

Covid-01

Hugh Esco (Fulton County) offers:

A Resolution of the 2022 Annual Convention of the Georgia Green Party

Resolved, that the Platform of the Georgia Green Party is amended by adding a new plank entitled Covid Repression, to read as follows:

Covid Repression

Protect Human and Constitutional Rights in an Age of Covid Repression

Guided by the precautionary principle and the Green key value of ecological wisdom, many Greens have grave doubts about measures being advanced in the name of public health which rely on the use of novel gene therapy technologies that have bypassed the usual long term testing required by our nation's Federal Drug Administration. The FDA is an agency which whistleblowers have long and continuously identified as a target of regulatory capture by the very industries they are charged with overseeing. The pharmaceutical manufacturers have offered us genetic engineering products in response to the Covid pandemic released for broad public consumption under emergency use authorization (EUA), authorized by the Congressional Public Readiness and Emergency Preparedness Act of 2006 and the Pandemic and All-Hazards Preparedness Reauthorization Act of 2013 , protecting them from liability for harm caused by their products.

The arrival of a new virus or the use of genetic engineering in medicine rather than agricultural products makes genetic engineering no less risky and no less out of step with the Green key value of ecological wisdom. Greens must continue to advocate against risky, unpredictable technology that can unleash irreversible harm in keeping with precautionary principle.

There is broad debate within the medical community over appropriate protocols in response to the covid pandemic. Yet our corporate media have characterized dissent from the policies and recommendations by our public health agencies as scattered, inconsequential, mis-informed, the product of conspiracy theories and even as a threat to national security. As a result the public reliant for their information on the corporate mass media is usually not aware of these initiatives:

- The [Great Barrington Declaration](#), crafted for publication in October 2020 by “infectious disease epidemiologists and public health scientists” and now endorsed by 925,000+ worldwide, advocates a strategy of ‘focused protection’, allowing “those who are at minimal risk of death to live their lives normally to build up immunity to the virus through natural infection, while better protecting those who are at highest risk.”

- The International Alliance of Physicians and Medical Scientists, in October of 2021 adopted their [Physicians' Declaration](#), since signed by 17,000+ "doctors and scientists" identifying themselves as "loyal to the Hippocratic Oath" and as "recognizing the imminent threat to humanity brought forth by" – not Covid-19 itself, but rather the "current Covid-19 policies" responding to the pandemic. Providing supporting evidence throughout, their statement opposes (1) the forced vaccination of children, (2) the imposition of restrictions and vaccine mandates on 'naturally immune persons', (3) interference by health agencies with physicians treating patients.
- [Concerned Doctors](#) have stated that: "public policy makers have chosen to force a 'one size fits all' treatment strategy, resulting in needless illness and death, rather than upholding fundamental concepts of the individualized, personalized approach to patient care which is proven to be safe and more effective; . . . physicians and other health care providers working on the front lines, utilizing their knowledge of epidemiology, pathophysiology and pharmacology, are often first to identify new, potentially life saving treatments; . . . physicians are increasingly being discouraged from engaging in open professional discourse and the exchange of ideas about new and emerging diseases, not only endangering the essence of the medical profession, but more importantly, more tragically, the lives of our patients; . . . thousands of physicians are being prevented from providing treatment to their patients, as a result of barriers put up by pharmacies, hospitals, and public health agencies, rendering the vast majority of healthcare providers helpless to protect their patients in the face of disease. Physicians are now advising their patients to simply go home (allowing the virus to replicate) and return when their disease worsens, resulting in hundreds of thousands of unnecessary patient deaths, due to failure-to-treat; . . . this is not medicine. This is not care. These policies may actually constitute crimes against humanity."

The National Childhood Vaccine Injury Act of 1986 (NCVIA) protects the pharmaceutical industry from liability, absent fraudulent or negligent behavior by the manufacturers; and gives sole jurisdiction over product liability cases involving vaccines to a *no-fault* proceeding in The Office of Special Masters of the U.S. Court of Federal Claims, popularly known as the vaccine court. This body operates without a jury and exercises the power to award damages but not to assess culpability to a vaccine product. The Act went further to establish the Vaccine Adverse Event Reporting System (VAERS) to provide a reporting system for use by physicians and others to report temporal adverse outcomes coinciding with the use of vaccines. Since the launch of the VAERS program, in 1990, the program has been criticized as one which under-reports the data it is intended to capture. A study by the CDC estimates that the system typically captures 1% of the qualifying reports of adverse events. Nonetheless, pre-pandemic, it collected as many as 200 deaths reported each calendar year. In the first year after the release of gene therapy injections for SARS-Cov2, an additional 750,000-some reports have been added to the system by U.S. physicians, included incidences of over 10,000 U.S. deaths, 1,600+ miscarriages, nearly 30,000 severe allergic reactions, over 12,000 permanent disabilities, 5,000+ heart attacks, 32,000+ cases of myocarditis / pericarditis

All data derived from [OpenVAERS](#), a project developed by a small team of self-identified vaccine injured or parents of vaccine injured children. The OpenVAERS project posts data of injuries reported post-vaccination made publicly available by the Center for Disease Control and the U.S. Federal Drug Administration. The OpenVAERS project disclaims that these reports are not proof of causality.

