

HUMAN RIGHTS CANNOT BE SUSPENDED DURING A PANDEMIC

An Open Letter to the COM-FSM Board of Regents and Community Leaders

We wish to add to the record our concerns and objections to the proposed Board of Regents (BOR) proposed mandatory COVID vaccine policy, currently referenced as BPXXXX, Mandatory Vaccine-1 and APXXXX Mandatory Vaccination. It was only last Friday that most of our campus community was made aware of the BOR's proposed COVID vaccine mandates for all students and employees of the College of Micronesia, expected to take effect August 1st, 2021. Just like the vaccine program itself, there is an unsettling urgency to impose these **irreversible changes to our health and freedom** with very little time allowed for community discussion or input before you begin requiring everyone at COM to take an experimental shot, with very limited exceptions contained in the policy.

We have been watching the COVID events unfold over the past two years. The experimental vaccines have been in use in Kosrae for just a matter of months--too soon to fully understand how they affect our health and yet the BOR seems ready to mandate the vaccine for everyone at every campus in a matter of weeks. In Kosrae alone, this will affect a significant proportion of the state population when we count all the actual and potential members of our community.

Until last Friday, we felt that professionalism dictated that each individual should respect one another's privacy and choice regarding whether or not to vaccinate. All that went out the window with the news that the **College of Micronesia is now proposing to mandate COVID vaccines for all students and employees, which will take away our right to choose.** Why not defer the matter another year or more in order to more fully understand what this vaccine is doing to our health and the legal and other consequences of requiring everyone to take it? We have six months of experience with the vaccine, however, **six months is not nearly long enough to understand the long-range consequences on our health of the COVID vaccines.** This vaccine is only allowed to be in use under an experimental Emergency Use Authorization (EUA), meaning it has not yet been fully approved by the Food and Drug Administration (FDA), the US regulatory agency for vaccines.

As Interim-President Karen Simion stated in this week's all-campus meeting, COM is exercising its option to establish a vaccine mandate policy in accordance with US Equal Employment Opportunity Commission (EEOC) rules, and with the stated goal of keeping everyone safe. Just to clarify this point, **COM is not to under any obligation or duty to mandate the vaccines, rather, it is taking this initiative on its own.** Much the same is happening all over the US at the present time. **We respectfully wish to state for the record our belief that the vaccine has not demonstrated the level of safety and effectiveness in this phase of the Emergency Use (EUA) trial to give us assurance that it will keep us safe from COVID nor indeed from other potential harmful side-effects of the vaccine itself.**

Today we were given an update stating that EEOC never said that federal law permits employers to require an EUA COVID vaccine. This appears to directly conflict with Interim-President Simion's legal basis for imposing the vaccine mandate, as we heard in the all-campus meeting earlier this week: https://www.icandecide.org/ican_press/the-eeoc-did-not-say-federal-law-permits-requiring-a-covid-19-vaccine/

To reiterate in more detail, during the same all-campus meeting on Tuesday June 15th, some of us questioned **why does the vaccine needed to be mandated when it is already freely available to all who**

choose to use it? If an individual believes that the vaccine protects them, the vaccination status of others should not be of concern. If this were not the case, what would be the point of vaccination in the first place? Former Pfizer CEO Michael Yeadon makes this point and raises other related concerns over mass-vaccination as an expert scientist and researcher in the field:

<https://www.bitchute.com/video/qRM53leSNftt/>

If you already took the vaccine, you may be thinking this is a “done deal” for many of us. To you, we would say: not even close. Our future students who would be joining our college community and those who have not yet turned 18 have been spared the difficult and confusing choice whether or not to take this unproven, untested, experimental mRNA-altering vaccine to protect us from a virus that has a less-than .01% chance of claiming our life. **It is in large part for these younger generations that we are motivated to write. Young people, who aspire to raise a family are put at greatest risk under a mandatory vaccine policy, since the long-term effects of the vaccine on fertility and other major health issues is still unknown and cannot be known for a number of years to come.** In the US, the young people have just started to receive the COVID-19 vaccines. Many have experienced significant adverse events, including heart damaging infections. But all in all, it’s just too soon to hedge our bets on using the COVID vaccine on our young people. **Keep in mind the young have effectively NO risk of dying if they should contract the COVID viral infection.**

Several of us in the all-campus meeting called for greater consideration of the rights of the individual--the fundamental human rights issues—involved in setting a mandatory vaccine policy. We wish to elaborate further on this because **the human rights issues involved cannot be erased just by setting a new policy that disregards them.**

