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TMJ Blogs

Will discriminatory public health policies based on COVID-19 vaccine status cause social harm that exceeds the benefit?

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This Journal, in an early publication from the pen of the Editor (1) and at a point prior to the availability of vaccines against SARS-CoV-2 infection during which lockdown of citizens was taken to be the only possible mechanism for reducing community spread of the virus, noted that the wider economic and social impacts of such measures had been overlooked. I stated

"…The natural and expected political imperative is to prevent unnecessary infections and deaths. However, this must be balanced against the adverse chronic consequences of economic shutdown, which will produce its own health hazards, especially in the area of geriatric medicine and mental health. Thus one reaches the conclusion that reversal of restrictions in the interests of resuming normal life must be undertaken before the pandemic has been fully controlled."

I also noted that the Premier and Chief Medical Officer of Western Australia made statements recognising that continuing the restrictions once a phase of COVID chronicity had been reached was untenable.

Omicron was then in the future, but since has become the dominant global strain. It is highly virulent but produces mild disease in most cases, especially in vaccinated individuals, and is associated with lower hospitalisation and ICU occupancy rates, and reduced mortality rates. Bearing these characteristics in mind Victoria, New South Wales and Queensland, have cancelled lockdowns and other social restrictions, initially while case numbers were still rising. Western Australia has sought to maintain its low infection rates, made possible by severe interstate and international border closures, by adopting a discriminatory policy of excluding unvaccinated and hence non-immune persons from all social venues except shops, and events. The scientific shortcomings of this policy was described in our previous blog; what concerns me here are the less tangible long-term social consequences.

The unvaccinated minority has taken to the streets internationally to protest against discriminatory vaccine policies. This has happened notably in Paris, in Canada at the US border and in Quebec, Germany, Austria, Italy, the UK, and in each of the State capitals of Australia. I have felt instinctively that these demonstrations represent a predictable response from a sizeable minority whose rights and privileges have been severely compromised, though it is also clear that the demonstrations have attracted fellow-travellers from other grievance areas and regrettably have tended to become violent. They are undoubtedly a manifestation of relative disenfranchisement of the minority, based on fear of disease spread. The ultimate cost of this government-sanctioned discrimination against the non-vaccinated is uncertain, but surely worthy of consideration. I note that in the Eastern states case numbers are now declining whereas in WA they are now increasing rapidly (from a very low base). This result not been prevented (but perhaps has been delayed) by border restrictions, vaccine policies, quarantine rules or mandatory mask-wearing in public indoor areas.

Detailed arguments supporting my instinctive reservations are now available as a pre-peer-reviewed academic paper. The paper was reported though unfortunately not identified by Adam Creighton in The Australian on 4 February 2022, but was eventually found with some difficulty (4).

The paper, written by 9 authors from reputable Universities, reviews the policy of vaccine certification and analyses them under four headings (Behavioural Psychology, Politics and Legal effects, Socio-economics, and integrity of

Science and Public Health). It cannot be considered a disinterested paper because it does not examine the possible advantages of such policies, for example that they appear to be essential in some industries to prevent spread of COVID-19. For example mandatory vaccination of carers at aged care facilities prone to rapid spread of COVID amongst frail residents, once a case is established, appears unexceptionable. The question is whether the obvious merit in such an industry and others can and should be extrapolated to the community at large.

The paper discusses erosion of civil liberties, adverse effects on equality, reduced health system capacity owing to barring unvaccinated health workers from their place of work, exclusion from work and social life and erosion of informed consent and trust in public health policy. It questions (with references) the motivating principles of some authorities. For example the French President is quoted as saying *"[It is] only a very small minority who are resisting. How do we reduce that minority? We reduce it by pissing them off even more...When my freedoms threaten those of others, I become someone irresponsible…someone irresponsible is not a citizen"*. Again, Justin Trudeau, the Canadian Prime Minister, is quoted as saying *"They are extremists who don't believe in science, they're often misogynists, also often racists…It's a small group that muscles in, and we have to make a choice, as a leader and as a country: Do we tolerate these people?"* Such illiberal statements from liberal democracies is disappointing to say the least. As expected, the paper does not examine the quandary faced by these and other national or state leaders, who have the heavy responsibility of protecting the state as a whole and must implement policies that appear to have the maximum possible effect on a potentially deadly disease. It does not record that in some but not all jurisdictions the policies have led to significant disease control.

The authors ask several pointed questions over the future implications of vaccine passports or certificates and related policies:

"Are we now experiencing a paradigm-shift into a permanent annual cycle of mandatory COVID-19 vaccines, with ever-changing criteria depending on the latest booster? Will unvaccinated people face exclusions in society for years to come? Will we return to new mandates, and street battles between protesters and police, each time a new variant emerges? Will influenza vaccines and other vaccines now become mandatory, including for low-risk groups? If unvaccinated people continue to refuse to be vaccinated in countries with strict punishments, what happens next? What is the end-goal and where is the policy off-ramp? Most importantly, what will this do for trust in global immunization programs and other public health measures?"

These questions represent extrapolations from our earliest comments on non-medical factors that are part of co-existence with COVID. We feel they should be considered by all decision-makers.

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