Silencing of dissident voices, . . .

Dr. Meryl Nass, who has been a Member of the Maine Green Independent Party, is currently fighting an action by the Maine Medical Board to revoke her license to practice medicine. She has published a chronology of events involving the Federation of State Medical Boards, the American Medical Association, the American Pharmacists Associations, each an organization created to serve its members but with no regulatory authority themselves who have promoted (as the AMA put it) a narrative that “disinformation ha(s) fostered belief in scientifically unvalidated and potentially dangerous ‘cures’ for COVID-19 while increasing vaccine hesitancy...”.

The CDC had already published major warnings about treatment protocols otherwise long supported by the medical literature from previous SARS outbreaks and with which now practicing physicians were experiencing promising outcomes. Nonetheless, in spite of growing supply from manufacturers, distribution for these treatments, now off-patent, in the public domain and affordable, dried up so that no pharmacy could fill prescriptions. Previously, U.S. Senators Klobuchar and Lujan introduced S.2448¹, the Health Misinformation Act of 2021. Their legislation proposed an exception to the legal immunity from liability for the content users post to digital platforms, under Section 230 of the Communications Decency Act. Although S.2448 still awaits a hearing in Committee, social media platforms recognizing the threat to their business model, immediately fell in line and on a voluntary basis began posting ‘health misinformation’ disclaimers when users posts mentioned keywords which triggered their algorithms. Lujan’s Senate office website reports that both Twitter and Facebook have closed the accounts of sources for such ‘misinformation’. Since then Youtube (Google) has also closed accounts for similar reasons.

Dr. Nass’ experience is not unique.

- Her chronology also documents a licensure revocation for the Chief Medical Officer for the State of Hawaii.
- Dr. Robert Malone’s Twitter account was closed for spreading misinformation. Oddly enough, it is Dr. Malone who is responsible for the development of the mRNA technology used as the basis for the gene therapy treatment being marketed as a vaccine for Covid-19. He joined the Joe Rogan show for a three hour interview², leading to a coordinated campaign seeking to have Spotify cancel Rogan’s program, which is ten times as popular as the most popular TV news programs.

¹ S.2448 – <https://www.congress.gov/117/bills/s2448/BILLS-117s2448js.pdf>

² Joe Rogan Interviews Dr. Robert Malone – <https://odysee.com/@Hartemeester:0/joe-rogan-interviews-dr.robert-malone-joe-rogan-podcast:9>

- Youtube banned two doctors from Bakersfield California after an hour long interview³ with local media went viral, because the data they were seeing in their local practice led them to contradict the Covid-19 narrative being promoted by the World Health Organization.
- An attorney for Dr. Paul Marik told the media, “the hospital and the federal government (are) now interfering with physicians’ ability to treat their patients”. Dr. Marik at the time was the chief of pulmonary and critical care medicine at Eastern Virginia Medical School and practiced at Sentara Norfolk General Hospital at the outbreak of Covid-19 in this country. In March 2020, Dr. Marik and his team developed a MATH+ protocol when there existed a ‘complete void’ of treatment options. Dr. Marik and his hospital employer disagree on his success rate. He puts his mortality rate at 10% while the hospital puts it at 38%. Other hospitals using ventilators and Remdesivir, as recommended at the time by the CDC, were reporting a 90% mortality rate. Prohibited by the hospital administration from deviating from those CDC guidelines, the next week he watched seven of his remaining COVID patients die. Dr. Marik went to court arguing that administrators were practicing medicine without a license leading to adverse outcomes for his patients. In retaliation, the hospital stripped Dr. Marik of his hospital privileges and agitated with the *Journal of Intensive Care Medicine* for the retraction of the articles Dr. Marik had published on the MATH+ protocol and the outcomes enjoyed by its use. Dr. Marik would proceed, with others, to found the Front Line Covid-19 Critical Care Alliance⁴, and to be featured by the Truth for Health Foundation’s *Fired for Truth* press conference⁵.