According to what we are seeing, hearing and experiencing in our State of Kosrae, **there has been no informed consent process to give people the full understanding of this medical intervention that would be needed in order to make a fully informed and voluntary choice** about accepting the experimental injections. On the contrary, **we are seeing and hearing that physicians are telling our Kosraean citizens that they have to be vaccinated, which is patently false and a violation of the FDA Emergency Use Authorization.** Furthermore, we don’t believe there is any area where informed consent is being consistently carried out in relation to COVID vaccine administration, whether in the FSM, the US or beyond. This raises a huge red warning flag and calls into question the current EUA vaccine program as a whole. **This deceptive lack of transparency is a serious threat to our basic human rights. People are taking risks needlessly, without understanding they need not do so.**

It seems governments are side-stepping their role (and with it their legal responsibilities to protect citizens’ rights) when they delegate vaccine compliance to a system of private actors who are in turn setting up mandates and systems to circumvent human rights. This includes employers, law enforcement agencies, military, post-secondary educational institutions and medical providers. **These default actors would deny any personal or organizational liability for their part in making citizens feel obligated to take the experimental vaccine, most notably because those giving the injections require a person to sign an agreement accepting ALL risk AND liability before they are given the shot.** The lack of ethics involved in doing so is entirely unacceptable without **fully informed consent and voluntary participation.** This is the stuff that violations of Nuremburg Codes are made of—rights codified after WW2 to protect the people from this very same type of situation.

In the case of the college, the proposed mandatory vaccine policy sets up a coercive lever against free will. Basic human rights should ensure that free persons not be required to participate in a coercive process which involves so many significant omissions of critical information, lack of basic protections and lack of their free-will participation. By protections, we refer to additional factors beyond informed consent: standard clinical trial protocols which should factor into any investigational or experimental vaccination program. These should include but not be limited to medical screening to qualify who is and is not a proper candidate for participation, systematic follow up of *all* participants to provide data in order to assess safety and viability of the trial, mandatory--not voluntary--adverse events reporting and tracking, as well as and possibly most important: the appointment of an independent and autonomous safety oversight committee charged with implementation of safety oversight mechanisms, systems and programs accountable to the public and not just the vaccine industry. None of these basic assurances of patient protection is in place for this vaccination program, yet billions have been dumped into relief payments, advertising campaigns, response team meetings, trinkets, miscellaneous administration costs and who knows what else. Another big red warning flag asking us us to consider how priorities have been defined and ranked in this so-called "pandemic" "emergency" response.

It does not suffice to make the case that those who don't agree with COM's vaccine mandate can just forfeit their ability to participate in college life. The endemic corruption of a system set up for coercion and the creation of a dissident underclass is a recipe for tyranny and abuse. This should be self-evident and it saddens us to have to point out the ideals of freedom upon which the world's great nations such as ours have been built. Did the Micronesians endure and survive the brutality of an enemy occupation for decades during WW2, only to be coerced to surrender their autonomy now for an experimental injection? This is to assign blame to the coercive nature of the vaccine program as a whole and not only COM's proposed vaccine mandate. **The glaring omissions of basic human rights in the COVID response system as a whole and the vaccination program in particular lead us to call for greater transparency and less implicit and explicit coercion. We believe exposing the truth of overreach by governmental and private organizations can ultimately restore balance, but it will be up to us to bring this COVID pandemic response into better alignment with our community values of freedom, autonomy and basic human rights. We only hope that this will not too late for our next generations.**

Next, we will present why we feel we have ample evidence to challenge the science and other motives behind these COVID vaccines, so that this will stand not only as a tract on human rights without considering the scientific and other merits of the whole premise of the pandemic and vaccines. **The long and short of it is we don't believe the vaccines will keep us safe. On the contrary they appear to pose a greater threat than benefit to our health.**

It should be also noted that from the public health perspective, safety is measured/calculated on majority-based outcomes and not individual level outcomes. For example, what might be safe based on population-wide risk-benefit-analysis might not be safe for an individual if the person is going to end up developing long-term vaccine-related injury, now or gradually; it could be a son, a daughter, a sister, a mom, or a dad that used to be healthy and vibrant. It could mean also loss of someone to unexpected death or having miscarriage after getting the vaccine which is actually happening in many parts of the world and we are not allowed to know about them. In fact, leaders and individuals who try to voice out their concerns are being silenced in different ways.

Cover-up? Suppression of a safe, effective, time-proven treatment that stood in the way of vaccine rollouts. Important *treatments* for COVID-19 infection were being identified and tried during the initial outbreak. Some of these drugs were already known to be safe, proven and effective in the treatment of other illnesses. Hydroxychloroquine (HCQ) was one such treatment, being closely related to quinine and in use for nearly a century for illnesses such as malaria and more recently for lupus and others.

