



An Injection Of Truth

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Vaccine Passports are a dangerous step towards totalitarian control that must be resisted, argues philosophy lecturer Martin Black.

The Morrison Government has departed from its own stated principles that vaccination is a matter of free and informed consent, and encouraged the States to implement COVID-19 Passports. Our State governments are keen to create a society in which part of the population are deprived of their civil rights. It is significant that there is no medical justification for this step. Even more decisively, once we have digital Vaccine Passports we have created an instrument for the monitoring and control of our lives that—unlike, say, a virus—is actually unprecedented in human history.

A PASSPORT TO OPPORTUNITY

If you find it implausible that a Vaccine Passport could lead to something like a Social Credit System, you might consider what has happened recently in Lithuania. To enjoy civil rights in

Lithuania you need an ‘Opportunity Pass’, granted to people who have had an approved vaccine, who can prove they had COVID-19 in the last seven months, or who have had a negative test in the last 48 hours. Since tests cost 100 Euros most people belonging to the new underclass of the Unvaccinated are barred from work. Such people are not sacked because that could be legally contested. Instead, they are suspended without pay and cannot contest their circumstances because they are barred from attending government offices. ‘The unvaccinated’ cannot eat or drink out without meeting absurd conditions and can only shop at selected small outlets. Medical care is all but restricted to emergencies.



Lithuanians protesting in August 2021 against Vaccine Passports.
Photo: Screenshot of an online news video

The government is drafting a law to deny sickness benefits to the Unvaccinated who become sick from the virus. The ban on all forms of public transport has been lifted (temporarily), only because the app needs further development.

The Lithuanian president recently said: “Compulsory, or forced, vaccination is the sole possibility if we want a smooth process to face the challenge of the burden imposed by the Delta variant.”

It is striking in this context that the WA Government amended the *Public Health Act 2016* to allow for forced vaccinations by any ‘authorised officer’. The ABC fact-checked this suggestion and sounded the ‘all-clear’ because safeguards are built in; particularly that such compulsory medical treatments must be approved by the Chief Health Officer.

Apparently those ABC fact-checkers are unaware we need safeguards precisely because of unhinged decisions by various health officers. One hardly needs to emphasise that historically the isolation and subsequent persecution of sectors of a society was facilitated and exacerbated by



the false association of those people with disease and infection. Now that we actually have an infectious disease, we cannot expect the moral weight of public safety will be put to less vigorous use. If you protest in Melbourne for an approved cause, various Government representatives will bless your demonstration with shared indignation at its contrived object. Demonstrate peacefully for your civil rights and you will be set upon by the Public Order Response Team, whose training to immobilise and incapacitate terrorists is misused on peaceful citizens who object to the arbitrary destruction of their livelihoods and liberties.

Vaccination does not prevent people from transmitting COVID-19.

Currently, our State governments are in the process of issuing Vaccine Passports that will govern every aspect of each citizen's access to the necessities and pleasures of life. Among the many reasons why Vaccine Passports must be resisted, three stand out.

IT'S NOT FOR YOUR HEALTH

First, vaccination does not prevent people from transmitting COVID-19. There are no scientific grounds for the pronouncements of the health officers whose policies assume the contrary. The vaccines seem effective in diminishing the chances someone who is infected will fall severely ill and require hospitalisation or die. To the extent the vaccinations are effective, there are no medical grounds to fear the proximity of other people, regardless of their vaccination status; and if they are ineffective, the company of the vaccinated is at least as likely to infect you as that of the unvaccinated.

Vaccine Passports are being introduced because rational debate has been censored out of existence to allow the implementation of irrational political actions. The medical advice and even the terms of the debate have been rewritten to produce the desired outcome. For example, protection for the obviously identifiable groups who are at risk—the elderly, obese or immunocompromised—is reached when natural resistance to the disease or the natural immunity of those who have had it is reinforced by vaccination of the vulnerable. The WHO thus defined 'herd immunity' (now rebranded as 'community' or 'population immunity') as:

... the indirect protection from an infectious disease that happens when a population is immune either through vaccination or immunity developed through previous infection.

But that was until October 2020, when the WHO suddenly changed its definition to:

a concept used for vaccination, in which a population can be protected from a certain virus if a threshold of vaccination is reached.

This change reflects a general shift in political opinion, disguised as medical opinion, that every human being on the planet must receive a vaccination for a disease most of them would not become ill with or particularly notice if they did.

