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Mandatory Vaccination Law and Bioethics

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FOREWORD – Summary

“Why are you writing about compulsory vaccination since they declared it voluntary? At most, they will try to force us in other ways”, various friends and acquaintances told me. The reason I am writing on this subject is threefold. Firstly, the statement that they will not impose it is false: they have already passed the relevant laws, they are simply not able to enforce them yet because they do not have all the vaccines. Secondly, it is false that any of our activities can be prevented based on whether or not we have been vaccinated: the market, employers, companies do not have the right to impose unconstitutional measures, without even having a relevant law to cover them. Thirdly, fascism is an issue that awakens my reflexes, because it is a key issue that is constantly creeping into our societies. The issue of compulsory vaccination restores not only Nazi practices that have been repealed by laws after the Nuremberg trials, but also purely fascist coercive mentalities.

In the following text I will analyze the following arguments, as evidenced by the domestic and international legal order:

1. Vaccination, like any medical act, requires the consent of the citizen, consent that must be fully informed.

2. Vaccination of children falls under the same regime from a legal point of view **(it is not obligatory)** - whereas the consent is given by the guardian. It is explicitly **forbidden** to restrict access to public services, **and therefore to prevent school enrollment to children who are not vaccinated because it violates the constitutional principle of proportionality.**

3. Imposing a medical act in any way constitutes a torture. Torture is illegal throughout the entire international legal system. There is no exception to this rule - not even in the event that a person's life may be endangered when on **a hunger strike, where compulsory feeding is also considered a form of torture.**

4. Non-consensual participation of citizens in medical research and experiments is expressly prohibited. Especially after the NAZI atrocities and mass experiments on people, the **Nuremberg Code** was adopted (as a result of the Nazis trial in Nuremberg) to addresses these issues. The SarsCov2 vaccines in particular fall into this category: forcing citizens in any way (legal obligation, extortion, fraud) to be massively vaccinated with a vaccine of new and untested technology, the side effects of which are under investigation, turns them into guinea pigs. This is a return to the atrocities of the Nazis and a legitimisation of their crimes under the pretext of public health.

5. No company has the legal capacity to impose restrictions that affect citizens' constitutional rights. Laws and international regulations are clear and apply to everyone. The “free market” argument is deceptive. Especially when this “free market” is financed by the state, as in the case of vaccines and in vaccine injury compensations. **Selective research funding constitutes an intervention to the free market in favor of a third party.**

6. Pre-selection of drugs that may or may not be used by governments constitutes an obstacle to free research.

7. Healthcare decisions are politically biased by the “conflict of interest” (healthcare decisions made by people involved in the vaccine industry), the creation of a state of universal surveillance and the censorship of "unauthorized" views. The instrumentalisation of the Covid 19 disease serves preconceived political decisions.

In conclusion, government choices in managing the coronavirus are criminal and undermine the efforts to limit the spread of the disease. On the one hand, governments take measures contrary to what scientists suggest. On the other hand, with the above tactics they undermine the trust of the citizens as well as the adoption of measures that are really useful. Finally, **these choices are brutally undermining democratic freedoms and human rights.** Citizens have the duty to resist fascism and social polarisation, whether or not they wish to be vaccinated.

PART 1

MANDATORY VACCINATION AND LEGAL ARGUMENTS

Legal Background: human dignity

Every argumentation on the issue has to be based on a solid **foundation**: the concept of **Human Dignity**. Human dignity, ranking first in all legislature, is set as a prerequisite for any other rule. The Greek Constitution [mostly influenced by the UN amendments that followed the WW2 and are thus very similar among European countries) enacts in article 2 §1: **“Respect and protection of human value constitutes the primary obligation of the State”**. This is one of the initial three *Basic Provisions* of the Constitution, and they are not subject to any exceptions or conditions. It even precedes the “absolute protection of life, honor and freedom” article (no. 5 §1). As per the lawyer’s [Michalis Drakoulakis](#) thorough analysis, “the generality and panspermia of this hyper-principle in the whole spectrum of Law can only be considered as proof of its **total domination and abidance over any opposite regulation or behavior**, private or public”.

Similarly in important international conventions and declarations (such as the UN, the Council of Europe, etc.), the concepts of **dignity, human rights and freedoms** are put first and establish the framework of reading and interpretation. Basic among them is the ***Convention on Human Rights and Biomedicine*** (*Full title: Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine*) of the Council of Europe – briefly referred to as the [Oviedo Convention](#) (introduced in Oviedo, Spain, in 1997, signed by 35 countries, including Greece). It states in article 1: “The Contracting Parties shall protect the dignity and identity of all human beings and shall guarantee to all, without discrimination, respect of their integrity and other fundamental rights and freedoms **regarding the applications of biology and medicine**”. It could not be clearer. In addition, the priority of the human being amidst medicine and research development is highlighted in the most absolute way in article 2: “The interests and welfare of the human-being shall prevail over the sole interest of society or science”!

Bearing that in mind, we understand that ...

1. Mandatory Vaccination, as well as any Medical Act Enforcement, is Forbidden.

The above is explicitly enacted in greek legislature with the [Code of Medical Conduct](#) (law 3418/2005, article 12 § 1): **“Doctors are not allowed to perform any medical act without the prior consent of the patient”**. The only exception to this are cases of emergency (immediate danger to life) and suicide (§ 3). Let us clarify here that, by **medical act** it is meant any act related to health, such as diagnostic and paraclinical examinations, even prescription of medicine (article 1, § 1,2,3). The same is provided by the Oviedo Convention (Article 5), but also by the [Universal Declaration on Bioethics and Human Rights, 2005](#)) of UNESCO (UN). The latter emphasizes the autonomy and individual responsibility in decision making (Article 5), but also the very important concern that **the consent of the community and / or its leader does not replace individual consent** (article 6 §3). In addition, they both state that consent in medical practice can be revoked by the individual at any time and for any reason without this having implications for it (Articles 5 and 6 respectively).

Informed consent is particularly emphasized in international conventions. This is also enshrined in the Code of Medical Conduct, where in fact **information is considered a mandatory prerequisite**. Article 12, entitled **Consent of the Informed Patient**, stipulates that: “Conditions for the valid consent of the patient are the following: a) To be provided following full, clear and comprehensible information”, in accordance with [article 11, entitled] **Obligation to Inform**. Obligation to Inform defines the obligation of the physician “to fully and understandably inform the patient about ... the content and results of the proposed medical act, the consequences and possible risks or complications from its execution, alternative proposals, ... so that the patient can form a complete picture of the medical, social and economic factors and consequences of his condition and proceed, accordingly, to decisions” (article 11 §1). So without being fully informed about each parameter, the consent is considered invalid. And here comes another requirement for the consent under article 12 §2: c) **“Consent should not be the result of deception, fraud or threat and should not conflict with moral values”**.

1.1 Informed Consent and freedom of expression

The issue of **deception/fraud** (i.e. unintentional or **deliberate** misinformation or concealment of information) raises the important issue **of information and of freedom of expression and communication** – we shall address threat in the sequel. Adequate and free information means that all citizens have the **unimpeded possibility** to be **fully** informed on the subject **from every source they choose**. *Fully* means, **for all opinions**! In science there are often disputes on various issues, especially in research. Obviously, **the Constitution recognizes the autonomy of every citizen, as well as their right and ability to decide freely considering the data in his/her**

possession. So, any deliberate interference with free choice must be prosecuted. The Constitution clearly sets out the above: *our right to be informed, our right to participate in the Information Society, the facilitated access to information circulated electronically, free expression and dissemination orally, in writing and through the press of individuals' thoughts, freedom of the press, prohibition of censorship and any other precautionary measures, freedom of art, science, research and teaching, as well as the inviolability of the secrecy of letters and the free correspondence or communication.*

We find the same provisions in international treaties, such as for example in the **Universal Declaration on Bioethics and Human Rights** of UNESCO (articles 18, 19). Indicatively: "Opportunities for informed pluralistic public debate, seeking the expression of all relevant opinions, **should be promoted**" (Article 18 §3).

What we are experiencing, by contrast, is the restriction of information, the systematic promotion of central political choices (sometimes without a scientific basis), censorship, even prosecution. We know that this is the system operating in the run-of-the-mill propaganda media. The emergent financial subsidisation of Mass Media in Greece for Corona virus (with more than 38 million euros in assistance, together with waiving of debt) can only be seen as further safeguarding of one-sided information provision through bribery, given that they have an obligation in any case to provide information for viewers. **"Reliable information on the Corona virus" has been defined as what is issued by the government and its institutions,** and anything else is called *fake news*. The same applies for the European Union, which from the outset acted against *fake news* and established official committees to monitor *conformity*. And **fake news is defined by the EU as all coverage which does not take its lead from World Health Organisation (WHO), the national health authorities and the European Centre for Disease Prevention and Control.**

1.1.a. Information from one's doctor

Information from one's doctor is of primary importance in any briefings concerning medical actions. This normally would imply the doctor's freedom to advise the patient in accordance with his freely determined view, his experience, and in accordance with the scientific information imparted to him by colleagues, etc. This is inscribed also in the Medical Code of Conduct: **information is provided by doctors enjoying "scientific freedom and freedom of conscience in exercising the medical profession"** (articles 3 & 1). But in practice there are three problems with this. Firstly, doctors are usually unwilling to take the risk of disagreeing with an institutional directive and check whether it is justified. In practice they are restricted to repeating the official instructions that have been given to them. Secondly, plenty of them determine their options on the basis of whether they are "useful" to some pharmaceutical company. However, most do their duty conscientiously, and thus the third factor is most important: if their viewpoint differs from the norm, things will not be so easy for them. Not to beat about in the bush, let us focus on the Corona virus: **any doctors who have chosen to go public with an even slightly viewpoint differing from the official line on Corona virus, they have been slandered, have lost their jobs or have been hounded.** In Greece we know that even when they have done what is self-evidently justifiable, such as pointing out that the government is not helping, that it is not supplying for the hospitals, etc., then they are subjected to administrative examination under oath! Free and

accurate information to the citizen goes through strict censorship filters at every level. But I will give more details on this at the end, in section 7.3. In any case the choice is up to the individual. He/she is responsible for himself/herself and for becoming fully informed. So, let's move to the individual's ability to obtain information.

1.1.b. European Commission's "Action for dealing with misinformation"

"On 10th June the European Commission announced [significant actions for dealing with misinformation on COVID-19](#), instituting a program for monitoring the activity undertaken by the platforms signing the code for limiting the spread of disinformation on COVID19". A considerable portion of that activity has to do with the **promotion of approved information on the internet by social networking platforms, and the prevention of non-approved information from obtaining wide circulation**. Thus, as is noted in evaluation [report](#) on the activity, the following interventions were monitored by the contracting parties - there is specific mention of Google, Instagram, Twitter, Facebook, Tok-tok:

- *Google Search has given prominence to articles published by EU fact-checking organisations,*
 - From 1 to 31 August 2020, over 4 million EU users visited sources of authority on COVID-19 identified by search queries [on Microsoft's Bing](#). In addition, Microsoft Advertising prevented 1,165,481 ad submissions related to COVID-19 from being displayed to users in European markets.
 - [Facebook and Instagram reported](#) that more than 13 million EU users visited their COVID-19 "Information Center" in July and 14 million EU users in August. Also, Facebook displayed misinformation warning screens associated with COVID-19 related fact-checks on over 4.1 million pieces of content in the EU in July and 4.6 million in August.
 - [Twitter reported](#) that 949 Promoted Tweets violated their COVID-19 policy in August, estimating that 80% of the violating content was detected by their automated systems. During the same period, 4,000 tweets were removed and 2.5 million accounts challenged under Twitter's COVID-19 guidance.
 - In July and August, [TikTok applied](#) a COVID-19 sticker to more than 86,000 videos across its four major European markets (Germany, France, Italy and Spain), while removing more than 1000 videos related to COVID-19 in violation of their policies or containing medical misinformation.

There is an [assertion](#), which we encounter in the instructions, of particular interest: "False or misleading information around coronavirus can damage societal cohesion, but above all, it is a threat to public health.. [...] **content may not be illegal as defined by law, but still harmful**". In other words, for the Commission there are laws which define the situation in relation to false information and how it should be punished, but there are also *harmful actions, views and information which we fight against*, but not by legal means, for they are not illegal. So the definition of harm is **arbitrary!** We should note that these actions are part of measures fighting disinformation initiated by the EU from the end of 2017. [Check on the EU site [Reports and Studies about Disinformation](#).

As internet and social media users we all realize that we receive only specific and "approved" information, and that any different point of view is censored or restrained. Facebook, for example, applies various methods of censoring, covertly or overtly such as: rejecting a post, refusing to send a message with a link that is not approved (or it is send but cannot be opened to the recipient), limited accessibility of the posts (by few viewers or none), even account blocking. This is also mentioned on the [regulations of use](#), as a term against misinformation.

* * *

This topic is huge and very interesting indeed. Through the few examples we have set, we conclude that the consent, which is necessary for any medical act, should be given from the individual, after a full informative procedure. And we realize that today, on the occasion of Covid19, information, which is the condition of the individual consent, is not given properly to ensure its fullness and freedom. And this is a crucial issue, legal, moral, as well as political.

In any case, both the legal frame and the bio-ethical point of view are very strict and specified as far as mandatory vaccination is concerned. It is proven beyond any doubt that **the obligation to conduct any medical act is against the law, domestic or international**. But, even if the law were to change, the Constitution and international conventions would prohibit such an obligation.

2. Vaccination of Children and School Enrollment

What has been said so far applies to children too. As far as consent is concerned, the legal prerequisite for consent to be valid is that “the patient is capable of giving consent”. So **if the patient is a minor, the consent must be given by those who exercise parental responsibility** or have custody. However, “the opinion of the minor is also taken into consideration if the minor is of the age and has the spiritual and emotional maturity to be aware of the state of his health, the content of the medical act and the consequences or the results or the risks of this act... ” (article 12 §2.aa). Therefore here, as above, **the principle of consent applies after the parent (and the child in proper age) is informed.**

It is obvious that since **there can be no compulsory vaccination, it cannot be set as a necessary condition for any activity of the child.** Even more so when the “activity” is education. In fact, to the extent that education is compulsory, this issue acquires an additional dimension, as explained by Takis Vidalis (lawyer, director of the Department of Medical Law and Bioethics of the Athens Bar Association and a research associate of the National Bioethics Commission). In one of his articles on [Constitution Watch](#) website he says that **“Vaccination cannot be imposed as a condition for fulfilling any public obligation (for example: military service or educational obligations for children).** In such a case the citizen would have to choose between coercive imposition on his body (in violation of the principle of human dignity) and facing imposed sanctions for not complying with a public obligation, something which again would amount to an insult to human dignity. **So mandatory vaccination for children as a condition for school enrolment is not acceptable. “Parents decide freely on vaccination of their children, in the context of their exercise of parental care, so that their decision cannot be linked to the obligation of compulsory education”.**

The sequel to Mr. Vidalis's statement is also interesting: “On the other hand, the school must know which vaccines a child has received, in order to protect him/her in the event of possible risk of disease transmission (albeit through requiring that he/she stay at home). It therefore seems that it could be made obligatory for children to produce their health booklet as a precondition for enrolment in school but not that they would be obliged to show that vaccinations have actually been received”. It has also been pointed out by parents that confidentiality of medical data is protected by law, this there cannot be any obligatory imposition of a document on medical acts on the student to persons or organisations who have not been bound by the Hippocratic oath.

It is now clear vaccination can't be mandatory, and that it is against International Justice. In the exceptional case of an epidemic, some jurists may support restrictions of some kind. However, these restrictions should be specific in place and limited in time, but in no case impose a medical act on the human body. **The free consent of the individual in a medical act has no exception.** Simply put, even in the –debatable- possibility of restrictions in an exceptional case of risk to public health, no kind of compulsion **can be applied in practice because as it opposes the prohibition of torture: any violent intervention on the human body is defined as a torture.**

*On both regional and international context, the only legally binding text on the protection of human rights in the field of biomedicine is the Council of Europe's Convention on Human Rights and Biomedicine, also known as the **Oviedo Convention**. Particularly crucial for the examination of the present issue is **article 5** of the Convention, which states that: "**Intervention in health matters can only take place after the persons concerned give their free consent, following their full information.**" [...] Especially today, facing the spread of the coronavirus pandemic, the Bioethics Committee of the Council of Europe, issued a statement on 14 April 2020, in which it sets again the fundamental principles, based on respect for human dignity and human rights, which should govern throughout all medical decisions and practices to deal with the current crisis. Emphasis is laid on that the Oviedo Convention is the only legally binding tool on International basis in this area and provides a unique framework for human rights, including a framework for emergency and health crisis management, in both clinical and research areas. **Therefore, the validity of the rule of the aforementioned article is confirmed.** (writes the constitutionalist [Konstantinos Kouroupis](#)).*

Let it be reminded that, given consent in a medical act is deemed valid only when it is not given under threat (article 12 §2, Medical Code of Conduct). If consent is in any way given under threat (that the child will not be enrolled in school, that there will be a fine or other persecution, that you will not be able to work or travel, etc.), then it does not simply violate this article of the Code of Medical Ethics, but also reaches the limits of psychological blackmail. In addition to this, one understands that mandatory vaccination raises very serious practical, and therefore legal and ethical issues. In other words, how could the vaccination be mandatory if the individual or the parent refuses to consent? By force? Unthinkable for our culture on any level. Maybe that's why psychological blackmail is so widely used. But this is also a form of torture. And here we come to the next issue.

3) Mandatory Medical Acts, by any way, Constitute Torture

Torture is considered illegal throughout the international legal system. There is absolutely no exception to this rule. The Greek Constitution (Article 7 §2) stipulates the term as follows: “torture, body injury, health damage, use of psychological violence, as well as any other violation of human dignity is prohibited and prosecuted, as law defines”. Considering the fact that the Constitution also states that “every human has the right of protection of his own health and his genetical id” (Article 5 §2), we realize that there is no exception on any case of medical act. Torture and “any inhuman and degrading treatment or punishment” are consequently prohibited by the EU Charter for the Human Rights and the Fundamental Freedom by the European Council (Article3), by the International Convention on Civil and Political Rights of U.N. and by several other Covenants and Declarations too.

Physical or mental coercion is not accepted by the international law for no reason, not even in the case that will save a person's life if that person does not consent! It is indicative that, enforcement of feeding hunger strikers, even after many days of a strike where the life of the individual is in danger, it is still consisted as torture against their personal dignity and their right of self-disposition. [World Health Organisation](#), for example, has expressed the view that it is a morally unacceptable medical intervention. So do both the Red Cross and The World Medical Association, who recognize on prisoners, being on sound mind, the right to proceed on hunger strike. This means that “There is no act that could be performed bodily against the person’s will, as this would be against the principle of human dignity. Therefore..., vaccination cannot be mandatory” (see [Takis Vidalis](#)).

4. SarsCov2 Vaccine and Violation of the Nuremberg Code

Any diagnostic or therapeutic method, which is not applied by the international scientific community, is characterized as experimental and its application is allowed only in accordance with the legal and ethical framework governing the conduct of scientific research (article 3 §4, Code of Medical Ethics)

The analysis above concerns vaccination in general, without reference to a specific vaccine or disease. And now let us **refer specifically to the possibility of mandatory vaccination for Covid 19**. What is special about this vaccine, which has been discussed in the public sphere for long time before it even existed, is obviously that it is **new, untested to the general population, and that its urgent approval procedures leave us with potential security gaps**. In addition, some of these vaccines use the **new mRNA technology, not applied to vaccines before. As a result we cannot forecast any probable side effects and properly evaluate if they are tolerable or not**. Many aspects of this technology –mainly applied in the treatment of cancer- were still under investigation, until the “emergency status” was declared. In this sense, whoever agrees to be vaccinated will in fact participate in an experiment based on a largely inapplicable technology for the new virus. And here comes the most important objection regarding the coronavirus vaccine.

Non-consensual participation of citizens in medical research and experiments is explicitly prohibited. The SarsCov2 vaccine specifically falls into this category: coercion of citizens *in any way* (legal obligation, extortion, fraud, psychological pressure etc) to be vaccinated en masse with a vaccine based on a new technology, untested in humans, the side effects of which are still under investigation, **makes them experimental animals** and signifies **a return to the atrocities of the Nazis and the legitimisation of their crimes** under the pretext of public health. After the end of World War II the Nazis were trialed for the crimes which were committed by the 3rd Reich and its collaborators. Due to Nazi's atrocities and mass experiments on humans, the [Nuremberg Code](#) (1947) was enacted as a result of the famous Nuremberg trials. Among them was the **Doctors' Trial**, in which doctors who participated in experiments on humans were trialed, including the cases of forced sterilisation of about 3.5 million Germans. The origin of the code is based on the trial itself and the concern caused by statements by several defendants that, on the one hand, the experiments carried out were not much different from similar ones conducted in previous years in Germany and the USA, on the other hand that there is no legal separation between legal and illegal experiments on humans. The truth is that, in Germany, for example, the idea of racial supremacy had created proponents of controversial practices since the late 1920s. But from the rise of Hitler onwards, the use of humans as guinea pigs up to their death by IGFarben (chemical-pharmaceutical consortium of **Agfa, Bayer, Basf, Hoechst / Aventis / Novartis**) took a creepy turn (regarding the promotion of Hitler by IGFarben see [here](#)). [The owners of these companies had never been tried. Only some executives received ridiculous sentences - but we will not raise this issue now].

