

COVID-19 Vaccination and Informed Consent

Essentiality of acquiring informed consent before vaccination in consideration of science, ethics, law, religious principles, and public safety

Informed consent refers to a health care provider explaining to a person the risks, benefits, and alternatives of a given procedure or intervention. This is done so that the person can make a voluntary decision about whether or not to undergo the procedure or intervention. Informed consent is both an ethical and legal obligation of medical practitioners and originates from the patient's right to decide what happens to his or her body. [1][31]

In this paper, we will show why it is essential to protect people's right to informed consent regarding COVID-19 vaccination. This paper will use information on COVID-19 from government sources and other reliable sources in consideration of laws, legal precedents, ethical and religious principles, and concerns regarding public safety of COVID-19 vaccination.

The structure of this paper will be as follows:

Section 1. Provide the background and current situation regarding COVID-19 and vaccines

Section 2. Examine the science behind COVID-19 and so-called herd immunity via vaccination

1. Discuss the lack of scientific proof that SARS-CoV-2 is the causative agent of COVID-19
2. Discuss considerations regarding herd immunity via vaccination

Section 3. Examine the circumstances surrounding vaccines in general, including ethical issues

1. Discuss the myth that vaccination has eliminated diseases
2. Discuss the 1986 National Childhood Vaccine Injury Act and other similar programs
3. Discuss the big money and conflicts of interest surrounding the vaccine industry
4. Discuss the low vaccination rates among health care workers
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Section 4. Examine legal precedents concerning vaccines in consideration of human rights and bioethics

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2. Discuss *Jacobson v. Massachusetts* and its inapplicability as a precedent
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Section 5. Discuss the state of informed consent in South Korea and implications for COVID-19 vaccination

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Appendix: Religious considerations from the perspective of belief in the Holy Bible

1. Discuss the absence of contagious diseases in the Bible
2. Discuss how pathogenic mutating microorganisms require belief in the theory of evolution
3. Discuss how the development of vaccines is an attempt to play God
4. Discuss how gene therapy and DNA manipulation is a repudiation of one's humanity
5. Discuss the importance of protecting freedom of conscience

Section 1. Background and current situation regarding COVID-19 and vaccines

Consequences of COVID-19 policies

The panic surrounding COVID-19 has created an environment where public health policy has greatly encroached on the freedoms and rights of people throughout the whole world. All throughout the world, people have been ordered to shelter-in-place, self-quarantine, perform social distancing, wear facial masks, participate in contact tracing, and undergo mandatory testing and medical procedures. The impact of these measures has crushed the worldwide economy and created or contributed to great social unrest in many parts of the world.

While it would be reasonable to request people to take precautions if there were indeed a deadly disease killing millions upon millions of people to the extent that dead bodies were piled up on every street corner, in the case of COVID-19, it is just the opposite. Not only are there no dead bodies piled up on the streets, there is hardly any illness to speak about in general. This statement may come as a shock to most people who spend their day bombarded by sensationalized TV news broadcasts and government public health announcements about the dangers of COVID-19, but the reality of COVID-19 is much different when looking at it from a critical perspective based on official reports, science, and common sense.

Faulty science surrounding COVID-19

For example, this might come as a surprise, but researchers around the world have still not provided scientific proof that SARS-CoV-2 (i.e., the virus said to cause COVID-19) is a pathogenic virus. In particular, one study done by the Korean CDC had a significant impact on public policy in South Korea, a country that later became an example to other countries on how to properly respond to COVID-19 [2]. However, in the study, the Korean CDC made false statements by claiming that SARS-CoV-2 was the causative agent of COVID-19 based on the research of three previous studies, when in fact all three of the referenced studies emphatically denied determining SARS-CoV-2 to be the causative agent of COVID-19. Furthermore, the Korean CDC did not attempt to purify SARS-CoV-2 according to industry standards and did not perform any animal experiments to test its hypothesis, both of which are required to prove causality between a microorganism and disease. These are the same people that are held up as heroes on the TV news, but it has been their faulty science that has been the catalyst of the extreme measures taken all over the world. Rather than be held up as heroes, they need to be investigated for scientific fraud. For more information on this, we refer the reader to the paper "The Faulty Science Surrounding COVID-19" [3].

Overstated severity of COVID-19

Along these lines, it is also quite strange that government health officials are spooking people during their press conferences, but saying the opposite in their official reports. In particular, the

governments and experts in their official reports are saying that COVID-19 produces no symptoms that differ from the common cold or seasonal flu [4][5], produces no symptoms at all in nearly 80% of infected people [4][6], has a cumulative hospitalization rate basically on par with the seasonal flu [7], shows no evidence of transmission from asymptomatic persons [8][9][59], has a fatality rate 10 to 40 times lower than initially reported (about 0.25% overall and only 0.04% in infected people under 70 years old) [10][60], and impacts almost entirely elderly people or those who have underlying medical conditions [10][11]. In other words, COVID-19 has no distinguishing traits and would have probably been identified as the seasonal flu if it were not for all of the extensive testing [12] and hysteria created by the news media and government public health officials.

Doubletalk by government officials

A good example of this contradiction is seen in the case of Anthony Fauci, a physician who is regarded as the United States' top infectious diseases expert. On February 28, 2020, he and other researchers published an article in the New England Journal of Medicine, in which they said that the fatality rate of COVID-19 may be as low as 0.1% [13], but on March 4, 2020 during testimony before the House Appropriations subcommittee in Congress, he stated that the fatality rate was 2%, but in certain age groups that the fatality rate was much higher than 2% [14]. This contradiction is quite odd, especially considering that he was using data obtained from China where the severity of COVID-19 was definitely weakening starting from the middle of February.

Another example is in the case of South Korea where extensive testing has been done using RT-PCR technology on both asymptomatic and symptomatic persons, despite the Korean CDC and WHO admitting that there is no objective evidence of transmission from asymptomatic persons [8][9][59]. Furthermore, considering that RT-PCR technology was not even designed for diagnosis [15][16] and was not tested or validated for use on asymptomatic persons according to the U.S. FDA and RT-PCR test kit manufacturers [17][18], it is no wonder that the RT-PCR tests have been the source of widespread false positives [8][19][20][30] that make the so-called pandemic appear to be larger than it is.

Strange behavior that goes against common sense

It is strange indeed that the news media and government almost seem as if they want to keep people in a constant state of fear over COVID-19, despite it not being nearly as dangerous as initially reported. Someone might say that it is because they want people to remain vigilant and cautious. If the people knew that COVID-19 was not very dangerous, then they might let their guard down. But this type of reasoning goes against common sense. If COVID-19 is not nearly as dangerous as initially reported, then there is no reason to stay on guard. In fact, there is good evidence that we do not need to stay on guard. For example, it is known that in highly populated areas, such as Hong Kong, Seoul, and Tokyo, people almost never wear facial masks indoors at crowded cafes and restaurants, despite wearing them methodically outdoors. Logically speaking, the behavior of the people should be just the opposite because an outdoor environment is much more ventilated than an indoor one. However, in none of these areas has there been a large spike in cases, despite this odd behavior of wearing masks outside, but taking them off in crowded cafes and restaurants. Even when there is a so-called cluster of infections, most of the people infected are asymptomatic and those with illness usually have very mild symptoms such as those of a cold or flu.

Possible use of mind control or hypnotism

Sadly, most of the world's population is still not even the slightest bit suspicious about what they hear on the television about COVID-19, but simply remain mesmerized by fear-inciting broadcasts that keep telling them that the world is going to end if they don't adjust to the "new normal" of social distancing, facial masks, and widespread testing. This makes us think that the President of the United States wasn't speaking figuratively when he said "So think of it: In this horrible period, this

horrible, dark period where this — this monster came and worked its horrible, horrible spell over the world —184 countries as of this morning. A hundred and eighty-four countries” [21]. Indeed it does seem as if the monsters in the news media and government have put a COVID-19 spell on the people of the world. To break this spell, we suggest that people start to use their eyes instead of their ears because what they hear on the television is much different from what their eyes tell them when they look around their communities, cafes, and restaurants and see that there are no dead bodies or severely sick people.

State of COVID-19 vaccine development

It is against this backdrop that we have to consider COVID-19 vaccines. According to Wikipedia, there are currently several companies who have already entered Phase II and III of testing their candidate vaccines [22]. Vaccine development usually takes 15 to 20 years, but in the case of the COVID-19 vaccine, development is being fast-tracked to get it to the market as soon as possible [23]. To do this, new approaches are being adopted that include skipping animal testing [23]. This in itself should alert us to the possible dangers of the COVID-19 vaccine. To put this in better perspective, there still isn't a licensed vaccine for the SARS coronavirus that appeared in Hong Kong in 2002 and 2003 due to disease enhancement in animal experiments [24][25]. Moreover, there still isn't a vaccine available for the MERS coronavirus either for the same reasons [26]. In other words, vaccine development for coronaviruses hasn't been successful, even after nearly 17 years of research. So, what makes researchers so sure that they can deliver a safe vaccine for COVID-19, which is in the same family of coronaviruses as SARS? Furthermore, as mentioned above, SARS-CoV-2 (i.e., the virus said to cause COVID-19) hasn't even been purified yet, so scientists are left trying to create a vaccine that corresponds to what they think is viral RNA, although this has never been proved and probably never will be proved.

One of the biggest arguments used by proponents of COVID-19 vaccines is that vaccines are needed to achieve what is called “herd immunity” (see Section 2-2 for a discussion on herd immunity). However, to date there have been no vaccines for respiratory illnesses (e.g., pneumonia and flu) effective enough to achieve a high degree of “herd immunity via vaccination.” To achieve a high degree of herd immunity, it is basically assumed that the administered vaccine is highly effective [69], but vaccines for influenza and pneumonia often have an effectiveness that is lower than 50%. For example, the effectiveness of the influenza vaccine in England in 2017-2018 was only 15% [27]. Likewise the effectiveness of the PPSV23 pneumococcal vaccination was only 15.2% for preventing CAP hospitalization [28]. In this regard, John Hopkins Medicine said “It should be noted that vaccination does NOT reduce pneumonia” (emphasis not ours) [29]. Scientists have been developing influenza and pneumococcal vaccines for 40 years and they are still not able to make them effective. So, why should we think for even a second that the COVID-19 vaccine is going to be effective? And the United States FDA knows this. That is why the agency recently stated that it would approve COVID-19 vaccines if their effectiveness is at least 50%. [113] This effectiveness is certainly not high enough to achieve the type of herd immunity that is capable of protecting all of society.

Talk of mandated COVID-19 vaccination

Despite the foregoing, it only takes a quick Google search (e.g., “mandate covid-19 vaccine”) to see that there is much talk about mandating the COVID-19 vaccine. In other words, there are certain people who seem to think it is okay to force people to receive COVID-19 vaccination against their will. To this we strongly object on the basis of laws, ethics, and religious principles, as well as concerns for public safety and individual liberties. In this paper, we will present our case on why it is imperative that voluntary and informed written consent be received from people before vaccination. The choice to be vaccinated has to be a personal choice based on the ethical principle of autonomy.

What if there is a second wave of infection or mutation?

It should be obvious by now that we are skeptical of the circumstances surrounding COVID-19. The published science papers have not proven that SARS-CoV-2 is a pathogenic virus, and there is just too much doubletalk by the governments to believe anything they have to say at this point. However, our skepticism also makes us cautious about what will happen next.

There is a troubling video of Bill Gates and his wife talking about the “second wave” with a sinister smirk on their faces. [106] That smirk seems eerily similar to “duping delight,” a psychological phenomenon in which a person unconsciously flashes a smile at the pleasure of deceiving others. It is as if they know something that other people don’t and find it amusing. It just so happens that the Bill & Melinda Gates Foundation played a major role in a pandemic exercise called Event 201 during October 2019. [107] The timing of this event, its participants, and the COVID-19 outbreak seem to coincide almost too perfectly. It is because of this that the COVID-19 pandemic is often referred to as a “plandemic.” A quick Google search will show that there are over 2 million results for the term plandemic. Of course, this will simply be labeled as a “conspiracy theory,” but this theory has generated much popularity quickly simply because so many people in English speaking countries are suspicious about the circumstances surrounding COVID-19.

In addition to the Bill Gates video, there is also the congressional testimony of Dr. Rick Bright. [108] During his testimony, he warns that COVID-19 could create the darkest winter in modern history. It just so happens that the term “dark winter” refers to another pandemic exercise that took place in 2001. [109]

There is also the continuous 5G roll out. Although never spoken about in the mainstream media, there has been much resistance to 5G. In fact, there is a petition online that has been signed by over 26,000 scientists protesting against 5G because of its dangers to the environment and human health. [110] In another petition, reference is made to over 10,000 peer-reviewed papers on the dangers to human health from RF radiation. [112] Again the timing between the COVID-19 pandemic and the 5G roll out seem just too coincidental. This has created another popular “conspiracy theory” that COVID-19 will be blamed for all the sickness and death caused by the 5G roll out. The interesting thing is that a peer-reviewed paper was recently published (and quickly withdrawn) on PubMed claiming a relationship between 5G and coronavirus. [114][115]

At any rate, there very well could be a second wave, but we are not sure what to think of it as of yet. If the second wave is simply the same SARS-CoV-2 that we have seen so far, then we expect the response to be the same. There will be lots of sensationalized news broadcasts and government press conferences, but in reality, there will be very little sickness to speak of.

If there is real death and sickness in substantial numbers, then we could very well be dealing with an entirely different cause of illness, although it would probably still be blamed on SARS-CoV-2 or a mutated form of SARS-CoV-2. If such a drastic change occurs with SARS-CoV-2 due to mutation or some mysterious occurrence of new symptoms, then it is very unlikely that currently developed COVID-19 vaccines will be effective. The virus would have altered too much, creating different transmission or infection mechanisms than those the current vaccine technology targets. In such a case, mandated vaccination would be impossible because researchers would need to start all over again in their development of a vaccine.

However, in the world of virology, virus mutations usually weaken the virus. According to an article reviewed by Charles Patrick Davis, MD, PhD on the popular health blog “On Health” operated by WebMD, “By mid-April, researchers had identified over 100 SARS-CoV-2 mutations. But not all viral mutations are harmful. In fact, most mutations weaken a virus, causing it to spread less quickly or cause milder illness.” [104] Similarly, Christian Drosten, a leading German virologist from the Charite hospital in Berlin, noted in an NDR (Norddeutscher Rundfunk) podcast that he believes a mutation could be a good thing, since it could enable the virus to replicate even better in the nose and also be transmitted more effectively. He said that a mutation that primarily affects the nasal area could

enable the virus to multiply better, something which leads to virus epidemics actually becoming more harmless over time.” [105] Likewise, an article featured in Science News also went into detail about SARS-CoV-2 mutation. The article stated that “most mutations are not dangerous.” [111] Therefore, the current consensus is that if SARS-CoV-2 does mutate, the mutation will not make the virus more dangerous, but will probably actually weaken it.

It is our current opinion that if there is a second wave, it will be similar to the first wave, but perhaps even more sensationalized by television news and government press conferences. However, we are being very cautious in this regard. If there is a substantial increase in real sickness and death, then we are probably dealing with something much more sinister than the SARS-CoV-2 virus.

Section 2. Science behind COVID-19 and so-called herd immunity via vaccination

1. Lack of scientific proof that SARS-CoV-2 is the causative agent of COVID-19

SARS-CoV-2 has never been proven to be the causative agent of COVID-19. In a paper called “The Faulty Science Surrounding COVID-19,” we examined 10 scientific papers and articles that claimed to have isolated SARS-CoV-2. [3] We showed conclusively that none of the claims were valid. We recommend that readers refer to that paper to confirm for themselves just how faulty the science is behind COVID-19. We are quite certain that none of the authors of those papers would be willing to take an oath before a court of law under the penalty of perjury and affirm that their studies have 100% conclusively shown that SARS-CoV-2 is a pathogenic virus that causes COVID-19.

More specifically, SARS-CoV-2 has never been isolated as pure virus. Our claim is easy to verify. Simply check the published papers that claim to have done animal tests [62] [63]. None of those studies used pure virus to inoculate the animals. Why not? Because there is no pure virus available! As another example, check the FDA’s Instructions for Use for antibody tests [64]. The manufacturers of those tests are using recombinant antigen proteins instead of purified viral antigen proteins. Why? Because the virus was never purified to obtain purified viral antigen proteins!

