

# Review of: "Mandatory vaccinations, the segregation of citizens and promotion of inequality in the modern democracy of Greece. Is science allowed to "enforce" or silently back-up such policies?"

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Although the article would benefit from some editing that will make it easier to read, I give it 5 stars for bringing up issues that the scientific community should have been openly and honestly discussing since the beginning of the pandemic (evaluating the benefits versus the detrimental effects of prolonged lockdowns) and, even more, after vaccines and treatments became available. This article refers mainly to the unreasonable and detrimental policies that have been imposed by the Greek government. Similar policies —probably not as restrictive and irrational as in Greece— have been implemented in other countries. Therefore, the authors invite the scientific community to an open critical debate on very important issues associated with this pandemic, and the measures that have been taken to manage it.

As the authors recognize ("*the proportionate rate of ER admissions and deaths are definitely lower in the vaccinated group compared to the unvaccinated*"), the vaccines have saved many lives. However, it has also become clear that these vaccines can have very serious side effects, including death (references can be found in the article). Such cases are very rare, but they certainly justify the hesitation of a significant section of the population to get vaccinated. Therefore, treatments should also be offered to both unvaccinated and the more vulnerable vaccinated people who may need them.

It has become clear by now that COVID-19 requires early treatment for a successful outcome. Early treatment is administered by the family doctor, not at the hospital. Yet, the instructions family doctors have received is to advise their COVID patients to quarantine (and drink plenty of fluids and the like) until they recover, or until they realize that ...they cannot breathe, at which time they must go to the emergency.

Treatments were available right from the beginning of the pandemic. In both the US and the Greek media, we could see people attesting to the quick recovery after receiving hydroxychloroquine. The council of doctors responsible for the pandemic in Greece recommended hydroxychloroquine to be taken preventively by the people working in health care. However, soon the drug came under attack. Studies appeared in support of its use, while other studies suggested that it does not help. Based on these **inconclusive** data, the recommendation was clear: Do not use it! Do not even try it in case it helps... and it did not matter that there was no other treatment at that time (remdesivir appeared at that time, a new and expensive drug given at the hospital and being largely ineffective).

Next, the treatments with monoclonal antibodies became available. The companies that made them expected: “we’re going to be holding back the mobs that want to get this drug.” (<https://www.nytimes.com/2020/12/23/health/covid-antibody-treatment.html>). Yet, as a number of elites were successfully treated with this therapy, some experts... were skeptical about its efficacy (please read the article in the link) and some patients had accepted their fate that these therapies are only for “the few”. Nevertheless, the monoclonal antibody treatments were available to qualified patients (older in age and with comorbidities) in some infusion centers here in the US, until the Biden administration made sure they are no longer. Get vaccinated or “good luck”.

Now the new antiviral drug (Paxlovid) has become available, but it is prescribed only for high-risk patients. So, **on one hand, we are told by the governments and their experts that we all have to get vaccinated, regardless of age and health status, because many healthy young people have died from this virus; on the other hand, we are told that if you are not old enough and have no serious health issues, you don’t need Paxlovid or any other medical help.** And while COVID-19 patients in their 60s and 70s are deprived from this treatment if they don’t have other serious health problems, Kamala Harris, the 57-year-old vice president of the US, vaccinated and double-boosted, and with no symptoms, was prescribed plaxlovid because she was found positive. The rationale is clear: “We know that the way that presidents, or in this case vice presidents, are treated is not necessarily the way the average person is treated. It’s not just about what is best for that patient – it’s about what’s best for the nation.” <https://nypost.com/2022/04/27/medical-experts-question-kamala-harris-use-of-pfizer-pill-for-covid/>. We are “average persons” and therefore expendable. In our so called “democratic societies”, we have to accept that some animals are more equal than others. And just so that you cannot effectively complain about that (or anything else), the “Ministry of Truth” will soon be established (a board that will deal with “disinformation”).

The article by Mavridis et al. also gives emphasis to another important issue: the Greek government has placed on unpaid suspension many healthcare workers because they do not accept to get vaccinated. Such policies have been implemented also here in the US, but they have had a much stronger negative impact in Greece, as this occurs at a time that these workers are greatly needed. Perhaps this policy was making sense when the vaccines were initially rolled out, and it was still unknown whether or not they stop transmission. The rationale was that “we do not want unvaccinated health care workers to infect patients and colleagues”. However, as it turned out, all COVID-19 vaccines that have become available so far do not prevent transmission. Infected vaccinated and unvaccinated health care workers can similarly transmit the virus to others. Therefore, there is no rationale for leaving without work these people who worked in the frontlines when the country needed them, but now they are thrown out of work and their pleas and hunger strikes are ignored.

I wish that the article by Mavridis, Aidonidis, and Kalogeridis stimulates a desperately needed discussion. I suggest a change in the title of the article to reflect the fact that the content does not apply only to the situation in Greece. For example, it could change to: “Mandatory vaccinations, the segregation of citizens and promotion of inequality in the

modern democracy of Greece and other democratic countries. Is it ethical for the scientific community to "enforce" or silently back-up such policies?" I would also suggest that the last sentence of the abstract is revised to read: "We would also like to invite the scientific community to an open and broad discussion and a critical debate based on the questions raised."