

**Journal of American Physicians
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Cover Design

Rachel Eck

Typesetting and Printing

Skyline Printing Co., Inc.

Tucson, AZ

Website

www.jpands.org

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1601 N. Tucson Blvd, Suite 9

Tucson, AZ 85716

*Journal of American Physicians
and Surgeons* (ISSN 1543-4826)

is published quarterly.

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Correspondence

Against Compulsory Influenza Vaccination of Healthcare Workers

I commend the AAPS *Journal* for its well informed commentaries^{1,2} concerning mandatory influenza vaccination.

I was troubled when the system that employs our cardiology practice suddenly and without warning implemented a compulsory and coercive vaccination program in 2010. Under the Nuremberg Code, coerced medical treatments of any kind are unethical.³ Research and analysis of relevant medical literature reveals that mandatory influenza vaccination programs possess profound deficiencies in ethics, in the structure and logic of implementation, and in vaccine efficacy, and are therefore unjustified.

My detailed letters⁴ outlining these deficiencies to the Wellmont Health Systems board of directors and chief safety officer, and an op-ed piece that was published in the *Kingsport* (Tenn.) *Times-News*,⁴ have borne limited fruit. The policy remains in effect, but the stridency of Wellmont's continuing implementation has been subdued, as have threats to employees' jobs.

At no time has Wellmont presented any form of public or private rebuttal to my assertions. In fact, the only reply has been an acknowledgement of receipt by e-mail from the chief medical officer in 2010, the time of my initial correspondence. Circumstantially, it appears that administrators are under a *forme fruste* "gag clause" that prohibits even hallway discussion of these issues.

Those who advocate coercive influenza vaccine programs have an obligation to demonstrate unequivocally all of the following, based on high quality, objective research:

- Asymptomatic workers are definitive vectors of influenza A/B, thereby causing patient infection;
- Patients so infected are dying and/or suffering serious morbidity from these infections in numbers greater than by chance alone;
- Influenza vaccine provably prevents transmission by asymptomatic workers;
- No other equally effective measures exist to prevent influenza transmission; and
- Thimerosal-preserved and aluminum-adjuvanted influenza vaccines are safe (non-carcinogenic, non-teratogenic, non-mutagenic, and not capable

of inducing chronic illness when administered yearly for decades).

None of these have been shown in the available medical literature.

To be logically consistent, mandatory vaccine advocates should promote the forced/coerced vaccination of every person who is without medical contraindication. There is no doubt that influenza and ILI (influenza-like illness) contraction risk is much greater outside of the healthcare setting than within it. Moreover, influenza is not highly contagious, most especially amongst asymptomatic, subclinically infected persons.^{4,5,6,7}

The idea that some individuals or groups can force others to submit to unwanted medical treatments must be thoroughly and vigorously discredited.

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[The opinions expressed are those of the author alone and do not represent the views of Wellmont-CVA Heart Institute, Wellmont Health System, or any of its Affiliates.]

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4. O'Roark D. Arguments against mandatory influenza vaccination policies—2013. Available at: <http://v.gd/z6YXFF>. Accessed Jan 18, 2014.
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Erratum

M. Stanton Evans is living; Herb Romerstein was deceased in 2013.¹

1. Dunn JD. *Review of American Betrayal: the Secret Assault on Our National Character* by Diana West. *J Am Phys Surg* 2013;18:125.