Since SARS-CoV-2 science is faulty, it is only logical that the vaccine will be faulty. We can guarantee that representatives of the vaccine manufacturers will not take an oath in court and affirm that their products are safe and effective. How so? Because if they were willing to do this, there would be no need for acts such as the 1986 National Childhood Vaccine Injury Act (NCIV). But acts like the NCIV simply exist because the governments want to protect vaccine manufacturers from lawsuits due to their faulty products. In this respect, the U.S. government and supreme court are on record stating that vaccines are “unavoidably unsafe” and are products that are “incapable of being made safe for [their] intended and ordinary use.” [49]

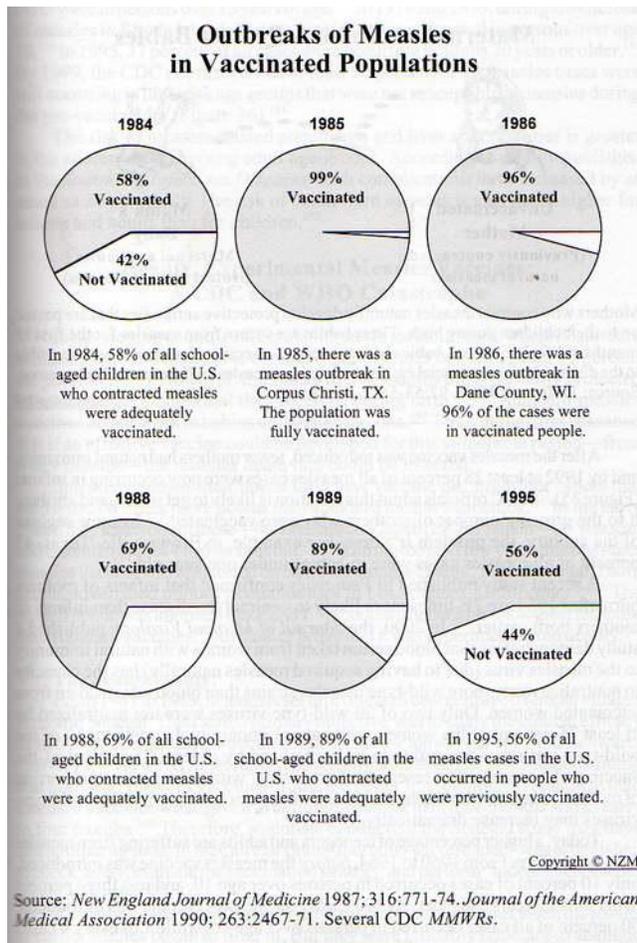
All of this creates serious ethical problems when it comes to mandating vaccines. In fact, it is reprehensibly immoral to force someone to do something for which there is no scientific proof of it being safe or effective.

2. Considerations regarding herd immunity via vaccination

*The first paragraph of this section was taken from Chapter 3 of the book Vaccine Epidemic. [45]

The validity of herd immunity undergirds all compulsory vaccination policies. The theory of herd immunity posits that there is resistance to the spread of an infectious disease when a sufficiently high percentage of people in a community are immune to that disease. Herd immunity is achieved when the vaccinated portion of the population acts as a protective cordon that prevents a resurgence of the disease and, as a result, protects vulnerable individuals who are unable to receive vaccines (or whose vaccinations failed). Public health officials invoke the legitimacy of herd immunity to justify mandatory vaccinations. By definition, a high number of people must receive vaccines to attain herd immunity.

However, herd immunity is a very questionable theory. It has never been proven by a peer-reviewed study, although proponents often point to anecdotal studies as evidence. However, there are many examples that show that the theory of herd immunity through vaccination does not work. Outbreaks of diseases such as measles, mumps, rubella, and chickenpox routinely occur in fully vaccinated communities. [64][65][66][67][68]



In light of the lack of solid evidence for herd immunity via vaccination, what confidence do we have that it will work for COVID-19? None whatsoever! Even if we assume that the theory of herd immunity via vaccination is valid, the theory still basically assumes that the vaccine is very effective. [69] But there has never been a commercialized vaccine for human coronaviruses, even after 17 years of research with SARS. Furthermore, vaccines for other respiratory illnesses such as pneumonia and influenza have not been effective enough to achieve a high level of herd immunity despite 40 years of R&D. [24][25][26][27][28][29]

To sum up, we have the following reasons to seriously doubt that the theory of herd immunity via vaccination will work for COVID-19:

- (1) The relative ineffectiveness of vaccines for other respiratory illnesses even after 40 years of R&D means that the COVID-19 vaccine is doomed to be ineffective (see Section 1 and Section 4-2 for more information on this).
- (2) The faulty science behind the development of the COVID-19 vaccination further dooms its effectiveness and safety.
- (3) The lack of evidence that herd immunity via vaccination works despite plenty of propaganda to the contrary exposes the fraud behind public health policy and further dooms the vaccination policy for COVID-19.

We are quite certain that no one representing the government or pharmaceutical industry will take an oath in a court of law and affirm that herd immunity via vaccination will work to protect entire societies with 100% certainty.

Mandating a vaccine under these circumstances is immoral, unethical, and harmful to society.

Section 3. Circumstances surrounding vaccines in general, including ethical issues

1. The myth that vaccination has eliminated diseases

*The content of this section is taken from the book “Vaccines: a peek beneath the hood.” [84]

Analysis of data shows that the often-repeated mantra that vaccines were key in the decline of infectious disease deaths is a fallacy. Deaths [from infectious diseases] had decreased by massive amounts before vaccinations. In the case of scarlet fever and other infectious diseases, deaths declined to near zero without any widespread vaccination.

Unfortunately, this erroneous belief [in vaccine science] has led people to trust in vaccination as the sole way to handle infectious diseases when there were clearly other factors that caused mortality to decline. Those factors were improved hygiene, sanitation, nutrition, labor laws, electricity, chlorination, refrigeration, pasteurization, and many other facets that we now generally take for granted as part of modern life. Very little of the improvement in the death rate had anything to do with medicine. A 1977 report estimated that, at best, approximately 3 percent of the mortality decline from infectious disease could be attributed to modern medical care.

“In general, medical measures (both chemotherapeutic and prophylactic) appear to have contributed little to the overall decline in mortality in the United States since about 1900— having in many instances been introduced several decades after a marked decline had already set in and having no detectable influence in most instances. More specifically with reference to those five conditions (influenza, pneumonia, diphtheria, whooping cough, and poliomyelitis) for which the decline in mortality appears substantial after the point of intervention—and on the unlikely assumption that all of this decline is attributable to the intervention ... it is estimated that at most 3.5 percent of the total decline in mortality since 1900 could be ascribed to medical measures introduced for the diseases considered here.” [85]

The emphasis today on more and more vaccines, is in part built on this ingrained thinking. The fact that deaths from infectious diseases declined so greatly before vaccines and antibiotics, is ignored. This lapse in study has created a situation where we could have learned a better way to manage all

infections in a more comprehensive way. Yet, to this day, despite such a phenomenal transformation, we have failed to learn the lessons of this history. The solutions that led to a 99 percent decline in death has been ignored, with the entire emphasis on the final 1 percent, which would have occurred anyway even without a vaccine

However, in some corners, there is recognition that vaccines were not what caused the major decline in infectious disease mortality. They often erroneously point to antibiotics and improved medical care and grudgingly give some credit to sanitation and other factors. There is little curiosity as to how all these factors worked and how they still apply today. The shift on emphasis is now on the incidence of disease after vaccination with a decreased emphasis on mortality. The thinking goes that, by wiping out the disease with vaccines, there is no risk of death. This appears to be a reasonable approach. How well has it worked?

Let's take whooping cough as an example. In 1979 Sweden withdrew use of the DTP vaccine on the basis that it was not effective and possibly unsafe. The fear, of course, would be that with lower vaccination rates, the death rate would increase. So what happened in this case?

A 1995 letter from Victoria Romanus at the Swedish Institute of Infectious Disease Control indicated that deaths from whooping cough remained near zero. Sweden's population was 8,294,000 in 1979 and 8,831,000 by 1995. From 1981 to 1993, eight children were recorded as dying, with the cause of death listed as pertussis. This averaged to be about 0.6 children per year possibly dying from whooping cough. These numbers show that the odds of dying from pertussis in Sweden were about 1 in 13,000,000 even when there was no national vaccination program. [86]

In another case, DTP vaccination coverage in England dropped from about 78 percent to 30 or 40 percent because of concerns over safety. The assumption was that there would be an increase in deaths due to the decreased coverage. The years from 1976 to 1980 were the ones when vaccination rates were at their lowest. Using official statistics, the number of deaths in those years totaled 35. The deaths from the previous five years (1971 to 1975), while vaccination rates were higher, totaled 55, or about 1.5 times greater than when vaccination rates were lower. [87] This was directly opposite what is generally believed should have happened.

Chart 1: Whooping cough on decline before introduction of vaccine

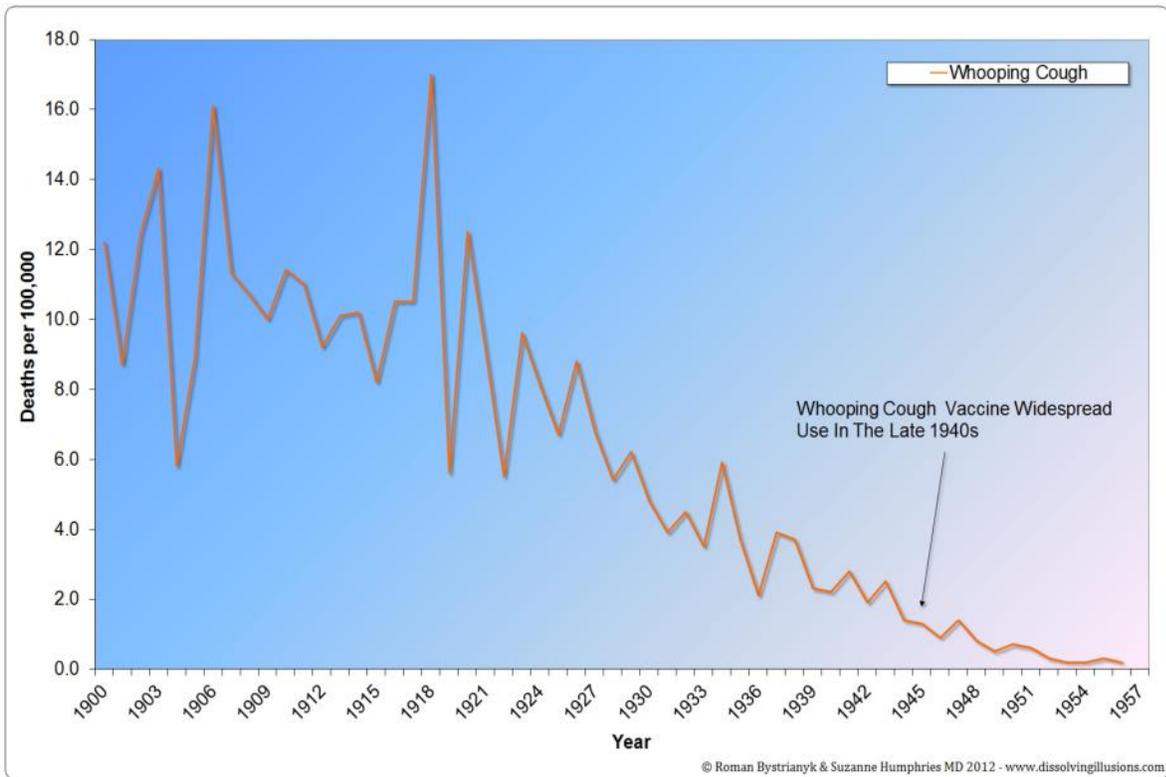
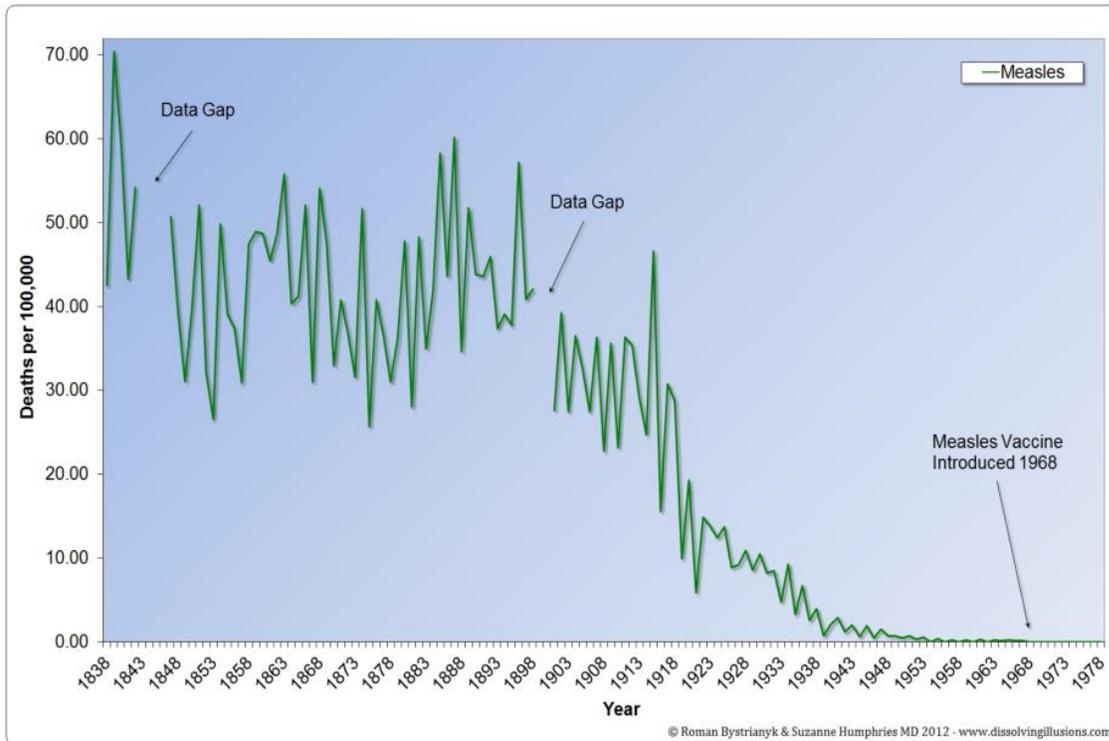


Chart 2: Measles on decline before introduction of vaccine



For charts on other diseases including smallpox, please refer to the website of Suzanne Humphries MD: <http://www.dissolvingillusions.com/graphs/> [88]

2. 1986 National Childhood Vaccine Injury Act and other similar programs

*The following three paragraphs are taken from Chapter 5 of the book Vaccine Epidemic: [45]

Vaccines, like all prescription medicines, carry risks—the law considers them to be “unavoidably unsafe.” [49] Because the government and medical community want to ensure high vaccination rates, they do not publicize this legal fact. To the contrary, they tell the public that “vaccines are safe and effective.” [50] The public is lulled into believing that vaccines are almost perfectly risk free. That, however, is public relations.

Congress passed the 1986 National Childhood Vaccine Injury Act (“the Act”) in part to compensate families for “vaccine-related injury or death.” [51] The Act includes a Vaccine Injury Table listing brain damage, paralytic disorders, anaphylaxis, seizures, and death, which are the basis for compensation if they occurred within specific time periods after vaccination. The Act establishes a National Vaccine Injury Compensation Program (VICP) to compensate injured children for specified “on-table” injuries and for “off-table” injuries where the petitioners can prove causation.

In the name of protecting children’s health, the Act changed the legal landscape fundamentally. Instead of keeping doctors and the vaccine industry directly liable for adverse reactions to vaccines, the Act created a taxpayer-financed compensation program for injuries. Unprecedented at that time, the Act was, in effect, a corporate bailout for the pharmaceutical industry, forcing the public—rather than the industry—to pay for damage from “unavoidably unsafe” products. Thus the Act deprived children of two of the most significant legal protections they had to ensure safety and remedial compensation: informed consent and the right to sue manufacturers directly.

One of the problems with the VICP is that the government simply assumes vaccines are safe once they are approved by the FDA and CDC. This means that the petitioner is basically forced to demonstrate the harmfulness of a vaccine and make a strong case that compensation is necessary. Worse than this, however, there are many potential vaccine adverse effect relationships for which the evidence is not sufficient to either prove or disprove causality, basically leaving the injured party helpless. [52]

In the United States, adverse events following immunization (AEFI) can be reported through the the Vaccine Adverse Event Reporting System (VAERS), but according to the Agency for Healthcare Research and Quality (AHRQ) this system is not utilized enough:

“Adverse events from drugs and vaccines are common, but underreported. Although 25% of ambulatory patients experience an adverse drug event, less than 0.3% of all adverse drug events and 1-13% of serious events are reported to the Food and Drug Administration (FDA). Likewise, fewer than 1% of vaccine adverse events are reported. Low reporting rates preclude or slow the identification of ‘problem’ drugs and vaccines that endanger public health.” [53]

South Korea also has a VICP called the Korea National Vaccine Injury Compensation Program (KVICP). It was established in 1994 and compensates individuals who experience certain AEFI for vaccines that are recommended by the government. In order to be eligible for compensation, a claim must be filed within 5 years after occurrence of AEFI, and the patient must have spent more than KRW300,000 (approximately US\$300) on health care expenses. [54]

However, the Korean system was specifically designed to deal with serious cases of AEFI. This means that milder side effects are basically just ignored. In this respect, researchers at the Korean CDC said the following:

“Our system is very effective for sustaining a high level of public trust in the NIP by responding rapidly to serious AEFI, and providing compensation for each serious adverse event resulting from immunizations recommended by the government. However, various mild AEFIs, which were not eligible for claims or academic review, were hardly detected and analyzed in our system. Therefore,

we need a complementary system designed to monitor both mild and serious AEFIs, at least for newly introduced vaccines.” [55]

Similar to the system in the United States, the petitioner needs to demonstrate causality. This is done through a process in which the Korea Advisory Committee on Vaccine Injury Compensation (KACVIC) reviews the causal association between adverse events and vaccine administration, and assesses whether each case meets the criteria for compensation.

Looking at the results of program from 2011 to 2016, less than half of all claims against vaccines for respiratory illnesses such as influenza (31%) and pneumonia (49%) received some sort of compensation. [55] This doesn't make us very confident in the program. It is a very complicated process that (1) only considers serious AEFI, while ignoring more mild AEFI; (2) requires the petitioner to demonstrate causality; and (3) has a very strict criteria for claims against vaccines of respiratory illnesses that limits compensation to less than half of cases. It is unlikely that we can trust a program like this for an experimental vaccine like the COVID-19 vaccine (see Section 4-1 and 4-2 for a discussion on the experimental nature of the COVID-19 vaccine).

