

CIVIL DEFENCE IN A TIME OF EMERGENCY

Civil Defence Day, 15 Sep 2021, 1800 hrs

Singapore has been in an emergency for the last 18 months. With the pronouncement of the COVID-19 pandemic by the World Health Organisation on 11 March 2020, we saw waves of the virus sweep through nations around us. But with preventive measures from the [circuit breaker](#) to multiple phases of restrictions, we witnessed “*only 44 COVID-19 deaths*” since January 2020 compared with “*about 800 flu-related deaths in a typical year...*” ([Reuters, 17 Aug 2021](#)). **2020 proved our national ability** to deal with the threat of COVID-19, and end the spectre of a public health emergency.

THE ROAD AHEAD

What emerged towards the end of 2020 were **2 compelling medical routes** to managing public health in opening up any economy. Ivermectin, which had shown promise as an [anti-viral](#), was having [great results](#) in different nations that were trying it at scale for COVID-19, reversing runaway case counts in [weeks](#). The other route to stop COVID-19 was a new class of genetic therapies developed from cancer trials and experimental medicines offered by large pharmaceuticals. We adopted the experimental mRNA therapies as vaccines. However, these were not your typical vaccines.

While reducing serious symptoms of COVID-19 disease, mRNA vaccines **did not create natural immunity** and had a waning efficacy window of [6 months](#). Most did not expect this would entail a revaccination regime of boosters over the entire course of a pandemic. These vaccines also had an [unpredictable efficacy](#) against new ‘strains’. A more pressing issue in their experimental nature were the possible serious adverse effects including [death](#), though it was hoped any risk would be small in the general population. Finally, no one could know the long-term risks of a new class of vaccines.

A CITIZEN’S CHARGE

Despite uncertainties about mRNA vaccines and mounting reports of [adverse reactions](#) and serious vaccine injuries worldwide, it is notably difficult to chart a path in unknown terrain, hence the need for thoughtful, responsive and open leadership. We salute those in the frontlines who have put their lives on the line daily to make our nation safer. Equally, every citizen has to be **alert and active in addressing diverse threats** to life and health around us, and ensure no one is left behind. There is no passive citizenry, and we are stronger working together to see and solve issues on the ground.

Citizen volunteers responding to the COVID-19 emergency have formed online **civic groups around public health developments**, support for the [vaccine injured](#), [concerned parents](#), and many other issues. These groups facilitate awareness of emerging concerns, problems, fresh research and solutions within the national community, and build on the collective experience of the global frontline response. Freedom of information and choice empowers those who have fallen through the gaps to find help and answers they need, and enables many others to seek and support the welfare of the city.

REMEMBERING OUR CALL

The **common ground we are each called to protect** starts with the heart, where the stirrings of conscience lead us to care for and help others around us. Growing as children we are taught to respect physical boundaries and the sanctity of each individual’s bodily rights. As teenagers we learn to earn public trust by disclosing material facts when telling our story. As young adults we stand to defend family and friends through service to the nation. As adults and parents, we safeguard the wellbeing of community and the best interests of the [vulnerable](#), [especially children](#). This is our call of duty.

An emergency is a crisis beyond any one party to undertake. Even with a grant of emergency powers, governments cannot do without citizens partnering alongside. Policies and strategies that are divisive or coercive work against the public interest, as they tear apart the trust needed for a cohesive citizen response. The **Citizens Statement for Informed Consent & Autonomy** sets out a position for safeguarding valid [informed consent](#) as the standard of care, and respecting the appeal of conscience in guiding autonomy, even as COVID-19 public health policies are formulated and debated.

This statement encapsulates an important discussion beyond the merits of vaccines or mandates to the mutual obligation to protect and support every person's choice with the best possible information, as decisions concerning our bodies carry consequences and burdens that fall on each one differently.

CITIZENS STATEMENT

FOR INFORMED CONSENT & AUTONOMY

As equal citizens and fellow custodians of Singapore, we consider and represent that

SOCIAL RESPONSIBILITY means restoring natural safeguards against hidden harms, and defending every person's right to informed consent.