What we need is more open debate.

The risk profile for COVID-19 has changed little from what was known in early 2020. Dr Jay Bhattacharya, a professor of medicine at Stanford University in California, recently summarised them in an interview with the Hoover Institution:

The virus is much more deadly for old people than it is for young people. That's the most salient aspect as far as the policy goes for this virus. It's a thousand-fold difference for someone who's over the age of 70. The seroprevalence studies again worldwide suggest that the infection fatality rate is somewhere like 5%, 6%, meaning 94% survival if you're over 70 and get sick. For under 70, it's 0.05% or 99.95% survival.

I am not diminishing the disease; it clearly can be worse than the flu and cause severe illness or kill you if you are among the small percentage of people vulnerable to it. But the natural immunity acquired by having COVID-19 gives one stronger, longer lasting protection and one that has a much broader protection against variants than do the vaccines: 13 times as much protection, according to a recent Israeli study (Gavitz, *et al*, preprint, August 25, 2021). Thus, we cannot reach herd immunity and protect vulnerable people through vaccination alone, and the sooner our authorities accept this the better. Otherwise, there is a bottomless justification not just for discrimination against the unvaccinated, but in favour of lockdowns and other restrictions.

As many people have recorded—including independent journalist Sharyl Attkisson—the CDC (the United States' national public health agency, the Centers for Disease Control and Prevention) has also conveniently redefined the fundamental terms of the medical debate to political and corporate ends. The fairly reasonable definition of a vaccine until 2015 was that it is the “injection of a killed or weakened infectious organism in order to prevent the disease.” This was weakened in 2015 to “the act of introducing a vaccine into the body to produce immunity to a specific disease” without necessarily preventing the disease. Given that the COVID-19 vaccines introduce neither a killed nor weakened organism and that they do not prevent the disease or produce immunity to it, the CDC had to lower the bar further in September 2021 to “a preparation that is used to stimulate the body's immune response against diseases”. A vaccine might help a bit. The flaws in the health data used to justify lockdowns and additional measures such as Vaccine Passports are now well documented, including the determination to list all deaths of patients who die from any cause but happen to have had a positive test as dying *from* COVID-19. Similarly, it has been reported that hospitalisations for COVID-19 are exaggerated by at least 50 per cent in the UK and the US.

There have also been multiple reports about the financial incentives for US hospitals in reporting Coronavirus deaths. The director of the independent health research institute IGES in Berlin, Dr Bertram Häussler, says 80 per cent of COVID-19 deaths in Germany reported by the Robert Koch Institute (RKI) were likely due to other causes.

Not only is there no medical justification for Vaccine Passports, our medical and political institutions are manipulating not just health data but the basic terms of medical science in an effort to coerce people to conform. When it was reported in January 2020 that there was an outbreak of

a novel (new strain) virus in the region of the CCP's Wuhan Institute of Virology, everyone who is not historically illiterate assumed it originated in that laboratory. But our media and many institutions insisted it came from a 'wet market'. *The Lancet* published a letter organised by Peter Daszak of the EcoHealth Alliance in which 29 scientists "strongly condemned conspiracy theories" suggesting the virus had another source. The only conspiracy was the one controlling what we now call 'the narrative'. Anthony Fauci's National Institute of Allergy and Infectious Disease turns out to have partially funded the bat coronavirus research at the Wuhan lab through the EcoHealth Alliance. It has been reported that 28 of the 29 scientists mentioned have links to the lab. Vaccine Passports will radically increase powers to enforce conformity, when what we need is more open debate.

COERCION REPLACING PERSUASION

A second reason against Vaccine Passports is that they replace with coercion the means by which people can be brought to make their own decisions with the dignity of citizens. At the moment in south-eastern Australia vaccination rates are rapidly approaching the 'roadmap' threshold of 80 per cent double vaccinated. The residual is made up of people who have their reasons for not being vaccinated (including, perhaps, already having had COVID-19, and not needing it). The determination not to be vaccinated no doubt varies; some may ultimately choose to be vaccinated, and some never will. The latter are aware medical ethics do not allow for coercion; that a medical procedure requires full and free consent. They correctly surmise that if society crosses that threshold, then the principle of free choice has been lost. Even for those whose opposition is less strong, coercion is a provocation. The recent protests in Victoria show people are willing to stand for a principle against the full powers of a Police State, risking violent attack, arrest and outrageously high fines for asserting their right to free choice. The Victorian Government in September 2021, on the advice of Chief Medical Officer, Brett Sutton, required the entire construction industry to be vaccinated, *on three days' notice*. The protests seem to indicate widespread justifiable outrage at government coercion.