Here is the data on reported cases, compensated cases, and dismissed cases ranging from 1995 to 2016:

Table 4. Number of cases reported to AEFI surveillance system and cases with potential vaccination-related injuries claimed for compensation to VICP in Korea, 1995-2010

Year	AEFI surveillance reports	Claims to VICP		
		Total	Compensated	Discarded
1995	4	11	4 (36.4)	7 (63.6)
1996	3	4	1 (25.0)	3 (75.0)
1997	0	0	0	0
1998	13	5	4 (80.0)	1 (20.0)
1999	6	2	1 (50.0)	1 (50.0)
2000	29	9	4 (44.4)	5 (55.6)
2001	141	23	20 (87.0)	3 (13.0)
2002	22	14	12 (85.7)	2 (14.3)
2003	25	6	3 (50.0)	3 (50.0)
2004	45	6	6 (100.0)	0
2005	364	18	13 (76.5)	5 (23.5)
2006	635	23	15 (65.2)	8 (34.8)
2007	515	21	13 (61.9)	8 (38.1)
2008	407	16	7 (43.8)	9 (56.2)
2009	2,380	16	5 (29.4)	11 (70.6)
2010	741	275	112 (40.9)	163 (59.1)
Total	5,339	454	221 (48.6)	233 (51.4)

Values are presented as number (%)

AEFI, adverse events following immunization; VICP, vaccine injury compensation program.

Table 2. Number of reported AEFI cases and filed claims in Korea from 2011 to 2016

Year	Reported AEFI				Claims for vaccine injury compensation							
	Total	Disease	Disabled	Death	Total	Disease		Disabled		Death		
						Compensated	Dismissed	Compensated	Dismissed	Compensated	Dismissed	
2011	238	236	0	2	71	44	23	1	0	1	2	
2012	209	203	0	6	70	50	17	1	1	0	1	
2013	345	339	0	6	81	63	14	2	0	0	2	
2014	289	278	2	9	121	62	54	0	2	0	3	
2015	271	265	0	6	99	58	32	1	4 ^{a)}	0	4	
2016	318	316	0	2	73	46	24 ^{b)}	1	1	0	1	
Total	1,670	1,640	2	31	515	323	164 ^{b)}	6	8 ^{a)}	1	13	

Values are presented as numbers (%).

AEFI, adverse events following immunization.

^{a)}Includes 1 deferred case for conclusion.

^{b)}Includes 3 deferred cases for conclusion.

3. Big money and conflicts of interest surrounding the vaccine industry

Vaccines are advertised as promoting public health. Therefore, it would be easy to imagine that the vaccine manufacturers are sort of like non-profit organizations working hard to protect people's health. However, the truth is that the vaccine industry is a huge business replete with conflicts of interest.

According to the World Health Organization (WHO), it is projected that the vaccine industry will become a 100 billion U.S. dollars per year industry by 2025. [76] In confirmation of this, Statista estimates that total revenues will reach nearly 60 billion U.S. dollars by 2020. [77] Furthermore, Technavio estimates that the industry will grow by 13.81 billion U.S. dollars by 2024. [78] However, this estimate doesn't include COVID-19 vaccines. Therefore, the WHO projection is most likely accurate, indicating that vaccines are a huge money making industry.

As far as conflicts of interest, they can be found from government agencies to local physicians. For example, the U.S. CDC is known to own over 20 vaccine patents that create vast, undisclosed conflicts of interests in vaccine safety. [79] To verify this, a quick Google patent search shows over 70 patent results for which the CDC has an interest. [80]

Furthermore, the doctors administering the vaccines are also plagued with conflicts of interest. For example, in the United States physicians including pediatricians make money from vaccines and are financially given incentives by Blue Cross Blue Shield for administering vaccines. Blue Cross Blue Shield pays pediatricians bonuses based on the percentage of children in their practice who are fully vaccinated by age two. In particular, when a pediatrician's before-age-two patient population reaches 63% fully vaccinated, including the flu shot, that physician is paid by Blue Cross Blue Shield \$400 per fully vaccinated child. [81] The average pediatrician in the US has 1,546 children in their practice. [82] If a pediatrician has 10% of their practice or 150 children before the age of two fully vaccinated, the incentive for the physician could be an extra \$60,000 in bonus money! Two hundred patients fully vaccinated before the age of two, and their bonus money is \$80,000!

This also means that under Blue Cross Blue Shield's rules, pediatricians lose the whole bonus unless at least 63% of their before-age-two patients are fully vaccinated. So it's not just \$400 for your child. It could be the pediatrician's entire bonus. To the average US pediatrician, your decision to vaccinate your child might be worth \$40,000, \$60,000, \$80,000 or more in financial incentives depending on the size of his or her practice.

For more information on the conflicts of interest and downright fraud involving vaccines, we recommend the book "Pharma's Vaccines: The Untold Story." [83]

We hope readers can understand that there is big money behind vaccines.

4. Low vaccination rates among health care workers

The influenza vaccine has been available for nearly three decades. Every year around flu season, health care workers are very active in recommending the influenza vaccine to their patients. However, what many of these patients don't realize is that many of the same health care workers who are recommending the influenza vaccine have refused to take the vaccine themselves.

In a paper entitled "Professional and ethical responsibilities of health-care workers in regard to vaccinations," the author wrote the following:

"Public health experts, provider organizations, and patient advocates confer that HCWs [health care workers] should receive influenza vaccination annually. However, even amongst the most vigorous

voluntary influenza immunization programs, vaccination rates of HCWs are limited to 40–50%, despite the efforts.” [56]

According to this paper, only 40 to 50% of health care workers would receive the influenza vaccine despite being strongly encouraged.

This situation became such a serious problem that laws were proposed that mandated health care workers to receive influenza vaccines. In response to this, some of the largest national nurses unions opposed mandated vaccines arguing that they were an infringement of workers’ rights and personal autonomy. [57][58] Despite the opposition of the unions, the legislature was eventually passed and it is now mandatory for health care workers to receive the influenza vaccine.

The important principle here is that many health care workers refused the influenza vaccines and opposed mandatory vaccination. The major nurses unions also opposed mandatory vaccines arguing that they infringed rights and personal autonomy. This sends a very strong message since the very same people who are administering the vaccines refused to receive them themselves and opposed mandatory vaccination. Why should we trust the vaccines if the health care workers who are administering them don’t even trust them? And why should we trust the health care workers who recommend vaccination when large numbers of them have refused vaccination for themselves?

Again, if vaccines are so safe and effective, why were health care workers so hesitant to them? This is a question that everyone should consider carefully.

Why is our appeal to personal rights and autonomy criticized when this was the very same argument that nurses unions made? The very same people who administer the vaccines recognized that personal rights and autonomy are valid reasons for refusing vaccines.

5. Suppression of vaccination dissent and dishonest advertising

Brian Martin, Professor of Social Sciences at the University of Wollongong, Australia, published a paper called “On the Suppression of Vaccination Dissent” via Springer Science+Business Media in 2014. [70] In that paper, he described the chilling circumstances that professionals find themselves in when questioning the mainstream vaccine narrative. The following are excerpts from his paper:

“Dissenters from the dominant views about vaccination sometimes are subject to adverse actions, including abusive comment, threats, formal complaints, censorship, and deregistration, a phenomenon that can be called suppression of dissent. [In this paper,] three types of cases are examined: scientists and physicians; a high-profile researcher; and a citizen campaigner. Comparing the methods used in these different types of cases provides a preliminary framework for understanding the dynamics of suppression in terms of vulnerabilities.”

“The orthodox position is that adverse reactions to vaccines are rare, and insignificant compared to the benefits. In the face of this dominant position, a number of physicians, scientists, and citizens argue that vaccination has significant shortcomings. They question the scale of the benefits, noting how death rates from infectious diseases declined dramatically before the introduction of mass vaccination. They maintain that the adverse effects of vaccination have been underestimated.” [45][71]

“The cases described here provide evidence for a pattern—not a conspiracy—of suppression of vaccination dissent. A more comprehensive analysis would look at a larger number of cases and do a more systematic comparison between dissenters and non-dissenters. However, even the limited number of cases treated here is enough to suggest that suppression of dissent occurs and to give some preliminary indications of methods used in different circumstances.”

“Suppression of dissent, through its chilling effect, can skew public debates, by discouraging participation. In Australia, critics of vaccination have become aware that if they become visible, they are potentially subject to denigration and complaints. Because of the level of personal abuse by pro-vaccinationists, many of those who might take a middle-of-the-road perspective, perhaps being slightly critical of some aspects of vaccine policy, are discouraged from expressing their views. The result is a highly polarized public discourse that is not conducive to the sort of careful deliberation desirable for addressing complex issues.”

After publishing this paper, Brian Martin himself became the object of criticism for “anti-vaccination” views, despite clearly saying in the paper that “My own involvement in the vaccination debate is primarily as a defender of fair and open debate on contentious issues, given my long-term interest in dissent (Martin 1981; Martin et al. 1986). Personally, I do not hold strong views about vaccination.” However, the criticism of Brian Martin simply helped further prove his opinion that there is indeed suppression of vaccination dissent.

In light of the above, it should be obvious that the general public has been purposely misled in regard to the safety and effectiveness of vaccines. Nearly all opposition to the mainstream view on vaccines is suppressed, thereby making it impossible for the general public to access the balanced and impartial information needed to enable informed consent. This is truly immoral, unethical, and criminal.

As an example, the following is one form of vaccine propaganda. It is an advertisement encouraging senior citizens in South Korea to receive pneumococcal (PPSV23) vaccination.



어르신 폐렴구균 예방접종사업 안내

- 접종일정** 5 ~ 6월 : 만 75세 이상 연령 (1938년 12월 31일 이전 출생자)
 11월부터 : 만 65세 이상 전체 연령 (1948년 12월 31일 이전 출생자)
 ※ 후반기 접종 준비와 인플루엔자 예방접종으로 7~10월은 폐렴구균 예방접종이 잠시 중단됩니다.
 ※ 접종일정은 보건소 상황에 따라 변경될 수 있으니, 관할보건소 안내를 참고하시기 바랍니다.

접종기관 주민등록상 주소지 관할 보건소

접종백신 폐렴구균 23가 '다당질 백신'(PPSV23) 1회



This advertisement by the Korean government is pure propaganda. It seems to suggest that the vaccine will help senior citizens live a long life. However, it provides no information on effectiveness or safety at all. Therefore, we decided to investigate the effectiveness and safety of this vaccine.

With regard to the effectiveness of pneumococcal vaccination, the Canadian Medical Association Journal (CMAJ) concluded that it does not appear to be effective in preventing pneumonia, even in areas where the vaccine is currently recommended [72] (such as South Korea). Likewise, John Hopkins Medical states that “It should be noted that vaccination does NOT reduce pneumonia” (John Hopkins emphasis, not ours). [73] As far as PPSV23, the vaccination being recommended by the Korean government, the medical journal *Vaccine* reported that “The effectiveness of PPSV23 in preventing [community-acquired pneumonia] CAP hospitalization was 15.2% (95% CI -3.1–30.3) in all cases, which was not significant.” [74]

As far as safety is concerned, pneumococcal vaccination PPSV23 caused 25,168 cases of side-effects such as fever, injection site erythema, and injection site pain over a 23 year period. [75] Among these, there were 2,129 cases of serious side effects and 66 cases of death. However, these are just the number of incidents reported or known about. The Agency for Healthcare Research and Quality (AHRQ) of the U.S. Department of Health and Human Services states that “fewer than 1% of

vaccine adverse events are reported.” [53] Based on this information, the number of incidents of side effects could have exceeded 2.7 million cases, including over 6,600 deaths.

If the general public understood the deceitful practices surrounding vaccines, we are sure they would be shocked. The suppression of dissent and lack of disclosure concerning safety and effectiveness is simply immoral, unethical, and wrong. Informed consent based on balanced and impartial information is absolutely necessary.

Section 4. Legal precedents concerning vaccines in consideration of human rights and bioethics

1. Nuremberg Code of 1947 and its significance

The Nuremberg Code is a set of research ethics principles for human experimentation created as a result of the Nuremberg trials at the end of the Second World War [32]. It is generally regarded as the first document to set out ethical regulations in human experimentation based on informed consent [33].

The first article of the Nuremberg Code states the following:

“1. The voluntary consent of the human subject is absolutely essential.

This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision. This latter element requires that before the acceptance of an affirmative decision by the experimental subject there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonably to be expected; and the effects upon his health or person which may possibly come from his participation in the experiment.” [34]

It is often said by proponents of mandated vaccines that vaccination programs are not a type of human experiment; therefore, the Nuremberg Code does not apply to vaccines.

However, this is emphatically not true. The North Carolina Supreme Court concluded, over a century ago, in *State v. Biggs* (46 S.E. 401, N.C. 1903) that “Medicine is an experimental, not an exact science. All the law can do is to regulate and safeguard the use of powerful and dangerous remedies, like the knife and drugs, but it cannot forbid dispensing with them.” [35]

Medicine interventions, including powerful remedies such as vaccination, are experimental.

In the case of vaccines, there are always post-market studies performed on a vaccine’s safety and efficacy. This in itself should be enough to show that vaccines are experimental. If vaccines were in fact, 100% safe and 100% effective, then such studies would not be needed. But the truth is that safety and efficacy are not known. Therefore, these studies take place. In particular, these type of studies correspond to a longitudinal experiment in which people are vaccinated with the intent of examining downstream outcomes.

According to the Nuremberg Code, voluntary consent of the human subject is absolutely essential. Any disregard of informed consent is a blatant violation of the Nuremberg Code.

In this regard, the Association of American Physicians and Surgeons said the following in their resolution concerning mandatory vaccination:

“Safety testing of many vaccines is limited and the data are unavailable for independent scrutiny, so that mass vaccination is equivalent to human experimentation and subject to the Nuremberg Code, which requires voluntary informed consent.” [48]

The significance of the Nuremberg trials really needs to be understood. There were laws in Germany that allowed the Nazis to perform medical experiments on people without their consent because they were supposedly doing it for the good of society as a whole. The people performing the medical procedures were simply following the law. However, this did not indemnify them of guilt. The reason for this is because there is a higher law than the positive law (i.e., man-made laws that oblige or specify an action) enacted by governments. That higher law is the natural law¹. According to natural law, man² is endowed with the knowledge of a fundamental moral law that governs his conscience. The Bible refers to this natural law as the portion of divine law (i.e., the law of God), which is written on the hearts of every man (Romans 2:13-15). The golden rule of natural law is to love God and love one’s neighbor as oneself (Matthew 22:36-40, Romans 13:8-9). This means that each individual man should do for others what he would want them to do for him and not do to others what he would not want them do to him. As such, it is wrong to harm one’s fellow man and it is wrong to force one’s fellow man to go against their own moral conscience. Violation of natural law is a crime that cannot be excused by simply saying, “I was following the government’s law.” In the case of Nazi Germany, the government’s law was wrong. As a result, those who followed the government’s law were found guilty.

In the case of mandated vaccines, there is plenty of evidence to show that vaccines have a poor track record when it comes to safety and effectiveness. Furthermore, the court is on record stating that medicine is experimental, while medical and science journals confirm this through countless longitudinal studies. In light of this, it should be apparent that forced vaccination is wrong and violates natural law, regardless of how proponents try to sell it by saying that it is good for society as a whole (i.e., herd immunity via vaccination). Forced vaccination does harm man by removing his natural right to informed consent regarding his own body. Forced vaccination also compels man to act against his own moral conscience when he perceives that the danger of the vaccine is greater than the danger of alleged disease and that it would be better for society to refuse the vaccine.

2. Jacobson v. Massachusetts and its inapplicability as a precedent

Jacobson v. Massachusetts, 197 U.S. 11 (1905), was a United States Supreme Court case in which the Court upheld the authority of states to enforce compulsory vaccination laws. It is often regarded as the most important judicial decision on compulsory vaccination. [36]

The case involved a man named Henning Jacobson who refused vaccination, claiming that he and his son had had bad reactions to earlier vaccinations. The Massachusetts Supreme Judicial Court found it unnecessary to worry about any possible harm from vaccination, because no one could

¹ Natural law refers to the law that God, the sovereign of the universe, has prescribed to all men, not by any formal promulgation, but by the internal dictate of reason alone. It is discovered by a just consideration of the agreeableness or disagreeableness of human actions to the nature of man ; and it comprehends all the duties which we owe either to the Supreme Being, to ourselves, or to our neighbors: as, reverence to God, self defence, temperance, honor to our parents, benevolence to all, a strict adherence to our engagements, gratitude, and the like. [116]

² “Man” is simply an interpretation of “Adam” in the Biblical narrative. In Genesis 5:2, it says “ Male and female created he them; and blessed them, and called their name Adam, in the day when they were created.” Therefore, “man” refers to both sexes. A “man” is under natural law, as opposed to a citizen under positive law. A “man” is superior to a “citizen” in the same manner that the “natural law” is superior to “positive law.” In particular, a “man” has more rights and responsibilities than a “citizen.”

actually be forced to be vaccinated: “If a person should deem it important that vaccination should not be performed in his case, and the authorities should think otherwise, it is not in their power to vaccinate him by force, and the worst that could happen to him under the statute would be the payment of \$5” [37]. Jacobson was fined, and he appealed to the US Supreme Court [38]. The Supreme Court thereafter ruled in favor of the state court.