Dr. Aaron Kheriaty is a doctor of psychiatry, and until recently served as a professor and the director of the Medical Ethics program at the University of California, Irvine. Having recovered from the covid virus itself, he declined to comply with his employer’s mandate to accept the gene therapy ‘vaccine’, contraindicated by his own natural immunity. Rather than seeking a religious exemption to the policy, he chose to challenge the policy in court and was fired for his troubles. His is but one example in a growing number of anecdotes related to people losing their employment for asserting their rights to uncoerced informed consent as outlined below in the discussion of the Nuremberg Code and the ICCPR.

Controversy arose related to forced vaccination programs conducted by the U.S. military, which remain suspect among many as a cause of Gulf War Syndrome. Concerns persist about inoculations still being provided to recruits of the uniformed services. George Annas writing for the American Bar Association’s *Human Rights Magazine* argues⁶ that “(a)lthough soldiers may

³ Interview with Dr. Dan Erickson and Dr. Artin Masshi, originally broadcast on KGET.com, – <https://vaccineimpact.com/2020/california-er-physicians-sheltering-in-place-does-more-harm-than-good-looks-our-immune-system/>

⁴ Front Line Covid-19 Critical Care Alliance – <https://covid19criticalcare.com/>

⁵ Fired for Truth Press Confence, hosted by the Truth for Health Foundation – <https://rumble.com/embed/vnpp4u/?pub=4>

⁶ “Bodily Integrity and Informed Choice in Times of War and Terror”, George Annas, Spring 2003 issue on *Body Rights and Body Ethics*, ABA’s Human Rights Magazine.

relinquish their right to refuse medical treatment upon enlisting, they retain, as all humans do, their right to refuse to be subjects of human experiments - and so retain their right to refuse experimental or investigational drugs and vaccines, even in wartime. The Nuremberg Code is, after all, a wartime document and made no exceptions for informed consent for either war or the soldiers assigned to fight it.”

Mr. Annas’ concludes his article for *Human Rights Magazine*,

“civilians retain all of their rights to bodily integrity, even during war and times of domestic emergencies, and that under no circumstances should civilians be subjected to forced vaccination or other bodily invasions - even those deemed ‘necessary’ by military, medical, or public health officials. Human rights lawyers should resist current proposals to grant public health officials the power over the bodies of civilians during a bioterrorist attack or other public emergency. Such proposals are not only destructive of basic human rights, they are counterproductive in that they replace a medical and public health system based on truthful communication and trust with one based on fear and arbitrary power. Terrorism by others is no excuse for torture by us.”

The FDA’s Emergency Use Authorization bypasses the normal regulatory oversight to allow the pharmaceutical industry to make available for human use products which have not yet survived the rigorous testing normally required for FDA approval under non-emergency conditions. By law the Emergency Use Authorization is unavailable when there exists “no approved, adequate, and available alternatives”⁷. An EUA authorizes, but does not mandate its use on humans.

The Nuremberg Code, formulated by the Court overseeing the trials of World War II Nazi war criminals, sets forth the legal requirements for human experimentation. It states, in relevant part: "The voluntary consent of the human subject is absolutely essential . . . the person involved should have the legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without intervention of any element of force, fraud, deceit, duress, overreaching, 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. . . ." Failure to comply with these principles were deemed a *Crime Against Humanity* by the Nuremberg Tribunal.

The International Covenant on Civil and Political Rights, was Adopted and opened for signature, ratification and accession by the General Assembly of the United Nations on December 16th, 1966, signed by the President of the United States in 1977 and ratified by the United States Senate in 1992. It provides in Article VII., that “no one shall be subjected without his free consent to medical or scientific experimentation.”

https://www.americanbar.org/groups/crsj/publications/human_rights_magazine_home/human_rights_vol30_2003/spring2003/hr_spring03_intro/

⁷ “Legal Issues in COVID-19 Vaccine Development and Deployment”, Congressional Research Service – <https://crsreports.congress.gov/product/pdf/R/R46399>

Under the guise of *contact tracing*, we have given a pass to a new mass surveillance program which rivals anything imagined by Edward Snowden and other NSA whistle blowers.

The [Health Insurance Portability and Accountability Act of 1996 \(HIPAA\)](#), Public Law 104-191, led to the promulgation of a [Privacy Rule](#) intended to protect all "*individually identifiable health information*". Yet under the pandemic lock-downs, individuals protected under this rule are too often somehow expected to share their vaccination status with complete strangers as a condition of traveling, participating in society or availing themselves of public accommodations.