Vaccine Passports will mean the end of free political life.

Why has coercion replaced persuasion if the arguments of public health authorities are so strong? Persuasion would also require a broader view of the costs as well as the benefits of particular measures, and that broader view has been entirely absent.

Although narrowly focused and constructed with the trowel of analytical philosophy, a decent article by academics Susan Pennings and Xavier Symons (from ANU and ACU, respectively), published in the *Journal of Medical Ethics* titled 'Persuasion, Not Coercion or Incentivisation, Is The Best Means Of Promoting COVID-19 Vaccination', makes the point:

To receive a new vaccine, citizens must be able to trust that the public health information from the government is correct, that the vaccine being injected into their body is safe and effective, and that the government has made a substantial effort to ensure the safety and well-being of all the citizens receiving the vaccine. There is evidence that trust in government, social institutions and

other people more generally has been declining internationally for decades.

In their conclusion Pennings and Symons spell out the implications:

Furthermore, people may be more willing to undergo the small risk of vaccination against COVID-19 if they perceive that public health professionals and the government treating them with respect, as equal citizens to be persuaded, rather than inferiors to be coerced. Finally, using coercion or incentivisation to promote COVID-19 vaccination risks a public backlash and may well be unsuccessful in promoting COVID-19 vaccination.

Victorians who do not want a vaccination are now threatened with losing their job. Such coercion treats people as means to government ends, not as free citizens.

THE END OF FREE POLITICAL LIFE

The third reason we must resist Vaccine Passports is that they will mean the end of free political life. Our political life is degraded enough by the absence of any serious attempt at education in our country, but creating—as the Victorian Premier, Daniel Andrews, put it—“an economy of the vaccinated in which the unvaccinated will not be allowed to participate” or—in the words of the now ex-NSW Premier, Gladys Berejiklian—ensuring “anyone who interacts with each other will be completely vaccinated” means abandoning the notion of civil rights and equality before the law. If you are willing to do that for a disease with the same survival rate as the flu for the entire working-age population then there are going to be many more causes for which you will restrict people’s civil rights to ‘protect the community’.

Phenomena whose existence is debatable but which many regard as ‘existential crises’, such as climate change, could justify any amount of control and coercion. Then there are other medical procedures not necessary for your health, but profitable for certain private–public enterprises. We have already established safety as a psychological concept requiring that protected classes never encounter an opinion they disagree with, a principle our technology and social media conglomerates are happy to enforce. Surely, we cannot have, say, someone who purchased Abigail Shrier’s book on the transgender movement wandering about rendering public spaces unsafe? And so on.

We either retain the freedoms of a liberal democracy or we introduce Vaccine Passports.

A decisive point will be reached when every citizen’s personal data is consolidated on one connected digital platform. All freedom of movement and association will be able to be controlled by the government, which means that it inevitably will be so controlled (see also Paul Mitchell’s article in this edition for more information on South Australia’s appalling proposal). Recall that last year the Victorian Government tried to make it illegal to *think* anything different from a Chief Health Officer (whose present incumbent is reliably wrong on everything) because you might act in a manner contrary to his edicts. Consider also that a number of the more punitive rules of the



Melbourne lockdowns did not even have fake medical grounds, but were issued directly from requests from Victoria Police on the grounds that it made policing citizens easier.

Conceivably, within a few years we will have completed our assimilation to a social credit system, albeit with a more heavily focus-grouped name. I regard it as inevitable that any Vaccine Passport will not only expand its scope but also incorporate facial identity functions and, in the future, financial transactions. Evidence of how far we have travelled can be gathered from the still current national pandemic plan, which duly recommends against irrational and harmful measures such as lockdowns and masks outdoors. This plan was replaced by lockdowns and border closures. Such steps have met with little resistance, and already many people seem keen to take the next stride toward Camp Wellness.

SCHOOL'S OUT

The Victorian Government recently informed school children directly that if they are aged 12 and above they can get the vaccine, and they can do so without their parent's consent. It is now a condition for even the vaccinated to have some of their freedoms back that 80 per cent of everyone aged 12 and above be vaccinated. Our children are encouraged to do so by a webinar promoting the view that such vaccines are safe and effective: chirpy 13-year-olds babble about being able to go back to school and see their friends.