What is interesting is that the Massachusetts Supreme Court ruled that the authorities did not have the power to vaccinate Mr. Jacobson by force and that the worst thing that could happen to him was be fined \$5, which equates to about \$150 in today’s money. In this context, *Jacobson v. Massachusetts* doesn’t seem as authoritative on the issue of compulsory vaccination as some people would like us to think. In other words, vaccines can be refused if a small fine is paid.

However, the Supreme Court’s decision of upholding the state’s decision also concluded with a note of caution: “The police power of a State, whether exercised by the legislature, or by a local body acting under its authority, may be exerted in such circumstances or by regulations so arbitrary and oppressive in particular cases as to justify the interference of the courts to prevent wrong and oppression.” [36]

Sadly, this warning was ignored just 22 years later when the United States Supreme Court upheld a Virginia law in the *Buck v Bell* case that authorized the involuntary sterilization of “feeble minded” persons in state institutions. Justice Oliver Wendell Holmes concluded that “Society can prevent those who are manifestly unfit from continuing their kind. The principle that sustains compulsory vaccination is broad enough to cover cutting the Fallopian tubes. *Jacobson v. Massachusetts*, 197 U. S. 11. Three generations of imbeciles are enough.” [37]

According to Wendy K. Mariner JD, LLM, MPH, “The *Jacobson* case was cited as support for the general principle that public welfare was sufficient to justify involuntary sterilization. The decision extended the police power’s reach from imposing a monetary penalty for refusing vaccination to forcing surgery on a young woman against her will and depriving her of the ability to have children. The Court did not require the state to demonstrate that sterilization was necessary and not arbitrary or oppressive. This suggests that the Court did not view *Jacobson* as having required any substantive standard of necessity or reasonableness that would prevent what today would be considered an indefensible assault. The Court did not even consider that *Carrie Buck* might have any right to personal liberty. With the Court’s imprimatur of involuntary sterilization laws, more than 60000 Americans, mostly poor women, were sterilized by 1978.” [38]

To put it simply, the *Jacobson* case was used as justification for a eugenics program in the United States.

Despite the foregoing, proponents of compulsory vaccination still like to hold onto the *Jacobson* case as the gold standard on the issue of the compulsory vaccination. However, do the circumstances of the *Jacobson* case really correspond to the circumstances surrounding COVID-19? To this question, we must say that the *Jacobson* case does not correspond well. Our reasons are as follows:

1. *Jacobson v. Massachusetts* dealt with an epidemic of smallpox, a disease that is much more dangerous than COVID-19. Smallpox has a fatality rate of up to 30% and leaves its survivors with permanent deep scars (pockmarks). As mentioned above, COVID-19 has symptoms similar to a common cold or seasonal flu and a very low fatality rate. Nearly all COVID-19 survivors make a complete recovery with no scarring or disabilities. Therefore, the seriousness of COVID-19 is minuscule in comparison to smallpox.

In regard to the very low fatality rate of COVID-19, John P.A. Ioannidis, C. F. Rehnberg Professor in Disease Prevention in the School of Medicine and Professor of Medicine at Stanford University, summarized his findings in a recent paper:

“23 studies were identified with usable data to enter into calculations. Seroprevalence estimates ranged from 0.1% to 47%. Infection fatality rates ranged from 0.02% to 0.86% (median 0.26%) and corrected values ranged from 0.02% to 0.78% (median 0.25%). Among people <70 years old, infection fatality rates ranged from 0.00% to 0.26% with median of 0.05% (corrected, 0.00-0.23% with median of 0.04%). Most studies were done in pandemic epicenters and the few studies done in locations with more modest death burden also suggested lower infection fatality rates.” [60]

2. Jacobson v. Massachusetts dealt with the smallpox vaccine. The smallpox vaccine was an established vaccine with years of clinical usage. In contrast to this, there has never been a successful vaccine for any type of coronavirus. The SARS vaccine based on spike proteins failed in all animal models causing disease enhancement [24][25]. It is significant that there is no viable SARS vaccine after 17 years of R&D. So, why should we be so trustworthy of a COVID-19 vaccine? Furthermore, the major candidates for the COVID-19 vaccine are all DNA, RNA, or recombinant adenovirus based vaccines [39]. To date, there has never been a DNA or RNA vaccine licensed for human use [40][41]. In other words, any COVID-19 vaccine that might appear on the market will be highly experimental. It falls into an entirely different class of vaccines than the smallpox vaccine.

Based on the above two points, Jacobson v. Massachusetts does not correspond well with the circumstances surrounding COVID-19. Any potential COVID-19 vaccine cannot be compared with the smallpox vaccine. Rather, the COVID-19 vaccine will be even more experimental than the Haffkine prophylactic that was attempted to be used on Chinese residents in San Francisco in May 1900 (see Wong Wai v. Williamson, 103 F. 384, N.D.Cal. 1900 for details on this case [42]). Regarding the use of Haffkine prophylactic, we would like to quote a section from a paper published in Law and Social Inquiry (Vol. 13, No. 3, Summer, 1988) [43]:

“Indeed, as recently as 1983 a leading authority on plague, notwithstanding decades of improvement in the technology of producing Haffkine’s vaccine, of experimentation with laboratory animals, and of observation of human subjects, could write: ‘The efficacy of killed vaccines in preventing human plague has been claimed but never proven in a randomized field trial.’ [44] One thing can be said with certainty: In May of 1900 Haffkine’s prophylactic was, and was understood by most scientific contemporaries to be, still an experimental drug.”

It cannot be reiterated enough that any COVID-19 vaccine will be highly experimental. This makes it fall with the scope of the Nuremberg Code, and as we shall see later, subject to current bioethics laws that require informed consent in regard to experimental medical interventions. Furthermore, if the COVID-19 vaccine ends up being a DNA, RNA, or recombinant adenovirus vaccine that will also make it subject to bioethics laws on gene therapy, also requiring informed consent.

3. Implications of the Convention on Human Rights and Biomedicine (the Oviedo Convention)

*This section was taken from the book Vaccine Epidemic. [45]

In 1997, the Council of Europe adopted the Convention on Human Rights and Biomedicine (the Oviedo Convention). While this document is binding only in European countries that signed it, the Oviedo Convention represents the most up-to-date development of biomedical law.

In response to these social changes, the Oviedo Convention provides greater protection of individual rights by guaranteeing free and informed consent to all medical interventions. Unlike the Universal Declaration of Human Rights (UDHR) and International Covenant on Civil and Political

Rights (ICCPR), this recent convention is not limited to human experimentation—it abolishes the distinction between research and therapy and addresses the need for individuals to have adequate information about all medical interventions. The Oviedo Convention requires consent for any medical intervention, including prevention, diagnosis, treatment, rehabilitation, and research.[46] It even recognizes that a medical intervention may be psychological as well as physical. [46] This comprehensive approach is necessary today because medical treatment and research are rapidly converging and no longer have static, distinct meanings. To maintain adequate protection, individuals must have the right to free and informed consent regardless of the historical distinction between therapy and research.

4. Implications of the 2005 UNESCO Declaration (Universal Declaration on Bioethics and Human Rights)

In 2005, the worldwide community followed suit and adopted many of the expansive principles of the Oviedo Convention. The United Nations Education, Scientific, and Cultural Organization (UNESCO), a specialized United Nations agency, adopted the Universal Declaration on Bioethics and Human Rights (UDBHR) in the UNESCO Declaration. [47]

Article 3, Paragraph 2 is particularly relevant to the issue of compulsory vaccinations:

“The interests and welfare of the individual should have priority over the sole interest of science or society.”

Proponents of compulsory vaccination inevitably argue that the interests of the collective community must be given priority over the interests of the individual. In particular, they argue in favor of the theory of herd immunity via vaccination, despite the theory never being scientifically validated and often being proved wrong by outbreaks of disease in vaccinated communities. However, the UDBHR argues just the opposite. It is the interests of the individual that must be prioritized over the sole interest of science or society.

Article 6, Paragraph 1 is very specific that the scope of the declaration includes vaccines (i.e. preventives):

“Any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information. The consent should, where appropriate, be express and may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice.”

Despite the foregoing, we assume that proponents of mandated vaccination would invoke Article 27 as an escape clause that enables governments to temporarily limit the rights recognized under the Declaration:

“If the application of the principles of this Declaration is to be limited, it should be by law, including laws in the interests of public safety, for the investigation, detection and prosecution of criminal offences, for the protection of public health or for the protection of the rights and freedoms of others.”

However, as mentioned before when discussing the Nuremberg Code, the laws enacted by governments must be morally right. Accordingly, any potential law enacted on the basis of Article 27 must be morally right for it to be enforceable. In the case of forced vaccination with an experimental vaccine, it is impossible to establish the moral high ground needed to limit the natural rights of man. Therefore, in the case of COVID-19 vaccination, any appeal to Article 27 would be illegitimate.

Section 5. The state of informed consent in South Korea and implications for COVID-19

Legal basis for informed consent in South Korea

South Korea is a country that recognizes the importance of informed consent. According to the Korean Association of Medical Law, an invasive procedure performed without informed consent constitutes a violation of applicable law. [89]

We believe that the legal basis for informed consent in South Korea comes from natural law, which is expressed in the Korean Constitution itself. The Korean Constitution was written on the basis of natural law and natural rights. In a paper titled “The State of Fundamental Rights Protection in Korea”, Dai-kwon Choi, Professor Emeritus of Law at Seoul National University, says the following about natural law and its basis in the Korean Constitution: [101]

“Fundamental rights are basic entitlements that legally assure individuals that they are free to develop and realize their physical, mental and moral humanity. Fundamental rights are rooted in the ideas of natural law and natural rights that individuals are endowed with dignity and worth as human beings from the moment they are born. In relations with power in the real world, fundamental rights are embodied in and protected by positive laws (constitutional law, international law, etc.). However, this does not mean that fundamental rights cannot exist without positive laws on the sole ground that they are created by the positive laws. The concept of fundamental rights is antecedent to that of the positive laws. Fundamental rights guaranteed by a constitution are simply those that are materialized into legal norms by the positive constitutional law.”

“[The] Republic of Korea in Chapter Two of its Constitution provides for and proclaims the basic human rights protection provisions and their guaranteeing constitutional institutions based on the ideas of natural law and natural rights.”

We will now look at some of the most relevant provisions of the Korean Constitution.

Article 10:

“All citizens shall be assured of human dignity and worth and have the right to pursue happiness. It shall be the duty of the State to confirm and guarantee the fundamental and inviolable human rights of individuals.”

This is a very powerful acknowledgement of the inviolable fundamental rights of man. It recognizes that natural law is above positive law by mandating that the State (i.e., the government) has the duty to protect these rights in the realm of positive law. The government should be continuously and actively making efforts to ensure that citizens’ rights have not been violated. The mandate is on the government, not the citizens. After all, government exists for the benefit of man.

When the government fails to keep its mandate, it will be then be necessary to rectify the failure through application of natural law. In the realm of natural law, all men are on equal ground and each man has a responsibility to defend his or her own rights and live by the golden rule. This topic will be discussed later in this section.

Article 19:

“All citizens shall enjoy freedom of conscience.”

In our opinion, this is one of the most important provisions in the Korean Constitution. It basically recognizes man’s right of self government on the principle of moral autonomy. As mentioned previously, the Bible refers to natural law as being the portion of divine law (i.e., the law of God) that is written on the hearts of every man, thereby requiring each man to make decisions according to his moral conscience (Romans 2:13-15). The golden rule to this natural law is to love God and to love one’s neighbor as oneself (Matthew 22:36-40, Romans 13:8-9). Therefore, man is only obligated to do that which he perceives as morally right on the basis of the golden rule. In the context of an experimental vaccine, the importance of freedom of conscience cannot be understated. Based on the golden rule and other available information (such as information on the disease and vaccine) one man may judge that vaccination is appropriate, while another man may judge that vaccination is inappropriate. Because of the principle of freedom of conscience, we are not to judge another man’s decisions in regard to these types of personal choices.

Article 37-1:

“Freedoms and rights of citizens shall not be neglected on the grounds that they are not enumerated in the Constitution.”

This provision is basically proof that the Korean Constitution was established on the basis of natural law and natural rights and that these natural laws and natural rights are superior to the Constitution itself. In South Korea, natural law is the law of the land, and the Korean Constitution is simply an effort to express some of your natural rights. Accordingly, natural law is at a higher jurisdiction than the positive law of the Korean Constitution. Also, your position as a man under natural law is greater than your position as a citizen under the Korean Constitution. It is very important to remember this.

In this regard, we would again like to refer to Professor Choi. He has this to say about Article 10 and Article 37-1, in particular:

“Nonetheless, it is significant that the Constitution has the overarching Article 10 providing for human dignity and worth and the right to pursue happiness at the beginning of Chapter 2 on the fundamental rights. Article 10 precedes the specific fundamental rights that follow. Needless to say, Article 10 is obviously the root provision or original source for the fundamental rights specified above. The specified rights are simply details or examples of the former, general provision on the guarantee of fundamental rights. And the notion that the fundamental rights specifically enumerated are mere example provisions of this general provision is also supported by Article 37 Section 1. In the Section, it is stipulated that ‘Freedoms and rights of citizens shall not be neglected on the grounds that they are not enumerated in the Constitution.’ Article 10 and Article 37 Section 1 are the reflection of the idea of natural law and natural rights manifested in the form of fundamental human rights in the positive law and naturally imply further that those rights specified in the Constitution are by no means ‘exhaustive’ of fundamental human rights.” [101]

Similar to the UDBHR, the Korean Constitution does provide for the possibility of needing to restrict man’s freedoms or rights when necessary. However, the Korean Constitution is much more prohibitive than the UDBHR on the restrictions that can be placed on man’s rights and declares that such restrictions must not violate the essence of such restricted freedom or right.

Article 37-2:

“The freedoms and rights of citizens may be restricted by Act only when necessary for national security, the maintenance of law and order or for public welfare. Even when such restriction is imposed, no essential aspect of the freedom or right shall be violated.”

In regard to Article 37-2, Professor Choi wrote the following:

“Article 37 Section 2 of the Constitution proclaims the following four requirements for constitutionally justifiable restrictions on fundamental rights. First, there should be a necessity to restrict fundamental rights. National security and the maintenance of law and order or public welfare are the constitution-provided examples of such a necessity. Second, the necessity for such a limitation alone is not enough; it must be unavoidable. When there is an alternative that can resolve such a necessity, then the proposed restriction on fundamental rights shall not be allowed. Third, even when the limitation on fundamental rights is unavoidable, it shall be minimal. Fourth, although the restriction is justified, it must be stipulated by law. Indeed, the purpose of Article 37 Section 2 of the Constitution is to clarify the principle that fundamental rights and freedom should be guaranteed to the maximum extent and their restrictions should be to the minimal extent.”

According to Professor Choi, it is not enough for there to be a necessity to restrict freedoms and rights, but the need to do so must be unavoidable, such as in cases where there is no alternative. Also note that the restriction must be minimal and stipulated by law.

As mentioned before, any law enacted by the government must also be morally right. In other words, it must coincide with natural law. Accordingly, any potential law enacted on the basis of Article 37-2 of the Korean Constitution must be necessary, unavoidable with no alternatives, minimal in its restrictions, explicitly elucidated by law, and morally right for it to be enforceable. In the case of forced vaccination with an experimental vaccine, it is impossible to establish the moral high ground needed to restrict the natural rights of man. It is also impossible to show how it is necessary and unavoidable, for there is real risk that the so-called cure could be worse than the alleged disease in the event that the vaccine is unsafe and ineffective. Furthermore, it is hard to imagine how injecting a foreign substance into somebody’s body against their will could be considered to be a minimal restriction of freedoms and rights. Therefore, in the case of COVID-19 vaccination, any appeal to Article 37-2 would be illegitimate.

We suspect that some people will disagree with this interpretation of the law. To such people, we simply ask them to prove that we are incorrect by doing the following:

1. Prove that SARS-CoV-2, the virus said to cause COVID-19, is a pathogenic virus according to Koch’s postulates (i.e., the industry gold standard for proving that a microorganism is the causative agent of a disease). So, far this has not been done. [3]
2. Prove that SARS-CoV-2 is more serious than the seasonal flu, despite the World Health Organization, U.S. CDC, and industry experts saying otherwise. [4][5][6][7][8][9][10][11][12][59][60]
3. Prove that the theory of herd immunity via vaccination is valid, despite plenty of evidence to the contrary. [64][65][66][67][68]
4. Prove that the COVID-19 vaccine is not an experimental vaccine despite it being extremely fast-tracked and being the first-of-its-kind following 17 years of failed R&D for other coronavirus vaccines. [23][24][25][26]
5. Prove with historical data that the COVID-19 vaccine is effective, despite the poor track record of vaccines for respiratory illnesses (pneumonia and influenza) notwithstanding 40 years of R&D. [27][28][29]
6. Prove how it is ethical from the viewpoint of natural law to inject a foreign substance into someone’s body against their will, despite such a man or woman making a decision in accordance with his or her moral conscience.
7. Prove how it is ethical from the viewpoint of natural law to extract genetic materials from someone’s body against their will in order to perform COVID-19 PCR testing and antibody testing, despite the existence of bioethics laws both internationally and in South Korea that prohibit testing on genetic material without obtaining informed consent.
8. Prove how it is ethical from the viewpoint of natural law to inject a DNA, RNA, or recombinant adenovirus vaccine into someone’s body against their will, despite the existence of bioethics laws

both internationally and in South Korea that prohibit gene therapy and gene research without obtaining informed consent.