The National Black Caucus of the Green Party of the United States [have described](#) "Vaccine mandates and vaccine passports (as) among the most vile, unconstitutional, immoral, unscientific, discriminatory and outright criminal policies ever enforced upon the population and goes against everything the Green Party stands for under Social Justice. These policies are coming from an out-of-control government at the behest of the pharmaceutical industry. The mainstream media and social media are also working in lock-step to censor any and all doctors, scientists, and investigative journalists who have an opposing view or who even question the current mainstream media orthodoxy."

President Joe Biden, in his 2021 State of the Union Address (SoTU) reported that while 20 million Americans lost their jobs during the pandemic, "roughly 650 billionaires in America saw their net worth increase by more than \$1 trillion". [Forbes](#) put that number at \$1.2 trillion, or a 35% increase over 16 months prior to the SoTU, reporting that "Just 20 big gainers account for more than half of the increase in all U.S. billionaires' wealth".

The [Pandemic Platform of the 2020 Congressional Slate of the Georgia Green Party](#), described "(t)he CARES Act... (as) the largest direct wealth transfer from average Americans to the elites in modern history". In addition, the Forbes article cited above documents that the lockdowns have served to further the upward accumulation of wealth from main street where locally owned businesses have closed to Wall Street and particularly to the tech billionaires. Forbes reports that Musk enjoyed a \$143 billion growth in his net worth, Amazon founder Bezos saw an \$86 billion increase, the Google co-founders Page and Brin gained \$40+ billion each in net worth. Daniel Gilbert, founder of Quicken Loans grew \$40 billion wealthier. Facebook's Zuckerberg saw gains of \$35 billion. Microsoft founder Bill Gates saw his portfolio grow by \$22 billion. The executive summary of the [2022 World Inequality Report](#) states: "2020 marked the steepest increase in global billionaires' share of wealth on record."

Many dissenting physicians have argued that the lockdowns are unnecessary for public health when more targeted isolation of symptomatic and contagious patients would do the trick. Some have also pointed out that the many adverse outcomes of social isolation posing threats to physical and mental health, with some authors asking if the cure has proven worse than the Covid-SARS(2) disease itself.

For these and related reasons we find it both reasonable that our neighbors might express concerns with the safety and efficacy of pharmaceutical products released under Emergency Use Authorizations and that they might exercise reluctance to comply with the public health recommendations being advocated by our governments and their captured regulatory agencies.

The Georgia Green Party urges the adoption of the following policy initiatives.

1. Oppose Vaccine Mandates

We oppose efforts to mandate or coerce the use of covid injections, including as a condition of employment, as a condition to enjoy public accommodations, as a condition to attend public schools or as a condition to travel and associate.

2. Allow Physicians to Practice Medicine

Physicians, and other health care providers, must be free to responsibly practice the art and science of medicine without fear of retribution. In the absence of malpractice or ethics violations, health care providers must be protected from disciplinary actions (loss of licensure or hospital privileges) at the behest of captured regulatory boards; the loss of insurance contracts and interference by bureaucratic government agencies and organizations – which prevent suitable care for patients in need. More than ever, the right and ability to exchange, without censorship or slander, objective scientific findings which further an understanding of disease, must be protected. The integrity of academic and scientific inquiry requires no less.

3. End the Lockdowns, Open the Economy

We oppose lockdowns which interfere with the Constitutional liberties guaranteed by this nation's founding documents. While certain restrictions may be appropriate for those who are objectively symptomatic, as the epidemiologists and public health scientists who authored the Great Barrington Declaration put it, "(t)hose who are not vulnerable should immediately be allowed to resume life as normal. Simple hygiene measures, such as hand washing and staying home when sick should be practiced by everyone to reduce the herd immunity threshold. Schools and universities should be open for in-person teaching. Extracurricular activities, such as sports, should be resumed. Young low-risk adults should work normally, rather than from home. Restaurants and other businesses should open. Arts, music, sport and other cultural activities should resume. People who are more at risk may participate if they wish, while society as a whole enjoys the protection conferred upon the vulnerable by those who have built up herd immunity."

4. Medicare for All

We reiterate the necessity that we establish an improved "Medicare for All" single-payer insurance program to provide everyone with affordable, quality healthcare, including coverage without charge to the recipient for prescriptions, vision, dental and mental health care, on the

principle of 'everyone in, no one out'. And yet, our experience in this pandemic underscores the importance that a single payer system should serve as a means for paying providers and refrain from efforts to centralize decision making over patient care with top-down one-size-fits all medical protocols as we currently experience with private insurers dictating and limiting treatment options available to front line care givers.

5. Hazardous Duty Pay for Frontline Workers

For the duration of the pandemic we advocate hazard pay for healthcare workers.