The Nuremberg Code, formulated by the end of the trial, stated, among others, that: 1. **Voluntary consent** of the human subject is absolutely essential; 2. The experiment should be such as to yield fruitful results for the good of society, unprocurable by other methods or means of study, and not random and unnecessary in nature; and 3. the experiment should be so designed and based on the results of animal experimentation and a knowledge of the natural history of the disease or other problem under study that the anticipated results justify the performance of the experiment (see more [here](#) and [here](#)). The Code itself has never been legally binding, but its principles have been reflected in a number of international regulations and conventions, such as the [Oviedo Convention](#), which is the main binding reference text. This convention **does not merely redefine the right of the individual to consent after sufficient information, but that the research itself carried out on humans is subject to severe restrictions**, such as the existence of an effective alternative to doing research on people, and that the risk is not greater than the benefit for the participants, etc (article 16).

4.1. SarsCov2 vaccine and conditional / emergency licensing

Let us now move on to see in more detail why the vaccines that are proposed are still under investigation, and therefore possible vaccinations with them are experimental. Primarily because they say so themselves! Let's take the Pfizer/BionTech vaccine as an example, since vaccinations will start with it. Licenses for this vaccine in the EU and the US are CMA and EUA respectively (Conditional Marketing Authorisation and Emergency Use Authorisation), which means that they have a **conditional license and emergency license**. This is clearly stated on [Pfizer's](#) website, with reference also to the emergency licensing [newsletter](#), which means that the vaccine **"has not been approved** by the relevant regulatory authority, it is an investigational drug, and **its safety and efficacy have not been established"**. In addition, on FDA's website we see that "the Commissioner may authorize the emergency use of an unapproved product or an unapproved use of an approved product, provided that other statutory criteria are met" (FDA [guidance document](#) , A'1).

An **important detail** of this licensing was the fact that, FDA received direct pressure by the head of the White House and President Trump himself to [speed up the procedures](#), requesting the organisation's president resignation otherwise. The fact that immediate political pressure was enforced is rather astonishing since the **"revolving doors"** method often takes place: when the license is not granted, the authorizing officer is replaced by a person who is friendlier to the product, who may even come directly from the company seeking approval; it is also very frequent that people who are in political positions are working in the industry before or after their term. In Europe, similar pressure can be inferred simply by the fact that vaccinations were announced before the approval was even given.

On December 11 the EU gave [conditional marketing authorisation](#), "on the basis of less comprehensive data than normally required. The data available must indicate that the medicine's benefits outweigh its risks and the applicant should be in a position to provide the comprehensive clinical data in the future". The details of EU license are similar here to the US. Most importantly,

“**the impact** of vaccination with Comirnaty **on the spread** of the SARS-CoV-2 virus in the community is not yet known”. It is not yet known how many vaccinated people may still be able to carry and spread the virus, as well **as the duration of its action**, as officially [informed](#) by EMA. We will return to this below.

The company's detailed [instructions](#) mention that «it is your choice to receive or not to receive the Pfizer-BioNTech COVID-19 Vaccine. Should you decide not to receive it, it will not change your standard medical care», that “it *may* prevent you from getting Covid-19”, that “the duration of protection against COVID-19 is currently unknown”, and that “it is authorized for use in individuals 16 years of age and older”. Its side effects include “tiredness, headache, chills, joint pain, fever, nausea, swollen lymph nodes”, while allergic reactions are considered the most serious and unexpected side effects. In addition, **“these may not be all the possible side effects. Serious and unexpected side effects may occur, ... the vaccine is still being studied in clinical trials”, and “they may become apparent with more widespread use of the Pfizer-BioNTech COVID-19 Vaccine”** (see [here](#) and [here](#)). Also, [interaction](#) with other drugs or vaccines has not been investigated. **Note that the 2 deaths of people vaccinated in the trials are not included in any side effects or problems** caused by the vaccine because another four people died in the control group (placebo): the FDA reassured that statistically a death rate is expected! Deaths are referred to as, a serious event from arteriosclerosis (with death 3 days after the 1st dose), and a cardiac arrest (60 days after the 2nd dose). In addition, as mentioned, **any complications will be more adequately investigated now that it will be used in the general population**. Are vaccinated people informed about this?

Experimentation, with **rapid vaccine** preparation and the “urgency” of the matter, has led to such an acceleration of standard procedures that raises serious safety issues. Because, yes, vaccines with mRNA technology have the potential for faster and mass production, but when the normal process takes 4-10 years and today we are in about 10 months at most, **obviously some procedures that were defined as necessary in order to approve a vaccine have not been observed**. First and foremost, the very requirement of the Nuremberg Code has been violated (no.3: The experiment should be designed and based on the results of animal experiments and knowledge of the natural history of the disease) in conjunction with the Oviedo Treaty (no.16: there should be no alternative to human study). In the [New York Times](#), for example, we read that **due to haste important tests have been bypassed, such as the vaccine test in animals, and months' decisions were made within a few days** - the newspaper reports it not as a security deficit but as a modern scientific **achievement**! The research planned for the vaccine is estimated by the company to be [completed](#) in 2023 (phase three). In our example of the Pfizer-



BioNTech vaccine, human trials began in July 2020 (!), without having completed animal experiments (first results of these animal experiments were [announced](#) by the consortium in September). Take a look at the [timeline](#): the decision to develop the coronavirus vaccine was made in January by BioNTech, in March it expanded its pre-existing partnership with Pfizer to co-produce the vaccine, on July 1 they announced the first phase of testing to 45 volunteers, and on July 24 the large volunteer program with 45,000 people started.

[Parenthetically, after the vaccinations started, Pfizer [announced](#) that by March 1, 2021 it will have distributed the first dose of the vaccine to those from the placebo team who wish. Thus, essentially phase three of the study will be stopped, or will continue with those who wish to remain in the placebo group (which I imagine will be very few). So, we forget the long-term data from a randomized, placebo-controlled study. Unless a significant proportion of placebo participants do not want to receive the vaccine]

Regarding research and licensing, many doctors and professors have expressed concern about compressed time and its multiple effects, combined with the issue of **transparency**. It is well known that many approved vaccines have been withdrawn due to safety issues in the past. According to official definitions, the time required just for the inspection of the file submitted by the company and for any corrections needed is at least 12 months. As [Dimitris Kouvelas](#), professor of clinical pharmacology at the Aristotle University of Thessaloniki, observes, changes were made during these times by the EU without informing anybody. This, in addition to the issues of **transparency** in a democratic society, also raises an essential **ethical** question, he argues: either time cannot be squeezed without consequences for safety and efficiency, or it can be squeezed, but then there is the issue of ethics and equity, that is why should we not do the same for other diseases from which many of our fellow citizens die? In terms of security, Mr. Kouvelas adds that we do not really know the side effects, since we do not have access to the results of investigations, and that **companies do not provide all their data and results but only those that favor licensing**. He also raises the following questions: Why is data submitted to organisations by companies confidential? Why do universities not have access so that they can control - since control means security?

4.1.a. A vaccine that ... is not a vaccine!

In order for a vaccine to be defined as such it must have certain criteria: **1) to prevent disease without serious side effects, 2) the protection that it provides to be permanent and not weaken soon after, and 3) to be able to prevent the transmission of the disease**. This is what the world is waiting for, this is how the vaccine is being propagated. Unfortunately, **none of these three conditions currently apply to the candidate vaccines**, with the exception of the first, which applies only partially. **The only expectation at this stage from vaccines against Covid 19 is that they will help prevent the onset of (serious) clinical symptoms of the vaccinated person**. It certainly does not prevent the transmission of the virus to the vaccinated persons or to others around them, nor does it protect the most vulnerable, which is one of the dominant ethical proponents of vaccine propaganda. I consciously use the term propaganda because the briefing should explicitly state that they do not **protect against transmission**. But then, the main means of

exerting **psychological pressure** in favor of vaccination with this not normally approved vaccine would be missing. **Anthony Fauci**, director of the National Institute of Allergy and Infectious Diseases (**NIAID**) and a White House spokesman for the coronavirus, acknowledged this in late October, saying: **“What I would settle for, and all of my colleagues would settle for, is the primary endpoint to prevent clinically recognizable disease”** - adding the phrase **«and that's what we hope happens»!**

In simple words, that is, **the ... vaccine is not even an established vaccine: we don't not know for how long does it offer immunity (it is also mentioned above, in the licensing of [EMA](#)), but we do know that it does not prevent transmission of the virus! Vulnerable groups are thus exposed from many aspects** as, on the one hand they will consider themselves safe next to vaccinated people, on the other hand if they do the vaccine they will consider themselves safe! At the end of the day, they shall move in unknown waters, since the volunteers were chosen from healthy people (only a few volunteers belonging in vulnerable groups agreed to do receive the vaccine).

4.1.b. mRNA technology and genome protection

Regarding vaccines with **mRNA technology**, the widespread use of them while still at a research stage raises additional issues, even without attempting to enforce them. One issue, which we have already mentioned, is that this is a technology that is being applied to a vaccine for the first time and its safety is obviously not substantiated in the long run. This is a particularly technical part, which if we analyze, we face the danger of transcending the purpose of this research, which is to examine the legality of mandatory vaccinations. So I will limit myself to what is absolutely basic to our purpose. In short, vaccines are usually made from a weakened/neutralized strain of a virus against which the body produces antibodies. In fact, they are also considered biological preparations because they come from living matter. New technology vaccines use **synthetic RNA, which commands our cells to work as to produce certain SARS CoV-2 proteins, and then the immune system will make antibodies against parts of the virus**. This is how the Pfizer/BioNTech vaccine works, as well as that of Moderna. **Proponents of this type of vaccine reassure that mRNA does not enter the nucleus of the human cell, where our DNA is located, and that mRNA is decomposed once the protein structure is assembled within the cell.**

However, the above assurances have not been adequately proven, neither do relevant **guarantees** exist, theoretically or experimentally, in order for mass administration to begin in the population. The role of RNA is to carry instructions from DNA to proteins, hence it is called **messenger RNA or mRNA**. The mRNA is not something separate from the DNA but it is a part of it, or rather a copy of a part of it, that exits the DNA in order to give a command (on behalf of the DNA) to the cell to start producing a protein. According to some [scientists](#), **the reverse process, ie from RNA to DNA, can occur in certain circumstances**, especially because human cells contain so-called *endogenous retroviruses* in our DNA that can produce an enzyme (reverse transcriptase) that has the ability to write in reverse. In this case we may have an effect to the DNA from the mRNA. There is also a danger, less known, and it is mentioned by the doctor of Immunology and professor of Pediatrics, **Ioannis Kalambokis**. According to him, there are very small pieces of RNA in the genome, the so-called small inhibitors RNA, which can have a direct effect on the expression

of genes, that is, to block some genes from being expressed. “No one has looked at whether these little pieces into which the [imported] mRNA breaks are in this category, and that is another major concern. Because when some genes are ‘closed’, their translation is prevented: if they stick to such a sequence, they will unblock it. There hasn’t been any studies regarding that. There are only incomplete and superficial data. One wonders how these things were licensed. It is an experiment. I hope they are right” ([interview](#), 14-18 ‘).

On these and other possible problems (Antibody Dependency Syndrome, infertility, etc.), **Michael Yeadon and Wolfgang Wodarg** (former President and Scientific Director of Pfizer, and lecturer, physician and chair of the Council of Europe Health Committee in 2010 respectively) lodged an urgent [appeal](#) with the European Medicines Agency (EMA) asking them to revoke the - albeit conditional- license and to stop all research on humans, until there is more information on the safety of even these volunteers. The effects and course of a reverse transcription, if any, or the action of dissolved synthetic mRNA particles, all remain unknown and should be thoroughly studied before the vaccine is widely used - which does not even cover the population as a real vaccine. This would of course require much more time in testing. In any case, when we talk about a communication between DNA and RNA, it concerns strands that intertwine and together form the nucleus of the cell. **We do not know experimentally if this will bring about changes in the genome, and it may never will, but the risk is too great and serious to be taken.** This would mean much more time for research, and those who express their concerns say just that: study time was minimal and more must be given in order to rule out such side-effects.

4.1.c. The primary issue of human genome security

Scientists are therefore asking for more studies and guarantees before the vaccine is given to the population (eg [Ioannidis](#), 35’) to avoid the possibility of causing any damage, as Medical Conduct stipulates. Could this be done? **Does humanity have time to wait** or is it under the threat of an extremely deadly virus that is constantly spreading with each passing day? Here we have **two answers, one medical and one legal**. Both are based on the fact that the **genetic material of every organism is the very code of life, which consists of DNA and RNA**. Human life is recorded in this code, which **defines our biological evolution as a species but also individually**. Let’s start with the legal aspect of the issue.

i) The legal aspect

Our legal tradition guarantees the **protection of human genome**. Article 5 of the Greek Constitution writes: **“Every person has the right to protect his own health and his genetic identity”**. This paragraph, introduced in 2001, was deemed necessary in view of the rapid development of biotechnology in order to explicitly protect this inalienable right. The Oviedo Convention, in Article 13, states that interventions in the human genome can only be performed for therapeutic, diagnostic or preventive reasons **as long as they do not alter the genome of the offspring**. The Universal Declaration of Bioethics and Human Rights (UNESCO) also speaks of the

protection of future generations and their genetic makeup from the effects of science (article 16).

The rationale behind international protection is manifested in a more specialized UNESCO text, the [Universal Declaration of Human Genome and Human Rights](#), which states in its first article that **“the human genome underlines the fundamental unity of all human beings of the human family, as well as the recognition of their inherent dignity and diversity. In a symbolic sense, it is the heritage of humanity”**. The proclamation continues by stating something very important, that **“everyone has the right to respect for their dignity and rights regardless of their genetic characteristics. This dignity makes it imperative not to limit individuals to their genetic characteristics and to respect their uniqueness and diversity”** (article 2a, b)! With regard to our subject in particular, it is restated that any **“research, treatment or diagnosis affecting an individual's genome shall be undertaken only after rigorous and prior assessment of the potential risks and benefits, pertaining thereto and in accordance with any other requirement of national law”**, and always under the **free consent of the fully informed person** (Article 5 §a, b). Finally, **“No research or research applications concerning the human genome, in particular in the fields of biology, genetics and medicine, should prevail over respect for the human rights, fundamental freedoms and human dignity of individuals or, where applicable, of groups of people”** (article 10).

These texts clearly reflect existing **concern regarding interventions of science on humankind and our future**. These are declarations that have dealt precisely with the issue we face today, namely the limits and security of science against not only human dignity but also the future of humanity. These statements need no further explanation, I think. However, they provide an answer to the question we asked above, whether we could wait for other studies to be done before any experimental vaccine is widely available. The answer from a legal point of view is that, we should and **ought to expect much more test results before applying to a large population formulations whose long-term effects on the human genome are unknown**.

ii) The medical aspect

As we saw earlier, the **criteria based on which scientists and citizens determine what a vaccine is and what it does, are specific**. But, in the **current stage of trials**, these criteria are **not fulfilled**. Since these products are promoted mainly as ways for protecting people after they get infected with the virus from not presenting any symptoms or from falling heavily sick, then they mainly fall **under the category of “medicines” - at least until their “vaccinal” effects are proven, meaning the prevention of spreading the disease**. They mainly work as medicines, although they are given as preventive measures to healthy individuals without being sick! Thus, their **promotion is rather misleading**. Their “vaccinal” value remains to be proven in the future, after their use on the general population. Additionally, no similar research (of equal intensity, funding and publicity) has been done for the provision of drugs that could help individuals that are already ailed from the virus. An example of such a drug would be **monoclonal antibodies**, a treatment that has **been approved from the FDA** just a few days ago for the company Eli Lilly. This drug is given to patients with covid-19 from the beginning (before the symptoms worsen). It is provided for home usage by

the family doctor, thus reducing congestion in hospitals and Intensive Care Units (ICU). Of course, we need to bear in mind that this drug has been approved under emergency authorisation, so it is not yet permanently authorised and its use remains still under heavy research. As is the case for the covid-19 vaccine, this treatment can only be applied with the consent of the patient. Yet it needs to be stressed that **this is a drug provided to individuals that have already fallen ill** (they are not simply carriers or healthy), let alone it is less expensive, as a whole, for nations to use. The aforementioned treatment is not the only one available. There are others that are also oriented towards patients with heavier symptoms, and we will gradually learn more about these treatments.

It becomes obvious that the prerequisites for urgent provision of the vaccine to the population, even voluntarily, do not exist. Nevertheless, this has already started happening and it is promoted as the only available solution within the context of intimidation and unprecedented blackmailing. John [Ioannidis](#) (Stanford University's professor and one of the leading experts on epidemiology) has rightfully pointed out since the beginning of the pandemic that: "Media are constantly broadcasting deaths, creating a false sense of reality, a horror show that does not help citizens comply, but instead they exacerbates stress, and that is something we do not want. We want people to remain cool-headed. Imagine doing this for every death..." (min. 29:10). Indeed, both the government and the media have been engaged in a delirium of scaremongering while embracing extreme precautionary measures, taking advantage of the deepest fear of humans, the fear of death. Normally, **article 191 of the penal code** should be applied, which determines that **"whoever publicly or through the internet propagates or disseminates, in whatever means, false news causing fear** in an indefinite number of people, or to a specific circle or category of persons, who are then forced into a non-calculated set of actions or the cancelation of said actions, ... is punished with imprisonment of up to three years or a penalty payment". **Still, the government tries with publicity-stunts to convince us that they are acting according to scientific guidelines on the matter.** Is that the case? Is the government acting based on scientific evidence?

The following section is a parenthesis to the legal arguments on vaccination, for the sake of presenting the views of medical scientists on measures taken against coronavirus.

4.2. Constructing Emergency Climate

Dimitris Kouvelas, professor of Clinical Pharmacology at the Aristotle University of Thessaloniki, [tells us](#) that, in Greece, "We' ve created a sense that we are being pressured because the world is coming crushing down on our heads, that is, **funds have been invested to convince people of the danger of Covid.** [Whenever one turns on the TV, any time] 90% of the information is about Covid, a virus with **mortality rate 0.15%, ... and the average age of those who die of it is 80 years, while the average age of general mortality is 81 years.** Essentially there are no other deaths: those who die are those who were expected to die" (16:30-17:24). "But, what is he talking about", one may wonder reasonably, given the news and images with scores of dead people in bags, overcrowded ICUs and daily death tolls. However, if we were looking at real evidence, we would stumble upon a rather different reality. **In simple words, for this frightening presentation of reality and the subsequent pressure on citizens, so that they would look forward to any**

solution, there have been three factors: exaggeration of the real risk (through the mass media), taking on extreme measures not proportionate to the problem and contrary to the recommendations of scientists, as well as psychological pressure exerted on the population.

4.2.a. Amplifying the risk

Misrepresentation of reality and creation of an “emergency-reality” is accomplished in a number of ways. Let us talk about fatality and funerals.

i) Fatality

The case fatality rate of SarsCov2 is estimated at an average of about 0.15% (a rate that goes up to 0.23% in countries that have been hit hardest, and goes down in countries that have dealt with the coronavirus very effectively ([Ioannidis](#), 1:52:12")) These rates change, of course, as tests are being performed on the population, since the numerator in fatality calculation fraction consists of number of deaths, and the denominator consists of number of cases (actually, to those who have developed antibodies). The US [CDC](#) suggests an average of 0.65%. The rates also vary greatly depending on age. Thus, in the CDC data mentioned above, for example, there is a scale that starts at 0.003 for those under 19 (zero in Greece), 0.02 for those between 20-49, 0.5 for those between 50-69, and 5.4 for those of age 69 and above. These data mean that we have a great potential of intervening and reducing the percentage by protecting the age groups of people who run the higher risk. Thus, the overall case fatality rate from the virus can be potentially reduced. Furthermore, these rates vary considerably depending on whether individuals have underlying diseases. We know that healthy people, even of old age, manifest very low fatality rates, while vulnerable people manifest higher fatality rates, even if they are younger.

In another example, the **mortality rate** (deaths per total population) **particularly in nursing homes reaches 25%**, because these are closed units with high concentration of elderly people who usually have diseases, as reported by Professor Ioannidis. Respectively, as I have been informed by the cardiologist and researcher at the School of Public Health of the University of West Attica and the University of Patras, Konstantinos Farsalinos, the outbursts in Belgium and New York were caused exactly by the fact that no attention at all was paid at the nursing homes: in New York, the elderly people who were ill were sent back to the nursing homes, where they transmitted the coronavirus, and **in Belgium for similar reasons we saw 65% of the country's total deaths in nursing homes, where only 1% of the population lived!** In Sweden (which has not implemented any of the known measures), a country of about the same population as Greece, the death toll in 2020 is almost double (approximately 8,700) compared to the one in Greece (who took the hardest measures), and the greatest catastrophe took place in nursing homes, not only for the usual reasons, but also because the people working there were paid by the hour, going from one nursing home to another – and carrying the virus with them. In Greece, fortunately, the population that lives in nursing homes is much smaller.