9. Prove that the field of biotechnology is not guilty of the charge of playing God, despite the existence of numerous ethical and theological debates on this very issue, thereby demonstrating that man's moral conscience is not comfortable with this industry of technology.

We seriously doubt that anyone will be willing to enter a court of law under oath and try to demonstrate these nine items.

Laws in South Korea regarding vaccines and bioethics

Provisions regarding vaccines for infectious diseases are stipulated in the INFECTIOUS DISEASE CONTROL AND PREVENTION ACT. [90] Looking through this act, we find the relevant information in Article 46.

Article 46:

“The Minister of Health and Welfare, a Mayor/Do Governor, or the head of a Si/Gun/Gu may take measures for requiring any of the following persons to undergo a medical examination, or to receive a vaccination necessary for preventing an infectious disease, etc., as prescribed by Ordinance of the Ministry of Health and Welfare:<Amended by Act No. 9932, Jan. 18, 2010; Act No. 13392, Jul. 6, 2015>

1. Family members of a patient, etc. with an infectious disease, or his/her cohabitants;
2. A person suspected of being infected by an infectious disease, who resides in or enters an area where the infectious disease breaks out;
3. A person suspected of being infected by an infectious disease through contact with patients, etc. with an infectious disease.”

Casually reading Article 46, it sounds like the Act can be used to mandate vaccines. In particular, it can require certain persons to receive vaccination. However, things are bit more complex than this. In this Act, these types of mandates can often be refused, although a penalty might apply in such a case. For example, if the medical examination in Article 46 is refused, Article 81-10 of the same Act says that such a person can be fined 2 million won (about 1,800 U.S. dollars). The strange thing is that the penalty provisions say nothing about refusing vaccination. The reason for this may be that vaccines cannot be refused. In such a case, South Korea would certainly be repeating the same mistake of Nazi Germany and the enforcers of such a law would be guilty in accordance with natural law and the Korean Constitution. This is because forcing people to be injected with a highly-experimental foreign substance is extremely reckless and dangerous. The Nazis unsuccessfully tried to justify their human experiments by saying that such experiments were for the good of society. Sadly, we hear echoes of this same reasoning today by proponents of mandated COVID-19 vaccines. We must be on guard against this type of wrong reasoning.

However, we have a better opinion of South Korea than this, especially in light of its very fundamental-rights-centered constitution. In fact, in accordance with the spirit of the Korean Constitution, South Korea has enacted a bioethics act to protect human rights in regard to certain medical procedures. Therefore, we believe that the absence of penalty provisions regarding vaccination is due to the government's inability to enforce vaccination without the consent of the individual. In other words, we believe that the government may strongly recommend the vaccination, but the individual must ultimately consent to it.

The provisions on medical procedures can be found in the BIOETHICS AND SAFETY ACT. [91] This Act sets forth careful rules that must be observed when performing research on human subjects and conducting gene therapy. As we mentioned previously, the COVID-19 vaccine will be

experimental (see Section 4-1 and 4-2 for a discussion on the experimental nature of the COVID-19 vaccine), and as such, the administration of the vaccine should be regarded as research on human subjects, since its results will certainly be the object of careful follow-up analysis as part of longitudinal studies. Furthermore, the COVID-19 vaccine will most likely be a DNA, RNA, or recombinant adenovirus vaccine. [39] This means that vaccines are substantially the same as gene therapy, even though they might be classified differently for marketing purposes.

If any proponent of mandated vaccines would like to argue that the COVID-19 vaccine will not correspond to research on human subjects or fit the description of gene therapy, we would simply ask them to prove it with science and ethics. Again, how can a newly developed fast-tracked and first-of-its-kind vaccine that fits the profile of gene therapy in every respect, except perhaps its legal classification, not be considered experimental gene therapy? The burden of proof is on them, not us. They have a scientific, ethical, moral, and lawful obligation to demonstrate that the COVID-19 vaccine is none of the things we suspect it to be. After all, the proponents of a mandated COVID-19 vaccine want to put it in our bodies. Therefore, we have a right to know everything we ask and they have an obligation to answer. And if their answers don't satisfy us, we have a right to refuse vaccination.

With regard to the BIOETHICS AND SAFETY ACT, research on human subjects and gene therapy are both regulated. We will now look at a few of the pertinent sections of the act:

Article 1:

“The purpose of this Act is to ensure bioethics and biosafety, thereby contributing to promoting citizens' health and improving their quality of life by preventing the violation of human dignity and values or the infliction of harm on human body in the course of researching on human beings and human materials or of handling embryos, genes, etc.”

Article 2-16:

“The term ‘gene therapy’ means a series of procedures to alter genes in the body for the purpose of preventing or treating a disease, or to transfer hereditary substances or cells to which hereditary substances are introduced, to the body;”

Note that “gene therapy” can correspond to preventing a disease. To us, this clearly includes DNA, RNA, or recombinant adenovirus vaccine, since they manipulate genes for the purpose of preventing a disease.

Article 3-1 and 3-2:

“(1) No activity regulated under this Act shall be conducted in any manner that violates the dignity and values of a human being, and priority shall be given to human rights and welfare of each human subject of research or donor.”

“(2) Self-determination of each human subject of research or donor shall be respected, and the voluntary consent of a human subject of research or donor shall be supported by adequate information.”

Note that Article 3-2 protects the self-autonomy (i.e., the freedom of conscience elucidated by Article 19 of the Korea Constitution) and requires informed consent.

Article 16-1:

“(1) A human subjects researcher shall obtain written consent (including consent by an electronic document; hereinafter the same shall apply) regarding the following matters from human subjects of research before commencing a human subjects research project:

1. Objectives of the human subjects research project;
2. Duration, procedure for, and methods of participation of human subjects of research;
3. Foreseen risks and benefits to human subjects of research;
4. Protection of personal information;
5. Compensation for losses incurred through participation in the research project;
6. Provision of personal information;
7. Withdrawal of consent;
8. Other matters the competent institutional committee deems necessary.”

Article 48-1, 48-2, and 48-3:

“(1) A medical institution that intends to apply a gene therapy shall report thereon to the Minister of Health and Welfare. The same shall also apply where it is intended to change an important matter specified by Presidential Decree.

(2) A medical institution that reported on its business to the Minister of Health and Welfare pursuant to paragraph (1) (hereinafter referred to as “gene therapy institution”) shall explain the following matters to each patient to whom it intends to apply a gene therapy and shall obtain written consent thereto:

1. Objectives of the therapy;
2. Expected results and side-effects of the therapy;
3. Other matters specified by Ordinance of the Ministry of Health and Welfare.

(3) The conditions and procedure for the reporting of gene therapy institutions, the form of the written consent, and other necessary matters shall be prescribed by Ordinance of the Ministry of Health and Welfare.”

Note that Article 48-2 requires that informed consent be obtained before performing gene therapy. This acts to reinforce the provisions of Article 3-2.

These provisions of the BIOETHICS AND SAFETY ACT make it clear that informed consent is necessary for research on human subjects and gene therapy. Again, if any proponent of a mandated COVID-19 vaccine thinks that these provisions do not apply to a new fast-tracked and first-of-its-kind vaccine that fits the description of gene therapy, then we simply ask them to prove it both scientifically and ethically. The Act itself does not exclude vaccines from its scope, so why should we? In fact, as mentioned above, Article 2-16 can definitely be interpreted to include vaccines when such vaccines apply gene therapy.

What we expect in South Korea

Our prediction is that the COVID-19 vaccine will be strongly recommended by the government, perhaps in such a way that makes it seem mandatory. However, we believe that the vaccine will still be voluntary.

We believe that consent will need to be obtained before administering any vaccine. In other words, we believe that a man or woman who wants to be vaccinated will be presented with a form to sign in order to obtain his or her consent. Sadly, however, we doubt that explanation will be provided that meets the requirements of the principle of informed consent. If you want to receive the vaccine, then simply sign the form and receive the vaccination. If you don't want to receive the vaccine, then simply ignore any notifications you might receive by smartphone, post, or visitation.

Section 6. Countermeasures if vaccination is mandated in South Korea

What if vaccination is mandated? (Preliminary considerations)

If a COVID-19 vaccine is mandated through a written law such as the INFECTIOUS DISEASE CONTROL AND PREVENTION ACT, then according to the scientific, ethical, and lawful reasons we have provided in this paper and others, such a written law is contrary to natural law. In other words, natural law is not properly reflected in positive law and must be rectified. To do this, it is necessary to enter the jurisdiction of natural law so that the court can immediately take appropriate action.

This is explained by David C. Bayne, former Professor Emeritus of Law at Iowa University, in his paper "The Natural Law for Lawyers - A Primer." He wrote the following: [102]

"[If] there is written law, but it is contrary to the *naturally just*, the court must invoke *equity*. In this situation the court goes directly and *immediately* to the natural law. In this we have a mal-declaration of the natural law in the positive, and emendation through equity is in order."

If such action needs to be taken, we can assume that the government has failed to fulfill its own mandate to protect the rights of citizens. Therefore, we will be forced to stand up for our own rights, which means bypassing the jurisdiction of positive law and entering directly into the jurisdiction of natural law. This is necessary because we will not be able to receive a fair hearing in a court of positive law. This is because the judge, prosecutor, etc. are all employees of the State, creating huge conflicts of interest and biasing their actions toward the exact positive laws that we claim are unjust.

This type of action is not without precedent. In fact, the State of Israel argued the exact same thing during its trial of Adolf Eichmann in 1960-1961. The Court appealed to the work of natural law thinker Hugo Grotius who in 1625 wrote on an application of natural law to the law of nations in his famous book *De Jure Belli ac Pacis* (On the Law of War and Peace). The Court commented on Book Two, Chapter 20 "De Poenis" (On Punishment) by saying the following: [103]

"In the writer's view, the object of punishment may be the good of the criminal, the good of the victim, or the good of the community. According to natural justice, the victim may take the law into his hand and himself punish the criminal, and it is also permissible for any person of integrity to inflict punishment upon the criminal; but all such natural rights have been limited by organized society and have been delegated to the courts of law."

Accordingly, under natural law, the individual man or woman does have right to inflict punishment upon the criminal. However, since we live in an organized society based on rules of order, this right to punish by the individual has been delegated to the courts of law. In this respect, the Israeli Court goes on to say the following:

“It is therefore the moral duty of every sovereign state (of ‘kings and any who have rights equal to the rights of kings’) to enforce the natural right to punish, possessed by the victims of the crime whoever they may be, against criminals whose acts have ‘violated in extreme form the law of nature or the law of nations.’”

This means that the State (in our case a competent court under the jurisdiction of natural law in the Republic of Korea) has the moral duty to enter the jurisdiction of natural law to punish violations of natural rights. Forcing people to be injected with a highly-experimental foreign substance that could potentially manipulate DNA is extremely reckless, dangerous, and immoral. It is an extreme violation of natural law. (Also, see Item 4 of the Appendix for a discussion on the serious ethical and religious problems related to DNA manipulation and gene therapy.)

Using a court of natural law is a long term solution

Regrettably, despite the foregoing discussion, it will be very hard to invoke natural law and use the court system when a large portion of the population has been deceived to believe that the unjust positive laws are necessary and beneficial. This is exactly what happened in Nazi Germany. Remember that the war crimes of human experimentation were committed under the guise of benefiting society as a whole. Therefore, many of the common people did not recognize the dangers and evils of human experimentation at that time. On the other hand, we assume that there were also many people who were suspicious, but were too afraid to speak against it. Anyone who would have been courageous enough to try to use a court of natural law during the height of Hitler’s power would have surely met with death. It wasn’t until after the end of the war, several years after the war crimes were committed, that natural law could be invoked and the criminals punished.

In the case of a mandated COVID-19 vaccine, we believe that the situation will be similar to Nazi Germany. In other words, we believe that using the courts to invoke natural law will prevail eventually, but in the short term, the mandate will stand and many people will suffer (not only because of forced vaccination but because of loss of freedoms and outright tyranny). Therefore, using a court of natural law must be regarded as a long term solution.

Using natural law as a “man” in the short term

In the short term, the best solution we can think of right now is to force public officials into “your jurisdiction” of natural law instead of entering “their jurisdiction” of positive law. This means that you will have to be your own “man” and act as a “man.” We will now explain what we mean.

Positive laws are man-made laws and therefore they are not perfect. As a result, some people believe that arguing about the interpretation of positive laws is a useful method of fighting them when they are unjust. The problem with this is that to do this, you must enter into their jurisdiction of positive law. As mentioned above, it will be impossible for you to be treated fairly because the public officials, police, judge, etc. all work for the government and are biased to their interpretation of positive law.

Therefore, instead of entering their jurisdiction of positive law, it would be better to force them into your jurisdiction of natural law by invoking fundamental rights that cannot be denied. As mentioned before, the Constitution is an expression of some of our natural rights. For example, people have the right to retain and administer their property. In Article 13-2, the Constitution says, “No restrictions shall be imposed upon the political rights of any citizen, nor shall any person be deprived of property

rights by means of retroactive legislation.” Usually people think of property as pertaining to real estate or other hard assets. But the truth is that your most valuable piece of property is your body. According to Article 13-2, your property cannot be deprived from you by means of retroactive legislation. Therefore, enacted positive laws cannot impede on your property (i.e., your body). There may be instances where the government requests the administration of your property, but the government is restricted from doing it by force. In fact, the government is required to pay you. Article 23-3 says, “Expropriation, use or restriction of private property from public necessity and compensation therefor shall be governed by Act: Provided, That in such a case, just compensation shall be paid.” Therefore, if the government wants your property, they must pay for it.

Therefore, we currently believe the best solution is to *conditionally accept* their positive law (e.g., mandated testing or vaccination) on the basis that they comply with your natural rights (e.g., pay you for the use or administration of your property and meet other conditions required by you). Practically speaking, they will never accept your conditions, and thus you will never be able to perform their request (i.e., testing or vaccination). By doing this, you bring them into your jurisdiction of natural law while still respecting their position as enforcers of positive law. This also greatly simplifies things for you. You do not need to know or understand their laws. You do not need to argue about interpretations.

We will now give some specific examples:

In the case of COVID-19 testing

1. Do not be alone. Have family and friends with you who can witness any conversations and confrontations with public officials or police.
2. Always remain calm, polite, and peaceful.
3. Record the video and audio of any conversations and confrontations with public officials or police.
4. If you are contacted about testing, do not go to their testing center. Say, “Yes, I want to cooperate. But I am worried about the health safety at those testing centers.” (By the way, there are no provisions in the INFECTIOUS DISEASE CONTROL AND PREVENTION ACT that require you to go to a testing center). Therefore, if they really want you to take the test, let them come to you. Do not go to them.
5. If they come to your house, ask for the names and business cards of everyone present. You will deal with them man-to-man, so it is important to have their names and contact information. Say, “I need to verify your identity through business cards. There have been lots of robberies and fraud in recent years, so I need to confirm your IDs.”
6. Do not let them in your home, but talk with them between your door. If your door has a door latch or chain lock, just open the door to the extent of the latch or chain. Greet them kindly. If they ask to come in your home, just say, “You deal with sick patients all day, so I would rather perform the medical checkup through my door for safety reasons. This way we can also maintain our social distancing.” Answer their questions and let them take your temperature through the door gap.
7. They will probably request that you take a COVID-19 test. In order to perform the test, DNA and other genetic material will need to be extracted from your body. However, that genetic material is your property. Will you just give it away for free? We hope not. You should be compensated. You can say something like, “OK, but I heard that this test is very invasive and requires my genetic material. Since I will have to give you my genetic material while dealing with safety risks and discomfort, I am wondering how much I will be compensated for taking the test?” In other words, do not refuse their request, but start to set the conditions for accepting it.
8. They will probably be shocked by your question and simply say that there is no payment. Therefore, respond by saying something like, “Doesn’t the test require my genetic material?” They will say, “Yes.” Therefore, say, “But my genetic material is my property. Why should I have to suffer safety risks and discomfort just to give away my property for free? My request for payment is not unreasonable. After all, people who donate blood are often compensated with money or other items.”

9. If they still refuse your request for payment and try to coerce you, say politely, “You are making me feel uncomfortable. I already told you that I want to take the test, but I feel like you are trying to coerce me. Are you trying to take my property without permission? I want to take the test, but you have to cooperate with me.”

10. If they still disagree and say that you are obligated by law, then say, “What law obligates me to give my property away for free? That doesn’t sound right to me. For example, if the government orders a contractor to do some work, they obviously have to pay the contractor. So, if the government is ordering people to undergo an invasive medical procedure that requires individual property, it is only reasonable that there should be a contract with terms of payment. I don’t think there can be a valid law that forcefully takes away people’s property? Doesn’t the Constitution recognize the fundamental human right to maintain their property?”

11. They will probably say that the law is about the virus and testing. Just keep saying, “Yes, I already said that I want to take the test, but my genetic material is my property. Why should I have to suffer safety risks and discomfort just to give away my property for free? My request for payment is not unreasonable. After all, people who donate blood are often compensated with money or other items. Why should I have to do everything for free? This doesn’t sound right.”

