

Coercive and Mandatory Immunisation: how ethical is this policy?



Vaccination is a medical procedure for healthy individuals and not sick individuals. It is a procedure that injects weakened pathogens and chemical substances into the tissues of healthy individuals to produce an antibody response.

Chronic illness in children has risen dramatically in the last two decades. In 2004 41% of 0-14 year olds had a chronic illness ⁽¹⁾. Statistics in Australia indicate there has been a five-fold increase in life-threatening food allergies in children in the decade from 1994-2005 ⁽¹⁾. Autism, asthma, learning and behavioral difficulties and autoimmune diseases have all increased significantly during this time ⁽¹⁾. This coincides with the government's push to increase vaccination rates in Australia to 95% with the implementation of the Immunize Australia Program in 1993 ⁽²⁾.

Thiomersal, a mercury compound and neurotoxin was present in most infant vaccines prior to 2000 ⁽³⁾. Scientists have known since 1966 that the adjuvant used in vaccines – aluminium hydroxide/phosphate – and antibiotics (in vaccines) cause hypersensitivity reactions in humans ⁽⁴⁾. Yet we are injecting antibiotics, adjuvant, thiomersal and other compounds into the tissues of infants at the most vulnerable time of their development.

Many adverse reactions to vaccines occur which vary in severity amongst individuals due to genetic factors ⁽⁵⁾. It is now known that an individual can be pre-disposed to a disease by having the gene for that disease but expression of the gene can depend upon an environmental factor ⁽⁶⁾. Factors thought to be responsible for activating genes include heavy metals, chemicals, viruses, bacteria, nutrition and emotional states and stress ⁽⁶⁾. Many of these triggers are found in vaccines.

Veterinary scientists have correlated the increase in autoimmune diseases and sarcomas in dogs and cats to increased vaccine use ⁽⁷⁾.



Long-term health studies showing the effects of multiple vaccines in infants have not been done in humans or animals ⁽²⁾. Greater emphasis is being placed on short-term epidemiological studies (statistical) with selective parameters investigating one vaccine at a time than the science that includes biological, clinical and ecological evidence that is showing a possible link with chronic illness in children ^{(5) (8)}. In addition, twentieth century public health officials did not claim vaccines controlled infectious diseases ⁽⁹⁾.

The underlying ethical principle of health practitioners is to first do no harm. If it is biologically plausible that using multiple vaccines in infants and adults could cause significant harm to a proportion of the population as a result of genetic predisposition and epigenetics, then the onus is on policy makers to provide conclusive evidence to the contrary before coercive vaccination policies are implemented.

In 2006 the NSW government, without public consultation, implemented mandatory immunization policies for Health Professionals ⁽¹⁰⁾. The government should be required to demonstrate a serious risk to the community without these vaccinations before we lose the right to decide what we inject into our bodies.

Precautionary Principle: The burden of proof of harmlessness of any new technology/chemical is on the proponent NOT the general public.

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