Mobilizing existing treatments like HCQ would have greatly impaired the possibility of obtaining the Emergency Use Authorization (EUA) for the vaccines and could have prevented the rollouts. Yet the public health value of HCQ would have greatly outweighed the value of the unproven vaccines at the time of an infectious outbreak. A campaign to discredit treatments such as HCQ by those promoting the vaccines should have come as no surprise. One such study involving HCQ was published early in the pandemic by the prestigious *Lancet* journal. But instead of mobilizing HCQ to fight COVID-19, the poor clinical outcomes of the *Lancet* trial were instrumental in getting HCQ discredited and widely banned. Later, the *Lancet* HCQ trial was discovered to have relied on faulty methodology involving toxic dosages of HCQ. The *Lancet* even retracted the article after the faulty methodology was discovered. But the damage was done and **HCQ, despite having had the greatest potential to treat COVID-19 and save lives, continues to be suppressed to a large extent to this day, while the vaccines continue to be administered to millions of people at billions in profits to the pharmaceutical companies and investors.** Recent evidence indeed suggests this was all a deliberate campaign to discredit HCQ, as it was learned that NIH Director and top US medical advisor on COVID, Dr. Anthony Fauci, knew HCQ was a “miracle cure” for coronaviruses back around 2005 due to his own research and as documented in his own publications. But Fauci maintained silence on his own discoveries with HCQ, presumably so that the vaccines could get EUA status in 2020 and go into full production. This red flag warns of questionable motives and conflicts of interest on the part of proponents of the vaccines.

But there was a potentially even more sinister outcome for the world tied into this event: Since the COVID vaccines were so completely new and untested at the time, **fast-tracking the EUA amounted to an authorization to conduct Phase 1 trials on a mass scale.** In other words, the COVID vaccines in use today were fast-tracked to bypass animal studies *and* double-blind controlled studies. This is like testing a brand new weapon for the first time in a real battle situation, not knowing the extent of the destruction to be anticipated. **How can such an untested injection as this even be allowed to be used ON THE ENTIRE WORLD POPULATION? This is a red flag of the proportions of a Pandora’s Box.**

We believe the dangers of the COVID-19 virus infection have been over-exaggerated on the one hand, while the risks of the vaccine have been minimized on the other, all in a dubious effort to get us to accept the vaccines. Some doctors and scientists believe these injections should not be defined as vaccines at all, since they are so completely different than any other vaccines already in use. **The FDA does not define them as vaccines but rather as gene therapies.** Now that we have six months of data on this experiment, what have we learned?

- **What’s in the vaccine?** The injections contain several different substances which have never been injected directly into the bloodstream of humans before. They contain aborted fetal tissue, self-replicating high-tech hydrogel, nanotech particles and fragments of messenger RNA (mRNA) designed to make permanent, irreversible changes to our own body’s mRNA and cause our bodies to manufacture spike proteins. The spike proteins are just beginning to be understood to have pathogenic properties on the cardiovascular system and seem to in fact pose a significant health threat on their own. Watch Moderna CEO Tal Zaks talk about their vaccines “hacking the

software of life,” as if human beings should be programmed like computers:

<https://rumble.com/vfxnof-modena-ceo-tal-zaks.-hacking-the-software-of-life.html>