12. If they say that you are endangering others by not taking the test, say, “I don’t know anything about that. Who said that I was endangering them? Did someone say that? I don’t remember endangering anyone. Who said that I endangered them?” If they say, “If you have the virus, you could endanger others,” then say, “I don’t know about that. How do you know that? That sounds like conjecture to me. For example, if I have a tree in front of my house, the wind could blow and cause it to fall on someone’s car. Would this be a valid reason to check every house for trees? And then if there is a tree, to remove it because it might fall down and endanger others? Who exactly is accusing me of endangering them? I want their names. If I have indeed endangered anyone, I would like to ask for forgiveness and compensate such a person for what I owe him. But anyway, what does any of this have to do with me receiving compensation for my property? I am ready to take the test, but we need to agree to the terms of contract and you need to prepare the contract.”

13. If they say that it’s an emergency, say, “If it is an emergency, that is all the more reason why the government should be prepared to compensate people. This is an invasive test that requires me to provide my genetic material. It is only fair that I be compensated. For example, you are being paid to give me the test. Why shouldn’t I receive payment to receive it?”

14. If they say that other people are doing the test for free, say, “That is their voluntary choice. I believe that some people might volunteer the use of their genetic material. Other people might feel compelled by fear or some other reason. Everybody is different and we all can make our own choice. That is what is great about the freedom we have in this country. Personally, I think it is only fair to be compensated.”

15. If this continues and they keep saying it is the law, just say, “This all sounds strange to me. I already said that I want to take the test. Why do you keep talking about the law? Are you sure you understand that law? I don’t think it is possible to create a law that requires people to give away their property for free? I feel very uncomfortable now and you are starting to cause me harm personally. I want to take the test, but you are making it very hard for me and taking up a lot of my time. I also deserve to get compensated for my time. You are getting paid right now for being here. Why shouldn’t I also get paid for talking with you? This is all very wrong and I am started to feel like this is a violation of my rights.”

16. If they eventually agree, say, “Okay, good. Thank you. So, we will have to create a contract and I will require the payment to be guaranteed through a security bond put in escrow. Since this test is an invasive medical procedure and the results of the test could have a big impact on my life and livelihood, I require 10 million KRW net of all taxes as compensation for the use of my genetic material.”

17. Obviously, they will refuse such a request. Therefore, you will need to simply maintain your position and eventually ask for the name of their superior officer. Request that the superior officer come to your house to talk about these things.

18. Repeat the above steps.

19. Although it is highly unlikely, if you do eventually come to an agreement on the terms of payment, require that they prepare the contract. This way they cannot later attack the interpretation of the contract. Of course, you should make sure that the conditions are in your favor, such as limiting the purpose and term of use of your genetic material, requiring non-transfer and secure storage, requiring guarantee from the test kit manufacturer that the test is 100% reliable, etc. These conditions are completely reasonable, but they will be unable to guarantee them.

20. It is our guess that they will eventually give up and simply ask you to self-quarantine for 14 days. However, if you are arrested or forced through violence to undergo a medical procedure, then there is nothing you can do immediately. But since you have all of their business cards and video recordings, it may be possible sometime in the future to bring a claim against them individually man-to-man in a court of law for assaulting you, kidnapping you, stealing your property, etc. Do not bring the claim against the person acting as a police officer or public official (e.g., Officer John Doe). Rather, bring the claim against the actual man (e.g., John Doe) because he or she violated your natural rights. Their role as health official or police officer gives them no right to trespass on your property, assault you, break down your door, or steal your property. There is nothing in their job description that allows such actions. Therefore, they would be guilty of such a crime as a man. (We may go into more detail about this in another paper.)

(For people who are interested in an agreement for conditional acceptance, we have prepared a document on our website. [117] Please download it and read it so that you can be familiar with the content before attempting to use it. It is based on the INFECTIOUS DISEASE CONTROL AND PREVENTION ACT and BIOETHICS AND SAFETY ACT. Therefore, you tentatively accept their testing on the condition that they sign your agreement. This way they cannot accuse you of refusing testing. You don't refuse. You simply demand explanation and guarantees before accepting. You can be certain that no public official will ever sign it. However, as mentioned above, taking this type of approach places you within their jurisdiction of positive law. And they definitely have the advantage because the public officials, police, judge, etc. all work for the State and are fraught with conflicts of interest. Therefore, it will be hard for you to receive fair treatment before public officials such as the police or judge. As a result, we currently believe that the above steps are a better approach because you force them to enter your jurisdiction of natural law. After all, you are not a legal expert, so why should you be forced into a legal battle with them when they are the ones who wrote the laws and have unlimited financial resources? Our natural law approach is so simple even a child can understand it and it removes you from their world of positive law. Therefore, we currently believe the above steps are better.)

In the case of COVID-19 vaccination

The steps are basically the same. However, instead of requiring payment for the use of your property (i.e., genetic material), you require payment for administration of your property (i.e., your body). Since the risks involved with a vaccine are much higher than the risks involved in testing, you should require a much higher payment. Perhaps something like 1 billion KRW net of taxes would be appropriate. Our opinion is to follow the steps above with the following changes:

Step 4. Say, "Yes, I want to cooperate. But I am worried about the health safety at those vaccination centers."

Step 7. They will request you to receive a COVID-19 vaccine. In order to receive it, an experimental substance will need to be injected into your body. However, any action against your body is administration of your property. Say, "OK, but I heard this vaccine is very invasive and has side effects. Since I would be entrusting the health and well-being of my body to you and the vaccine manufacturer, while dealing with safety risks and discomfort, I am wondering how much I will be compensated for receiving the vaccine?"

Step 8. Say, "Doesn't the vaccine require me to entrust the health and well-being of my body to you and the vaccine manufacturer?" Afterwards say, "My body is my property. Why should I have to suffer safety risks and discomfort just to allow my property to be administered for free? My request for payment is not unreasonable. After all, people who undergo medical research and donate blood are often compensated with money or other items."

Step 9. Say, "You are making me feel uncomfortable. I already told you that I want to take the vaccine, but I feel like you are trying to coerce me. Are you trying to administer my property without permission? I want to take the vaccine, but you have to cooperate with me."

Step 10. Say, "What law obligates me to allow my property to be administered for free? That doesn't sound right to me. For example, if the government requires the use of someone's home, they obviously have to pay for the home. So, if the government is ordering people to undergo an invasive medical procedure that requires the administration of individual property, it is only reasonable that there should be a contract with terms of payment. I don't think there can be a valid law that forcefully allows the administration of people's property? Doesn't the Constitution recognize the fundamental human right to maintain their property?"

Step 11. Say, "Yes, I already said that I want to take the vaccine, but my body is my property. Why should I have to suffer safety risks and discomfort just to allow my property to be administered for free? My request for payment is not unreasonable. After all, people who undergo medical research and donate blood are often compensated with money or other items. Why should I have to do everything for free? This doesn't sound right."

Step 12. For the last sentence, say, "I am ready to take the vaccine, but we need to agree to the terms of contract and you need to prepare the contract."

Step 13. Say, "If it is an emergency, that is all the more reason why the government should be prepared to compensate people. This is an invasive vaccine that requires me to entrust my body to you and the vaccine manufacturer. It is only fair that I be compensated. For example, you are being paid to give me the vaccine. Why shouldn't I receive payment to receive it?"

Step 14. Change the second sentence to "I believe that some people might volunteer the use of their body."

Step 15. Change the second sentence to "I already said that I want to take the vaccine." Change the fifth sentence to "I don't think it is possible to create a law that requires people to allow their property to be administered for free?" Change the seventh sentence to "I want to take the vaccine, but you are making it very hard for me and taking up a lot of my time."

Step 16. Change the fourth sentence to "Since this vaccine is an invasive and experimental medical procedure that could greatly impact my life and livelihood, I require 1 billion KRW net of all taxes as compensation for the administration of my body."

Step 19. You should make conditions, such as forcing the government and vaccine manufacturers to assume liability for the safety and effectiveness of the vaccine, disclose all information on the vaccine such as its contained substances and adjuvants, provide proof verified by independent third-parties that the vaccine is 100% safe and effective, etc. As mentioned above, these conditions are completely reasonable, but they will be unable to guarantee them.

(Again, for people who are interested in an agreement for conditional acceptance, we have prepared a document on our website. [92] It is based on ethical principles rather than laws, but the intent is the same. You can be nearly certain that no public official will ever sign this agreement. You tentatively

accept their vaccine, but only on your conditions. In the very unlikely case that public officials do sign it, the agreement still allows you to refuse the vaccine if you want.)

In the case of forced quarantine

Again, the steps are basically the same. In the case of quarantine, it is especially important that you have public officials come to your home. This will probably increase the likelihood that you will be able to quarantine at home rather than be forced into a hospital or shelter.

If you are asked to quarantine at home for 14 days, we believe that you should simply comply. Of course, if it requires you to take time off from work, you will need to be compensated for that.

If you are asked to quarantine at a hospital or shelter, then you should ask for a substantial amount of compensation, since they will be administering your property (i.e., your body). Please follow the steps above, but just change the content appropriately to reflect conditions of quarantine instead of conditions of testing or vaccination.

What about self defense?

As mentioned above, when quoting from the works of Hugo Grotius, the victim of a crime does have the natural right to take the law into his or her hand. If you or your family becomes the victim of an assault or attempted assault through a mandated medical procedure, you do have the right to defend yourself through use of force. However, this should be regarded as a last resort and you need to be careful not to utilize excessive force. Violence is never a good solution, and it only becomes a solution when violence was first committed against you. In other words, if violence is committed against you, you have the right to defend yourself. South Korean law also recognizes the right to self defense in Article 21 of the CRIMINAL ACT.

Despite the above, we currently don't think that self defense is a useful option against mandated vaccination. As mentioned before, you will be judged within their jurisdiction of positive law by employees of the State, so it is highly unlikely that your use of force in self defense will be recognized as justifiable force. As a result, several bad things will happen: (1) You will still be vaccinated against your will; (2) You will be imprisoned for assault; (3) You will probably be slandered on television news as a crazy person who endangered the lives of so-called heroic health officials who only wanted to help you; and (4) You will be made an example of punishment to all other people who might think of resisting vaccination.

Therefore, we do not currently recommend self defense. If you are assaulted by public officials and vaccinated against your will, then they will be guilty before God and your conscience will remain clean because you did your best to protect yourself and your family against tyrants. As mentioned previously, you can also bring claims against them later.

In the event that a large portion of the population becomes opposed to mandated vaccination and occurrences of self defense become commonplace throughout the country, then self defense becomes a more violable option. But it seems unlikely that such a thing will happen in a country like South Korea.

What if vaccination is not mandated but coerced through loss of freedoms?

We believe that coerced vaccination is an indirect form of mandated vaccination. This means that people will not be forced directly through violence, imprisonment, or fines to receive vaccination, but will be coerced by society and businesses to submit to vaccination. For example, proof of vaccination through certification, etc. could be a requirement for flying on airplanes, going overseas, using public transportation, using banks, using hospitals, entering stores, finding employment, etc.

Moreover, those who refuse to be vaccinated could also be blamed for future outbreaks of disease, further stigmatizing them and probably resulting in persecution.

In such a case, people who do not want to receive vaccination will have very few options. Either they submit to vaccination or choose a life of poverty and grief. It is hard to fight against something when the majority of society supports it, regardless of whether they were deceived into supporting it. As a comparative example, bank accounts and mobile phones were once optional, but technological advance has made both of them necessary to live in our current society. It would be very hard to obtain employment without a bank account, since companies these days generally will not pay cash to their employees. Similarly, mobile phones, and especially smartphones, have become necessary for many lines of business. In this respect, we are already living in a technocracy, where technologies are forced upon people without their direct consent. The same is happening with 5G, AI, and robotics. People never asked for these things, but they are simply foisted onto society, and society is basically forced to comply. Therefore, this same strategy could be used to coerce vaccination. No direct mandate would be necessary. Most of society would simply receive vaccination within a few years time.

Coerced vaccination is highly possible, and to be honest we are worried about it. In such a case, it would be best to gather together as like-minded people and try to live self-sufficiently like the Amish. We suppose that living near the coast in a warm area would be the best option because you could always catch fish and shellfish to sustain yourself and family. Of course, many people, especially the elderly, sick, and disabled, will not be able to choose such a lifestyle. It will also be hard for people who have lived their whole lives in the city to adapt to a self-sufficient life in the countryside.

Is resisting mandated vaccination really worth all the trouble?

The answer to that question really depends on you and your political, ethical, and religious beliefs.

Personally speaking, we are believers in Jesus Christ and are troubled in our consciences concerning vaccination for both ethical and religious reasons. (Please see the Appendix of this paper for some religious considerations.) Furthermore, we have examined the situation concerning COVID-19 very carefully and are not convinced by the science. Faulty science is being used to take away people's freedoms, and we believe that mandated vaccination is an extreme form of tyranny and would be used to create a form of totalitarianism. Therefore, we are also troubled for political reasons.

To resist mandated or coerced vaccination, it will take very strong convictions and will power. If you want to resist it, we recommend that you resolve the matter in your heart and pray to God for power to endure. If you don't want to resist, then simply go with the flow and do whatever you are told to do.

Conclusion

In this section, we have tried to provide our readers with the information and knowledge they will need if vaccination is mandated and they do not want to receive it. Of course, this is just our untested opinion. This is not legal advice and we make no guarantees that our approaches will work. Ultimately, God will decide what happens to each one of us. All we can do is pray that He will give us the wisdom and strength to do what is right.

We hope that none of us will ever have to use the steps provided in this section. However, we all need to be prepared for the worst-case scenario. It is our prayer that freedom will prevail and that all people will be able to make a choice based on the principle of informed consent.

Appendix: Religious considerations from the perspective of belief in the Holy Bible

In the previous sections, we looked at some of the scientific, ethical, and legal reasons why informed consent is necessary. In this appendix, we will examine the topic of COVID-19 and vaccination from the point of view of religion. In particular, we are believers in Jesus Christ and our perspective is based on belief in the Holy Bible. Religious belief comes with deep-rooted convictions. Therefore, we will not be contemplating COVID-19 or vaccine theory from the view point of other religions than our own.

1. Absence of contagious diseases in the Bible

Contrary to what many people think, there is no proof of contagious disease in the Bible. By this we mean that there is no proof of disease that can be transmitted from person to person through microorganisms.

The reason why many people think that there are contagious diseases in the Bible is because they are using eisegesis to interpret the Bible. This means that they are interpreting the Bible in such a way as to introduce their own presuppositions. People are taught about contagious pathogenic viruses and diseases from a very young age. As a result, they interpret the Bible with the presupposition that contagious diseases exist.

For example, we have examined the writings of Dr. Yitzhaq Feder, lecturer at the University of Haifa. He has written two papers based on the presupposition that contagious diseases exist in the Old Testament. One of his papers is titled “Tum’ah: Ritual Impurity or Fear of Contagious Disease?” [93] and the other “Coronavirus: What We Can Learn from the Bible and the ANE.” [94] We read both of these articles carefully and reviewed most of his reference materials. If we read his articles with the presupposition that contagious diseases existed in the Bible, it would be easy to be persuaded by his writings. But since we are skeptical of the existence of contagious diseases caused by microorganisms, it was easy for us to discern that none of the examples he provided proved that diseases were transmitted from human to human due to microorganisms. There are always other, more plausible reasons for the existence of disease in the Bible. It is often the case that the cause of disease is given in the context of the Biblical narrative.

As another example, Joel C. Rosenberg, founder of the non-profit organization called The Joshua Fund, has written a paper titled “WHAT DOES THE BIBLE TEACH ABOUT PESTILENCE, PLAGUES AND GLOBAL PANDEMICS?” [95] In that paper, the author provides an extensive list of diseases found in the Bible. The author makes much of the words “plague” and “pestilence” as found in the English Bible. However, we have to remember that the original Bible was not written in English, so the modern-day meaning of those words in relation to diseases caused by microorganisms is completely foreign to the original text of the Bible. Reading through his list, it is easy to see that none of his examples provide even a sliver of evidence of disease-causing microorganisms transmitted from person to person. On the contrary, the context of the Bible narrative often tells us the reason for the disease. In many cases, it was God Himself who sent the plague or pestilence (e.g., Exodus 9:1-3, Numbers 12:1-15, Numbers 16:41-50, Numbers 25:1-9, 1 Samuel 5-6, etc.) and there is not even the slightest bit of evidence that He used microorganisms to accomplish it. In some cases, the Bible narrative explains the the pestilence sent by God was carried out by His angel (2 Samuel 24:15-16). Sometimes God uses His servants to initiate the pestilence (Revelation 6:8, Revelation 11:6). In the case of Job, the disease was inflicted by Satan with the permission of God (Job 1-2).

Probably the most prominent example of disease in the Bible is leprosy. Many people believe that leprosy was a contagious disease that could spread easily to others, thereby requiring that the leper

be isolated from his or her community. However, this just is not true. We will now quote a passage from the writings of Thomas Wytton Davies (1851-1923), Baptist minister and Semitic scholar:

“Bible Leprosy is not contagious if we have properly explained it. There is no instance in Scripture of the disease being caught by contact with another. The common belief that Bible Leprosy is contagious arises from making ‘unclean’ equivalent to ‘contagious.’ But that they have different meanings is proved by the fact that every dead body was ‘unclean,’ healthy animals and things without life were ‘unclean.’ Dr. Erasmus Wilson guided by the Bible account, Dr. Greenhill (quoted by Sir Resdon Bennett) and Sir Resdon Bennett, affirm that Scriptural leprosy is not contagious, and their view seems, out of question, correct.” [95]

The absence of contagious disease in the Bible is very significant. As believers in Jesus Christ, we are exhorted to test all things and hold on to what is good (1 Thessalonians 5:21). The concept of contagious disease through transmission of pathogenic viruses or other microorganisms is simply a theory that is known as “germ theory.” Germ theory has never been proven, and it only recently became a popular theory starting in the late 19th century. For a critical examination of germ theory and contrary explanations of disease, we recommend the book “What Really Makes You Ill?: Why Everything You Thought You Knew About Disease Is Wrong” by Dawn Lester and David Parker.