Such data indicate that **this is not a pandemic, as has often been pointed out, but a syndemic** ([Gerotziafas](#), 1:00:30"), i.e. an epidemic that affects those who have underlying diseases, are obese, have or have been through cancer, are immunosuppressed etc., especially if they are *over 65-70 years old*. A syndemic also means that the most socially vulnerable, that is the poorest, those who work in more stressful environments, etc., are at major risk. In other words, **brave interventions in the health system and targeted interventions in specific parts of the population would have the potential of greatly improving the overall picture of the disease**. It is no coincidence that, for example, when decisions were being made in September to impose further restrictions depending on the region, **these decisions took into account not so much the number of cases, but the availability of ICU beds in the health system of the region**. Professor Ioannidis argues, based on these and other facts, that, although Covid 19 is of course not "a flu", as some claim, its impact could be reduced to that of the flu *with the appropriate measures taken* – without of course missing the fact that the flu is a worrying virus that affects young children as well ([Ioannidis](#), 2:03:20"). In **Singapore**, for instance, measures were about confining the virus to a given community, isolating the nursing homes, and caring for the sick people with doctors at home. **What needs to be done**, says Mr. Ioannidis, is **strict care for about 10% of the population**, which finds itself most at risk, and then things will definitely be much more optimistic.

The above fatality rates refer to the total estimated deaths worldwide (approximately 1.5 million). However, we do not know how many of these people died *of* coronavirus or *with* coronavirus because deaths registration in Greece, and everywhere, is made **by registering all deaths as been caused by coronavirus** if the coronavirus test was positive, regardless of the cause of death ([Ioannidis](#), 1-10'). In fact, the tests themselves are performed by analysis in an unjustifiably high number of "cycles" (as they say in the laboratories), resulting in **increased positive results**. Thus, **deaths from coronavirus are recorded, even when they refer to asymptomatic people who did not even actually get sick**.

Also, many deaths in the beginning came from "bad" medical practices: that is, doctors used techniques or drugs in order to help, but ended up having the opposite effect. The *recommendation* to not perform necropsies unless there was a good reason did not help to pinpoint the exact cause of death and draw the right conclusions, as it was a new disease and necropsies might have helped to understand it. After this directive was circumvented by doctors in [Germany](#) and Italy, it became clear that during intubation, for example, they should not have been giving too much air to patients, because this made them worse.

Regarding the issue of compulsory vaccination –let us not forget our main subject, after all– and in regard to the above data and fatality rates, Dr. [Farsalinos](#) recently wrote the following: "Let me remind that the anti-vaccination movement grew in times of compulsory vaccination [in periods with diseases with high mortality]. For example, the legislation on compulsory smallpox vaccination in England and Wales in 1853 actually introduced and strengthened [the presence of] anti-vaccination movement, which was joined not only by those who were against vaccines, but also by those who were against the invasion and intervention of governments in personal autonomy. It is important to clarify that smallpox was a disease with a mortality rate of 30%, with a high mortality rate in children as well".

ii) Funerals

An intense communication *show* was set up around funerals of the deceased. For unknown reasons, **the dead are buried following Ebola protocol, which dictates placing of the corpse in plastic bags, sealing of coffins and use of protective clothing, and not according to Covid 19 protocol, which does not mention any special measures** and, in fact, allows the care of the deceased by their families (check for instance the protocol of [CDC](#)). The researcher [Konstantinos Farsalinos](#) (1:30:40-1:50:00) who raised the issue talks about **an unacceptable communication game to the detriment of the mental health of people**, who do not have the opportunity to say goodbye to their beloved and bury them according to their customs, **for no reason at all**. On the other hand, in an [interview](#) at the Greek MEGA tv-channel, coroner [Grigoris Leon](#) says that the measures taken by the funeral homes follow the instructions of the Greek National Organisation of Public Health (EODY). However, the [EODY instructions](#) do not include what people have seen on television.

Mr. Farsalinos investigated on the issue diligently when he found that the coffins were leaving sealed from the hospitals, thus realizing that there must have been a central order. And indeed he found it, in a “[document](#) signed by the General Secretary of Public Health, Panagiotis Prezerakos, which oversteps all the instructions for funerals and burials of people with Covid-19, both the ones issued by the EODY and the ones issued by the European ECDC, and those of the US CDC as well. As a result, excess instructions for funerals are used in Greece, like the ones used for Ebola, with the coffins of the dead being sealed”. In fact, here we have a proposal of a man appearing in a document that has to do with the transport of a body from abroad to Greece, that is not accompanied by any scientifically justified opinion. As Mr. Farsalinos [emphasizes](#), “since there is no adequate scientific explanation, it **raises a major moral and legal issue** for those who have irrevocably lost the opportunity to say goodbye to their loved ones, regardless of religious or personal beliefs, in the way that they themselves may have chosen to do so”.

Also interesting is the [information](#) given from Mr. Leon (at 2'), that no autopsies are performed on the deceased from Covid 19 because there already exists a definite cause of death: the autopsy is done in order to determine the cause of death, when one is not defined. In several countries (not in Greece) **the cause of death is determined by some algorithm!** [News](#) comes from Cyprus: *“This is the Iris software, an automatic system for coding multiple causes of death and for selecting the underlying (final) cause of death, as stated by Dr. Marios Loizou, Scientific Director, Nicosia Directorate of the Organisation of State Health Services. Iris is based on the international death certificate form provided by the World Health Organisation (WHO) and causes of death are coded according to the ICD-10 rules. Iris users input the diseases into the software exactly as they are recorded in the Medical Certificate of Cause of Death (without changing anything, neither the series of the diseases nor the wording associated with them) by the doctor who certifies the death. After that, the software uses international rules and codes of ICD-10 to extract the final (underlying) cause of death from the multiple causes of death. Iris is used in the following countries: Australia, Austria, Belgium, Canada, Catalonia, Czech Republic, Denmark, England and Wales, France, Germany, Israel, Italy, India, Japan, Luxembourg, Mexico, Norway, Philippines, Sweden, Sweden”*. The cause of death is not determined by the doctor. The [system](#) “is used for standardized and comparable registration of diseases and death records”.

4.2.b. Science Deniers

In addition to exaggerating the risk, a number of measures have been introduced that exert suffocating pressure on citizens so as to render them eager to get out of this situation by any means available – while at the same time other necessary measures were ignored. This is an obvious denial of scientific data by those in charge, which, combined with the one-dimensional presentation of the situation by the mass media, left a vast majority of citizens in ignorance.

i) Enhancement of Primary Care: proposed by scientists, not implemented by the government.

All scientists, with no exception, have stressed that the **primary measure to combat coronavirus is to strengthen primary care**. We are talking about Health Centers, family doctors, individualized patient care, decentralisation of centralized services, etc. Let's see what some of them say. “Our health system collapsed after we had stripped the primary care [during the crisis], so that anyone who was sick with any light disease had to go to Thessaloniki’s hospit, where they could contract coronavirus. We created transmission bombs: **we took measures to spread the coronavirus**. ... In fact, in primary care, needs would be recorded, we would know exactly who the vulnerable people and we would take care of them at home without them having to leave their home, and the rest of us would go out to work normally...” ([Kouvelas](#), 2' -5:30). “The way to help is to send people and doctors to the neighborhoods. At first we did not know the size, but after the summer we ought to have been prepared. The EODY staffed the phone-centers with people who had nothing to do with medicine and health, and who were instructed to tell people that if they had a fever, they should stay at home and call the doctor. Which doctor should they call, exactly” ([Vlachogiannopoulos](#) (2:30:30"))? “In Singapore, they established clinics at a community level, so that the many cases they had would not spread to other areas and central hospitals, and kept deaths to a minimum” ([Farsalinos](#) (1:47:20')).

Enhancement of primary health care automatically means **decongesting hospitals and reducing the spread of the virus within them, among the patients and the healthcare staff, as well as attending other non-Covid patients**. “The course of the disease is stemmed if you put the vulnerable people in their homes and provide them with health care there, without disturbing the hospitals. In China they built a hospital in a week. Do you think that they did not have a hospital? They just wanted to keep the Covid 19 patients separated from other patients. **In Greece we had special infection hospitals, Hospitals for Infectious Diseases, ... They shut them down in '12 -'13** in order to cut down on spending. They still exist, however, and we could have had them painted since February, staffed them with doctors and rendered them operational. We did nothing right, nothing, not one thing. And the opposition agreed with all of these things...” (Kouvelas, 6-11'). Doing everything for Covid 19, as the government did, means that you do not provide care for the other people who are seriously ill, and that you will have an increase in deaths there. Therefore, “hospitals became places where Covid was being spread” ([Farsalinos](#)).

Five scientists addressed an [open letter](#) to the government, proposing immediate measures (focusing on enhancement of primary health care). The following sentence of that letter is worth

mentioning: **“Immediate decriminalisation of the transmission of the virus.** Apart from the fact that it is an extreme and anachronistic measure, it is inconceivable, unprecedented and offensive for doctors to work under the Damocles sword of possible criminal liability in case of transmission of the virus in their practice or during the provision of services to citizens”. Indeed, the government enacted an Act of Legislative Content on 25 February 2020 on emergency measures against coronavirus, which included the following sentence: **“Those who fail to comply with the measures of this article shall be punished by imprisonment for up to two years, unless the act is more severely punished by another provision”** (Government Gazette A 42 / 25-02-2020, [article 1](#) & 6). Meanwhile, there is even a more heavy-handed provision, which stipulates 10 years of imprisonment up to life in case of death of another person in the Penal Code ([article 285](#)) (in a provision that pre-existed, but the sentences became stricter in 2019). In order to enforce activation of Article 285 in light of the measures legislated by the government, the **Attorney General of the Supreme Court**, Mr. Pliotas sent a [circular](#) (No. 4/2020) to the District Attorneys of the country so that they **intervene when there is a reason for the application of Article 285 in order to deal with “reactions of dissidents ... causing reasonable concern to law-abiding citizens”**. In fact, according to the circular, “it is imperative that the attention of the country's prosecutors be focused, among others, on the investigation of whether the crime of [Article 183 of the Penal Code](#) is being committed (incitement to disobedience) ,... a provision [which] was enhanced in the new Penal Code by adding internet as a means of publicizing the provocation or incitement to disobedience”!

In the context of this circular, there have already been SEDs (Sworn Administrative Examinations) in hospitals for staff who were infected, for instance the [Hagios Savvas](#) hospital. Elsewhere, like in General Hospital of Ptolemaida [Bodosakeio](#), official warnings were sent in which the administration warned the employees: “If, during the tracking procedure following a positive case in a staff member, a staff member is found to have had a high-risk contact within the Hospital, which means that he/she did not take protection measures, he/she will be removed from work for 7 days, and will be charged with the respective sanctions”! It is obvious, in addition to the immorality of such an act against doctors, that this treatment is unscientific, since in such a case whoever is interrogated will avoid giving true evidence, for fear of possible prosecution, thus preventing proper tracking.

So, the government of the country treats everyone, even doctors, with penal, repressive means. As for the strengthening of the primary care requested by the doctors... no doctors were hired, nor was there any cooperation with private entities to help the sick outside the hospitals. Instead, the government of Kyriakos Mitsotakis commandeered private clinics and staffed them with employees from the already understaffed public national health system, they closed one more public clinic in [Thebes](#) (and maybe others that I do not know of), and gave little money only for a few more ICUs. And all this is happening in a health system that, during the years of the memoranda, was completely decimated. It should be noted that in the period '12 –'13 about 10 hospitals were closed, some of which could be [staffed](#) and [used](#). And let us remind that the then Minister for Health, [Adonis Georgiadis](#), who is also minister in today's government, was complacently asking to be 'charged' with the firing of doctors as his own decision: **“I do not want the troika taking the glory instead of me”**, he had said!

ii) Lockdown

The decision for the second lockdown [November 2020] faced the reaction of the vast majority of scientists. Regarding the first lockdown [Msrch 2020] there was greater consensus, due to lack of knowledge of the disease: “we did well, because we were hearing about fatality rate of 3-5%” ([Farsalinos](#), 1:47:20”), although some believe that no serious wave of the epidemic had reached our country back then. Those who differ in their disapproval of the second lockdown do so on the basis of the practical view that, “since we are at this point, and since the measures that we were proposing were not taken, what could we do?”, yet still consider it as a “failure”.

Mr. [Kouvelas](#): (1:00-5:30”) informs us that according to the international literature, lockdowns do not stop the spread of viruses: “**when the burglar is in the house, locking the door does not help much**”. Also, “with the lockdown, fatality increases instead of decreasing, because the causes of death that did not exist before increase, plus **the transmission does not decrease**” (6'-11'). Similarly, Professor [Ioannidis](#) (1:40"-4') warns that **a lockdown not only solves nothing, but “is a blind solution with many effects on health and the economy, and negative effects on all other diseases apart from the coronavirus. The transmission of the virus inside the house is catastrophic**, as the enclosed spaces are its privileged field of development and contact cannot be avoided. After all, the lockdown is not complete, half of the society moves, and in fact it is the most socially vulnerable groups that do so (due to mass transportation and work), who then bring the virus home. A lockdown includes a set of measures, some of which can be beneficial, non-beneficial, or harmful. As a whole, they are harmful, and those that are beneficial can be taken perfectly well by the citizens themselves, without having a lockdown imposed” (00:45:47). Also, the lockdowns bring additional deaths from acute problems (e.g. heart attacks) of people who do not go to hospitals, from delayed treatments (e.g. cancer) and from suspension of 80% of surgeries that took place, from the disruption of preventive measures and examinations, from starvation (200 million were added to the poverty line), from tuberculosis (1.4 more deaths are estimated because its treatment is disrupted), from diseases related to unemployment and poverty, from the collapse of the national health system, from suicides, etc.

All these without taking into account mental illnesses or panic experienced by someone who will catch the virus. This is also mentioned by [Anna Kandaraki](#), a clinical psychologist, who points out that “those who have been ill with Covid show post-traumatic stress and other anxieties – the archaic fear of dying alone awakens in us” (9'). Not to mention economic strangulation of societies and the effects that poverty has on health. And without even counting the **chronic future problems of the children from their confinement**, isolation, fear, daily long hours in front of a computer as well as the abolition of education that has practically taken place. As Mr. Farsalinos told me in our communication, “**we have come to the point where we sacrifice children for the sake of the elderly**”.

“Lockdowns do not offer a solution, but rather create conditions of **reverse protection**, i.e. protection of those who do not need it and non-protection for those who need it (00:30:10). What is needed is draconian measures for 10% of the population, which is the part of the population that needs to be protected, and to preserve our lives otherwise”, argues [Ioannidis](#). And he adds that **the measures are imposed for political reasons against the recommendations of scientists**

(00:36:35). In fact, numbers already show a large increase in cases and deaths during lockdowns ([Sachinis](#), 19'). However, despite the fact that scientists have warned about the ineffectiveness of the measure, [newspapers](#) are already blaming the “unruly” citizens for the rise.

It should be noted that the very prevalence of the term *case*, which means a person that is sick, or that of the even worse and surreal “asymptomatic case”, is another way of exerting psychological pressure on people. [In the Dictionary of the Modern Greek Language by Professor G. Babiniotis, the word “case” is defined as “**the manifestation of symptoms** of an infectious disease”, while the word “carrier” is defined as “the person who carries a disease virus, **without manifesting it him-/herself**”).

iii) Masks in open spaces imposed for “symbolic” reasons!

Everyone understands that imposition of masks outdoors, especially in no crowded spaces, has no reason to exist and no scientific basis. I will not need to argue on that because those who participated in the formal decisions have said it themselves. [Charalambos Gogos](#), pathologist, infectiologist, professor of Pathology at the Medical Department of the University of Patras and a **member of the Committee of Experts of the Ministry of Health**, stated in an interview: “The truth is, **we never said you should put masks on when you are out** or when you run, but only when you are indoors or interact. And then they came down on us. **Masks everywhere**, we said only recently, because the spread of the virus is so great that the chance of meeting someone positive, when you are out there, is high. And secondly, **so as to create a symbolism**: do not ... put on and off, etc. **Masks everywhere. Obviously, if someone walk their dog and are alone, the mask does not help at all, but it is a slogan to show the great importance of the mask**” ([01:34:16](#)). For this slogan, sir, several people have been fined (some I know in person), because they were outside *alone* or in their field, etc. **Are the €300 they have to pay symbolic too?**

Excessive measures become unreliable and undermine those which are right. In any case, in order for the mask to be effective, certain [rules](#) need to be followed, otherwise they can be even harmful; such as not wearing it for more than 3 hours (if it is moistened by the breath, then pathogenic organisms are created), not touching it, not using it twice, etc. Fabric masks do not provide the same protection as medical ones. Of course, all these measures make the mask an *unnecessary accessory* for children and a needless protection measure. Dr. [Ioannis Kalampokis](#) states that “the mask is right when you wear it properly, [but] on children it is rather a source of infection - WHO mentions it as well. It is about discipline exercises at these ages, for them to learn the new normality. Masks, when you are alone on the street, is a disgrace” (33:20-36). Even more strongly, microbiology professor [Sucharit Bhakdi](#) believes that imposing it on children is abuse.

With the advent of 2021, the government announced the opening of schools. The committee of experts who advise the government would meet on this subject... two days later! It was also decided to use a mask on children even when exercising! “**This is a measure that exposes us all**”, Dr [Farsalinos](#) commented in a very interesting recent interview, where he added: “**closing the schools has long-term not documented consequences, among which loss of thousands of hours of life, due to lower life expectancy brought forth by school closure**, according to international

studies” (17:10”-23:30”). Lockdown generally brings more deaths and health deterioration, where health is not meant the coronavirus deaths we will record this year or next one, but **the general population long-term health**. “**The risk-benefit ratio has not been studied**”, he said, adding that “**these measures are worse than no measures at all**”.

iv) Epidemiological Surveillance and testing

Again, **all doctors with no exception have stressed from the beginning the need for epidemiological surveillance**, meaning the conduct of demographically designed tests on the population. These tests should not be random, and their scientific value is questionable if they are performed on those who come to the examination centres. Instead, they should be planned based on certain criteria to **represent a proportionate sample** of the population. The purpose of epidemiological surveillance is to give a clear picture of the percentage of the virus carriers in the country and, in addition, to identify outbreaks of possible transmission in order to isolate the carriers and/or protect the vulnerable. As we all know, this **epidemiological surveillance has not been made or planned, although it was proposed by the experts committee and other doctors**. The tests that begun en masse last fall have not been design, are conducted blindly and offer no clue to the scientists – they only offer some “fatality case reports” for the government and the media to announce daily. “You waste money without drawing conclusions” ([02:46:27](#)).

[Alkiviadis Vatopoulos](#), Professor of Microbiology at the Department of Public Health Policy at the University of West Attica, and **member of the Committee of Experts of the Ministry of Health**, says: “**We, as a committee, had proposed since the beginning the prescription of coronavirus tests through the Public Health System, but the government was afraid it would be over-prescribed and would not be able to cover the costs...** In the end, this story has cost us more” (25:20”). Mr Gogos, member of the committee, said they had very few tests, which were not really reliable. However, **a group of university professors had already provided their university laboratories for these tests since March 2020** (Dr [Kouretas](#) had sent a letter to the Prime Minister, Dr Farsalinos too), but **they have yet to receive an answer!** However, it is possible to achieve this, Mr [Ioannidis](#) argues: “**with mass tests how you can reduce the viral load without lockdown**. Look at the case of Slovakia: 60% of the population was checked up in ne weekend. Neither is it a rich country nor does it have scientists, like Greece does. It was not the perfect test, it found those with the highest viral load. ... “With mass tests we also do tracking, in order to see part of the iceberg and not just its top”.

To understand exactly the **epidemiological surveillance’s importance** (versus the blind tests that are being done now) let us say the following: **fatality rates** are inferred from the number of deaths by the number of cases. Since the cases are measured by the tests, the number of tests affects the fatality rate that will come out: the smaller the fraction denominator, the higher the percentage that will come out, and vice versa. Blind tests cannot be traced back to the general population, thus they represent a random fatality rate, which does not help us understand the true ratio. Furthermore, this ratio is obviously raised (because of fewer recorded cases as part of the population). In the case of mass and representative tests, the cases would be much higher, resulting in the real relationship of deaths in the country to the existing virus-positive individuals

(infection fatality rate). Therefore, right now we have a factitious picture of fatality, magnified. In that manner, correct epidemiological calculations and checks, in order to decide appropriate interventions, cannot be made.

The need for mass tests and epidemiological surveillance had been stressed from the beginning in a letter to the Ministry of Health committee by Mr Kouretas and other scientists. [Dr Tsiodras](#) [the head of the committee appointed by the Prime Minister] public responded to Dr Kouretas and his colleagues that they “spread fake news” and appealed to him “not to send wrong messages to the population and cause an epidemic of fear and panic”. The remarks of these scientists are, therefore, false news in Mr Tsiodras’ opinion.

v) Scientists and committee members do not have free access to the data

Dr Vatopoulos, member of the Committee of Experts of the Ministry of Health, informs us: “A large part of the response to the epidemic (i.e. tracking) was assigned to **Civil Protection service**, and the surveillance tasks were shared with **EODY [similar to FDA service]**. ... We lacked a general knowledge of what was happening in each prefecture, the civil protection had this responsibility and the data. We gave instructions for the operation of restaurants, buses, bars, etc. (26-29’). We have no idea how many are recovering, how many are dying in ICUs, how many are out of hospitals ... No, we as a committee have not got access to EODY databases. But we have got the total data given to us. ... Yes, everybody should have access to data and the minutes of our committee” ([Vatopoulos](#), 30:50). In the same discussion: “I am surprised to hear today Civil Protection was mainly responsible, even though they do not really have significant epidemiologists involvement” ([Linou](#), 31:25-35).

