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## Human Rights Council

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### Human rights situations that require the Council's attention

## **Written statement\* submitted by Planetary Association for Clean Energy, Inc., The, a non-governmental organization in special consultative status**

The Secretary-General has received the following written statement which is circulated in accordance with Economic and Social Council resolution 1996/31.

[4 February 2022]

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\* Issued as received, in the language of submission only. The views expressed in the present document do not necessarily reflect the views of the United Nations or its officials.



## COVID-19: Vaccine Mandates Are Not About Public Health

The right to informed consent is one of the most fundamental ethics in medicine and a human right that is protected under international law.

International treaties that recognize this right include the United Nations International Covenant on Civil and Political Rights of 1966, the Universal Declaration on Bioethics and Human Rights of 2005, and the Convention on the Rights of Persons with Disabilities and its Optional Protocol of 2006.

The right to informed consent is recognized under international agreements including the Council for International Organizations of Medical Sciences International Ethical Guidelines for Biomedical Research Involving Human Subjects of 2002 and the World Medical Association Declaration of Helsinki of 1964, revised in 2013.[1]

Government powers coercing individuals into accepting a risk-carrying pharmaceutical product is a gross violation of the right to informed consent.

The decision whether to get a COVID-19 vaccine is personal and there must be an individualized risk-benefit analysis. Science tells us that the risks both from the disease and from the vaccine vary greatly between individuals. Unique knowledge of the individual is required for there to be a meaningful risk-benefit analysis. Any policy that rejects the need for individualized decision-making is inherently unscientific.

Laws and regulations that seek to implement vaccine mandates, vaccine “passport” systems, or other coercive measures inherently violate individuals’ right to make their own informed choices. When the primary reason that a person gets vaccinated is that they would otherwise lose their job, for instance, that individual has not exercised their right to informed consent; instead, they have experienced a violation of this fundamental human right.

Numerous UN member states have implemented coercive measures to achieve the political goal of a high vaccination rate, including the United States of America, where the Executive Branch has sought to implement a regulatory framework in which the task of enforcement is delegated to the private sector. Under this framework, private businesses are made to coerce people on policymakers’ behalf by terminating their employment unless they behave according to the bureaucrats’ wishes.

Under such a framework, both the policymakers and business owners are effectively engaged in the unlicensed practice of medicine without having any of the knowledge of the individual required to conduct a meaningful risk-benefit analysis.

There is a false assumption among policymakers that there are no legitimate reasons for any eligible person to not get vaccinated, and therefore that anyone who is “hesitant” about doing so must have fallen prey to misinformation. However, the term “misinformation” has been politically weaponized to euphemistically mean any information, no matter how factual, that does not align with the policy goal of achieving high vaccine uptake. In fact, government health authorities are frequently among the leading propagators of vaccine misinformation. This is saliently illustrated by the treatment of natural immunity by public health authorities.

In November 2020, the World Health Organization (WHO) went so far as to change its definition of “herd immunity” to absurdly exclude the possibility of immunity induced from infection. After a public outcry, the definition was changed once more to again acknowledge the existence of natural immunity.[2]

Similarly, the United States of America government has consistently downplayed the significance of natural immunity. When COVID-19 vaccines first received emergency use authorization from the United States of America Food and Drug Administration (FDA), in furtherance of the political agenda, the United States of America Centers for Disease Control and Prevention (CDC) falsely claimed that the scientific evidence “suggests natural immunity from COVID-19 may not last very long”.[3]

Studies at the time had already shown that nearly all patients who recover from COVID-19 had robust and durable immunity that not only protected against subsequent disease but was also highly effective for preventing reinfection and transmission of SARS-CoV-2.