There is no reason why we should be forced to accept an unproven theory when there are countless contrary reasons that could be used to explain the cause of disease, such as toxins, hygiene, sanitation, hormonal responses, seasonal bodily detoxes, punishment or testing from God, demon possession or oppression, and so on. Why should we be forced to believe that people get sick because they were infected by microorganisms that can be transmitted from person to person? Germ theory is taught to children from a very young age, so it is very easy to just assume that it is correct and that there are no other possible explanations for disease. However, this is not true.

Believers in Jesus Christ have sufficient grounds in the Bible, history, and science to reject germ theory. Practically speaking, this means that we have grounds to reject COVID-19 science and all of the hysteria surrounding it.

2. Pathogenic mutating microorganisms require belief in the theory of evolution

Belief in pathogenic microorganisms that can be transmitted from person to person basically requires a belief in the theory of evolution. Moreover, theories regarding viral mutations and antibiotic resistant bacteria also require belief in the theory of evolution.

It cannot be denied that modern science and western medicine approaches the study of pathogenic viruses and diseases with the presupposition that the theory of evolution is true.

For example, let’s consider a paper titled “Evolution and public health” published by the prestigious Proceedings of the National Academy of Sciences of the United States of America (PNAS). [96] This paper is particularly relevant to our current circumstances with COVID-19 since it deals not only with infectious diseases but also public health policy.

In the abstract of the paper, the author says the following:

“Evolution and its elements of natural selection, population migration, genetic drift, and founder effects have shaped the world in which we practice public health. ... The implications and applications of evolutionary understanding are important to our current programs and policies for infectious disease surveillance, gene-environment interactions, and health disparities globally.”

The paper even includes a small section on the coronavirus SARS, while briefly mentioning the potential for animal to human transmission and the need to monitor mutations.

Another paper titled “Evolutionary origins of the SARS-CoV-2 sarbecovirus lineage responsible for the COVID-19 pandemic” discusses the evolutionary history of the SARS-CoV-2 lineages. [97]

Yet another paper titled “Evidence for a Common Evolutionary Origin of Coronavirus Spike Protein Receptor-Binding Subunits” also discusses the evolution origin and divergent evolution of the coronavirus spike protein. [98]

In fact, a simple Google search for “SARS-CoV-2 evolution” yields dozens of results.

This is significant because it means that everything we are told about pathogenic microorganisms, such as SARS-CoV-2, requires belief in the theory of evolution. However, this means that belief in SARS-CoV-2 as a pathogenic virus is incompatible with Biblical creationism. In other words, belief in the Biblical narrative about creation means that all talk about mutating coronaviruses due to evolution is simply nonsense. Not only this, but forcing people to comply with testing and vaccines for a so-called pathogenic virus that only exists in the world of evolution is a violation of religious freedom.

As we mentioned before, there is no proof that SARS-CoV-2 exists as a pathogenic virus. We have written a whole paper on the faultiness of COVID-19 science [3], as well as a paper on the unreliability of the PCR test kits being used to test people. [99] And now we also know that the presuppositions surrounding COVID-19 are incompatible with the Bible.

It is really a shame that so many so-called Bible believers are so gullible to believe everything they hear without examining it carefully or asking for proof. As mentioned before, the Bible exhorts us to “test all things and hold on to what is good” (1 Thessalonians 5:21). But in the case of COVID-19, all people, and especially Bible believers, have been very gullible in believing everything they hear simply because someone on television told them about it. In this respect, the the Bible verse that says, “My people are destroyed for lack of knowledge” (Hosea 4:6) is quite appropriate.

Cafes and restaurants are packed with people who are not wearing masks. According to the government, that is no problem. Subways and buses are filled with people wearing masks but in very close proximity with each other. That is also no problem. Churches are only sparsely filled with people in masks who are practicing strict social distancing. But that seems to be a big problem. It is such a big problem that churches are being forced to shut down or significantly limit their activities to curb COVID-19, all the while Starbucks and McDonald’s keep running their businesses as usual. It seems that COVID-19 knows to stay out of Starbucks, but likes to perform pinpoint attacks on churches. Wow! What a devilish disease! Bible believers really need to wake up and see that their religious freedom is under serious attack.

3. How the development of vaccines is an attempt to play God

The development of vaccines is basically an attempt to play God. In particular, vaccine theory believes that the human body is defective and incapable of fighting off disease by itself. In other words, it believes that God made mistakes when He created the human body and that man must fix these mistakes through pharmaceutical interventions.

Most people do not know this, but the word “pharmaceutical” comes from the Greek word “pharmakia.” This word has the meaning of “medicine,” but also means “witchcraft,” “sorcery,” or “magic.” This word is listed as one of the sins of the flesh in Galatians 5:19-21 and is further condemned in Revelation 21:8. This is not to say that all medicine is bad, but we must use careful discernment. For example, mind-altering drugs make the user susceptible to external spiritual influences, sometimes leading to demon possession. This is definitely dangerous and is a forbidden use of “pharmakia.” We personally believe that medicines used to treat diseases can be okay, although we suggest that natural alternatives be sought first. However, in the case of vaccines, we

are not talking about treatment of a disease. Vaccines are designed to prevent a disease by “fixing” the body. This is equivalent to saying the God made a mistake when He made the human body, and it is now man’s responsibility to play God to fix that mistake. This use of “pharmakia” is definitely sinister and should be avoided.

Under these circumstances, any attempt to mandate vaccination is a serious violation of religious freedom. Therefore, mandated vaccination violates natural law, as well as positive laws that recognize that man has a right to freedom of religion and freedom of conscience.

4. How gene therapy and DNA manipulation is a repudiation of one’s humanity

As mentioned above, the development of vaccines is equivalent to playing God. Therefore, vaccines should be avoided. However, not all vaccines are created equal. Some are worse than others. In particular, vaccines that manipulate DNA or perform gene therapy are especially wicked because they are a repudiation of one’s humanity.

The Bible says that God created man in His own image (Genesis 1:27). Therefore, man occupies a very special position among all of God’s creatures. The humanity that man received from God is to be cherished, and all corruption of our humanity is a grievous sin. For example, man did corrupt his humanity in the days of Noah (Genesis 6 and 1 Enoch) through sexual relations with non-human entities (i.e., the sons of God, which might refer to the fallen angels mentioned in Jude 6). This unholy intercourse with non-human entities resulted in the birth of Nephilim hybrids, who eventually spread throughout the earth and filled the earth with violence. The corruption of humanity got so bad that God eventually decided to destroy every creature from off the face of the earth with a giant flood. Only Noah and his family were saved.

Most of us know about genetically-modified organisms (GMO), such as GMO foods. The use of genetic engineering to modify genetic material essentially creates a different organism. The newly created organism may look almost identical to its non-GMO counterpart, but they are substantially different organisms. For example, in the case of corn, a peer-reviewed study was done showing that GMO corn and non-GMO corn are not equivalent. [100]

In the case of humans, the use of a DNA or RNA vaccine or gene therapy genetically modifies the human being. The man or woman who receives the vaccine or gene therapy may look the same externally, but internally, he or she has become a GMO human. And this is a corruption of humanity.

Throughout the Bible, believers in Jesus Christ are warned repeatedly to be careful and alert (1 Peter 5:8, etc.). However, it seems that most believers these days have fallen into a deep sleep. Most of them will do whatever a doctor (or any man simply wearing a white lab coat) tells them to do without even considering that their bodies are the temple of God (1 Corinthians 3:16) and that we must avoid corrupting our bodies (1 Corinthians 3:17).

DNA and RNA vaccines and any other type of vaccines that can be used to perform gene therapy (such as recombinant adenovirus vaccines) must be avoided at all costs by believers in Jesus Christ. However, these types of “pharmakia” are so hideous that even non-believers in Jesus Christ must be informed of their dangers. Therefore, informed consent is an absolute must for all vaccines.

5. Importance of protecting freedom of conscience

We have already written about freedom of conscience in sections 4-1 and 4-5 of this paper. We recommend that the reader review those sections in consideration of how it applies to religious freedom.

We believe that all people need to be awakened to what it means to have freedom of conscience. Simply put, it basically means that people have the freedom to choose how they live in accordance with their moral consciences. This means that people are free to self-govern themselves on an individual level as long as their actions do not harm other people. Rather than harm other people, people's consciences act as a guide to achieve prosperity, morality, and sustainability in society. In such a system, all people must cooperate and perform their duties diligently for freedom to prevail. Otherwise, a tyrannical system will arise and enslave society.

People today do not seem very interested in this type of freedom. Rather, most people today seem content to just delegate their own duties to politicians instead of doing the hard work for themselves. This creates a top-down system where politicians are on top and citizens are on the bottom. This type of system is susceptible to corruption and tyranny because of the sinful nature of man. However, government exists for the benefit of man, so the true order should be citizens on top and public servants on the bottom. And the main job of public servants should simply be to manage infrastructure, not make thousands of laws to micromanage the citizens.

Many countries in the world today boast of having freedom, but based on the above, it should be obvious that that this is simply a form of pseudo-freedom. Under a system of pseudo-freedom, people's minds and consciences are often manipulated through social engineering and propaganda. As a result, freedom of conscience is often impeded.

For example, we often told how important it is to protect the natural environment. This influences our consciences to be sensitive toward the natural environment. This in itself is not a problem. The problem lies on where the emphasis is placed. The emphasis is almost entirely placed on reducing CO2, saving the rainforest, planting trees, and protecting the eco-system for wildlife. What is almost never emphasized is the importance of the human body as a member of the natural environment. If we really want to protect the natural environment, we must start with our own bodies. We are told to recycle, reduce our carbon footprint, and purchase green products, but when it comes to our bodies, we are told to pollute them with toxic pharmaceutical products, invasive and risky medical procedures, non-nutritious GMO foods, fluoridated water (under the guise of protecting our teeth, but very toxic to our bodies), and wireless technologies that place the body in continuous direct contact with harmful radiation. As a result, our consciences become sensitive to trees and wildlife, but neglectful toward our own bodies and the bodies of our children. Our natural instinct and the natural response of our consciences would be to maintain our health through natural methods (such as hygiene, clean water, clean air, nutritious foods, and natural remedies), while avoiding health hazards (such as toxic substances and excessive exposure to RF). But since our consciences are manipulated through propaganda, we lose our ability to use common sense in regard to these matters.

In the case of vaccines, common sense would tell us that it is dangerous and unreasonable to think that injecting our bodies with unnatural and often toxic substances will somehow protect our bodies. But many people today have been socially engineered and programmed to think that vaccination is moral and non-vaccination is immoral.

Freedom of conscience is an inviolable right. It is protected by natural law and recognized by the Constitution, but in practice, the conscience is often greatly manipulated by the rich and powerful of this world. If the COVID-19 vaccine is mandated or coerced, then it will be impossible to exercise freedom of conscience. If the COVID-19 vaccine is not mandated, then there is still some hope that freedom of conscience will prevail, despite the constant manipulation and social engineering. It is

our hope that our readers will value the right to freedom of conscience and guard against its manipulation.

References

1. Shah P et al. Informed Consent. Treasure Island (FL): StatPearls Publishing; 2020 Jan-. 2020 Jun 1. <https://www.ncbi.nlm.nih.gov/books/NBK430827/>
2. Kim JM et al. Identification of Coronavirus Isolated from a Patient in Korea with COVID-19. *Osong Public Health Res Perspect* 2020;11(1):3-7. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7045880/pdf/ophrp-11-3.pdf>
3. Kolona Research. The Faulty Science Surrounding COVID-19.
4. Coronavirus symptoms. Korean CDC. <http://ncov.mohw.go.kr/shBoardView.do?brdId=3&brdGubun=34&ncvContSeq=185>
5. Coronavirus symptoms. United States CDC. <https://korean.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>
6. Day, Michael. Covid-19: four fifths of cases are asymptomatic, China figures indicate. *BJM*. 2020 Apr 02. <https://www.bmj.com/content/369/bmj.m1375>
7. Centers for Disease Control and Prevention. Coronavirus Disease 2019 (COVID-19). 2020 May 22. <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>
8. 우리나라 무증상 감염 비율 높아...20%는 퇴원까지 무증상. *KBS World Radio*. 2020 Mar 16. https://world.kbs.co.kr/service/news_view.htm?lang=k&Seq_Code=349850
9. Coronavirus disease 2019 (COVID-19) Situation Report 73. WHO. 2020 Apr 2. <https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200402-sitrep-73-covid-19.pdf>
10. Atlas S. Senate testimony. 2020 May 6. <https://www.hsgac.senate.gov/imo/media/doc/Testimony-Atlas-2020-05-06.pdf>
11. Italy Says 96% of Virus Fatalities Suffered From Other Illnesses. *Bloomberg*. 2020 May 26. 2020 May 26. <https://www.bloomberg.com/news/articles/2020-05-26/italy-says-96-of-virus-fatalities-suffered-from-other-illnesses>
12. Ioannidis J. A fiasco in the making? As the coronavirus pandemic takes hold, we are making decisions without reliable data. *STAT*. 2020 Mar 17. <https://www.statnews.com/2020/03/17/a-fiasco-in-the-making-as-the-coronavirus-pandemic-takes-hold-we-are-making-decisions-without-reliable-data/>
13. Fauci AS et al. Covid-19 - Navigating the Uncharted. *New England Journal of Medicine*. 2020 Mar 26. <https://www.nejm.org/doi/full/10.1056/NEJMe2002387>
14. Fauci AS. Fauci says it's still too early to determine U.S. death rates from coronavirus outbreak. *CNBC*. 2020 Mar 4. <https://www.cnbc.com/2020/03/04/fauci-says-its-still-to-early-to-determine-us-death-rates-from-coronavirus.html>

15. FDA. STANDARD M nCoV Real-Time Detection kit. Emergency Use Authorizations. 2020 Apr 23. <https://www.fda.gov/media/137302/download>
16. K-진단키트 선두주자, '코젠바이오텍'. KBS World Radio. 2020 Mar 23. https://world.kbs.co.kr/service/contents_view.htm?lang=k&menu_cate=business&id=&board_seq=38174
17. FDA. CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel. Emergency Use Authorizations. 2020 Feb 20. <https://www.fda.gov/media/134922/download>
18. FDA. NeoPlex COVID-19 Detection Kit. Emergency Use Authorizations. 2020 May 14. <https://www.fda.gov/media/138100/download>
19. Zhuang G et al. Potential false-positive rate among the 'asymptomatic infected individuals' in close contacts of COVID-19 patients[J]. Chinese Journal of Epidemiology, 2020, 41(4): 485-488. <http://html.rhhz.net/zhlxbx/017.htm> [Chinese original]
20. Zhuang G et al. Potential false-positive rate among the 'asymptomatic infected individuals' in close contacts of COVID-19 patients[J]. Chinese Journal of Epidemiology, 2020, 41(4): 485-488. <http://theinfectiousmyth.com/articles/ZhuangFalsePositives.pdf> [Unofficial English translation]
21. Remarks by President Trump, Vice President Pence, and Members of the Coronavirus Task Force in Press Briefing. 2020 Apr 10. <https://www.whitehouse.gov/briefings-statements/remarks-president-trump-vice-president-pence-members-coronavirus-task-force-press-briefing-24/>
22. COVID-19 vaccine. https://en.wikipedia.org/wiki/COVID-19_vaccine
23. Researchers rush to test coronavirus vaccine in people without knowing how well it works in animals. STAT. 2020 Mar 11. <https://www.statnews.com/2020/03/11/researchers-rush-to-start-moderna-coronavirus-vaccine-trial-without-usual-animal-testing/>
24. Deming D et al. Vaccine Efficacy in Senescent Mice Challenged with Recombinant SARS-CoV Bearing Epidemic and Zoonotic Spike Variants. PLoS Med. 2006 Dec; 3(12): e525. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1716185/pdf/pmed.0030525.pdf>
25. Roberts A et al. Therapy with a Severe Acute Respiratory Syndrome–Associated Coronavirus–Neutralizing Human Monoclonal Antibody Reduces Disease Severity and Viral Burden in Golden Syrian Hamsters. The Journal of Infectious Diseases, Volume 193, Issue 5, 1 March 2006, Pages 685–692. <https://academic.oup.com/jid/article-pdf/193/5/685/18010778/193-5-685.pdf>
26. Smatti MK et al. Viral-Induced Enhanced Disease Illness. Front Microbiol. 2018; 9: 2991. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6290032/pdf/fmicb-09-02991.pdf>
27. Flu vaccine effectiveness in 2017 to 2018 season. Public Health England. 2018 Jul 18. <https://www.gov.uk/government/news/flu-vaccine-effectiveness-in-2017-to-2018-season>
28. Domínguez A et al. Effectiveness of 23-valent pneumococcal polysaccharide vaccination in preventing community-acquired pneumonia hospitalization and severe outcomes in the elderly in Spain. PLoS One. 2017; 12(2): e0171943. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5302444/pdf/pone.0171943.pdf>
29. Shah A. Pneumococcal Vaccine: Vaccinate! Revaccinate??. John Hopkins Medicine. https://www.hopkinsmedicine.org/gec/series/pneumococcal_vaccination.html
30. Birx D. White House Task Force News Conference (HALF of Covid POSITIVE tests may be FALSE). <https://www.youtube.com/watch?v=GdN--11btc0&feature=youtu.be>