- The numbers of cases of COVID infection were inflated by the use of the unreliable PCR test. **Were the numbers intentionally inflated in order to call this a “pandemic?”**
https://childrenshealthdefense.org/defender/who-admits-covid-pcr-test-has-a-problem/?utm_source=salsa&eType=EmailBlastContent&eld=a84470c7-e480-4074-bb6a-1945be67a60d
- The numbers of COVID deaths in the US were also inflated when possibly thousands of deaths were reported as “from” COVID, when in fact the patients died “with” COVID, not “from” COVID. Hospitals received monetary incentives in the tens of thousands of dollars per COVID death and this created an incentive to make every possible death a COVID death.
<https://nationalfile.com/busted-cdc-inflated-covid-numbers-accused-of-violating-federal-law/>
- Outcomes for vaccinated persons are concerning. Millions have now been vaccinated worldwide. **There have been more adverse outcomes and deaths reported in one year for COVID-19 vaccines than for all other vaccines combined. Some doctors say the vaccine-related deaths will soon exceed the virus-infection deaths, while the long-term effects will not be known until years from now.**
https://rumble.com/vilfeh-youre-the-experiment.html?fbclid=IwAR3NqZ1XDIXK323q_rtPoiJvOfi9qbZIPMI2teB59f3_M8jjk55JR-aFtLU
- Roughly 5000 vaccine-related deaths have been reported so far to VAERS, the US-based voluntary vaccine reporting system. By way of comparison, as few as 50 adverse events were sufficient to suspend trials and discontinue other vaccines from use, whereas COVID vaccinations continue unabated. **Where’s the safety oversight for this trial?**
- Now consider that the VAERS reporting may be giving us a faulty picture of the numbers. Studies on VAERS reporting from the past have shown that as few as 1% of actual deaths and adverse events which could potentially be reported to VAERS are actually reported, since it is a voluntary reporting system. This means **potential COVID vaccine deaths could be as high as 500,000 in the US alone, given the historical rate of under-reporting to VAERS. It is impossible to know the accurate numbers.**
- Now if you decide to go out and surf the internet on things you have read here, unless you know where to look for it, you won’t find it. Does that raise a red flag in your mind?
- **If vaccines are the best solution to the COVID virus, why do the news and social media try so hard to keep free and open debate about them away from us?** Facebook and other social media have teams of people now to control the information users are able to see regarding COVID. Those who ask questions or share information that applies critical thinking regarding COVID are routinely censored (their content is removed or tagged as potential misinformation) or the user may be banned outright. Even factual and accurate information is routinely banned if it puts “official” (WHO) messages in a negative light. Free speech is gone.
- We ask you to consider the possibility that **fear is being used to control how you think and make decisions during this pandemic and by making it appear that the vaccine is the only**

option. For example, why aren't our public health personnel recommending important immune-boosting dietary supplements like vitamin C and D to prevent getting COVID? Why don't doctors let us know about proven and effective COVID treatments, such as Ivermectin, HCQ and IV vitamin C as an alternative to getting the vaccine for those who feel the injection is too risky?

- Let us be clear that we are not suggesting anyone **not** get vaccinated for COVID-19 if that is what you feel is best for you. We're asking you to start asking your own questions. Look into it to your own satisfaction. Don't give in to fear.

COVID began disrupting our lives over a year ago with "30 days to flatten the curve." Then came limited lockdowns and border closings, which continued and continued and still continue. **We have come to believe that the COVID-19 response has been part of a larger plan designed to use fear to make us follow what the perceived "authorities" tell us to do. This is how a tyrant steals your freedom, in small, incremental steps, using incremental pressure and fear until choices become mandates.**

Again, **our foremost concern is for the students and next generations in FSM. The unknown long-term effects of these mRNA-altering, pathogen-producing injections have many experts calling them more dangerous and risky than the virus. If we stop and think about it, would we really put our kids at such risk until we know more about the long-term effects of these vaccines? Isn't their health priceless?**

Do we want the freedom for our people to continue our lineage without doubts about the future or regrets for the past? There will be a push to vaccinate younger and younger children soon. It's already happening elsewhere. The time is now to sort out these questions so we claim our power to determine our own future and stop reacting out of fear or someone else's definition of an emergency. What do your parental instincts tell you? Are you acting out of fear? Or just need to wake up to how much the world is changing? **If we don't push back on those who want us to put our own children at risk with experimental injections with known and unknown risks, what will we do when it's too late and they have no future anymore?** Would you rather risk getting COVID and have a 99.9% chance of full recovery or would you rather take the risks of joining the vaccine experiment? What if each person were free to choose for him or herself? If we reject the mandatory vaccine policy, we will maintain our freedom to choose. If we do not stand up now and grab onto our power to decide our own future, we may soon find our freedom slip away in little incremental steps.

Thank you for your attention.

Signature page enclosed. Those not indicated "staff" are students

Erina Mongkaya
Suelani - Palois
Malcolm - Samuel
Jackency - Albert
Kenygie - Sigran
Chester Tulensru

Michael Williams - staff
(via email)

Soni Charley - staff
(via email)

Joe Scott

Darlyn Thomson

Jeffan Isaac

Suesin Esau

Jaelynna Neera

Limanman Talley

George Tiltus - staff

Tara Y. Tami - staff

Henry H. Hokea - staff

Maver Jonathan - staff

Sephine Timothy

Jim Hiroshi Ismail

Kemacami Neellic

Berswira Joe

Stacey Jonas

Nona Sgrah

Rachy Langy - staff

Cassandra G. Waguik

Chester Tulensru

Louffalya Tiltus

Sueann Jonas

Martina Lonno

ARXWZA V. - staff

Thuy Sigran - staff

Frehiwot Teshome - staff

Karen Kan-Zan Tu - staff (via email)