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Vaccine Mandates and Passports Represent a Likely Illegal and Immoral Public Health Measure to Contain COVID in Catholic Institutions - Part 3: Strategies for Students, Parents and Employees to Combat Mandates

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Colleges and Hospitals Are Vulnerable to Liability from Vaccine Mandates

It is apparent that colleges and hospitals are poorly informed about the scientific facts and the legal liabilities that they may incur by imposing vaccine mandates. These institutions are not aware that the [FDA Cosmetic Act](#) requires informed consent for any experimental medicine, as well as the right to refuse treatment and be made aware of the rights to alternative medicines. These institutions are ignoring the health privacy laws governing the [Health Insurance Portability and Accountability Act \(HIPAA\)](#). These institutions are poorly informed that the [National Research Act of 1974](#) requires protection for human subjects from harm, undue injustice, and coercion, which necessitates complete informed consent with experimental treatments. Lastly, the department of [Occupational Safety and Health Administration \(OSHA\)](#) has previously stated that institutions that mandate vaccines are subject to required reporting and liability towards adverse events and are subject to liability. Private businesses and schools should realize that these federal statutory laws pose potential economic and legal penalties if they unduly pressure students and employees to accept what are otherwise classified as experimental vaccines.

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Legal Precedence of Jacobson v. Massachusetts Case on Small Pox Vaccine Is Not Applicable to Compulsory COVID Vaccination

Legal scholars often invoke the 1905 Supreme Court case of Jacobson v. Massachusetts as legal precedence to impose compulsory vaccination for COVID-19. The 1905 case is based on a citizen in Massachusetts named Henning Jacobson who objected to being vaccinated against smallpox because of a prior severe reaction to the vaccine. However, the Court then held that the government had the right to impose compulsory vaccination if vaccination leads to public safety for an infectious disease. The 1905 case was invoked in a recent lower court decision based on a case brought to the court by Indiana college students. The lower court decision was rejected for further review at the Supreme Court by Judge Amy Coney Barrett, who invoked the same 1905 Supreme Court case. However, the 1905 legal decision on smallpox is not applicable to COVID for the following scientific reasons. First, smallpox had a 30 percent mortality rate, which is 200 times greater than COVID. Second, smallpox was a DNA virus, which is much more stable than an RNA virus, which makes it more susceptible to a vaccine. Third, smallpox was treated with a traditional whole virus vaccine which presented multiple viral antigens to elicit redundant immunity. Fourth, smallpox did not have an animal reservoir, which was feasible to achieve herd immunity and eradicate the disease. Respiratory viruses like COVID have multiple animal reservoirs, which makes it impossible to eradicate. Influenza has been around for at least a century and has multiple animal reservoirs which has made it impossible to eradicate despite a half century of vaccination programs. Fifth, smallpox did not have alternative medications other than vaccines to treat it. Lastly, since 1905 there have been several new statutory laws governing experimental treatments. COVID-19 cannot be eradicated by vaccines because herd immunity can never be achieved for these reasons.

Hospitals Risk a Reduction in Clinical Services to the Public

Hospitals naively assume that vaccine mandates will contain the spread of COVID to other healthcare workers and patients. However, as previously mentioned, these vaccines offer no respiratory mucosal immunity, which is essential for reducing transmission. There is non-published data from the [National Institutes of Health](#) that the viral levels isolated from the nasopharynx were as high in fully vaccinated individuals as unvaccinated individuals. In contrast, those that have recovered from COVID-19 have established respiratory mucosal immunity, thereby presenting a much greater likelihood of preventing viral transmission. However, hospitals do not acknowledge this fact. Many reports indicate that approximately [25 percent of hospital employees](#) refuse the vaccination for a variety of reasons. If 10 percent of employees refuse the vaccine and quit or are terminated, hospitals run the risk of failing to deliver critical medical services such as surgeries, ICU care, cardiac procedures and other important ancillary services. This poses a potential medical dilemma for the public in getting access to medical care if a critical fraction of hospital doctors, nurses, pharmacists and other ancillary healthcare providers leave.

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The Vatican and USCCB Have Abandoned the Original Catholic Church Position on Vaccines That Use Morally Illicit Cells