Regarding **tourists** during summer, Dr [Vatopoulos](#) states there was no possibility to be tested abroad before they arrived in Greece: “**it did not exist as concept**, it was not possible for their health system”! In Greece “the committee had asked for tests to be performed on anyone coming to Greece, but this could not be put in practice. So, **there was implemented a system where an algorithm would decide the number of random tests in proportion to the risk** (1:06:00’). On this, Dr Ioannidis had more details (because Mr Vatopoulos and the committee did not have!). As he stated, “we opened without intensive use of tests and intensive epidemiological surveillance, in fact a **disastrous algorithm** was used based on how many people were infected in the countries of origin. This preferred the countries that did not have many tests, such as Greece, and many came without any control” ([Ioannidis](#), 1:40:20).

Finally, the prosecutor is conducting a preliminary examination for the complaint regarding the existence of a **dual system for recording** the EODY data, which was reported by Mrs Linou, professor of epidemiology at the Medical School of Athens. The duplicate “books” existence was recorded in a report by the editorial director of the newspaper *To Vima*, Dimitra Kroustali, which [led](#) to her resignation. She wrote on her facebook page: “After the publication of the report on the parallel and ineffective system for recording coronary cases by IDIKA and EODY, suffocating pressure was exerted by the government. This turned into an internal tension and brought me to the dilemma: personal and professional humiliation or [resignation](#)”. The complaint is serious, as

we talk about falsification of official data published and a corresponding influence on the decisions taken.

However, another resignation has taken place, that of the professor of pulmonology and **member of the national committee for the coronavirus**, [Spyros Zakynthinos](#), who spoke about **interventions on the committee's work**. He even stressed that **the government did not take action based on its suggestions but, on the contrary, the committee's suggestions were adjusted according** to what the government accepted from the initial proposals, **thus "the committee became complicit in the whole process"**. He even attributed the second lockdown to complacency and lack of preparation.

Finally, these measures that are endured by the healthy (lockdown, masks etc.) have no effect, as it was argued and, also, they are challenged by most recent research: asymptomatic carriers do not transmit it, or transmit it at a very low rate. In an interview, Immunology professor, **Ioannis Kalambokis**, informs us on a study conducted in **Yuhan, China** on nearly 10 million inhabitants (92% of the population) and published in the scientific journal **Nature** on November 20, 2020. According to the research, those asymptomatic carriers who were found positive to the virus did not have living virus elements in their sample, nor did they become ill in the process. This means **that asymptomatics do not transmit the coronavirus** (0-5' of the [interview](#)). This conclusion was confirmed in our communication by researcher K. Farsalinos: according to a research he is conducting with his colleagues (it is in progress) they find that **transmission of the virus by asymptomatic carriers within the family is 0.7%**. These are investigations that should be of particular concern to those in charge of restricting the society or advising the government in this regard.

vi) Dominance of the vaccine, ignoring the drug

All national and global effort, information and funding has been focused on the vaccine, leaving drug development efforts aside – aside of funding, too. Vaccine funding will be discussed below, so let's see for the moment whether the government makes decisions along with science, as it claims. Vaccines are aimed at healthy people and are precautionary measures. Drugs are therapeutic and addressed to patients. From a medical point of view, **a drug is needed now**, if it exists, without this, of course, meaning that there is competition with the vaccine: efforts can go hand in hand. But this is [not the case](#): governments do not help in their production or in the importation of some experimental drugs that might save some patients and, also, decongest hospitals. For example, scientists' research at *Papanikolaou* Hospital (Greece) to find a treatment, which was going very well, was suspended due to lack of funding .

"Even if the vaccine was given out straight away, it would cover us only next September onwards. So, what really matters now is for the medicine to come and help us for those who are already sick, that is the problem right now, these are the ones filling the hospitals up. ... Vaccines are precursory, while medicines are for treatment ... The medicine came out faster, but just for some reason we hear nothing about it on the media", argues professor [Kouvelas](#). Also, Dr

[Vlachogiannopoulos](#) emphasises: “Vaccines are promising, but they do not solve anything for about a year, so why hurry? Yes, we need medicines immediately”.

Lack of information about the very existence of drugs is typical, while the “vaccine-only saving solution” dominates the public debate. At the same time, members of the medical committee as well as the president of the National Drug Organisation with their statements seemed to ignore the procedures, constantly giving contradictory information, always in “line” of ignoring the drugs, or even constant surveillance on drugs and vaccines, which is mandatory. After all, our country has a negative tradition in not recording side effects and deaths from drugs (Professor of Medicine, [Ioannis Papadopoulos](#), interview 21:40-22:20).

Make note that no vaccines interaction with diseases has been studied, thus vaccination for Covid 19 may become dangerous for some people. This effect was mentioned by the French virologist and winner of the 2008 Nobel Prize in Medicine, **Luc Antoine Montagnier**, in an [interview](#), where he said: **“If someone has Covid 19 and you vaccinate them against the flu, you risk killing them within the following days or weeks. If someone is on cancer chemotherapy and you vaccinate them against the flu, you will kill them very quickly as well.** We must emphasize this: vaccines crossing over with a disease inside the body are very harmful ... **Like in northern Italy, where they vaccinated against meningitis and that is where we had the most deaths”** (6:42-8:40). “Doctors should not forget the Hippocratic principle of *not harming*; for, they will be ones vaccinating” he added.

In any case, the [Panhellenic Medical Association](#), in a letter to the Ministry of Justice, on 29/12/2020, requests a draft law committee to ensure the protection of doctors from any lawsuits by citizens after the end of the pandemic: “to consider the possibility of **legislative exemption or liability for doctors’ negligence limitation in medical procedures related to the COVID19 treatment**, or otherwise the possibility of the state assuming liability for any relevant claims for compensation against doctors”.

At the end of this section, I would like to set forth that all the aforementioned doctors are in favour of vaccines. Also, my frequent reference to Professor [Ioannis Ioannidis](#) is due simply to his work international prestige and recognition, as evidenced by the fact that he is one of the most frequently [cited](#) scientists in all international literature. **This scientist was blocked on Youtube** (it put down an interview) because “it was **violating the terms of the “community” for putting across misinformation about Covid 19**”. This statement can also be found on [Wikipedia](#) (in a highlighted box).

From all the above, I believe it is clear who the deniers of science are. Even the most ignorant put in the government would hire doctors and regiment an epidemiological study, instead of giving more than €40 million to the media to spread panic.

4.2.c. Psychological Blackmail on Citizens

As we continue to examine the issue of *science denial and the construction of urgency*, we should stress again that freely given consent is crucial to research or medical experiment. In the case of

the coronavirus vaccine, however, enormous pressure has been exerted and, in particular, **psychological blackmail of citizens** on the basis that **“it is immoral and irresponsible not to protect your fellow”**. Much has been invested in this point of view, albeit a false one, since the vaccine does not protect against transmission. However, this *false opinion* was not developed in a great abundance of people through ... free association (suddenly everyone used the same argument!), but through scientific planning and methodical propaganda. [Yale University](#), USA, conducted a research as early as of July 2020: this study tests different messages about vaccination against COVID-19 once the vaccine becomes available, and their possible influence on the reported willingness to get a COVID-19 vaccine! The messages examined in relation to their effectiveness in convincing people to be vaccinated, were the following: **1. Personal and economic freedom message** (about how COVID-19 is limiting people’s personal freedom and, by working together to get enough people vaccinated, society can preserve its personal freedom), **2. Community’s interest message** (about the dangers of COVID-19 to the health of loved ones), **3. Guilt, embarrassment, anger message** (it asks the participant to imagine the guilt, embarrassment or anger they will feel if they do not get vaccinated and spread the disease), **4. Trust in science message** (if one does not get vaccinated it means that one does not understand how infections are spread or who ignores science), **5. Not bravery message** (it describes how fire-fighters, doctors, and front-line medical workers are brave. Those who choose not to get vaccinated against COVID-19 are not brave). I repeat, the research was studying which message will be most effective in convincing participants to get vaccinated or to persuade others to do so. The results were not published, but we can safely infer from every-day propaganda that they have been implemented.

Also, relevant to the issue of psychological pressure is propaganda in the Media. For example, let’s examine the following research of the Medical School of AUTH University in Thessaloniki in collaboration with the Panhellenic Medical Association in relation to the **way it was presented**. The research, [published](#) on 2nd November 2020, concerned the mental effects the first March-May 2020 lockdown had on mental health of Greeks. However, it was published by the newspaper [To Ethnos](#) under the title **Coronavirus – AUTH’s Survey for Lockdown: Conspiracy theories have an impact on 7 out of 10 people** – the article was reproduced unaltered by numerous websites! The newspaper’s interest in a major study on the effects on people’s mental health, due to a measure imposed to reduce coronavirus, focused on conspiracy theories, which was only one of the research reports and not on the lockdown effects. The newspaper chose to talk about “7 out of 10” conspiracy theories impact, while the research itself refers to half of the participants! But in the newspaper article itself, the columnist Timos Fakalis writes: “Typical, as well, it is **that the citizens question science hiding behind conspiracy theories. For example, mask deniers claim that masks do not protect them, they consider that their individual rights are being violated or that some hidden organisation imposes measures to control the world**”. However, throughout the whole scientific publication there is not a single reference to masks and individual rights! On the contrary, the survey states, regarding conspiracy theories, that about 10-20% of the respondents believe in “extreme theories” (such as the virus’ relation to 5G and divine intervention), while more moderate views reach 50% (production in a laboratory as biological weapon to exercise control, exaggeration in death reports and propaganda to increase fear). If exaggeration in death reports, for example, is included in conspiracy theories, then Tsiodras (the spokesman for the government’s committee), who first mentioned it, should, obviously, also be

accused of being a conspiracy theorist! An interesting element of the research, however, is that **the belief to such theories has not been found to be related to citizens' adhering to the measures imposed.**

The real important findings of this [research](#), edited by the professor of Psychiatry at the Aristotle University of Thessaloniki, Konstantinos Foundoulakis, concern the March-May lockdown effects on human psyche. In brief: **clinical depression cases rose to 9,31%, with a significant record of anxiety 23%, those who had previously experienced depression relapsed, while 8,96% experienced depression for the first time; increased anxiety symptoms occurred in more than 45%, while suicidal thoughts had an increase to 10,40% .** These findings do not concern those over 65, since the research was done online. The investigation will continue for the second lockdown too.

The results of this academic study, combined with the huge and unexpected **financial burden** on households and people who do not work or have seen their incomes severely decrease without adequate relief from their financial obligations, **school closures**, social isolation and many other constraints, compose a reference framework that seems to be deteriorating. Finally, if, in a sense, measures could be justified by the most conscientious in the context of "defending public health", we should perhaps consider **what is health.** [World Health Organisation](#) defines health as "**a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity**". The [Universal Declaration of Human Rights](#) in Article 25 states that "**everyone has the right to a standard of living adequate for the health and well-being of himself and his family, including food, clothing, housing, medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control**". These internationally accepted definitions of health redraft the question we are already considering: **what view on health imposes the lockdown of all healthy people of a country** (or a planet in this case) and their lives degradation at all levels, instead of taking measures to protect vulnerable groups and quarantine the sick? After all, [quarantine](#) means "**a period of forced isolation [of people, animals or plants ailing] from the rest of society**, in order to prevent transmission of a contagious disease, ... the duration of which normally equals the longest known incubation period of the disease". **Who decided to change the internationally applying definitions and practices?**

4.3. The Ghost of Fear and the "Stigmatisation" of Others

Solutions favored by the political leadership to this public health problem have been imposed as the only necessary ones, working extortionately in societies so that they will be willing to accept their "salvation" through their participation in the extensive clinical experiments that are starting now in the population. Today, however, there is no question of obligation or not. These, clearly, are vaccines during the research phase and **it is explicit and without any exception** that the people participate in them without any given information about their experimental nature.

What one may not immediately realize is that, intended imposition of vaccination on Covid 19 is not just an illegal practice but, in addition, **'embodies' in our societies the ghost of fascism that**

had emerged about 80 years ago. Danger to human beings and society from this is obvious, especially knowing how much stronger the pharmaceutical and chemical industries have become today compared to when the same industry funded the National Socialist Party of Germany and put Hitler in power together with uncontrolled experiments in humans in order to serve the **eugenic ideology expressed through the Aryan race.** It is not a vaccine or a disease that is at stake. The threat lies in the legitimacy in our societies of practices that have been strongly condemned and which, in interwar Germany, marked the beginning of an ever-worsening horror and nullification of human value. The Germans did not wake up one morning and said, "let's exterminate millions of Others"; this is the result of a series of measures, which were first tolerated, and then went out of control. **The imposition of compulsory vaccination on the entire global population on the occasion of Covid 19 opens the bags of Aeolus for the violation of every guaranteed human right and value.** This would be a justification for Nazism 80 years later.

In Greece, with the trial of the neo-nazist party Golden Dawn, many people argued that victory against fascism is not (only) the condemnation of a party – even if others wanted us to forget those who supported it, funded it and cooperated politically with it. And they were absolutely right. On the occasion of Covid 19, those people should move beyond current propaganda that censors any view opposed to the government's choices and to see what defines fascism, what feeds it, what it has done historically and who has supported it. If we look at what is happening today in this light, we will easily understand what is actually at stake. **Any 'discount' on guaranteed human rights due to a virus will set a very dangerous precedent without, perhaps, a quick return.** The enforcement that is being attempted today is mainly based on consensus, which includes verbal humiliation of anyone who disagrees with the government through derogatory descriptions uttered by the citizens themselves (conspiracy theorists, fascists, sub-humans etc.). For that reason it is deemed necessary to break the monopoly of guided propaganda and to dismantle the heavy cloud of fear that has overshadowed everything – as is the case with any fascist attack.

Professor Dimitris Kouvelas speaks clearly against the obligation of vaccination on December 25, in an interview at the newspaper Kyriakatiki Kontra. There, when asked "What do you say to conspiracy theorists who are against vaccination about existing mutants, etc.?", He talks about the real danger of mutation, which he considers to be of social and political nature:

*The vaccine is not capable of causing mutations and cannot affect human genetic material. Problems of immune overreaction in some people could happen, **but for the most part other significant problems of social and political nature are at stake.** For example, views in favor of obligation and "discrimination" against those who choose to refuse vaccination. Medical and civilized action is the consent of the citizens to every medical act that takes place in one's body. If, on the other hand, citizens are "forced" to distinguish themselves between "vaccinated", therefore healthy and safe, and others who will be referred to as "sick" or dangerous to the public health, then the bag of Aeolus opens for dangerous and anti-social behaviors. If the unvaccinated will not have rights to work or care so that some people feel safe, then patients with any infection could be "marked" (HIV, hepatitis, tuberculosis, venereal etc), so as to not mislead and infect someone, **and maybe some will flirt with the idea of labeling "every dangerous individuals",** such as homosexuals, Roma,*

schizophrenics, addicts, etc. Of course, with this "logic", smokers and carriers of HIV and hepatitis should not be treated since they have not taken the necessary precautionary measures, as some of the nation's health authorities have decided.

Professor Kouvelas, like all the doctors I have heard so far, is strongly opposed to any form of obligation, direct or indirect. Dr Kouvelas brilliantly answers the above in response to a question on conspiracy theories. Unlike others. Like the prime minister. Let me close this section with an illustrative example, **regarding the exclusion of the other (non-governmental) point of view** or, even better, by **clinging to these views of extremist and minority** characterisations and beliefs in order to insult them.

The very [reference](#) of the Prime Minister Kyriakos Mitsotakis to "cov-idiot" and "underworld of the internet" **did not shake the opponents of fascism in our country as much as it should** - so widespread that this insult and rivalry is now in our society. **The violation of the Constitution and all its provisions regarding respect for the personality of every human being at such a high institutional level was not perceived.** And yet, classifying fellow human beings in a subordinate category by reducing their value should make some rebels with similar references to "cockroaches" and "mice" shudder. Because **devaluating Others in a category inferior to regular people, or even inferior to the human in general, is a regular tactic of any fascist regime**, as the tragic history of humans has shown. **When the degrading tactics of the government are happily embraced by the people, then yes, we are clearly slipping into fascism.** Perhaps again with this public statement he gave a stigma to the *willing* in order to slander freely and with political cover: a few days after [in.gr](#) website published an article with the term "sprayed" in the title, and the phrase "dumb and stupid" in the text. Thus, the government's investment in the media pays off!



When after a while the same man, Kyriakos Mitsotakis, violated the measures he had imposed as “painful but absolutely necessary” against the great danger we are experiencing, what was he essentially telling us? That he is the same as the “cov-idiot”, or maybe that he does not even believe in the necessity of the measures that he has imposed on us against any scientific evidence? One can answer it by cursing him, underestimating his intelligence. Okay. But this reaction happens to almost every fascist politician without thus preventing the total imposition of terror and violence on everyone.



[We can see in this photo PM Kiriakos Mitsotakis, taking some pictures with strangers, with no social distance precautions or mask, with his bike far away from his residence]

5. No company has the legal authority to impose restrictions that affect citizens' constitutional rights.

Laws and international regulations are clear and apply to everyone. The “free market” argument is a pretense. Much **more so when “free market” is funded by the state, as in the case of vaccines, including compensations for side effects. Selective research funding is a free market intervention in favor of a third party.**

*And those who will not be vaccinated voluntarily - because **as I said vaccination will not be mandatory** - should be aware that they may want to travel and they may not. It is so simple. I am not going to chase with the vaccine people on the street who do not want to be vaccinated, but they should know that they are taking responsibility for themselves. And it may **not be us but the market itself, the free economy, that imposes such restrictions that make their lives a little more difficult.***

The above was said in an interview by the greek Prime Minister Kyriakos Mitsotakis on the radio station Status Press on November 28 ([recording](#) and [video](#)). And **we must affirm with all certainty that he is lying**. He is lying in every part of his statement: in the part of compulsory vaccination, in the part of the freedom of the market to impose unconstitutional restrictions, and in the part that the free market is active in relation to the coronavirus. Let's look at them one by one.

5.1. The Government Has Voted for Compulsory Vaccination

The Prime Minister declares his intention to leave vaccination optional, as it is. However, since we cannot consider his statement binding (it would not be the first or the last statement that is removed at will), we have to examine what preparations the government is making about it. And - oh! What a surprise - **in 2020 there have been 2 legislative interventions that legally prepare the ground for compulsory vaccination!** The first one came early, on **February 25, 2020**, with an [Act of Legislative Content](#) (ΦΕΚ Α/42/25.2.2020) entitled *Urgent measures to prevent and limit the spread of coronavirus*. These measures consist of: “**Compulsory** clinical and laboratory medical examination, health monitoring, **vaccination**, medication and hospitalisation of **persons, for whom there are reasonable suspicions that they can transmit the disease directly or indirectly**, ... [and persons] coming from areas where a large spread of the disease has been observed” (Article 1 & 2a, b). In fact, many of the measures taken after this ALC (closure of schools, lockdown, restriction of transport, etc.) are briefly mentioned in this ALC, although the spread of the disease was still at an early stage: in Italy the first case appeared on 21/2, in Greece it had not yet appeared (appeared on [26/2](#)), and the pandemic was declared on **March 11**.

On March 11 2020, [Law 4675/2020](#) was published, which provides that “***n cases of risk of spreading communicable disease, which may have serious consequences for public health, compulsory vaccination in order to prevent the spread of the disease may be imposed, by decision***

of the Minister of Health, after the opinion of the National Committee of Public Health Experts (EEDY). The decision above **defines the group of the population in respect of which vaccination becomes mandatory, the defined area of inclusion in the mandatory, the period of validity of the mandatory vaccination, which must always be decided as an emergency and temporary protection measure for public health of a specific group of the population, the regulation of the vaccination process and any other relevant details**” (Article 4 & 3Aiiib). This is the first time that there is such a general legislation regarding vaccination – in addition to the existing law for school enrollment. In fact, it is formulated outside the special context of the previous legislative act that concerned emergency measures for Covid 19, and it refers in general to any contagious disease. Nevertheless, the legislator is careful and sets specific conditions of validity because enforcement of vaccination cannot stand legally. In other words, it sets time and local restrictions, for a limited group of people and **only as an extraordinary and temporary protection measure**. Of course, this might be used as a "window" for the imposition of vaccination slowly and per population. It might be used if it was not totally illegal by any national or international standards: imposition of a medical act on a human being cannot stand in our legal culture whatever the restrictions! Furthermore, **the explicit provision of “extraordinary and temporary measure”** applies to any exception provided by the Constitution and in general **to any extraordinary treaty**. Measures for coronavirus must have a specific time horizon.

Later, on October 30, 2020, a new regulation on [Establishing a National Vaccination Register](#) was voted on “accurate recording of the vaccines carried out in each person belonging to the general population of the country (children and adults) will take place, especially in application of the National Vaccination Program”. Some of the goals of the program are: “f) **To enable personalized notification of vaccination to persons and families**; (g) **To enable the production of a certificate of vaccination, in cases where it is required for specific legal uses (such as school enrollment, for travel to countries with specific vaccination obligations, etc.)**. (h) To enable the collection of information of persons that need to be approached by the public health services in the context of dealing with a local or widespread epidemic for the purpose of organizing their vaccination or defective vaccine batch, for the purpose of their systematic monitoring” (Article 1 & 2). It should be noted that condition (g) has been met for years for countries that require the yellow fever vaccine for travelers to enter. It is therefore reasonable to worry that publications on “vaccination passport” and “compulsory vaccination”, no matter how false, fall **within the usual tactic of preparing and familiarizing the population with something that is clearly being prepared**.