Leaving aside the problem of anyone under 18 consenting to a medical procedure, is the government eliciting free and full consent by holding out the prospect of resuming a life that it itself has destroyed for 18 months? Might it not be responsible to mention a child is far more likely to die or suffer debilitating injury from the vaccine than COVID-19? The recent preprint by Høeg, *et al*., attracted headlines because it demonstrated that boys between 12 and 17 are seven times more likely to die from the vaccine than the disease. This is not conclusive; medical studies can go wrong in at least as many ways as sociological ones, but the evidence gives an undeniable signal of a potential problem with the safety of the vaccines, especially for the young, who need it least.

Since the vaccines do not defend against transmission of the virus there is no excuse for a *de facto* mandatory vaccination program that will harm children to no purpose. This suggestion is reinforced by studies showing teachers are in fact better protected than other workers because transmission by school-age students is extremely limited (e.g., Zimmerman, *et al.*, *Pediatrics*, April 2021). Teachers with a particular medical condition or fear for their personal health are still free to be vaccinated if they wish. By contrast, neatly compounding ignorance with injustice, California has decided to mandate children get the vaccine but not teachers.

Vaccine Passports are a means for total control of a population.

From January 2020 it was evident there was no justification for the cancellation of one day of school, but the derangement of medical advice to fit political ends is equally evident in the treatment of children. The British Joint Committee on Vaccination and Immunisation (JCVI)

advised on 3 September against giving vaccines to 12- to 15-year-olds because of their relative risk due to “evidence of an association between mRNA COVID-19 vaccines and myocarditis”. The JCVI left the door open for the government by suggesting that broader considerations than mere health might be taken into consideration. On 13 September 2021 the government had the advice changed “to minimise further education disruption”. I would have thought an episode of myocarditis or Guillain-Barré Syndrome constituted something of a disruption to one’s education, but the main point is that the threat to such disruption comes solely from the government’s own wrongheaded school closures.

To mandate that children can be propagandised to consent to a medical procedure, the significance of which they cannot be fairly asked to judge, shows once again that our government is treating us as objects for their ends and not as citizens.



Photo: Nik Anderson/Flickr

PASSPORTS OR FREEDOM

The ABC reports that “a COVID-19 vaccine passport could mean the difference between enjoying freedoms and facing restrictions”. Against its author’s intention, this is literally true; we either retain the freedoms of a liberal democracy or we introduce Vaccine Passports. If we do the latter, we are establishing a means for total control of a population. All to the contrary, governments will dictate the character of ordinary existence for our own good.

The imposition of Vaccine Passports opens up possibility or likelihood of a dystopian life with an indefinite future and indefinite justifications for the accumulation of restrictions.



Have far do we have to go?
Photo: Jernej Furman/Flickr

The COVID-19 scare has seen a rapid acceleration of all of the worst trends of our political life. Communal life is largely built upon habits and customs, courtesies and respect. It was entirely predictable in March 2020 that lockdowns would kill more people through missed treatments, suicide, lost earnings, disrupted education, and so on, than they could possibly save. But the greatest harm they do is to erode the ethos that forms a people with shared principles, associations, and practices. Governments are replacing the mutual trust and respect such an ethos affords by naked power while simultaneously engrossing large numbers of people into direct dependence upon government money.

The danger we face is generated by the same institution that has brought us almost endless benefits: modern natural science. Our science is so powerful that it can invent a vaccine for a novel virus, just as it may have reengineered a bat virus to infect human beings.

What science in principle cannot do is provide us with the knowledge of how to use our new powers. Such decisions remain as ever in the realm of politics or practical judgement. In a democracy, that means the political arena must always remain open to debate and persuasion.

There is no such thing as a political decision that 'follows the science'; there are only political decisions that take into account scientific evidence of the costs and benefits of various decisions. The danger, to which all our governments have succumbed, of associating the scientific advice with a political position, is that you end up identifying your political decisions as scientific fact.

Vaccine Passports have the capacity to become the means by which our radically increased powers of censorship and coercion can be used to enforce such an identification.



As Winston Churchill put it in the context of an external threat 81 years and four months ago, the danger we face is that we “will sink into the abyss of a new Dark Age made more sinister, and perhaps more protracted, by the lights of perverted science”.

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