Today’s Date (day/month/year)

Honorable Mata Tuatagaloa

Supreme Court Justice

Apia

Independent State of Samoa
E: info@mjca.gov.ws

W: <https://www.mjca.gov.ws/>

Dear Honorable Justice Tuatagaloa,

As a parent and citizen of this great country I would like to bring to your attention one of the most egregious, unconstitutional and outright dangerous laws we have in our country at this time, which is the Infant Amendment Act 2019.

Made in the wake of the measles epidemic, this knee-jerk legislation takes the power away from parents to make major health decisions for their children and places them in the hands of the government Ministry of Health, the very Ministry that still has so much to answer for regarding that epidemic.

This law, in its current form, is unconstitutional and violates the basic tenets of at least five international medical and human rights doctrines (appendix A), as well as the basic norms of informed consent, which gives the patient or parent the right to accept or refuse medical interventions **free from coercion**. Requiring a vaccination in order to access education **is coercion**. This is authoritarianism disguised as compassion, and a very dangerous precedent, setting the stage for ever-increasing government control of our daily lives.

This unjust power assumed by the Ministry of Health now extends to COVID-19 vaccines, as this year and last year many children were coerced into getting shots or denied an education without them. This is despite overwhelming evidence that COVID-19 vaccines do not prevent transmission or infection of said disease and children are at an incredibly low risk negative outcomes from catching COVID in the first place (which we have all been exposed to countless times by now). There is, however, mounting scientific evidence that these shots cause unnecessary heart complications, especially in young males, so not only is MOH forcing a useless, needless shot on our children, but possibly a harmful one.

The Ministry of Health has been dishonest with the public for years now in regards to the safety, effectiveness, and necessity of certain vaccines. Since this Act passed parliament three years ago five new vaccines have been added to the schedule. When is enough going to be enough?

The Ministry of Health does not always know what’s best for the health of my children, and certainly does not have the right to determine what’s injected into their bodies. No government should have that level of control over their citizenry. When they do, we cease to exist as a free people.

My humble request would be to please repeal the Infant Amendment Act and replace it with more sensible legislation that doesn’t mandate any vaccinations for school enrollment, or at the very least, amend the Act to include a very clear and achievable process for exemptions to the vaccine requirements that is determined by the **parents**, not the government. Typically vaccine exemptions are granted on medical, philosophical/scientific, and religious grounds. There are more sensible ways to achieve greater health outcomes for our people without coercion or force. Please also note there are many other parents out there who feel as I do on this issue but are less confident in speaking out.

The stated goal of the Samoa Ministry of Health is “to assist the people of Samoa [to] meet their health care needs to sustain for an optimum level of health.” This is **precisely** what families are doing by refraining from vaccination.

I plead with you as the highest court in Samoa to please hear my concerns, recognize this law for the blatant human rights violation that it is, and utilize your powers to restore **informed consent** into this and any future medical legislation.

Sincerely,

Your Name

Your Email Address

Your Phone Number

**Appendix A**

The Infant Amendment Act 2019 is in violation of the following international medical and human rights doctrines:

[UNESCO Universal Declaration on Bioethics and Human Rights](http://portal.unesco.org/en/ev.php-URL_ID%3D31058%26URL_DO%3DDO_TOPIC%26URL_SECTION%3D201.html) - **Article 6 – Consent**
1. 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.

[UNOCHR International Covenant on Civil and Political Rights](https://www.ohchr.org/en/professionalinterest/pages/ccpr.aspx) - **Article 7**

No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In particular, no one shall be subjected without his free consent to medical or scientific experimentation

[World Medical Association - International Code of Medical Ethics](https://www.wma.net/policies-post/wma-international-code-of-medical-ethics/) – select points

* A physician shall respect a competent patient’s right to accept or refuse treatment.
* A physician shall be dedicated to providing competent medical service in full professional and moral independence, with compassion and respect for human dignity.
* A physician shall certify only that which he/she has personally verified.
* A physician shall act in the patient’s best interest when providing medical care.
* A physician shall owe his/her patients complete loyalty and all the scientific resources available to him/her. Whenever an examination or treatment is beyond the physician’s capacity, he/she should consult with or refer to another physician who has the necessary ability.
* A physician shall in situations when he/she is acting for a third party, ensure that the patient has full knowledge of that situation.

[UN Declaration of Human Rights](https://www.un.org/en/about-us/universal-declaration-of-human-rights) – **Article 3**

“Everyone has the right to life, liberty and security of person.”