So, let us have no doubt about the intentions of the government. Intentions that, after all, are **not its own initiative: relevant statements have been made by government officials in other countries simultaneously**. In Britain, for example, at the same time (end of November) ministers were declaring that there might be an “immunity passport” for free access everywhere and that **technology** would facilitate this. Shortly afterwards, [another minister](#) said they were not considering such a thing. This seems to be a rather studied technique for creating confusion among the citizens than conjunctural contradictory statements of ministers **in different countries at the same period of time**. In Spain, however, the director of the Center for Emergency Health Alerts, Fernando Simon, said that “*we hope it does not have to be mandatory*”, and the Minister of Health in Italy, Roberto Speranza, that “*we hope to achieve herd immunity without obligation, but*

immunity must be achieved” (see [here](#)). Even in [Australia](#), which generally has a stricter stance on vaccination, Prime Minister Scott Morrison said vaccination “*should be mandatory, as long as it can be done!*”.



Even in those countries that declare against mandatory vaccination, we do not know what they have voted in the meantime and it remains temporarily inapplicable – as in Greece. In **Denmark**, for example, there is intention to impose a state of policing and arbitrariness, on the occasion of health. In mid-November, the deadline for consulting on a [new law](#) expired, which provided, among other things: those infected with the contagious virus would be able to be examined, hospitalized, treated and forcibly isolated; the Ministry of Health could set the groups that need to be vaccinated in order to reduce the spread of the disease; those who deny the above can be imposed through their physical detention, with police’s jurisdiction. From limited sources, and especially from Facebook, there was information that there were extensive protests for several days that resulted in the withdrawal of the bill or the provisions, but it was not possible to find evidence on it - as a result of the existing censorship.

If the above measures sound extreme, it is because we are neither learning about them, nor about the countries that already take such measures - and this is already a very serious lack of democracy and transparency. There is not adequate information even about our own country! In Greece, a Ministerial Decision of 26/9/2020 (No. Δ1α/Γ.Π.οικ. 59624) calls for the “temporary restriction for fourteen (14) days of confirmed positive cases COVID-19 following in such categories as: a) persons deprived of permanent residence in the Greek territory, b) persons residing in accommodation structures and **c) persons belonging to large families and cannot be isolated, who are asymptomatic and do not need admission or further hospitalisation, as precautionary protection of public health from the further spread of the coronavirus COVID-19 in the Greek Territory**”. Simply put, according to (c), the *police* will have the legal authority to forcibly take whoever is positive and isolate them away from his family to protect it! This is a direct isolation of **family asylum** (article 9 of the Greek Constitution) for the protection of the family itself. Doctor and researcher [Konstantinos Farsalinos](#) characterizes it as “a measure that flattens human value, dignity and privacy, and brutally violates fundamental rights ... Isolation of those positive to the virus is an obligation and must be ensured. However, transfer and isolation without their consent in a place of choice of the authorities is illegal and an extreme violation of fundamental rights”, when it applies to people who have a family home. In December 17, Deputy Minister of Civil Protection **Nikos Hardalias** [announced](#) “tough measures” for Western Attica, including the “isolation of confirmed cases that do not require hospitalisation, in areas and structures that have already been secured for this purpose by the General Secretary of Civil Protection and especially in cases **where household isolation is not feasible and poses risks to other family members**”. The state's concern for the citizen's well-being now takes it to another level - overcoming its constitutional obligation and limiting *public health* at the same time. Isn't this forcible isolation, insofar as it is proposed for health reasons in a positive patient, a medical act? So, isn't consent required, as is required for any medical procedure?

To sum up: the Greek government, **in unprecedented total harmony with the entire opposition**, is ready from a legislative point of view to impose what the Constitution prohibits. For the moment it does not proceed since it is not practically ready to apply it: the vaccines that will come to Greece will be in batches, and will not reach everyone anyway - as is logical. After all, it is easier and ‘smarter’ to divide the world by population category (health workers, elderly, etc.) and thus to divert attention. Division has always been the method used for enforcement.

5.2. The Limits of the Free Market are set by the Constitution and the Laws

The second lie coming out of Kyriakos Mitsotakis' mouth is that they will not impose the vaccination but **the free market will!** Here things are easier to document. People, their associations, private initiative, companies, **everything within a territory is regulated by the Constitution (primarily) and its laws, and is supervised by the competent public authorities.** Nobody does whatever they want, at least on a theoretical and legal level. That is, if **an airline says tomorrow morning, “I will not put blacks or Jews or homosexuals or women on my flights”, can you imagine what will happen?** Wouldn't the general prosecutor intervene immediately to prosecute the company for violating the multiple laws on equality, non-discrimination based on

gender, race, religion, etc.? And wouldn't everyone talk and write about the constitutional and international provisions on human dignity that are being violated? I do not think we need to list here all the relevant laws and regulations to convince anyone: **constitutional rights cannot be violated** by a simple statement. Let me just mention the UNESCO Universal Declaration of Bioethics and Human Rights, which stipulates in Article 11 that no one may be discriminated against or stigmatized for any reason in respect of their dignity, rights and freedoms (**Non-discrimination and non-stigmatisation**).

In simple words, when Kyriakos Mitsotakis, the country's Prime Minister and a member of the parliament for years (hence he knows the laws) says that, "*well, if the company wants to do it, what should I do?*", **he is essentially fooling us he is exercising psychological blackmail and invites other companies to participate**. [Similar statements](#) have been made by politicians internationally. In fact, only one such statement has been made by an airline, the Australian [Quanta](#). However, various politicians came out to say that we may not be able to go out **without a vaccination certificate**. With these statements, the politicians are essentially *inviting* companies to take similar measures in order to put pressure on the citizens; again, the case is reduced to psychological blackmailing. In case of implementation of such a decision, for example if a company denies access to someone due to non-vaccination and the authorities do not intervene ex officio, then the offended citizen may receive a very large compensation by suing the company. **The same applies to employers: they cannot demand from employees measures that are unconstitutional and are no even enacted by law.**

The reason why large companies, and especially multinationals, eagerly desire and work towards the so-called **Private-Public Partnership (PPP)** is precisely this: they need states to institutionalize and impose on the population what they themselves do not have the authority to do. The other reason are subsidies: although in a *free market* the state is not allowed to subsidize a private company (in fact Greece has received fines from the EU for subsidizing *public services* because, it says, it interferes in free competition), in many cases, and especially in the case of the coronavirus, **companies have been funded by the states** in the most formal way - by states and *international philanthropists* to be precise. In short, **PPP is the epitome of conflict of interest.**

5.3. The Subsidized Market is not a Free Market

And here we come to the third part that we mentioned above of the Prime Minister's statements, that is, that the free market exists and works regarding Covid 19. In order to produce coronavirus vaccines, money was given by the states and their coalitions - approximately \$ 10-18 billion from the [US](#) and € 15.9 billion from a [EU initiative](#) addressed to the world ([list](#) of countries/amounts). This reduced the risk of the industry and enabled some of the timetables to be compressed. States also pledged to buy it, and the companies pledged on how many pieces they would keep for each country. **The price of the final product has not been agreed (!), nor have the companies been bound to share their know-how.** So, the cost is public, the [profit](#) is private!

And what about the legally guaranteed right of citizens to **compensation** for side-effects from the product? This has been undertaken by countries: **companies have full immunity to any side-**

effects from the vaccines. A question on compensations was submitted to the European Parliament, and the [official answer](#) was: “The Commission has ensured that the agreement with AstraZeneca is fully in line with EU law and in particular that it fully respects and protects the rights of citizens, in accordance with the directive on liability of defective products. According to the directive, **the responsibility lies with the manufacturer. However, in order to offset the potential risks posed by manufacturers due to the unusually shorter timeframe for vaccine development, the agreement provides that Member States shall reimburse the manufacturer for any liabilities arising, only under certain conditions set out in the agreement**”. Let us see some details about the specific conditions ... Oops! Unfortunately, we cannot: **“the issue of confidentiality is raised”!** Indeed, this is the answer given to the Greek Communist Party’s [parliamentary group](#) when it requested the disclosure of contracts with pharmaceutical companies: “The request for disclosure of contracts **requires the consent of the companies...**”!

This is a nice free market, Mr. Prime Minister!

6. Political pre-selection by the governments of drugs constitutes an obstacle to free study and research.

Art and science, research and teaching are free. Their development and promotion are an obligation of the state (Constitution, article 16 §1).

Research, especially when conducted for public benefit, must be free and supported by the state. In the case of the coronavirus, however, several strange things happen. First, states have selected specific companies that they fund for vaccine production, without even making the release of their results a condition – even after a reasonable period of time. This is already a major intervention. But it is not the only one. For example, **the EU has threatened Hungary with sanctions if it chooses to supply the Sputnik V vaccine being prepared in Russia** (with conventional technology). Such a threat is an impediment to the free choice and distribution of vaccines, serving political and economic criteria. [Surgeon Dimitris Gakis](#) (former director of University Hospital in Thessaloniki, AHEPA) considers "unthinkable" this and other moves, such as: "... European leadership's insistence that vaccines will be tested **only by the European Medicines Agency** and then used by member countries. I will remind you that the autonomy of member states allows and, in my opinion, **imposes** control of each drug by its trusted laboratories".

In the newspaper [Ethnos](#) on November 27, 2020, we learn that **researchers at Papanikolaou Hospital in collaboration with AHEPA have begun research into the treatment of patients with Covid 19 using special T-lymphocytes** – a method already used at Papanikolaou for other diseases. T-lymphocytes are taken from a donor who has recovered from coronavirus and are given to patients where they act as a ready-made defense. This treatment, which is considered to be more effective than monoclonal antibodies, has been under investigation since May, has already completed the preclinical study, and is ready for clinical trials. **However, it cannot proceed due to lack of funding: they are missing 200-250,000 euros to move on to the next stage!** In fact, a month after this publication it was [announced](#) that the money needed was donated. What is outrageous in the whole affair is that the **money they lacked to move forward was required by public authorities in order to authorize permission!** Similar amounts were needed for vaccine companies, but they were either exempted or given by the states. In Papanikolaou's investigation, however, state intervention did not seem to show any priority, despite the fact that it would be good for the country.

* * *

At this point, the examination of the issue of the obligation of vaccination, regarding the domestic and international rules, as well as the Constitution, was completed. This is an intervention on the person who cannot stand legally, but neither is any discrimination and restriction of those who are not vaccinated. We will then address the political dimension of the issue, highlighting the instrumentalisation of the epidemic and vaccination for political and non-public health reasons.

PART 2

MANDATORY VACCINATION AND POLITICAL ARGUMENTATION

7. The Political Stake

Many studies and interventions by medical associations point out that legal obligation, apart from bioethical issues it raises for doctors, is ineffective because it polarizes societies and undermines trust on public authorities. This is underlined in an article in [Vaccines Today](#), which even lists a [research](#) by the EU according to which there is correlation between mandatory vaccination (mostly applied to children) and greater vaccination coverage of the population! The question even arises as to whether such an imposition has more to do with the ‘fist’ that the State wants to show to those who “do not comply” with the recommendations. This comes from an online platform officially funded by well-known companies that produce drugs and vaccines – unless they play the “good cop–bad cop” show!

The issue analysed here is politically determined. Not just because decisions are taken and implemented by governments, but because they seem to *deploy* the serious issue of public health to impose long-established political aspirations. [Gikas Magiorkinis](#), representative of the National Scientific Committee following Mr. Tsiodras, admitted in an interview: “there is also strong politicisation of the epidemic by many at various levels. This is not just about Greece but it happens globally. So the expression of scientific opinion internationally goes through political filters. That is, depending on whether the scientific point of view matches the desired political narrative, it will be validated or canceled”. Unfortunately, not only governments but also many of our fellow citizens do this: they discredit or accept a scientist depending on whether his point of view matches the narrative they have embraced! This has had a huge impact on the tolerance given to the current government for a number of unscientific and damaging measures imposed, as well as for the substantial gagging of any other view. Let us take a very brief look at some political filters at both levels, of government’s decisions and of citizens' reflexes.

At the level of **political decisions**, while we have a narrative that “we are taking painful but necessary measures” but “we are all in this together”, none of this is true. In the section on The Deniers of Science (4.2) we have reported extensively on the incompatibility of measures with the medical point of view and on their ineffectiveness – indeed it is argued by researchers that these measures worsen the spread of the virus. Apart from the virus, however, the measures imposed

have additional consequences. Measures on pupils, in addition to being disproportionate to the epidemiological risk they bring, have not taken into account at all the adverse psychological and mental consequences produced through confinement of minors in isolation under the regime of fear. Measures that are shrinking the economy, in a country that has been in memorandum for ten years, clearly lead to the closure of many small, medium-sized but also larger enterprises and to further impoverishment of the population. This in turn increases health risks in general, because the poorest classes suffer more from health problems. At an age where over-concentration of capital in fewer and fewer “hands” is the main feature, disappearance of the middle class and shrinking of the upper class is the next step towards total possession of wealth and means of production by a tiny oligarchy. We're talking about people so rich that it costs them nothing to wait, even do nothing, until businesses, shops and land will be sold at cost prices. Not just because of the forced lockdown, but because they are also asked to pay their obligations to the State in full. At the same time, the government continues to legislate on all subjects, without allowing any protest or political debate.

How can we be “all together in this” if everything stops for us while they keep going as usual in everything? How can tickets and penalties be sent to citizens who are in confinement instead of being permanently canceled? How can they give fines to anyone who walks in deserted places when we can't work, while they give hugs with strangers walking 40 km away from their home? How can they reduce metro and bus services by 3/4 while they raise issues of crowding citizens in their homes and impose a compulsory curfew because of this? Why do we have a ban while they transport wind turbines to the islands? Why did they not oversee the purchase of the technological products imposed so as to continue work and learning (i.e. cameras, microphones, tablets, etc.) and left prices unchecked to take excessive increments because of this imperative? Why didn't they reduce the bills (energy, phone)? Why is almost all society incarcerated and few have a free market?

To these many questions, the answers are few and specified: The wealthiest people in the world have already seen their earnings grow higher by some billions of dollars during the pandemic crisis: as the World Economic Forum itself reports, in 2020, the world's billionaires (2.000 people) increased their wealth by 27%, reaching a total of 10 trillion dollars! Among them, four people alone, Jeff Bezos (Amazon), Elon Musk (Tesla), Bill Gates (Microsoft, Cascade, Bill & Mellinda Gates Foundation Trust) and Mark Zuckerberg (Facebook) **increased their wealth by 229 billion dollars**, despite losing 44 billion dollars during an unfortunate stock market week. At the same time, 40 million people in the USA alone have lost their jobs and the global economy is counting many trillions in financial loss. Even relatively wealthy people of the pre-Covid era are now joining the poorer majority, broadening the gap between the two extremes. And all this is unfolding as police brutality and restrictions of civil, democratic and human rights are leading the world down a dark totalitarian path.

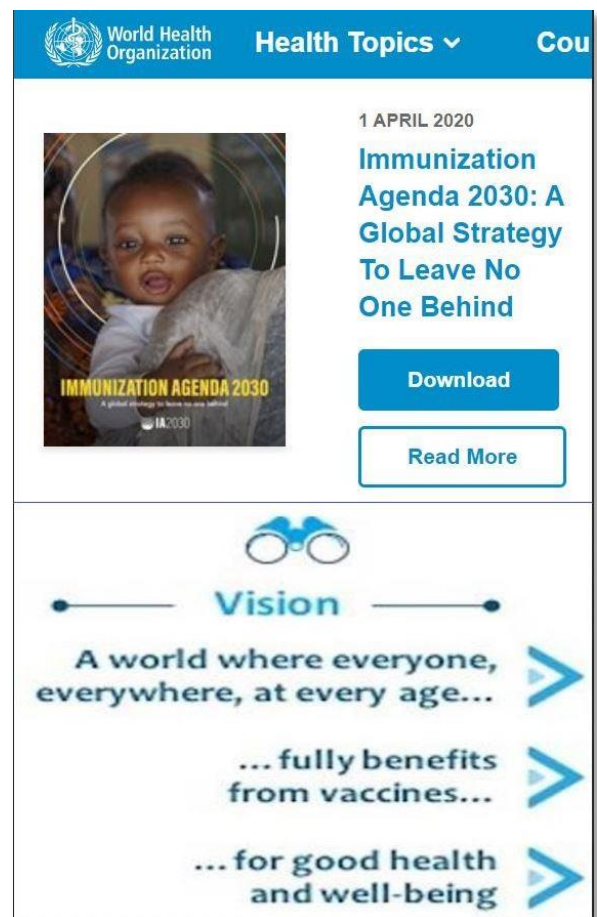
The political decisions applied in Greece are not taken by the Greek government, with the exception of some small details. It is not only that Greece, after the imposition of the 3rd memorandum and its economic hijacking, is officially a country under custody which cannot take any decisions without the “troika's” approval (officially, under Law 4336, Government Gazette 94, 14/8/2015, par. C, p. 1014). It is also that, although it was claimed that we were

entering uncharted territory, many of the measures taken were decided alike by many countries and/or were introduced at a very early stage. The important thing in this case is the fact that these decisions (on lockdowns, vaccinations, etc) have been justified by Covid 19, but have been made long before the Covid-19 outbreak. Interestingly, many of these decisions have been initiated by organisations which do not have the necessary jurisdiction and are not subject to any accountability. Coronavirus seems to be a fluke that accelerates pre-existing plans.

7.1. Digital Vaccination Passport : official goal since 2018

The goal of a common Vaccination Record and of "immunity passport" has been under official planning for three years now by the **European Commission** (the non-elected Directory of the EU). Its relative plan **Roadmap on Vaccination** was initiated in 2018, with actions to be completed through to 2022. In this [Roadmap](#), many actions are planned, among which are the following: **First**, to “**Examine the feasibility of developing a common vaccination card/passport for EU citizens**” – the action starts in 2019 and is to be finalized in 2022 with the Commission’s announcement of **specific recommendations towards achieving this aim**. **Second**, to “develop EU guidance for establishing and upgrading comprehensive electronic immunisation information systems for effective monitoring of immunisation programmes”. **Third**, to “develop guidance to overcome the legal and technical barriers impeding the interoperability of national immunisation information systems”. **Fourth**, to “counter online vaccine misinformation and develop evidence based information tools and guidance to support Member States in responding to vaccine hesitancy, in line with the Commission Communication on tackling online disinformation”. [we referred to these [attempts](#) in the first part]. **Fifth**, to “strengthen existing partnerships and collaboration with international actors and initiatives, such as the WHO, Gavi” etc.

In the context of this collaboration, the [Global Vaccination Summit](#) was held on the 12th of September 2019, by the European Commission and the World Health Organisation, in which many leaders and private partnerships participated. This is when the aforementioned [actions and priorities](#) were declared, among which the renewed [Agenda for Immunity 2030](#), stressing as its basic message: **Everyone. Everywhere. At every Age**. As far as the attention paid by World Health Organisation for safety and for the respect to the international rules is concerned, I will just mention a recent example. During the Ebola virus crisis at West Africa, the WHO [adjudged](#) that “it is ethically acceptable to offer unproven interventions that have shown



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Vision

A world where everyone, everywhere, at every age...

... fully benefits from vaccines...

... for good health and well-being

promising results in the laboratory and in animal models but have not yet been evaluated for safety and efficacy in humans as potential treatments or prevention”!

7.2. GAVI: the world alliance for the vaccines

The European Commission commits to empower its collaboration with GAVI, according to the Roadmap of the European Commission. We could say that such empowerment arrived within few months due to Covid 19: **the European Commission provided €300 million to GAVI**, in order to [boost](#) children's vaccinations all over the world and to raise the vaccines' stock globally. That €300 million is **part of the €1.5 billion** raised at the fundraising event “**Worldwide Reaction for Coronavirus**” [organised](#) by the Committee on May 4 2020, and were withheld by the EU Neighbourhood, Development and International Collaboration Instrument, (NDICI). Who is GAVI? GAVI (Global Alliance for Vaccines and Immunisation) is a not-for-profit, public–private global health partnership with its headquarters in Geneva. “**The GAVI [model](#) has been designed so as to elicit funds and expertise by bringing together governments and vaccine producers**, as well as the basic UN **organisations**, public health institutions and research academies, the private sector and **civil society**, so that human lives are saved and public health is protected through broadened access to new and not sufficiently administered vaccines in poor countries”. It is mainly active in the developing countries. [Greece](#) (despite it’s being under strong economic surveillance – or even because of that!) was among those who funded GAVI this year with €1.5 million!



GAVI is a typical example of a private and public sector partnership, as it brings together governments, who have the power and the management of the people, with the private sector, which seeks for access to the people. The cash usually flows from state budgets to these collaborations, **for a good cause**. World-known philanthropists also contribute financially, although these people usually hold shares in the companies involved in these kinds of projects, so their philanthropy is rather an investment, in which they involve governments’ funds. The GAVI partnership was founded in 1999 with a guarantee by **Bill & Melinda Gates Foundation**, a

philanthropic non-profit foundation that the billionaire Microsoft founder created 2 years before GAVI, in 1997. GAVI is essentially managed by its 4 co-founders, the rest of them being **UNICEF** (United Nations International Children's Emergency Fund), the **World Health Organisation** (WHO), and the **World Bank**. The Gates Foundation actually determines GAVI's course and activities, as it is its second financial contributor, following the UK, as well as the second [contributor of WHO](#) together with the UK. GAVI is also WHO's fourth largest contributor for 2018-19 after the USA, the UK and the Gates Foundation – the money seems to flow right back where it started! In other words, when talking about GAVI, we refer to Bill Gates and Warren Buffet.