31. Korean Association of Medical Law. Public Health Law. revision edition. Donglimsa, 2004 p123.
32. Nuremberg Code. https://en.wikipedia.org/wiki/Nuremberg_Code
33. Vollmann J et al. Informed consent in human experimentation before the Nuremberg code. *BMJ*. 1996 Dec 7; 313(7070): 1445–1449. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2352998/>
34. Nuremberg Code. UNITED STATES HOLOCAUST MEMORIAL MUSEUM NOTE. <https://www.ushmm.org/information/exhibitions/online-exhibitions/special-focus/doctors-trial/nuremberg-code#Permissible>
35. *State v. Biggs*, 133 N.C. 729, 46 S.E. 401. 1903 Dec 18. <https://casetext.com/case/state-v-biggs-12>
36. *Jacobson v. Massachusetts*, 197 U.S. 11 (1905). 1905 Feb 20. <https://supreme.justia.com/cases/federal/us/197/11/>
37. *Commonwealth v Pear*; *Commonwealth v Jacobson*, 183 Mass 242, 248 (1903). 1903 Apr 2. <http://masscases.com/cases/sjc/183/183mass242.html>
38. Mariner WK et al. *Jacobson v Massachusetts: It's Not Your Great-Great-Grandfather's Public Health Law*. *Am J Public Health*. 2005 April; 95(4): 581–590. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1449224/>
39. COVID-19 vaccine. https://en.wikipedia.org/wiki/COVID-19_vaccine.
40. DNA vaccination. https://en.wikipedia.org/wiki/DNA_vaccination
41. RNA vaccine. https://en.wikipedia.org/wiki/RNA_vaccine
42. *Wong Wai v. Williamson*, 103 F. 384 (N.D.Cal. 1900). 1900 Jul 3. <https://case-law.vlex.com/vid/103-f-384-n-595184566>
43. McClain C. *Of Medicine, Race, and American Law: The Bubonic Plague Outbreak of 1900*. *Law & Social Inquiry*. Vol. 13, No. 3, Summer, 1988. p. 468. <https://www.jstor.org/stable/828412>
44. Butler. *Plague and Other Yersinia Infections* 199 (1983).
45. Habakus LK and Holland M. *Vaccine Epidemic*. Skyhorse Publishing. 2011. p. 47
46. Explanatory Report on the Convention on Human Rights and Biomedicine, at para. 34. <http://conventions.coe.int/Treaty/en/Reports/Html/164.htm>
47. Universal Declaration on Bioethics and Human Rights. UNESCO. <https://unesdoc.unesco.org/ark:/48223/pf0000146180>
48. AAPS RESOLUTION CONCERNING MANDATORY VACCINE. Association of American Physicians and Surgeons. 2000 Oct 28. www.aapsonline.org/testimony/vacresol.htm
49. *Bruesewitz v. Wyeth LLC*, 562 U.S. 223 (2011). <https://supreme.justia.com/cases/federal/us/562/223/>
50. Ensuring the Safety of Vaccines in the United States. CDC. <https://www.cdc.gov/vaccines/hcp/patient-ed/conversations/downloads/vacsafe-ensuring-bw-office.pdf>
51. The National Childhood Vaccine Injury Act of 1986, 42 U.S.C. 300aa?1 et seq.

52. Stratton K et al. Adverse Effects of Vaccines - Evidence and Causality. The National Academies Press. 2012.
53. Electronic Support for Public Health–Vaccine Adverse Event Reporting System (ESP:VAERS). AHRQ. 2010 Sep 30.
<https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>
54. Choe YJ et al. Management of Vaccine Safety in Korea. Clin Exp Vaccine Res 2013;2:40-45.
<http://dx.doi.org/10.7774/cevr.2013.2.1.40>
55. Kim MK et al. Surveillance and compensation claims for adverse events following immunization from 2011 to 2016 in the Republic of Korea. Clin Exp Vaccine Res 2017;6:146-155.
<https://doi.org/10.7774/cevr.2017.6.2.14>
56. Theodoridou M. Professional and ethical responsibilities of health-care workers in regard to vaccinations. Vaccine Volume 32, Issue 38, 27 August 2014, Pages 4866-4868.
<https://www.sciencedirect.com/science/article/pii/S0264410X14007440?via%3Dihub>
57. Born K et al. The evidence, ethics and politics of mandatory health care worker vaccination. SAGE Journals. 2014 Sep 11. <https://journals.sagepub.com/doi/full/10.1177/1355819614546960>
58. Largest National Nurses Union Opposes Mandatory Flu Vaccination as Condition of Employment. National Nurses United. 2012 Feb 8.
<https://www.nationalnursesunited.org/press/largest-national-nurses-union-opposes-mandatory-flu-vaccination-condition-employment>
59. Gao M. et al. A study on infectivity of asymptomatic SARS-CoV-2 carriers. Respiratory Medicine Volume 169, August 2020, 106026. 2020 May 13.
<https://www.sciencedirect.com/science/article/pii/S0954611120301669>
60. Ioannidis J. The infection fatality rate of COVID-19 inferred from seroprevalence data. medRxiv. 2020 June 8. <https://www.medrxiv.org/content/10.1101/2020.05.13.20101253v2.full.pdf>
61. Rivers TM. Viruses and Koch's Postulates. J Bacteriol. 1937 Jan; 33(1): 1-12.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC545348/>
62. Bao L et al. The pathogenicity of SARS-CoV-2 in hACE2 transgenic mice. Nature. 2020 May 7.
<https://www.nature.com/articles/s41586-020-2312-y>
63. Jiang RD et al. Pathogenesis of SARS-CoV-2 in transgenic mice expressing human angiotensin-converting enzyme 2. Cell. 2020 May 21.
[https://www.cell.com/cell/fulltext/S0092-8674\(20\)30622-X](https://www.cell.com/cell/fulltext/S0092-8674(20)30622-X)
64. Benjamin M. Nkowane et al. Measles Outbreak in a Vaccinated School Population: Epidemiology, Chains of Transmission and the Role of Vaccine Failures. American Journal of Public Health, 1987 April; 77(4): 434-438. www.ncbi.nlm.nih.gov/pmc/articles/PMC1646939/
65. TL Gustafson et al. "Measles outbreak in a fully immunized secondary-school population. New England Journal of Medicine, 1987 March 26, 316(13):771-4.
www.ncbi.nlm.nih.gov/pubmed/3821823
66. HJ Brockoff et al. Mumps Outbreak in a Highly Vaccinated Student Population, The Netherlands, 2004. Vaccine, 2010 April 9, 28(17):2932-6, E-pub 2010 Feb 25.
www.ncbi.nlm.nih.gov/pubmed/20188683
67. BD Tugwell et al. Chickenpox outbreak in a highly vaccinated school population. Pediatrics, 2004 March, 113(3 Pt 1):455-9. www.ncbi.nlm.nih.gov/pubmed/14993534

68. Lawrence E. Klock et al. Failure of Rubella Herd Immunity during an Epidemic. *N Engl J Med* 1973; 288:69-72.
https://www.nejm.org/doi/full/10.1056/NEJM197301112880204?url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org&rfr_dat=crxjb++0pubmed
69. Fine P et al. "Herd Immunity": A Rough Guide. *Clinical Infectious Diseases*, Volume 52, Issue 7, 1 April 2011, Pages 911–916, <https://doi.org/10.1093/cid/cir007>
70. Martin, Brian. (2014). On the Suppression of Vaccination Dissent. *Science and engineering ethics*. 21. 10.1007/s11948-014-9530-3.
https://www.researchgate.net/publication/261034568_On_the_Suppression_of_Vaccination_Dissent
71. Halvorsen, R. *The truth about vaccines*. London: Gibson Square. 2007.
72. Huss A et al. Efficacy of pneumococcal vaccination in adults: a meta-analysis. *CMAJ* January 06, 2009 180 (1) 48-58; DOI: <https://doi.org/10.1503/cmaj.080734>
73. Shah, Amit. *Pneumococcal Vaccine: Vaccinate! Revaccinate??* John Hopkins Medicine.
https://www.hopkinsmedicine.org/gec/series/pneumococcal_vaccination.html
74. Domínguez, Àngela et al. Effectiveness of 23-valent pneumococcal polysaccharide vaccination in preventing community-acquired pneumonia hospitalization and severe outcomes in the elderly in Spain. *PloS one* vol. 12,2 e0171943. 10 Feb. 2017.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5302444/>
75. Miller, ER et al. Post-licensure safety surveillance of 23-valent pneumococcal polysaccharide vaccine in the Vaccine Adverse Event Reporting System (VAERS), 1990-2013. *Vaccine* vol. 34,25 (2016): 2841-6. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6546117/>
76. Kaddar M. *Global Vaccine Market Features and Trends*. WHO.
https://www.who.int/influenza_vaccines_plan/resources/session_10_kaddar.pdf
77. Mikulic M. *Global vaccine market revenues from 2014 to 2020 (in billion U.S. dollars)**. Statista. 2019 Aug 9. <https://www.statista.com/statistics/265102/revenues-in-the-global-vaccine-market/>
78. *Vaccines Market by Type and Geography - Forecast and Analysis 2020-2024*. Technavio. 2019 Nov. <https://www.technavio.com/report/vaccines-market-industry-analysis>
79. Taylor G. Examining RFK Jr.'s claim that the CDC "Owns over 20 vaccine patents." 2017 Jan 17.
<https://www.greenmedinfo.com/blog/examining-rfk-jrs-claim-cdc-owns-over-20-vaccine-patents>
80. Google search for CDC vaccine patents.
<https://www.google.com/search?tbo=p&tbm=pts&hl=en&q=vaccine+inassignee:centers+inassignee:for+inassignee:disease+inassignee:control&tbs=,ptss:g&num=100>
81. 2016 Performance Recognition Program. Blue Cross Blue Shield.
<http://whale.to/c/2016-BCN-BCBSM-Incentive-Program-Booklet.pdf>
82. Bocian, AB et al. Size and age-sex distribution of pediatric practice: a study from Pediatric Research in Office Settings. *Archives of pediatrics & adolescent medicine* vol. 153,1 (1999): 9-14.
<https://pubmed.ncbi.nlm.nih.gov/9894993/>
83. *Pharma's Vaccines: The Untold Story*.
<https://docs.google.com/document/d/1N5ePF6XPR5LmLGTjijBMpD5JfFJAm6JYJ68OyV5GJySw/e/dit>

84. Roman Bystryanyk and Suzanne Humphries, MD. Vaccines: a peek beneath the hood. 2013 Nov 12. https://learninggnm.com/SBS/documents/Vaccines_Peek_beneath_the_hood.pdf
85. John B. McKinlay and Sonja M. McKinlay, "The Questionable Contribution of Medical Measures to the Decline of Mortality in the United States in the Twentieth Century," The Milbank Memorial Fund Quarterly, Health and Society, vol. 55, no. 3, summer 1977, p. 425
86. Letter from Victoria Romanus, MD, PhD, Department of Epidemiology Swedish Institute of Infectious Disease Control, Stockholm Sweden, August 25, 1995
87. Record of Mortality in England and Wales for 95 Years as Provided by the Office of National Statistics, 1997; Health Protection Agency Table: Notification of Deaths, England and Wales, 1970-2008
88. Suzanne Humphries, MD. Dissolving Illusions: Disease, Vaccines, and the Forgotten History. <http://www.dissolvingillusions.com/graphs/>
89. Korean Association of Medical Law. Public Health Law. revision edition. Donglimsa, 2004 p123.
90. INFECTIOUS DISEASE CONTROL AND PREVENTION ACT. https://elaw.klri.re.kr/kor_service/lawView.do?hseq=53530&lang=ENG
91. BIOETHICS AND SAFETY ACT. https://elaw.klri.re.kr/kor_service/lawView.do?hseq=46341&lang=ENG
92. Kolona Research. 백신접종자와 백신접종대상자 간 합의서. https://kolona-research.org/백신_접종자와_백신접종대상자_간_합의서.pdf
93. Feder Y. Tum'ah: Ritual Impurity or Fear of Contagious Disease? <https://www.thetorah.com/article/tumah-ritual-impurity-or-fear-of-contagious-disease>
94. Feder Y. Coronavirus: What We Can Learn from the Bible and the ANE. <https://www.thetorah.com/blogs/coronavirus-what-we-can-learn-from-the-bible-and-the-ane>
95. Davies TW. The Old and New Testament Student. Vol. 11, No. 3 (Sep., 1890), pp. 142-152 (11 pages). <https://www.jstor.org/stable/3157375>
96. Omenn GS. Evolution and public health. PNAS. 2009 Dec 4. https://www.pnas.org/content/107/suppl_1/1702
97. Boni MR et al. Evolutionary origins of the SARS-CoV-2 sarbecovirus lineage responsible for the COVID-19 pandemic. 2020 Mar 31. <https://doi.org/10.1101/2020.03.30.015008>
98. Fang Li. Evidence for a Common Evolutionary Origin of Coronavirus Spike Protein Receptor-Binding Subunits. Journal of Virology. 2012 Mar. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3302248/pdf/zjv2856.pdf>
99. Kolona Research. 10 proofs that COVID 19 test kits are unreliable. https://kolona-research.org/10_proofs_that_COVID_19_test_kits_are_unreliable.pdf
100. A GMO Corn and Its Non-GMO Parent Are Not Substantially Equivalent. GMO Science. 2018 Feb 13. <https://www.gmoscience.org/gmo-corn-non-gmo-parent-not-substantially-equivalent-part1/>
101. Choi DK. The State of Fundamental Rights Protection in Korea. Current Issues In Korean Law. Robbins Collection Publications (UC Berkeley). 2014. pp 87-124
102. Bayne DC. The Natural Law for Lawyers - A Primer. DePaul Law Review. DePaul L. Rev. 159 (1956). <https://via.library.depaul.edu/law-review/vol5/iss2/1>

103. IN THE DISTRICT COURT OF JERUSALEM.

https://www.jura.uni-bonn.de/fileadmin/Fachbereich_Rechtswissenschaft/Einrichtungen/Lehrstuehle/Herdegen/Materialsammlung_Voelkerrecht_I/Nr._51_Eichmann_Fall.pdf

104. Coronavirus COVID-19 (SARS-CoV-2) Pandemic Outbreak: 10 Things You Need to Know. On Health. 2020 May 21.

https://www.onhealth.com/content/1/2019-ncov_wuhan_coronavirus_outbreak

105. Drosten C. Coronavirus-Update: Mutationen können auch Hoffnung bieten. NDR. 2020 June 9.

<https://www.ndr.de/nachrichten/info/47-Coronavirus-Update-Mutationen-koennen-auch-Hoffnung-bieten.podcastcoronavirus222.html>

106. Bill and Melinda Gates on second wave. <https://www.youtube.com/watch?v=ELP2EFVOOYc>

107. Event 201. <https://www.centerforhealthsecurity.org/event201/about>

108. Whistleblower warns of 'darkest winter' if U.S. doesn't plan against virus.

<https://www.youtube.com/watch?v=YnYQ9V-XERs>

109. Dark Winter. Johns Hopkins University.

https://www.centerforhealthsecurity.org/our-work/events-archive/2001_dark-winter/index.html

110. Petition: 26,000 Scientists Oppose 5G Roll Out. 2019 Jan 29.

<https://principia-scientific.org/petition-26000-scientists-oppose-5g-roll-out/>

111. Erin Garcia de Jesus. Is the coronavirus mutating? Yes. But here's why you don't need to panic. Science News. 2020 May 26.

<https://www.sciencenews.org/article/coronavirus-covid19-mutations-strains-variants>

112. The International Petition to Stop 5G on Earth and Space. EMF Experts News. 2019 Jul 24.

<https://emf-experts.news/the-international-petition-to-stop-5g-on-earth-and-space/>

113. FDA says a coronavirus vaccine would have to be at least 50% effective to be approved. USA Today. 2020 Jun 30.

<https://www.usatoday.com/story/news/2020/06/30/fda-coronavirus-vaccine-would-have-least-50-effective/5349964002/>

114. 5G Technology and induction of coronavirus in skin cells. J Biol Regul Homeost Agents. 2020 Jul 16. <https://pubmed.ncbi.nlm.nih.gov/32668870/>

115. Fioranelli M et al. 5G Technology and induction of coronavirus in skin cells. Editorial. JOURNAL OF BIOLOGICAL REGULATORS & HOMEOSTATIC AGENTS. 2020 Jul 16.

<https://scienceintegritydigest.files.wordpress.com/2020/07/fioranelli.pdf>

116. Bouvier J. Bouvier's Law Dictionary and Concise Encyclopedia Volume 2. West Publishing Company 1914. p. 719.

117. Kolona Research. 코로나 19 조사 및 진찰 (검사) 합의서. [https://kolona-research.org/코로나_19_조사_및_진찰_\(검사\)_합의서.pdf](https://kolona-research.org/코로나_19_조사_및_진찰_(검사)_합의서.pdf)