[Declaration of Geneva Pledge](https://en.wikipedia.org/wiki/Declaration_of_Geneva) – select points

AS A MEMBER OF THE MEDICAL PROFESSION:

* I SOLEMNLY PLEDGE to dedicate my life to the service of humanity;
* THE HEALTH AND WELL-BEING OF MY PATIENT will be my first consideration;
* I WILL RESPECT the autonomy and dignity of my patient;
* I WILL MAINTAIN the utmost respect for human life;
* I WILL NOT PERMIT considerations of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing or any other factor to intervene between my duty and my patient;
* I WILL PRACTICE my profession with conscience and dignity and in accordance with good medical practice;
* I WILL SHARE my medical knowledge for the benefit of the patient and the advancement of healthcare;
* I WILL NOT USE my medical knowledge to violate human rights and civil liberties, even under threat;
* I MAKE THESE PROMISES solemnly, freely and upon my honour.

It is also prudent to point out that if future vaccines are required that have not completed clinical trials (currently the case for COVID vaccines), such a law would also be in violation of the following:

[Nuremberg Code](https://en.wikipedia.org/wiki/Nuremberg_Code#:~:text=The%20Nuremberg%20code%2C%20which%20stated,Karl%20Brandt%20and%2022%20others.)

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

[Helsinki Declaration](https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/)

**Informed Consent**

25.       Participation by individuals capable of giving informed consent as subjects in medical research must be voluntary. Although it may be appropriate to consult family members or community leaders, no individual capable of giving informed consent may be enrolled in a research study unless he or she freely agrees.

26.       In medical research involving human subjects capable of giving informed consent, each potential subject must be adequately informed of the aims, methods, sources of funding, any possible conflicts of interest, institutional affiliations of the researcher, the anticipated benefits and potential risks of the study and the discomfort it may entail, post-study provisions and any other relevant aspects of the study. The potential subject must be informed of the right to refuse to participate in the study or to withdraw consent to participate at any time without reprisal. Special attention should be given to the specific information needs of individual potential subjects as well as to the methods used to deliver the information.

After ensuring that the potential subject has understood the information, the physician or another appropriately qualified individual must then seek the potential subject’s freely-given informed consent, preferably in writing. If the consent cannot be expressed in writing, the non-written consent must be formally documented and witnessed.

All medical research subjects should be given the option of being informed about the general outcome and results of the study.

27.       When seeking informed consent for participation in a research study the physician must be particularly cautious if the potential subject is in a dependent relationship with the physician or may consent under duress. In such situations the informed consent must be sought by an appropriately qualified individual who is completely independent of this relationship.

28.       For a potential research subject who is incapable of giving informed consent, the physician must seek informed consent from the legally authorised representative. These individuals must not be included in a research study that has no likelihood of benefit for them unless it is intended to promote the health of the group represented by the potential subject, the research cannot instead be performed with persons capable of providing informed consent, and the research entails only minimal risk and minimal burden.

29.       When a potential research subject who is deemed incapable of giving informed consent is able to give assent to decisions about participation in research, the physician must seek that assent in addition to the consent of the legally authorised representative. The potential subject’s dissent should be respected.

30.       Research involving subjects who are physically or mentally incapable of giving consent, for example, unconscious patients, may be done only if the physical or mental condition that prevents giving informed consent is a necessary characteristic of the research  group. In such circumstances the physician must seek informed consent from the legally authorised representative. If no such representative is available and if the research cannot be delayed, the study may proceed without informed consent provided that the specific reasons for involving subjects with a condition that renders them unable to give informed consent have been stated in the research protocol and the study has been approved by a research ethics committee. Consent to remain in the research must be obtained as soon as possible from the subject or a legally authorised representative.

31.       The physician must fully inform the patient which aspects of their care are related to the research. The refusal of a patient to participate in a study or the patient’s decision to withdraw from the study must never adversely affect the patient-physician relationship.

32.       For medical research using identifiable human material or data, such as research on material or data contained in biobanks or similar repositories, physicians must seek informed consent for its collection, storage and/or reuse. There may be exceptional situations where consent would be impossible or impracticable to obtain for such research. In such situations the research may be done only after consideration and approval of a research ethics committee.

**Unproven Interventions in Clinical Practice**

37. In the treatment of an individual patient, where proven interventions do not exist or other known interventions have been ineffective, the physician, after seeking expert advice, with informed consent from the patient or a legally authorized representative, may use an unproven intervention if in the physician’s judgement it offers hope of saving life, re-establishing health or alleviating suffering. This intervention should subsequently be made the object of research, designed to evaluate its safety and efficacy. In all cases, new information must be recorded and, where appropriate, made publicly available.