7.2.a. Bill & Melinda Gates Foundation – and Trust

Warren Buffet, the wealthiest man globally in 2008, gave 10 million shares to the Gates Foundation, worth billions of dollars, accompanied by certain claims: he, Bill and Belinda Gates would possess, apart from the philanthropic Foundation, an investment trust, the *Bill & Melinda Gates Foundation Trust*. So, there would be an investment sector and a philanthropic entity financially and operationally mutually intertwined. Buffet's company, **Berkshire Hathaway**, is a multinational investment firm in portfolio companies, an equity association that makes money by buying and selling companies and stocks. Berkshire Hathaway owns shares in companies such as CocaCola, Apple, Barrick Gold, J.P Morgan, Bank of America, General Motors, telecommunications firms, Media groups, airlines (sold in 2020) and more. It has lately invested in Amazon, while **for the first time in 2020 it bought shares in [pharmaceutical companies](#)** (Merck, Abbvie, Bristol-Myers Squibb, who recently acquired Celgene), including 3,711,780 **Pfizer** shares worth of \$136.2 million.

Bill Gates, on the other hand, who is currently the second richest man on earth, did not wait until 2020 in order to invest in the pharmaceutical industry, but has done so since 2002, right after he created GAVI. Either through the Gates Foundation or through his own investment company **Cascade**, he possesses shares of the biggest pharmaceutical companies in the world, such as **Merck**, **Johnson&Johnson** and **Pfizer**. This parallel activity, offering donations to alliances such as GAVI so they can buy and promote drugs and vaccines, which they in turn acquire from companies in which he happens to be a shareholder, has raised [criticism](#) concerning bioethics and [conflict of interest](#). **Conflict of interest** is a term used to define incompatibility in holding a position in an organisation or public office by persons who might make decisions affected by personal interests due to their simultaneous serving in another group or company. It refers to the conflict between the scientific/inspecting/public duties of a servant, who might use his position for personal gain. This conflict can also be a criminal offence, and for that reason one has to apply special forms before taking a job or publishing a research. Gates has also been criticized for his advocacy of patents on drugs, which raise prices and obstruct poor countries from getting cheap drugs and vaccines. It is those expensive drugs and vaccines that the Gates Foundation, GAVI etc. provide using the money he collects from governments and organisations, making all (of them) better off and poor countries dependent on world-known philanthropists, who then claim that, if patents did not exist, then they would lack the motive to invest, and so drugs/vaccines would not exist in the first place!

It is probably a known story: how huge amounts of money change hands through the stock market, or how shares gain value when some deal is announced, or even how companies keep doing business, though tax-free, when their stocks are transferred to a *charity foundation*. **Follow the money**, the saying goes! Well, it is not my intention is to exhaust this part of the equation, as this research on mandatory vaccination is already long enough. Yet, before I move away from... the color of money, let me shed some more light into what is going on, by briefly going down the dull and shady path of financial news. **Bill and Belinda Gates Foundation [bought shares](#) of BioNTech, the small German company that partnered with Pfizer for the making a Covid 19 vaccine, in September 2019.** Before that, it was the main investor of **Vir Biotechnolog, a 2016-7 start-up company researching mRNA technology vaccines**, which is currently researching with GlaxoSmithKline the development of antibodies treatment for Covid-19. In 2015 the Foundation also invested in **CureVac**, with which it made more deals for **funding mRNA vaccine development!**

However, pharmaceutical companies are not the only ones attracting interest. The international [delivery services corporation FedEx](#) will make the distribution of Pfizer/BioNTech and Moderna's vaccine in various countries, and has already started in the USA and Canada. In case you are wondering, yes, **Gates Foundation holds [shares](#) in FedEx**. I haven't checked if the price of its share has skyrocketed, as have the shares of other companies that have been awarded such contracts, because at this point I have decided to go off the money trail and **follow the people**. Such as **Seth Berkley**, for example, **GAVI's CEO since 2000**. Before GAVI, [Seth Berkley](#) worked for the **Rockefeller Foundation, another *charity organisation*** which participates in projects related to public health and vaccination since its establishment in 1913 – and also holds shares in pharmaceutical corporations like Johnson&Johnson. Berkley was scientific supervisor for programmes mainly implemented in the so-called Third World. During his tenure, in 1996, the Rockefeller Foundation established **IAVI** (International AIDS Vaccine Initiative), a **not-for-profit public-private partnership** aiming at the development of a vaccine for AIDS. The Gates Foundation is also one of the financial contributors of IAVI.

Let's now have a look at some very interesting initiatives.

7.2.b. Project ID2020

If we follow this line of coalitions, initiatives, foundations and... philanthropists we shall be distracted from our subject. So, let us focus on **Project ID2020**, a so-called **alliance in the form of non-profit organisation, created in 2016 so as to lead on the issue of citizens' digital identity**. The alliance's principle is that, **"the ability to prove one's identity is a fundamental and universal human right"** and that, **"Because we live in a digital era, individuals need a trusted and reliable way to prove who they are, both in the physical world and online."** It sets as a common [example](#) **"refugees, the stateless, and other marginalized groups, [for whom] reliance on national identification systems isn't possible"**. It goes



on to affirm that “individuals must have control over their own digital identities, including how personal data is collected, used, and shared”. So, the goal of Project ID2020 is proposed, yet without any specific detail of how this will be implemented. Only that “We need Good digital ID, and we must get it right”. Such vagueness leaves a lot of space for speculations.

For the alliance, the digital ID is thus regarded as a Fundamental human right. There is an annual Summit organized in New York for “identity leaders of the globe”. On the webpage for [2020's summit](#), we read: “While the pandemic has made it infeasible for us to gather in person, it has brought digital ID technology into the public consciousness and given new urgency to our



collective work”. So, Summit Sessions Webinar Series were organized, with subjects such as: “Good digital ID for all: how do we get there?”, and “**Digital Immunisation Certificates: designing for a New Era in Global Health**”. ID2020 alliance is closely connected to **United Nations’ program Sustainable Development 2030** – the year set as time-limit for the goal. Digital

certificates have been at the center of attention in this program since it was designed. However, we became publicly aware of this debate only with Covid 19, in the context of propaganda in favor of rather than a social debate about them (see [here](#) or [here](#)).

The “allies” who set up the goal of ID2020 are not unknown to us yet: GAVI, Microsoft, Rockefeller Foundation, Accenture and Ideo-Org. Accenture is a multinational consulting firm offering technological and other support to businesses (i.e. software development) and creating biometric accessibility platforms and tools (i.e. face recognition). As the company [states](#), new technologies of biometric access will help us get rid of complex pass-cards which require passcodes as well as paper based passports, but also get rid of fraud and crime. This way, it is argued, “we promote accessibility and also help people authenticate their identities, using a mature technology thanks to the proliferation of smartphone” (see [here](#)). IDEO is a global design company that “**focuses on people and their needs**” (from mouse-pads and laptops to schools and services). Ideo-Org is a non-profit design studio, an organisation created by mother-IDEO, [aimed at](#) “designing products and services alongside organisations that are committed to creating a more just and inclusive world”, and at “[addressing](#) poverty and spreading human-centered design through the social sector”. IDEO was [funded](#) in 2010, by the Gates’ Foundation for an action to improve life in Africa, while Accenture has collaborated in the past with Microsoft (Bill Gates’ super giant) and have [funded](#) charity events together.

GAVI’s participation in a plan to digitalise people’s identities would under normal circumstances raise questions – after all, GAVI works for vaccine promotion. However, such gaps have been filled through the paths that led us here, meaning European Commission’s **Roadmap on Vaccination** which included both a *digital immunisation passport* and €300 million to GAVI. Besides, all Project ID2020 partners are long-term acquaintances, with complementary faculties and *a common vision for the future of mankind*. As they [declare](#), “**ID2020 is building a new global model for the design, funding, and implementation of digital ID solutions and technologies. There is no other multi-**

stakeholder effort focused on user-managed, privacy-protecting, and portable digital ID. ... Changing the flow of funds is necessary to re-align incentives. That's why Alliance partners are pooling funds to invest in programs that consider digital ID holistically... Decisions about how Alliance funds are administered, which programs to fund, and which technical standards to support are made jointly by Alliance partners through a transparent governance process..."

7.2.c. Event 201

The second stop on our way back to 2020 coronavirus era is [Event 201](#). **Event 201 is an exercise, a simulation on what would happen and how the world should react in the event of a coronavirus pandemic affecting humans' upper respiratory system.** The event took place on the 18th of October 2019 in New York , and was organised by **the Bill & Melinda Gates Foundation, the**



World Economic Forum and Johns Hopkins University (also funded by the Gates Foundation). These partners' interest on pandemics is established. **Johns Hopkins** has organised another three pandemic simulations in the past, in [2001](#), in [2005](#) and in [2018](#) (another simulation script was written by the Rockefeller Foundation in 2010, entitled *Scenarios for the Future of Technology and International Development*, which was refuted in a very amusing way by [Ellinika Hoaxes](#) Greek fact-checker) The World Economic Forum along with the

[Commons Project Foundation](#) have launched the so-called **Common Pass System**, a system for digital registration that will issue health certificates to travelers so that these **certificates follow the same standards globally**. This project was **launched in 2018**, a time when the newly established company Commons Project received [funding](#) from Rockefeller Foundation (the company has many more interesting [backers](#), such as Blackrock). The Common Pass System is presented today as a solution to the problem Covid 19 poses on traveling. And one more detail: the World Economic Forum "was recognized in 2015 as an international organisation ... Today it is in the next phase of its path towards a global platform for public-private partnership".

At the Event 201 simulation discussion table on what to do in the event of a coronavirus pandemic, the composition includes a representative from the three organizers, plus one of: the UN, the World Bank, the Marriott International hotel chain, the Henry Schein medical chain, the ANZ bank, the Edelman public opinion firm, Lufthansa Airlines, multinational package delivery and supply chain management company UPS (with shares in the Gates Foundation), the pharmaceutical company Johnson & Johnson (also with shares owned by the Gates Foundation), NBS Media, and two government officials from China and Singapore. Also in attendance are [Avril Heins](#) (Johns Hopkins and Columbia Universities) and [Timothy Evans](#) (McGill University), two academics, the first having worked or served on the advisory bodies of organisations such as the

US Government, the CIA and the NSC, and the second with experience with the WHO, GAVI, the Rockefeller Institute and the World Bank.

One look at the CVs of the [participants](#) will prove that most are old acquaintances, from positions at the WHO, the UN, WTO, the Impact 2030 Initiative, and from the management of the Ebola pandemic in West Africa. It's the same, select few that have worked so well together in the past...



In sum, **“the scenario illustrates the very critical role that global business and public-private partnerships play in preparing for and responding to the pandemic”** ([introduction](#)). The [conclusions](#) of this simulation have been published, yet these discussions themselves and the very scenario of this simulation are most intriguing – and freely uploaded. “We don’t want to give the impression that traditional public health measures are not valuable, because they absolutely are. ... But in a severe fast-moving pandemic it may not be possible to contain the pandemic through these kinds of traditional measures. That’s why prior planning and promotion of routine private-public cooperation in advance of the next pandemic is really critical”, they said at the [closure](#) of the exercise in October 2019. Fundamental conclusion of this exercise was **the necessity of private-public sector partnerships and on a global scale**. In other words, governments have to record their needs and inform businesses (to activate for this matter the EPI BRAIN initiative). To create a unified system of data recording, as well as available sources recording. **“States are going to want to be able to decide for themselves, so one of the challenges will be ensuring that we are using an existing [international] mechanism, such as the WHO or the UN will be the base of operations are..., ...making sure that states are stepping up to tell people what it is they are doing, what the decisions are... so that there can be pressure there on ensuring that states are actually doing what the larger plan needs to be”** ([discussion 1](#)). To define which economic activities are important to maintain, and which corporations are “too big to fail”. To support state from collapsing, cause this could trigger turmoil and uprising. To start immediately their efforts towards

vaccine development in a centralised effort and funding of pharmaceutical companies, and to speed up its production with the use of technology – activation of CEPI that was set up for this reason three years ago ([discussion 3](#), and 1). To maintain trade and travel in any way possible.

The last discussion concerned **the field of information and of combating “fake news”**, which deserves some reference on its own ([discussion 4](#)). In Event 201’s scenario, social networking platforms (Facebook, Twitter, etc.) suspend accounts that disseminating fake news in order to avoid panic and non-compliance to the measures. In some countries, they even shut down the internet or made arrests. The proposals given in response to the above scenario were, again, unanimous, and were based on the importance of internet and social media because “this is where people are getting their information from”. So, the proposals were the following. To use technology, more specifically algorithms, to direct towards *good information*. **“Shutting down the internet will create more panic and unrest. ... we must not shut them down but take them on our side”**. ... **The moment to assert that they [social media] are a technology platform and not a broadcaster is over. They have to broadcast accurate info and partner with the scientific and health community and flag good info”**! To respond to false information and leave no uncertainty or gap. “To have centralized response: data, facts and key messages must be centralized internationally. ... We must flood the internet with the message we wish to pass, to cooperate with telecommunications companies so that they know the message we want them to portray. There are technological solutions: to create algorithms to shift through info on social media so that people trust their source”. To portray personal stories of people who got sick, who escaped death”. “In the US people lost trust in social media after last elections, **so we must put the right representatives on traditional media networks so that they portray our side of the story ... And to do daily briefings for trust”**... To have trusted organisations to recruit those representatives to work with public”. Because people often know the facts yet the behavior continues, **we must incentivize people to a certain behavior**. And, finally, to talk about a “step-up on behalf of the governments on enforcement of actions against fake-news, such as new regulations, bringing people to the court to decide...”.

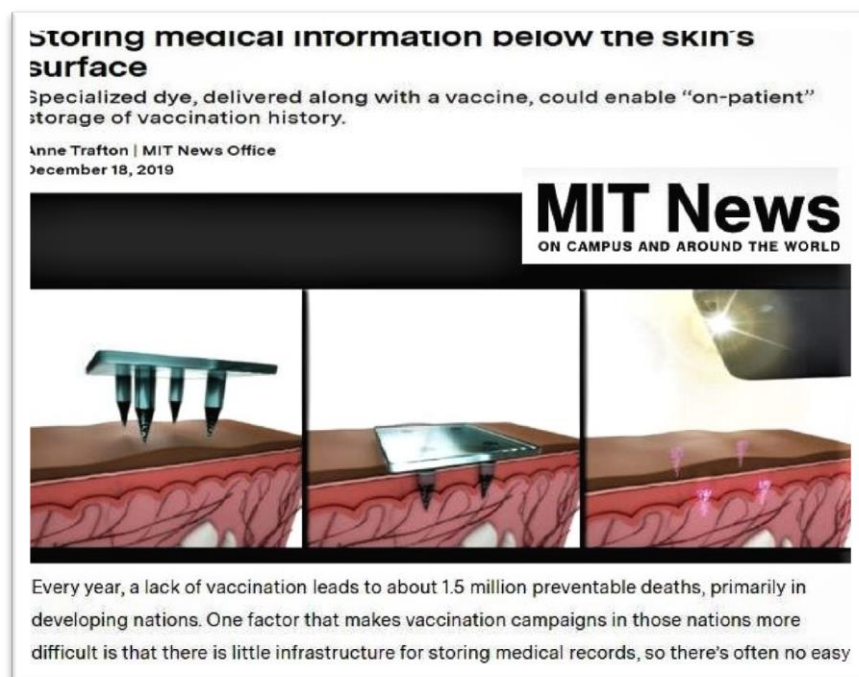
[So, **“Shutting down the internet will create more panic and unrest”**, they said. Does that mean that they will not hesitate to shut it down, if they conclude that they can avoid some unpleasant situation, like a public uprising, by doing so?]

7.3 A Premeditated Response

All the proposals of the ‘experts’ in Event 201 have already been applied since 2020. The measures for handling the crisis were not at all made on the spot, as governments declared. Thus, it is no wonder that, measures taken in Greece (and elsewhere), for example, had been voted at a very early stage (since 25/02/2020 in Greece) – unless they foresaw the pandemic! Undoubtedly, transparency and honesty as far as such a critical health issue is concerned would require that governments reassured people by openly declaring that all possible solutions have been examined and that, although we are going through an unforeseen health crisis, everything is done based on the proposals and coordination of international Bodies and Organisations. However, this very transparency would raise questions – questions regarding accountability and the interests of those

who have created management models, or the way they handled past health crises (e.g. H1N1). Most of all, such transparency would make it impossible for fear and panic to prevail and for such measures to be implemented, measures which – what a coincidence! – are in accordance with the longtime aspirations of the [parliamentary oligarchy](#). The point here is that, **contrary to what is widely believed, evidence does not allow for conspiracy theories or doubt to develop**. Conspiracy presupposes planning secretly. Here, for better or worse, all sources are accessible to everyone: the elite speak openly. And when they do not, it is probably done in order to induce certain theories and speculations. These speculations are reiterated in the public debate just to confuse us and **make us engage with alleged conspiracy theories rather than with the things that are truly happening**. How facts are interpreted is subjective. Facts themselves however are totally objective.

Let us look at an example. **There are few - not many, as far as I'm aware - of our fellow citizens that believe that everyone will be controlled through a microchip infused into the human body when vaccinated**. Though this association might sound absurd, **ID 2020** refers to the creation of a digital ID card which cannot be lost, without specifying how this might be applicable. That indeed raises speculations and causes initial confusion, especially when there is relevant research carried



out by the renowned MIT (Massachusetts Institute of Technology, USA). An [article](#) published by the university on 18 December 2019 entitled **"Storing medical information below the skin's surface: Specialized dye, delivered along with a vaccine, could enable 'on-patient' storage of vaccination history"**, announces the results of a research project carried out by a group of MIT researchers.

"MIT researchers have now developed a novel way to record a patient's vaccination history: storing the data in a pattern of dye, invisible to the naked eye, that is delivered under the skin at the same time as the vaccine. The researchers showed that their new dye, which consists of nanocrystals called quantum dots, can remain for at least five years under the skin, where it emits near-infrared light that can be detected by a specially equipped smartphone". Common syringes are not required here, while, to make it easier, it can be applied on the skin with a microneedles' patch (as shown in the photo). The article declares that **this particular technology was designed to "ensure that each and every child will be vaccinated**. As it is also mentioned in the full scientific article published in [Science Translational Medicine](#), in many countries there is no central record infrastructure and, thus, the cards citizens have had up until now might be incorrect or might not exist at all, resulting in lost vaccination chances and in a lack of information on who

needs to be vaccinated, other than the information a child's parents allow to reveal. **"This technology could enable rapid and anonymous detection of patient vaccination history to ensure that every child is vaccinated"**, stated one researcher, and another added: **"It's possible someday that this 'invisible' approach could create new possibilities for data storage, biosensing, and vaccine applications that could improve how medical care is provided, particularly in the developing world"**. Would anyone like to guess which *charitable foundation* funded this research?

Surely, it is not only MIT that has developed this kind of technology and nor is it the only body who has adopted this phraseology which so much reminds us of Project ID2020. *[Let us note here that, when university students protested against the affiliation of academic institutions with private companies, it is these very practices they condemned: the wording of scientific surveys as instructed by businessmen/ financiers]*. Even though *the current vaccines* may not yet contain information nanocrystals, this is certainly being planned for the near future. And if some people feel safe that in such a case we will be asked for our permission, I believe that no one can blame those who do not share that conviction. All the more so, since there is no transparency or debate on the technological advances people might wish to welcome. **Conditions that lack transparency always allow for various interpretations.** But most importantly, conspiracy theories **conveniently prevent investigation and inquiry into their very origin.** Because these advances still remain unknown to the majority of people, even though they are posted on the web. Not to mention the fact that websites that refer to these matters are virtually banned from social networks.

Let us not deal with assumptions and probabilities here, especially since this does not concern the present situation (although such technology requires public debate). It would be far better if we examined a much more specific and obvious plan. **Because, if there is a plan undoubtedly being revealed, that is the exploitation of any kind of crisis in order to pursue certain clearly present and undisputed goals. All the more so, when there is a crisis which cultivates fear.** Let us not forget the way the Greek debt was used so as to take measures 'against' economic crisis. Measures, which not only failed to solve the problem, but on the contrary made it worse – imposed by politicians and international bodies who were fully aware of what they were doing . Or did we perhaps think that public health would not be used as a pretext?

7.3.a. Persecutions, suppression of freedom of press and free expression.

This very moment all over Europe, and elsewhere, authoritative measures beyond any imagination are being implemented, denying citizens of all kinds of freedom. Shops are being closed down, healthy people are kept in quarantine, children are not being allowed to meet their peers and are made to pretend they are attending classes online. In Greece, people are obliged to wear masks outdoors, even if there is no other person within their range of vision. The General of GEETHA (Hellenic National Defense) appeared TV in order to update Greek people, in an effort to enhance the propaganda of "war against the invisible enemy". At the same time, Administrative Inquiries under Oath have been initiated against employees of [Agios Savvas](#) hospital because they got infected with coronavirus(!) while some other employees were transferred in retaliation for demanding additional medical staff. In [Laiko](#) hospital, management sent a document which states

that “the Ministry of Health has centralised communication and all employees are forbidden to make any statements on mass media”. Simultaneously, there has also been governmental investigation regarding employees who reported the distribution of ineffective masks. In [Patmos](#) island, doctors were reported for their posts on social media. What’s more, POEDIN (Panhellenic Association of Public Hospital Staff) [reported](#) a case of disciplinary inquiry against medical staff in Edessa, just because they talked to the media.

