertingly poignant in many ways. It suggests that freedom cuts it both ways. In the context of free speech, **freedom to** suggests pro-speech and **freedom from** suggests censored speech, which has been markedly prevalent in many higher institutions of learning from 2013, a time when many of the students were of the *iGen (or Gen Z)* generation. **Freedom to** implying that one can say what one likes regardless of the consequences and **freedom from** implying that one is free from being the victim of the consequences of free speech.

Proponents of vaccine mandates often cite bizarre comparisons using the above with such scenarios like the ownership of guns, another quite divisive issue for many. *Freedom to* using a gun vs *freedom from* getting shot. The analogy being that the *freedom from* getting shot is analogous to an unvaccinated person infecting someone else with the virus. Unless such evidence suggests that unvaccinated people are more responsible for the deaths of *others* or for spreading the virus faster (which, paradoxically might not be such a bad idea), this analogy is baseless. However, is it baseless? Do unvaccinated people spread the virus quicker than those who are vaccinated? I've come across a few papers which suggest that it does but likewise, I've come across other papers with equally plausible explanations as to why this isn't the case. Either way, the debate can continue until the cows come home, for want of a better phrase.

Another peculiar comparison that bandied its way through social media circles was the comparison of Biden's proposed vaccine mandates with George Washington's mandates on the inoculation against smallpox. I, personally, found it rather insulting to equate Washington and Biden in any way, but that's another topic and my opinion. However, what was not made known to many who received and shared that post is that Washington mandated it for the army, not the general public. For anyone familiar with smallpox inoculation, it did not come without potentially serious risks, especially during Washington's time. In more recent years in history, smallpox vaccines did kill around 1 in every million, which, in terms of the odds, was still very low, especially considering that contracting smallpox would have been far worse.

I am disappointed that many governments of nations have seeded an enormous amount of distrust with its people out of scaremongery (usually through its government-sponsored media), mixed messaging, flip-flopping on directives, imposing continual lockdowns, and restricting movement over borders. Moreover, the ineptitude of many of these governments to be able to gracefully coordinate a programme of vaccine rollouts has invariably led to low vaccination rates.

I have always been an admirer of how Scandinavia has dealt with the pandemic, particularly so with Sweden, a nation that vindicated itself from the frightful ire of its detractors since the start of the pandemic. The secret seems all too simple. The nations of Scandinavia have had a very high level of trust between its people and the government. At least, in general. With high vaccination rates, no vaccine mandates, no lockdowns (at least in the case with Sweden), the

Scandinavian nations have proved that their model has worked. [They have lifted all their pandemic restrictions during September and October 2021 and cases are declining.](#)

What struck me with Scandinavia's success is the high level of maturity, respect, and common sense of the people and its government. No doubt, this is a generalisation and there are exceptions to the rule, as always.

Ultimately, the primary reason for vaccinating is to avoid being hospitalised or dying from COVID. Simple as it sounds, maybe we should concentrate on our own health rather than preach on a soapbox that everyone must get vaccinated for the good of the whole. Why not have one-on-one conversations with those who are afraid of vaccinating? Some people are genuinely afraid of injecting *anything* into their bodies and, if this fear seems totally absurd, that may very well be true for one person, but for another, it could be a real phobia. Some will *never* want to inject on philosophical or religious grounds, and it will probably be futile to force them to do so; however, as stated earlier, it is a relatively small percentage. Small enough not to be gravely concerned about it.

In some countries, it's going to be steadily more difficult to do normal things for those who are not vaccinated, and I predict that mandates set out by those governments enforcing these restrictions will create a myriad of issues including strike action, protests, general disruption, legal complications, hatred between those for and against and creating further distrust with their governments.

In a nutshell, the development of vaccines for COVID-19 has been remarkable given the relatively short space of time. Vaccines seem to be very effective for most of us and most people will take it for health reasons without hesitation. Where I disagree strongly is the carrot-and-stick approach whereby if one does not take it, freedoms are taken away. This is a counterintuitive, condescending and demeaning approach; however good the intentions are on grounds of health benefits. Various vaccines are being developed across the planet and more people around the world, particularly those in developing countries, will have access to them. Moreover, the vaccines will become cheaper with more competition. Mandating vaccines requires that only authorised approved vaccines are used, and unfortunately, the current market is heavily dominated by a few giant big pharma companies in which profit is king.

Here's food for thought. If big pharma benefits from vaccine mandates and passports, entailing that only vaccines created by them are recognised, perhaps

more people globally could be vaccinated if patents were removed and a wider selection of vaccines were made available to all.

It would be foolish and irresponsible for me to give advice but check out the data (there's plenty out there), go see a doctor, speak to friends, families and colleagues, and use common sense.

Get vaccinated if you want to. But nobody should force you.