While it is normal for the level of circulating antibodies to rapidly wane from peak levels following an acute infection, scientists observed a decrease in the rate of decay over time. After several months, antibody levels plateaued, and a detectable level of neutralizing antibodies persisted in the vast majority of recovered individuals. Antibodies were even observed to increase after a few months, indicating that antibody production was shifting from short-lived plasmablasts to long-lived bone marrow plasma cells, which are a marker of long-term immunity. Even if individuals do lose a detectable level of antibodies in their blood, immunologic memory persists, and immune cells are capable of rapidly ramping up production of high-affinity antibodies in the event of virus reexposure.[4]

Subsequent research confirmed that infection induces long-lived bone marrow plasma cells and continual adaptation of the antibody response. This indicates that people with natural immunity will likely be able to rapidly mount an effective antibody response for decades if not a lifetime.[5]

In addition to persistence of neutralizing antibodies and immunologic memory, it was known at the time that infection induces a broad range of cellular immune responses that are equally if not more important for limiting infection and moderating the severity of COVID-19.[6]

By January 2021, the CDC's webpage no longer contained that false statement. However, instead of acknowledging that the scientific evidence indicated that natural immunity was robust, broad, and durable, the CDC deceptively changed its webpage to continue implying that the evidence suggested that natural immunity might be short-lived. People who have recovered from infection, the CDC asserted, "still need to get vaccinated" because scientists "do not yet know how long someone is protected from getting sick again after recovering from COVID-19." [7]

That argument was a logical fallacy. It did not follow from the fact that scientists did not yet know the duration of natural immunity that therefore natural immunity offered insufficient protection against the disease or that the risk-benefit analysis was the same for recovered individuals as for those who were immunologically naïve. It was also a deceptive argument because the CDC was continuing to withhold from the public the fact that studies had found that infection induces immunological memory likely to offer long-term protection.

In August 2021, the CDC went even further by falsely claiming that the evidence suggested "that people get better protection by being fully vaccinated compared with having had COVID-19." [8] That disinformation, too, was eventually removed the page, but the CDC continues to push the political agenda by claiming that natural immunity offers only "some" protection against COVID-19.[9]

The CDC has thus tried to conceal from the public the fact that studies have confirmed that natural immunity is strong and superior to the immunity induced by COVID-19 vaccines.[10]

A study by Israeli researchers, for example, found that fully vaccinated individuals had a thirteen-fold greater risk of infection with the Delta variant of SARS-CoV-2 than individuals who'd recovered from a prior infection. The study also found no significant additional benefit of vaccinating individuals with pre-existing natural immunity.[11]

Studies have continued to find natural immunity to be robust, broad, and durable.[12] By contrast, studies have consistently found that the protection offered by COVID-19 vaccines wanes rapidly, which has prompted public health officials in many countries to recommend "booster" doses of COVID-19 vaccines.[13]

Natural immunity continues to hold up better also with the Omicron variant, which has numerous mutations in the spike protein that enable it to partially escape circulating antibodies induced by prior infection or vaccination. Researchers in South Africa estimated prior infection to be 75% effective against reinfection with the Omicron variant.[14] Researchers in Qatar published a lower estimate of 56% effectiveness against symptomatic infection and 88% effectiveness against hospitalization or death due to infection with Omicron.[15]

By contrast, researchers in Denmark estimated two doses of mRNA COVID-19 vaccines to have no significant effectiveness against infection with Omicron after just one month and negative effectiveness after three months.[16] Researchers in Canada similarly found no

significant effectiveness of two doses and negative effectiveness after four months.[17] Data from the United Kingdom of Great Britain and Northern Ireland government likewise show negative vaccine effectiveness within six months of receipt of the second dose. A “booster” dose results in an increase in effectiveness, but as with the primary regimen, this protection appears to wane rapidly.[18] The head of the Biological Health Threats and Vaccines Strategy division of the European Medicines Agency (EMA) has warned that frequently repeated vaccinations “would not represent a sustainable long-term strategy” and could have detrimental effects on individuals’ immunity.[19]

Transparently, when government officials attempt to use their power to deceive or coerce even those who already have effective immunity into compliance with the mass vaccination agenda, the policies are not about bettering public health but about exercising power and control as well as generating profits for the pharmaceutical industry.[20] In this regard, it is notable that the United States of America government has claimed joint ownership of Moderna’s mRNA COVID-19 vaccine, which was codeveloped by researchers from the National Institute of Allergy and Infectious Diseases (NIAID) under the directorship of Dr. Anthony Fauci.[21]

Members of the United Nations are reminded of their ethical and legal obligations to respect and protect the right to informed consent, which requires truthful communication about the science and absence of policies aiming to coerce people into acceptance of risk-carrying pharmaceutical products.

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References: <http://www.nuremberg2.org/un/references13.pdf>.