All these actions seem to be in accordance with the Public Prosecutor’s [circular](#) which alerts for the keeping of measures, but also for the **penalisation of spreading the disease (that is to say, the non-observance of the measures), as well as the penalisation of any information about it which could be considered as “a cause of concern among law-abiding citizens” or “incitement to disobedience”** (through the Internet as well, as we have previously mentioned in chapter 4.2.b.i. *Science Deniers*). This circular has led to [investigation](#) of the newspapers *Makeleio* and *Eleftheri Ora*, as well as of the singer Grigoris Petrakos for producing a video with data on the coronavirus. **Unfortunately, this prosecution was not given appropriate attention by known ‘activists’/supporters of democracy, who merely laughed at it and thought that it did not concern them.** But what might indeed concern them is the announcement of the general hospital of the city of Ptolemaida, [Bodosakeio](#), stating that “if, after a coronavirus case amongst medical staff, another person is tracked down having had high risk contact within the hospital premises, implying that they had not taken precautionary measures, they have to leave work for seven days and penalties will be imposed on them”.

Doctors are also being persecuted in Europe for disagreeing with the administration or with the danger of the virus. In France, professor [Christian Perronne](#), head of the department of infectious diseases in Poincaré hospital, at Garches, was dismissed on the grounds that his stance against Covid19 “is disputable”. Perronne stated, among other things, that his colleagues were paid extra when they reported patients infected by coronavirus. Of course, this event appeared in many European newspapers, labeling the professor as a “[conspiracy theorist](#)” – although scientists of high social status are commonly referred to as “controversial”. The French National Medical Association (CNOM) pressed charges and disciplinary [persecutions](#) against Perronne and five other doctors and professors, including Didier Raoult, “for ambiguous comments on pandemic Covid-19”. The rest of the doctors accused are **Henri Joyeux**, **Nicole Delépine**, **Nicolas Zeller** and **Rezeau-Frantz**. [The French Medical Association has some very interesting views on various issues, such as digital [tracking](#)]. In addition, professor **Jean- Bernard Fourtillan** was arrested and kept in a psychiatric institution. I will further expand on this later, as well as on the case of the German doctor **Wolfgang Wodarg**.

This is not a matter of censoring a different point of view. This is a matter of persecution against a different scientific approach. In other words, **persecution of science itself** since, as we all know, science advances only through debate, research, that is free research and expression.

There is more on authoritarianism. In the region of [Columbia](#) (USA), a law has passed (not validated yet) according to which underage individuals will be able to get vaccinated without parental consent – even without informing parents at all. Similar information concerning the state of [Michigan](#) has been refuted: there has been a misunderstanding, the article supports, because

classrooms and outdoor parking lots of schools will be used for vaccinations (“these schools are known to the community and are trusted”). In [Germany](#) a new law was enforced on 18th November offering the minister of Health further responsibilities in order to take decisions in the name of public health with a simple ministerial order. The law was deemed necessary after a series of successful appeals of citizens against measures in the states of Germany. Furthermore, “it is mandatory that the hard opponents of the quarantine be taken to [hospitals](#) in the state of **Baden-Württemberg**”. In [Spain](#), a six-month emergency period has been announced along with imposition of measures such as night curfew. In [France](#), the government attempted to pass a law which banned the video recording of policemen on duty, undermining free press. The law was finally [passed](#) in spite of vigorous protests. Outside of Europe, too, Amnesty International has reported cases of doctors in [Egypt](#) who got arrested for criticizing the government, and also of a journalist in [China](#) who was tortured for disclosing information.

Censorship of the news thrives on all social networks and the media. For instance, in [Italy](#) restaurant owners initially and other citizens later reacted to the second quarantine, while in other European [countries](#) there have been protests and riots. It is not at all easy to know details about all these and we surely lack information on this subject because whenever there is a discussion about all those reactions, they are attributed to the triptych “extreme rightists, conspiracy theorists, deniers”. Oddly enough, **even if all these reactions were fascist, sprung out from conspiracy or whatever else they might be, why should we not be informed about them?**

Banning free press is followed by the deliberate concealment of information. For example, Greece has signed a contract with the data processing company **Palantir**. This American company “works on analyzing, processing, storing and mining data all over the world, (...) and helps governments and law-enforcement authorities to cope with huge amounts of data”. Initially funded by the CIA, it is involved with anti-terrorist services, precautionary police surveillance and with biometrical detection of *future suspects*. According to an [article](#), [vouliwatch.gr](#) discovered this collaboration after a [press release](#) of the company on 7/12/20. However, the collaboration has neither been announced by the Greek government nor has it been made public on the platform for posting state contracts, as is undoubtedly required. **Palantir’s presence in our country causes serious concern** and has to be further investigated. In the meantime, the Ministry of Citizens’ Protection announced the recruitment of 1500 special [police guards](#) as security personnel for universities! [This reminds me of the recruitment of 3000 police officers in 2009, just before the first memorandum and the huge clashes that accompanied the government’s giving up of the country’s sovereignty].

7.3.b. Authoritarianism and Censorship

It is publicly admitted that measures are here to stay, although any deviations from constitutional rules are allowed only in exceptional cases and for a limited period of time. The decisions, interpretations and analyses are made under the psychological pressure of the current “state of emergency”. The following example is typical. During a televised debate, journalist Giorgos Sahinis asked his guests, legal and constitutional experts, about the constitutionality of a law which permits the forced removal of coronavirus patients from their homes. The professor of Pandeion

University of Social and Political Studies, [Dimitrios Christopoulos](#), replied: “I am going to be the devil's advocate for a minute, by making an association with the countries that dealt with the pandemic during the first phase and which now seem to have controlled it for good. One such example is that of China, where, of course, there is no chance to have a public debate as to whether such measures are constitutional or not. Such practices are compliant with the Chinese legal culture... Thus, one could argue that in this way or another, **by using the excuses of human and constitutional rights, you prevent the pandemic from being coped with effectively. And that is exactly what the Chinese did by leading the way...** That is a critical question we need to discuss: **should we perhaps be like China and become more effective as far as the fight against coronavirus is concerned?**” (1:11:10-1:12:43). Mr Christopoulos talked about the facts in a country under totalitarian regime, where torturing takes place and where it's accepted that anyone who dares to express an opinion not pleasant to the authorities vanishes into thin air. In reality, Mr Christopoulos' indirect reply is: indeed, these measures are compliant with a country like China! However, there should be a clear response to this: in a democracy, with a Constitution like ours and the cultural standards we wish to follow, such measures are inconceivable, unless we change regime and annul the Constitution. It is grotesque for him to be pondering over such a solution because of “its effectiveness in the fight against coronavirus”, since the Chinese, among other things, built a number of hospitals only in a few days, while in Greece the government is closing down the few that the 10year Crisis has left in place.

The **debate over China** is not coincidental. When in 2018 I happened to hear that in China there is strict surveillance, with cameras installed in the streets so as to identify faces, I did not believe it. So, I searched for more information and realized it was true; indeed, people's daily activities are digitally recorded in China (if they run red lights, if they throw rubbish, if they help elderly people cross the street!). These recordings are automatically used to add or remove “**social credit**”: these points affect people as to whether they will be allowed to travel, rent a house or receive welfare assistance. **At that time, this program was still in an experimental phase, and that phase was due to end in 2020, when it would be implemented throughout the whole country.** I was struck by the fact that this was not widely known in the West, and that there had been no protests or criticism against this extreme surveillance of citizens through technology. **Admittedly, I made rather ‘malicious’ thoughts that western governments are letting China experiment, since this is not yet acceptable in the West due to our political system and culture, and when the time is right, they will use the already tested technology in their countries as well.** The broad scope of the debate today as to how successful the Chinese model has been in fighting against the pandemic, and the [advertising](#) of mobile tracking applications through which we will be constantly watched, all in the name of public health, makes me even more suspicious. That is because **this is a choice of our political system: a choice towards autarchy, instead of a choice for redistribution of wealth which would be realised through the strengthening of primary healthcare. This very strengthening of healthcare is what all scientists, ‘controversial’ or not, agree is absolutely necessary in this healthcare crisis.** And this is a choice taken well before the pandemic, as I have already proven earlier in the text, and we are being reminded of it at any given chance:

*Citizen concerns over privacy and establishing accountability in business and legal structures will require adjustments in thinking, (Klaus Schwab, chairman of the World Economic Forum (WEF), statement from his book *The Fourth Industrial Revolution*, 2016).*

The debate over China is a political favoring of authoritarianism. As Dr [Zdoukos](#) noted earlier in the text, there is also the paradigm of Cuba which managed to cope with coronavirus successfully. But, that, is another story (?).

We referred earlier in this research project to [Nadhim Zahawi](#), the British Minister responsible for vaccinations, who argued that vaccinations would not be mandatory but that **there would be an “immunity passport” and, probably, a mobile application to connect it with the doctor, but also with restaurants, bars and cinemas**. So, China lands on Europe much faster than I thought. He also stated that *“Google, Facebook and Twitter should do more to fact-check opposing views of vaccines”*. These statements were made at the end of November. And on the 3rd of December [Kathimerini](#) newspaper notes with surprise: *“In an unprecedented move, Facebook announced that it will be deleting posts which contain false allegations about vaccines*, so as to act against rumors that aggravate the pandemic”. The company declared that it would speed up its plans for banning misleading and fake news on Facebook and Instagram platforms, just after the announcement of vaccine approval by the U.K. And the chief editor of *ellinikahoaxes* (official fact-checker of Facebook in Greece), Dimitris Alikakos, announced that *“all allegations regarding the safety, effectiveness, ingredients or side-effects of the vaccines will be deleted”*.

So, the measures are here to stay, or at least that is the wish of those who have imposed them. *“While citizens are getting updated by social media, ... they do not trust traditional media anymore”* – this was, justifiably, stated at Event 201. Obviously, the aim is to control the web in general and, thus, all sorts of information, since television is already totally controlled. The same applies to most of the Press. News is allowed to be broadcast only if considered ‘admissible’, and that is something determined on a central level. Such a development would not have unfolded so easily if it weren't for Covid 19's excuse. It is perfectly obvious that media control will not simply cease when the pandemic is over. And then the only thing left for us will be an Internet deprived of its pros and left only with its cons. That is to say, a Web (on which we count for our contact and organisation) where **communication is not free**, a Web full of **addictive applications for our constant surveillance**.

With regard to **addiction**, there are now plenty of [studies](#) and [articles](#) by creators and employees of social networks, who argue that the options offered in them (“likes”, dots indicating that a user is typing or endless scrolling down, etc) have been designed so as to make **users** wishing to spend endless hours using them, and then again returning to them. And if some people are under the illusion that they know how to contain themselves, they should also know that behind their mobile screens there are thousands of engineers who have worked on making mobile phones as addictive as possible. Plenty of those engineers **now plead guilty of or admit to being unaware of the consequences their job would have on others**. Sean Parker, engineer and founding partner of Facebook, declares that *“it truly affects social relations... God knows what it does to a child's mind”*. Just think about the fact that Facebook is offered to us for free: it is not us who are its clients, but advertising companies. The longer we use it, the more advertisements are displayed. At the same time, it collects data about our interests and behaviors, which are then sold to anyone interested (companies, political agencies, etc.). Users remaining active as much as possible is, therefore, in their best interest: our time there is being sold. **We ourselves are the product**, the **users**, as application programmers call us. And in order to achieve that, they create

device capabilities which affect the chemistry of our brain, by releasing dopamine, for example. **These applications imitate casinos and slot machines, some of the most addictive machines ever invented.** Former company executives, who quit their job because they disagree with the effect it has on society, also speak of the social and political polarisation social networks create (see for example the documentary Social Dilemma) and their political influence on people (documentary Great Hack). It comes as no surprise that, **creators and owners of these media do not allow their [children](#) to use them before they turn 12-16.** They even choose schools, such as Waldorf, for their education, because the use of electronic media is prohibited there for children under 12. What's more, teachers are also not allowed to use them in front of students. They [consider](#) that the use of media “undermines a child's ability to develop their physical, artistic and creative skills and self-control”, as well as other skills that employees should exhibit in order to work in their parents' social media companies!

7.3.c. “Far-right – conspiracy theorists – deniers”: the convenient triptych

The coronavirus pandemic has been, indeed, a serendipity for the global and domestic elite, indeed one anticipated, that they had often ‘warned us’ of, offering ‘solutions’ which serve plans well thought-out long before. The fear for the most vital things of all, life and health, is a primary and determining factor for success. It is the **fear of death** that has established religions and ignited metaphysical quests since the beginning of humanity. Nonetheless, **the most effective weaponry for the implementation of those plans is the triptych “far-right – conspiracy theorists – pandemic deniers”, or else, “fake news”.** As we have seen, censoring whoever disagrees had already been suggested during the simulation Event 201 as a method of fighting against “fake news” that put the implementation of measures at risk. Yet, in order for the majority of people to accept censorship, it was vital to put into operation **psychological and ideological suppression mechanisms against adversaries.** Those who have done research on the subject long before and have been studying societies and human behavior for years, were once more ahead of us. **Suppression mechanisms, before being implemented on ‘adversaries’, targeted at another social group through propaganda: liberals, anarchists and leftists.** When it was declared from the very beginning that **“whoever objects to the measures belongs to the extreme right”**, there wasn't the slightest reaction! That was a *brilliant trick* which **ensured that there would be no reaction at all for quite a long time.** We live in a historical period (the last decade or so) in which political juxtaposition is not about some political or financial counter-proposal; in which the unifying element between political parties and resistance groups are the two interrelated issues of migration and (anti)fascism, and no other. So, people's attention has been intentionally directed towards the *traditional* enemy, that is fascists/ultranationalists/the far-right, only that now propaganda mechanisms defined as such whoever expressed *any* doubt regarding ... absolutely questionable measures! Any doubts? Remember that among the proposals made at Event 201, there is also that of [Stephen Redd](#), Director for the Center for Preparedness and Response at the American CDC (Center for Disease Control and Prevention):

We have to recognize that we are all susceptible to misinformation based on our prior beliefs and experience, and I think that, with the social media platforms, there is an opportunity to understand who it is that's susceptible, in what form of misinformation. I think there is an opportunity to collect data from that communication mechanism.



[Well, such opportunities should not go to waste...]

The plan was easy to implement in Greece (and other countries that I know of) since the parliamentary Left lent its unified support to ... ‘good information’, and so did the newspapers and websites that support them. So did a number of leftists, anarchists and others on social networks. The existence of ‘fascists’ in this conjuncture offered new meaning to the disappointed and heavily betrayed by the recent referendum/coup-d-etat Greeks, and the new dipole was re-created in the core of inactive movements. Any political opponents were labeled as far-right, conspiracy theorists were slandered as *weirdos* and *deniers* that are against science: all of them offered the perfect ground to bury any different opinion, and the war juxtaposition was brought to the fore once more: “You're either with us, or with the enemy”.

The confrontation became ideological and had nothing to do with science or facts and figures. On a commentary, some leftists and anarchists were moking ‘vaccine deniers’ because, as they said, they would spread the virus without caring about other people. They did not even know the simple fact that, at this stage, vaccines *do not protect from viral transmission*, and that this was officially declared (yet, not widely reproduced by the media). They did not even know that vaccines are still under research, and they were ignorant of the Nuremberg Code, despite their warm fight against fascism! That is the reason why I believe that **this is an ideological opposition**, which has nothing to do with the data accessible to everyone - it just takes a bit of research. But they refuse to do that research because “that's what covidiotis say”. **This is no science, this is faith.**

It is truly surprising that a whole political segment of society, which used to research and find out evidence as if they were the best journalists or scientists, now identify themselves with Mitsotakis [PM], Evangelatos [journalist] and all those people who have always lied to them. I have read in the past documents of activist groups regarding the connection of companies which came to Greece to allegedly invest and, in fact, plunder this country, I have seen their analysis and I was left in awe by the depth and adequacy of their research, even on specialised scientific issues. **Today, the same people say “trust science, you are not doctors!”** while adopting blackmailing inaccuracies to promote ‘good info’. Sharpness of mind has given its place to a new command: “free vaccines for everyone”! Even worse, they adopt another common argument: “How will the lockdown end without vaccines”? We might well ask, haven't they heard of what has already been [said](#)? That even if we get vaccinated, the measures will not be withdrawn? Haven't they heard of scientists who [argue](#) that they do not know yet whether vaccination ensures immunity? Or, on a more personal level, if their friends get really sick and their doctor recommends that they undergo

surgery, wouldn't they encourage their friends to seek a second or even a third opinion before they *make their own decision* about what they are going to do?

A friend of left-wing ideology, weary of the second lockdown imposed, posted a line on Facebook with a moderate comment on the measures and on how negatively they affect society, on the abandonment of health care structures etc. Then, a friend of his commented: **“I totally agree with what you're saying but, mate, when we say such things, is a hand on the plate of every single extreme-rightist”**. It is impressive how many people identify with the governmental narrative. Especially since these are the people who until recently characterized Mitsotakis governance as extreme-rightist. Why do they now trust this extreme-right, as *they* called it, government so much that they do not feel the need to search for facts themselves? I personally believe that **ideological retrenchment is much stronger than facts and science, because it gives us an identity and a sense of belonging – which are psychologically indispensable**. Ideologies influence people in the same way faith does those who are religious: although they represent love, whoever is not a believer or is a believer of another religious doctrine is often an enemy. The same applies to ideologists: controversy with an “extreme rightist” causes reactions which have nothing to do with logic, reason or science, but with people's emotional state, since the latter can be easily manipulated. That is why ideologies have also been characterised as “political religions” (as analysed [here](#), p. 340 or 360-367).

7.3.d Ideological enemy and self-censorship

“Fascism begins with the thought that everybody else is an idiot.” (Paul Valery, French poet)

The constitutionalist, Charalambos Tsiliotis, in an [article](#) relating to a supreme Council of State's decision validating the denial of a nursery to register a child, welcomes the decision in the name of confronting those who react against the vaccines. “This decision is the answer to those who, whether out of recklessness or deliberate ignorance, superstition, prejudice, ideology, irrationality and conspiracy theories, refuse to see reality and protect themselves and those around them”. The reasons that he sees behind refusal to accept vaccinations are demeaning in content, essentially piling together a plethora of opinions and arguments into a single abusive one. I won't bother bringing up the constitutional provisions on respect for the dignity of every citizen, I'm sure Mr. Tsiliotis knows them well. However, the power of propaganda can make one forget what he's been taught and what he teaches.

Categorisation of ‘dissidents’ in the threefold “far-rightists – conspiracy theorists – deniers” (including religious fundamentalists as well) automatically puts them in the class of idiots. And this is the treatment: ridicule, irony, devaluation. **In fact, most conspiracy theories come from their opponents, especially when they disagree and do not have, or do not want to construct arguments**. Hence, in a civilized dialogue on censorship they may ask “What is on the other side of the flat earth?”. This is actually the method used by paid fact-checkers: they report an argument with a huge introduction on websites and views that are vaguely related to the topic in an attempt to ridicule and deconstruct it, and then engage to the original subject through lies and

inaccuracies. And they do this whilst fattening their wallets on the way. Ideologists, however, doing the same, don't make any money and undermine themselves as well as their future.

Why are they undermining themselves? **Firstly**, because they support fascism. The first step towards fascism is the belief that the Other is stupid. **Secondly**, by supporting or remaining indifferent towards censorship of Others –because “they are idiots”– you're not defending the foundation of any healthy and democratic society: freedom of expression and free information. Don't you even feel the danger for you, your claims, your future struggles, when censorship will have become the new norm? Don't you feel under threat when Facebook and Twitter have so much power, when they feel so safe and powerful to delete Trump's posts - and more recently his own account? “*But what do I care about the far-right fascist?*” you say. Aren't you even scared when these companies are even doing this to the US President himself, whoever he is? After all, if he, or any other person, is really stupid or engaged in conspiracy theories, where exactly is it written that he should have fewer rights than you? Let's not forget that the first censorships of the ‘policemen’ on Facebook on political issues (in Greece at least) were made in posts regarding activist's posts on environmental issues. The very institution of *fact-checkers* on Facebook started to be implemented in 2019 in Greece, together with their official [funding](#). Or did you imagine that the world's elites with their authoritarian aspirations introduced internet censorship because they want to restrict the ... *fascists*? And **thirdly**, because of expanded **self-censorship**. Ridicule and slander have spread amongst people who avoid saying what they think so as not to be called “sprayed” – another fashionable underestimation of the Other originated in chemtrails' debate. **Self-censorship, however, the imposition of restrictions on freedom of expression through the fear of fellow human beings, domination of fear in other words, should raise alarm bells for those who want to fight fascism.** Or did you imagine that civilized societies of the 20th century that embraced or tolerated fascism in the past did so overnight, happily and voluntarily?

There are, of course, those who have become known through the anti-fascist and human-rights movement who, paradoxically, are heard today calling those who want to exercise their right to consent in medical act as “scumbags”, “social parasites”, “half-wits”, “outcasts”, and support that [vaccination should be] “compulsory and that's it”. Paradoxical intolerance on behalf of human rights' defenders. And then you take a closer look and see that they mainly work in anti-racist groups exclusively in the defense of *specific* minorities or in disseminating the specific type of information. It then that you realize that they were never defenders of any rights. They are just doing a job.