[The 2005 Pontifical Council of Life statement](#) on vaccines represents the historical Vatican position on vaccines that have been morally tainted with aborted fetal cells. Accordingly, there are four requirements that must be satisfied. First, the condition must be grave. However, COVID-19 is not grave to all individuals, except to those that belong to high risk conditions like the elderly, diabetics, smokers and those who are obese or have chronic diseases. Consequently, this fact is contrary to the [Catholic Church's recent position](#), which is urging every Catholic to be vaccinated out of some guilty sense of moral obligation or common good, despite the fact that even the recent statement from the Congregation For the Doctrine of Faith clearly states vaccine acceptance should be [voluntary](#). There may be justified reasons to take an experimental vaccine in high risk individuals even if the vaccine is tainted with a product of abortion. However, there is no justification for healthy individuals who are free of these risk factors and have greater than 99 percent survival rate to this infection to wrestle with a medical or a moral issue on whether to accept an experimental vaccine that poses significant risk to their health. Second, there must be an absence of an ethical alternative treatment. It has been documented that early ambulatory administration of a multi-drug regimen of [hydroxychloroquine](#) or [ivermectin](#), in combination with zinc and azithromycin or doxycycline, reduces the risk of hospitalization, mortality and viral transmission in high risk patients. However, the Vatican and USCCB have never advocated for hydroxychloroquine and ivermectin use. Additionally, most physicians have not conducted sufficient due diligence of these medications, and only a minority of doctors currently prescribe them. Third, individuals can exercise their moral conscience and refuse vaccination. However, this position is not acknowledged at [Catholic institutions](#) that otherwise espouse their Catholic identity. Sadly, there are [stories](#) where these Catholic Institutions will not support Catholics who seek a religious exemption from taking these morally tainted vaccines. Fourth, Catholics are required to promote ethical alternative vaccines and urge the pharmaceutical industry to develop ethical vaccines. There is no evidence that the Catholic Church has shown the [same zeal](#) to promote alternative ethical medications and vaccines and ethical human cell lines in their effort to reduce vaccine hesitancy among Catholics.

Strategies for College Students, Parents and Employees Subjected to Vaccine Mandates

There is an unprecedented lack of public confidence in our public health institutions, even toward physicians, and which will be difficult to reclaim. Students attending Catholic schools, along with their parents; as well as employees of Catholic hospitals are subjected to unprecedented threats to their constitutional civil and religious rights, as well as to their health. Many Catholic colleges are mandating students to accept these gene therapies before the Fall semester begins. Catholic hospitals are requiring their employees to accept an unprecedented gene therapy or risk employment. These institutions have adopted these draconian measures

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without thoughtful analysis of the science, and they are placing their students at great harm from an experimental gene therapy that is medically futile in controlling this infection. Even more disgraceful is that these Catholic institutions that espouse their Catholic identity will not recognize religious exemption for an experimental vaccine that is morally tainted. Moreover, the Catholic institutions will not provide students or employees access to hydroxychloroquine or ivermectin if they become seriously ill from COVID. It is regrettable that Catholics cannot expect leaders at the Vatican and the USCCB to support the rights of Catholics to exercise their moral conscience to reject morally tainted vaccines. Catholics around the world reach out to the John Paul II Medical Research Institute to not only develop a [morally acceptable vaccine](#), but to frequently ask what strategies they should pursue to address vaccine mandates at colleges and hospitals. This is a problem that [I predicted and wrote](#) about several years ago when highlighting how morally tainted cells would alter the viability of the Catholic healthcare system.

Unfortunately, this pandemic has shown that the problem is even worse than I had predicted. I never imagined that Catholic hospitals would coerce Catholics to take a morally tainted medicine. The following recommendations will regrettably require individuals to take confrontational positions because the situation has escalated to crisis levels that threaten religious and civil liberties at the expense of their health. I recommend the following strategies for college students and their parents and employees working at Catholic hospitals who refuse these experimental vaccines:

1. Contact your governor and ask them to sign an executive order to forbid vaccine mandates in their state.
2. Contact your state attorney general to investigate whether there are statutory laws that outlaw vaccine mandates.
3. Contact your local representative to pass laws against vaccine mandates in their state.
4. Parents and students should write a letter to the school president and board of trustees to rescind vaccine mandates.
5. Alumni should write to the school president and threaten to withhold future philanthropic financial support if the school requires vaccine mandates.
6. Catholics should write to their local bishop and insist that they adopt the 2005 Pontifical Council of Life position on morally tainted vaccines. The letter should insist that the bishop write a letter to the leadership of a Catholic school or hospital in their diocese urging them to rescind vaccine mandates.
7. Catholics should remind their bishop that they may be placing their diocese at legal and financial risk for Catholic elementary and high schools which are under their jurisdiction if vaccine mandates lead to death or disabilities in children.
8. Students should have their school sign a document that holds the school liable if a student develops serious harm from the vaccine. [A template copy](#) of this document is available online from a Solari Report.

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9. Employees of Catholic hospitals should have their employer sign a document that will hold the hospital liable if that employee develops severe harm from the vaccine. [A template copy](#) of this document is available online from a Solari Report.

10. If high risk patients cannot receive hydroxychloroquine or ivermectin from their personal physician in the event they become quite ill from COVID, then I recommend that individuals reach out to organizations like [FLCCC Alliance](#), [America's Frontline Doctors](#) and [Truth for Health Foundation](#) that have experienced physicians treating COVID that will provide telemedicine services.

In conclusion, mandating these subunit vaccines represents a medically futile and likely an illegal public health effort to contain the spread of COVID-19. It is immoral and perhaps illegal for Catholic schools and hospitals to require young and healthy individuals to take an experimental drug that offers no personal benefit, but instead, poses potential serious health risks. Moreover, it is immoral for these Catholic institutions to threaten education and employment unless they accept a medication derived from an abortion, a position that is contrary to the Pontifical Council of Life statement of 2005 and the more recent Congregation For the Doctrine of Faith.