The truth is that most, if not all, of conspiracy theories that I have heard from come from their opponents. Eventually, **the left, the progressive centre and antifascists have adopted a phraseology imposed on them by mainstream propaganda: the leftists themselves are self-censored so as not to be called ‘sprayed’ by their leftist friends.** The same, of course, applies to much of the traditional right. Not that there are no conspiracy theorists. Of course there are, and it is a pity that they are censored: some theories are really entertaining. So what do you want, a society of unanimity? Notwithstanding the fact that, most dissidents have specific and reasonable objections are the main part of those who react (verbally, as it happens). The absolute identification of dissidents with conspiracy theorists, apart from being arbitrary, is also extremely convenient for the rulers. So, for example, if you object to the imposition of wearing a mask

outdoors, a measure without scientific reason as we analyzed above, you are characterized as "denier", and automatically anything else dictated by the triptych.

But even if you are a doctor and you substantially report facts and disagree with the measures imposed, you are still subject to characterisations, because you do not serve the narrative. Thus, Ioannis Ioannidis (scientist of immense international repute) became [controversial](#) for MEGA channel in an attempt to discredit him. This is the well-known 'journalism' that once mocked those who left the house to search for the truth. Today it is repeated parrot-fashion by those who once criticized it, adopted by those we trusted (people, newspapers, websites), reproduced by friends and competitors.

It is 'funny' when the defenders of governmental propaganda call "semi-scholars" and "deniers of science" those who "put society in danger of spreading the virus" and have not realized that they themselves have fallen into this category. This is what the people in Greece say, ***The thief is crying out... [wolf cries wolf]!*** After all, they themselves do not always follow those measures that, in public discourse, defend with fanaticism. Basically, it's not fun at all. Identifying with the mainstream narrative is not based on facts, and it does not happen out of incompetence; it is rather due to blind 'ideological' obedience. It is the outcome of the most successful propaganda campaign targeting themselves: **they were indicated who their 'enemy' is!**

Certainly, this somewhat incomprehensible attitude has an interpretation: **it is the deep-rooted need of humans to belong to a group** and, in fact, help them to delimit it on the basis of a specific enemy: **the enemy sometimes gives more meaning and coherence**, especially when the latter tends to lose its references. We know this especially from nationalism studies, but of course it is not limited as a human tendency there (for more, see [chapter 2](#) of my book *National Identity in the Era of Globalisation*). In the end, as the enemy has been summed up in the devil's triad, this makes people forget their own motto: ***Us today, tomorrow you!***

* * *

An elderly relative of mine, who only gets informed by television, told his interlocutors about the vaccines: "These are the words of the far right, conspiracy theorists and deniers" [at the same time, he had not even heard on television that the emergency license of vaccines or that they do not protect against transmission! Will he be fully informed when he goes for the vaccine before giving his consent?]. I was impressed by the **parroting** of the triad exactly: it is a slogan. This domination of a slogan should impress everyone, even those who do not have a television. The fervor with which part of society, despite its education and ability to inform, embraces not only the dominant view but, above all, **a view of the Other that is part or classic fascist inspiration and practice**, is truly impressive. Exaggeration? I wish! Frightening enough, the image of "conspiracy theorists" as portrayed in the Media has started to contain **arbitrary characterisations and questioning of their mental health or their being of danger to themselves and others**.

This is extremely important to watch out for. On the one hand, it is [expressed](#) that, removing of *fake news* from the internet **"is not censorship but removal of dangerous content"**. "One in three [in Britain] *have been exposed* to anti-vaccine messages", [euronews](#) writes: the word "exposed" indicates that this is something dangerous. On the other hand, it is often implied that people who

create “fake news” or express them may be [violent](#) or more likely to have some [psychopathology](#). This trend, given the fact the role of the Media is to prepare the public to accept future government decisions, is worrying. In Germany, [hospitalisation](#) of those who do not accept quarantine has already been voted. Elsewhere, it has taken place without any specific legal framework in place: **Professor Jean-Bernard Fourtillan was [arrested](#) in France on December 7 and held in a psychiatric hospital after speaking out against vaccines and appearing in the documentary Hold Up, which was labelled conspiracist.** This forcible incarceration “reminds us of Stalin when imprisoning dissidents in psychiatric hospitals”; it is a barbarity that we must not allow, said French virologist Montagner ([here](#), at 7:30).

Let us not forget: history has a tragic tendency to repeat itself.

7.3.e. The true goal of silencing and (self-) censorship

Self-silencing, however, of the wider anti-authoritarian and progressive people did not aim at censorship. **In reality, (self)censorship is an intermediate stage in the service of another purpose: pausing of any movement.** It is a fact that, traditionally, these are the groups **that revolt, protest and, above all, react *en masse* and in an organized way.** Organisation and momentum of protest is the greatest fear for those who wish for societies of unanimity and enforcement. So, the primary goal is the fixation of the militant part of the society, **the one that traditionally leads mobilisations and entrains others as well.** This part, the so-called “movement”, has suffered a complete collapse after the accession of SYRIZA [the left party that took power in 2015] to TINA discourse (There Is No Alternative). A movement that surrenders itself again, abandoning its second privileged field, apart from action: the search for valid information away from propaganda, the intersection of elements through the multifaceted connections of companies and hegemony (conflict of interests), the dissemination of alternative information to fellow citizens. The full compliance of parliamentary parties should not be an excuse - unless manipulation by the “representatives” is accepted, even for those who do not belong to their group.

Event 201 made it very clear: ‘good information’ **is extremely important for discipline towards the measures.** Why are they afraid that ‘bad’ information will challenge the measures? Aren't citizens able to judge and evaluate scientific evidence when there is transparency and honesty? Or do the measures simply have nothing to do with science and with tackling the virus?

7.3.f. Two examples of ‘far-rightists’ and ‘conspiracy theorists’

It seems that, the trend of naming “extreme-rightist” whoever does not **fit with to the current dominant narrative has been very fashionable in recent years.** In April 2020 we witnessed it once more with the **documentary [Planet of the Humans](#)**, directed by Jeff Gibbs and produced by Michael Moore. In this documentary it is proven with a plethora of evidence that: a) the so-called “green energy” is not as green as it is claimed; b) there is a great waste of resources for the construction of RES, which themselves end up in the trash and are not recycled or remain standing and rotting slowly; and c) they do not lead to the cessation of fossil fuel plants. The creators

criticise some major ecological movements in the US for their acceptance of deforested areas as biofuel, and for their funding by large companies that have much to gain from this 'business' - including fossil fuel companies! It is a documentary that I think everyone should see. The reason I mention it is this: **the documentary's critics**, orchestrated by ecological organisations and people actively involved in the promotion of RES, engaged in an intense campaign of slander and censorship from the outset. **On the one hand, the creators were described as "extreme right", "racist" and "climate change deniers"**. Hidden behind these verbal attacks, his critics did not exchange a single counter-argument. On the other hand, there have been calls to take down the documentary off the Web because, as they claimed, *it spreads false news on a topic that is a matter of "life and death" for people and therefore very dangerous*. They managed to drop the documentary from you tube for a few days, but they didn't manage to get any further than that. All this, despite the fact that, for example, the producer Michael Moore traditionally belongs to the so-called 'left', that the documentary is based *on the existence of climate change*, and that all its data is based on information and facts that all of us can confirm with a simple search. The important thing to emphasize here is that this defamation (extreme-rightists, etc.) seems to be chosen in recent years as a permanent method of slander and discrediting. I guess it is considered very effective, or just convenient.

Our **second example** is that of the German doctor **Wolfgang Wodarg**. Dr Wodarg argues that the virus is not as serious as it appears and that the reactions to it are at least excessive, or perhaps an exercise of terror. He was expelled from *Transparency International Germany* for his allegations and his statements were widely dismissed as false. In fact, the president of TIG said that he made this decision because Wodarg was interviewed by radical media and journalists who "often work with conspiracy theories, anti-democratic and sometimes anti-Semitic prejudices". We can see that, because it is not easy to call Wodarg himself as extreme-rightist or conspiracy theorist, he is accused of being interviewed by a group who have been associated with what fits the profile of the extreme right!

I received the above data from [Wikipedia](#), as an indication to its (lack of) credibility. According to Wikipedia, some of his statements could not be confirmed or denied, but **because his data were not related to one another and contradicted the confirmed data, "his statements turned out to be misleading"**! Referring to statements Wodarg made along with former Pfizer's vice-President, Michael Yeadon, about their suspicions that the vaccine could cause infertility in women, Wikipedia described it as misinformation, and called Yeadon himself a "former Pfizer employee and conspiracy theorist". Just like that! No reference is made to the [report](#) submitted by the two scientists to the European Commission calling for the suspension of mass vaccinations *and trials* in humans until their evidence and suspicions of infertility and the development of Antibody Deficiency Syndrome (ADE) are investigated. I won't analyse their argument, this is not the issue here. The issue is the existence of automatic, knee-jerk responses that collectively characterize as 'conspiracy theorists' those who say *anything different*, even people who have worked in the production of drugs and vaccines and all they say is, "please, investigate these facts seriously before experimenting on humans."

The above characterisations and reactions are significant, especially if one knows who the scientist in question is. **Wolfgang Wodarg is a doctor and a member of the German Social**

Democratic Party (SPD). In **2010** he was **chairman of the Council of Europe Health Committee**. As chairman of the committee, he **“[accused](#) the World Health Organisation (WHO) of upgrading a simple flu virus so that pharmacists could sell vaccines because many of its executives work in them as consultants [[conflict of interest](#)]. ... However, Wolfgang Vodarg did not stick to the vague accusations but took the issue to the Council of Europe for consideration”. But he was not the only one to raise the [issue](#).**

*In June 2010, Fiona Godley, director of the leading medical journal BMJ (published by the British Medical Association), wrote in her introductory note that, **some experts who advised WHO in relation to the pandemic, had financial relations with the pharmaceutical companies which sold antivirals and vaccines and this obviously determined the strategy.** ... According to the report, there are so-called “**sleeping contracts**” of states with pharmaceutical companies which are only activated in the case that the WHO upgrades a virus to **pandemic level**. Some of the effects of the pandemic were traumatic: **distorting** health care priorities across Europe, **squandering** huge sums of public money, **causing unwarranted fear** among Europeans, and **creating health risks** through vaccines and drugs that may not have been adequately controlled before being licensed through express procedures ... Reports from many European countries showed that **there was pressure on governments to speed up conclusions in order to proceed with large contracts**, that suspicious practices were followed in relation to vaccine prices, which were not made available under ‘normal market conditions’, and that there have been attempts to shift responsibility for vaccines and medicines that may not have been adequately controlled by national governments.*

In short, the H1N1 flu pandemic was declared by the WHO in an unwarranted upgrade to the epidemic that struck Mexico in 2009. There were many reactions at the time, and states finally began to declare an end to the ‘pandemic’ a few months later, with a total of 20,000 deaths. The issue of undermining public health by “faked pandemics” (a threat to health) was specifically discussed at the [Council of Europe](#). Many countries were left with the stock of vaccines they had rushed to buy, such as Greece with the famous orders of the then Greek Minister of Health, Mr. [Avramopoulos](#) from Novartis and GlaxoSmithKline of 24 million vaccines (more than twice the population of Greece) worth 300 million euros in the midst of a “fabricated panic”. However, in 2018 the Corruption Prosecutor's Office [ruled](#) that “there was insufficient evidence to prosecute and there was no damage to the public from the supply of vaccines”. In any case, the WHO never published any data on “conflicts of interest” and dismissed the allegations as [conspiracy theories](#). However, Wolfgang Wodarg again submitted a request in 2020, which was signed by dozens of scientists, to review the policies for Covid 19 vaccines in European institutions. Despite his being proven right in the past, he still receives a lot of pressure and polemics, as well as slander.

In 2011, after the issue calmed down and the fake pandemic was uncovered, the greek journalist Costas [Vaxevanis](#) conducted a brilliant piece of research on the topic, focusing on the relationship between doctors and the pharmaceutical industry: gifts, paid conferences, bespoke research that shapes the literature, unnecessary drugs, etc. If one watches the first ten minutes of his [documentary](#), one will think that he entered a time capsule and that the show refers to 2020. Among other things, Dr. Stratis Plomaritis, who then resigned from his position as chairman of the Vaccination Committee of Agios Pavlos Hospital. “As it turned out afterwards, **it was an attempt to manipulate the global climate of the population by the pharmaceutical companies**. There was

no hesitation on the part of the companies. The vaccines that were approved came without safety studies. It was an experimental vaccine”, says Mr. Plomaritis (at 9:30”).



[Footage from the “News” of that period show «Mandatory Vaccination» headlines]

Similarities between 2009 and today extend to the actors involved. People like Mr. **Sotiris Tsiodras** (the equivalent of Dr Fauci in the US), who handled the ‘crisis’ in 2009 in a completely wrong way, are back in the spotlight. Mr. Tsiodras is currently Professor of Pathology-Infectious Diseases at the Medical School of the University of Athens and head of the corona virus team appointed by the government of Kyriakos Mitsotakis. **In 2009 he worked as well as a consultant at the Ministry of Health, alongside Minister Dimitris Avramopoulos, when 24 million doses of vaccines and drugs for H1N1 were purchased, including Roche Tamiflu and GlaxoSmithKline Relenza** [photo from that period, although an attempt has been made to [label](#) it “fake news”]. *GlaxoSmithKline* is not an unknown company to Mr. Tsiodras: right at that period, a research project was approved and funded by *GlaxoSmithKline*, with Mr. Tsiodras been the scientific director! But even Hoffmann-LaRoche, which produces Tamiflu, is not unknown to Mr. Tsiodras, who directed another of its funds in 2019.



The above is mentioned in a detailed publication of the newspaper [Dimokratia](#), where all the relevant documents are listed. In these we see other interesting tradings: in May 2019 Mr. Tsiodras received money from Pfizer for “unspecified services”, and in February 2020 from GlaxoSmithKline. Tsiodras was also appointed “scientific officer in the European program

Horizon 2020, amounting to 150,000 euros, for the study of the pandemic, sponsored by the software company Exus Software”; again in 2020 he was funded for his scientific support in the treatment of coronavirus by an unspecified “special account for research funds”. Interestingly enough, the online encyclopedia Wikipedia [lacks](#) any reference to Mr. Tsiodras' involvement in the 2009 crisis!

These are the **official funds** given, through universities or research programs. Officially and legally, according to article 2. of Law 2530/1997 which stipulates that “the scientific staff of full-time universities can be remunerated for any kind of special project”. Of course, there is also the issue of conflict of interests. Mr. Tsiodras could certainly continue to receive these funds without being the head of the national committee for the corona virus. Because, as the [newspaper](#) rightly wonders, “how unaffected can a university doctor on a committee that sets national policy on the use of a pandemic drug be, when he has received large sums of money from certain companies for the required research”? Of course, if it were not for the committees that decide, would the companies fund him anyway? Who knows? In any case, obviously it is not only Tsiodras but also dozens of other doctors and professors who take part in university research funded by the pharmaceutical industry.

Perhaps in 2009 the pharmaceutical industry tried to establish their full dominance through upgrading a simple epidemic to a pandemic. Obviously, this did not work out then and many orders were cancelled. The truth is that that management was crucial for people’s hesitancy towards vaccines. From then until today, a lot has changed and the preparation has progressed at all levels of stakeholders. The fact is that this preparation included the issue of “fake news”: in 2018 there were many events on *How to combat fake news*, possibly after the issue was raised through the formation of a group of [experts](#) by the European Commission. It is no coincidence that [dictionary.com](#) featured the word “misinformation” as the [word of the year in 2018](#), and this gained huge publicity in the Media. In Greece I remember that year many public debates on the subject. I remember it because I was impressed by a public event on the subject of “fake news” in which a well-known leftist newspaper participated, while in the same year the same newspaper characterized a real event as ***fake news*** in favor of the government the [newspaper](#) supported. I mention this only because today, any media that we considered *valid* or *reputable* would not interview someone who does not give the ‘**correct**’ information. And this is a ‘**virus**’ much more serious for democracy and citizens than any virus.



However, there is a strong contradiction here. On the one hand, every point of view that differs even slightly from the dominant narrative is characterized as superstition, conspiracy theory, obscurantism, etc., and *Others* are violently erased from our screens. On the other hand,

statements made by the former head of Israel's Space Security, Haim Essed, on [aliens](#) and galactic federations, were published in TV channels and the Media without been considered conspiracies! And when entertainers and all sorts of *TV personas* hug in the studios (with ordinary employees wearing masks in the same shot), well, then it's just a Sunday. For some strange reason, in this case the Public Prosecutor did not intervene for the obvious violation of the measures, as he did when a citizen published his own video on coronavirus.



The new 'normal' is already here

Epilogue

Compulsory vaccination is prohibited. Imposition of medical acts constitutes torture. Consent requires information. Experiments on the population were condemned by the Nuremberg trial. It's that simple.

Unfortunately, it is not simple enough. There's a reason behind all Laws and Treaties and their long standing enactment. There is a reason why human dignity, value and freedom are mentioned at the first articles of all constitutions and conventions. The reason is the effort of humans to be, apart from animals of instinct, spiritual beings as well. This is the unsuccessful but continuous effort of Humanity. Human dignity is the first to be violated at every instance, which is why it needs preferential protection. It is human dignity that was experimented on by the Nazis, or compromised by every Facebook user when they degrade Others. It's on another scale, but each does what they can! This tendency is exploited by all kinds of rulers, they groom it, they encourage it, they set the ... bad example. Legal rules try to protect us from this tendency, or rather to remind us of our commitment to principles that we will tend to forget at every "opportunity" or "emergency".

The issue, of course, is much simpler when it comes to compulsory vaccination. You can do and believe whatever you want to. Do you want to believe the government, the WHO, the conspiracies, to be a follower of any politician, ideology, etc.? That's a matter of indifference. **You can be proponent or opponent of these vaccines. The question is, what is your position on compulsory vaccination?** What is your position on an unconstitutional illegal law? What is your position on the violation of the Code of Medical Ethics, on the medical practices of Nazism? How do you approach human dignity? This is the issue, and no other. We can talk for hours quoting scientific articles that support one side or the other. But when they will not allow anyone to work or move, when they try to force children and teachers to be vaccinated with the experimental (or any other) vaccine, will you stand up for the rights of your fellow human being? Will you wait for an organisation or party to give you the green light to remember that you are anti-fascist, a democrat? Will you defend the first teacher or health worker to be fired? Will you be indifferent because ... he is "far-rightist – conspiracy theorist – denier"? This is what is needed: not to defend the point of view you hold when it is suppressed, but to defend every point of view and a protected right when it is abolished. This issue was raised by the Renaissance. And it still remains the issue at hand.

In the case that you don't want to get vaccinated, will you say "Oh, what should I do, since I was forced to"? Will you accept your political sacking when experts allegedly organize protests about the vaccine, "stalking 5G", the immigrants or I don't know what, to discredit you (this has already happened twice, in Chania and Athens)? Or will you wait for a party or organisation to capture your anxiety, without you taking responsibility, collective but primarily individual? Because this

individual responsibility has become a ball, and even a rubber one, these days. Our **individual responsibility** is invoked by the government and those who defend its measures, our individual responsibility towards our fellow human beings and the diminution of the virus. And it does well: social (and national) solidarity is enshrined in Article 25 & 4 of the Constitution. **At the same time**, however, for the same government and those who defend its choices, **we are not adults with judgment and responsibility towards ourselves, others and our decisions, but mere children, if not worse than children: immature and credulous adults that must be protected from exposure and the influence of ‘fake news’ that will lead us to do wrong!** It is in the name of this protection, of us from ‘Evil’, that unconstitutional restrictions are imposed on information. With the crude and confessed intervention by people and algorithms to save us from the other point of view, lest we become infected. **Could it be that the virus is actually ‘the other opinion’?**

Ultimately, we have to decide: are we responsible adults or not?

The history of Humanity is a constant effort to develop our culture and to transform (rather sublimate) our innate impulses and needs. The authorities on the other hand constantly try to address our instincts, grooming and encouraging them, always according to their interest. And so our history oscillates between outbursts of horror and crimes against humanity, by humanity itself driven by few individuals, and in periods of development of civilisation and peace. The current government wants us to be responsible adults when it wants to transfer its responsibility to us, but sees vulnerable minors when it wants to justify the fact that it hides the facts and guides information. Today, once again –neither for the first time nor the last– **we are called to stand as adults and be responsible for ourselves and the children who depend on us**, for their future, **or to accept their Paternalism**, the master state that knows best and tends for our welfare. If we do not want a master state, we must definitely fight censorship. Yet, that is not enough. The only adult, responsible attitude, is to take responsibility for our actions and beliefs. Individually but also collectively, in defense of society and solidarity. And now, that we have retrogressed to the basics, free research, free speech, freedom of information, are once more our absolutely necessary duties.

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Christmas Eve, 2020: people have gone to the beach to enjoy the beautiful day and sunshine. The sun that also produces vitamin D in our body: a scientifically minded government would give instructions for daily exposure to the sun, which has been shown to be related to the battle against the corona virus. Few people enjoyed it – yes, even with more than three meters distance. The parents with their child who was playing on the beach were illegal. Those of us who got in for a swim, legal. When we went out to dry and lay in the sun, illegal. On the way home, if we wore a mask legal, if we did not wear a mask, illegal. Years ago we made fun of this same political system we were saying: “Well, they will tax us on breathing”! We didn’t really imagine that one day it would be illegal to breathe freely in the fresh air.

In any case, I shall finish this unexpectedly large survey with a slightly light note on this: I personally think to consider seriously on the example set by the [president of Pfizer](#) himself, who replied to the question, why was he not been vaccinated yet (18:30):

I don't want to have an example of cutting the line!

Happy New Year

Nelly Psarrou

January 7, 2021