- 1. Vaccines carry many unknown risks.** Problems with vaccines are often discovered after roll out due to the limitations of safety trials and the diverse range of human immune responses. Injuries can be devastating, and appear only after many years. Legal recourse for persons seeking compensation for vaccine injuries is costly and time-consuming, leading to vaccine hesitancy.¹

Settlements for vaccine injury in the US stand at over \$4.4 billion and form the tip of an iceberg of cases as many are unable to pursue legal remedy.² But set in a lucrative field, COVID vaccines are emerging as a \$100 billion-plus business,³ with vaccine interests entrenched globally through prior funding of regulatory bodies,⁴ R&D and medical trials, scientific publications, politics and the media.⁵

- 2. Liability shields undo basic protections.** Vaccine indemnities are one-sided relationships structured to transfer the risks of a vaccine product from vaccine maker and regulator to amenable recipients.⁶ But legal immunity leads to a crisis of accountability as the lifelong impact of vaccine safety is left to the individual and family to deal with, passing a cascade of hidden costs to society.⁷

While vaccine injury compensation systems can help partway, certain claims are difficult to prove,⁸ yet others only receive a token of the true costs incurred such as with crushing autoimmune diseases, cancers and death.⁹ Limited access to vaccine data also hinders injured persons and doctors from identifying patterns across thousands of adverse reactions, to start early remediation.¹⁰

¹ [Virus Vaccine Rush Leaves Little Recourse for Anyone It Harms](#) [Bloomberg Law, 14 Aug 2020]

² [Rare vaccine injury claims steered to obscure federal office](#) [Associated Press, 23 Dec 2020]

³ [When Lifesaving Vaccines Become Profit Machines for Drugmakers](#) [Bloomberg, 6 Jul 2021]

⁴ [Why the Corruption of the WHO is the Biggest Threat to the World's Public Health](#) [JIMT, Jan 2015, Vol 2]

⁵ [How FDA Failures Contributed to the Opioid Crisis](#) [AMA Journal of Ethics, Aug 2020, Vol 22]

⁶ [Parental Letter of Consent](#) [MOH, 6 Aug 2021] | [Vaccination Information Sheet](#) [MOH, 4 Jun 2021]

⁷ [The Hideous Truths of Testing Vaccines on Humans](#) [Forbes, 12 Jun 2020]

⁸ [A 'black hole' for COVID vaccine injury claims](#) [Reuters, 30 Jun 2021]

⁹ [Israeli researchers: 'Rare autoimmune disease' linked to Pfizer Covid-19 vaccine](#) [Arutz Sheva, 24 Jun 2021]

[Yellow Card Reporting](#) [UK] | [Open VAERS Data](#) [US] | [European Medicines Agency](#) [EU] | [AusVaxSafety](#) [AU]

¹⁰ [Important Things To Know About - Vaccine Adverse Event Reporting System \(VAERS\)](#) [CDC, 25 Aug 2021]

[Interim public health considerations for additional COVID-19 vaccine doses](#) [ECDC, 1 Sep 2021]

- 3. Informed consent is a vital safeguard.** Informed consent is integral to each person's right of autonomy and deserves due protection as the standard of care and legal safeguard required in medical practice. This means a patient is made fully aware of all potential benefits and serious adverse outcomes of treatments such as experimental mRNA vaccines, even if risks are very small.¹¹

Groups deriving little medical benefit from mRNA vaccines have been pushed to take it without consideration of material COVID-19 facts and vaccine risks:¹²

- (i) Teenagers – *no worse than seasonal flu,*¹³ *but unknown risks with vaccines*
- (ii) Children under 12 – *mild symptoms, with a 2-in-a-million risk to life*¹⁴
- (iii) COVID recovered – *natural immunity is shown 13x better than vaccines*¹⁵

- 4. Reasonable alternatives must be allowed.** Treatment innovations have emerged from both R&D labs and frontline practitioners with new drug combinations that reduce hospitalisation and death. Treatments validated by studies that exceed the bar of evidence used to approve experimental therapies are reasonable alternatives that must be admitted for citizens to weigh up.¹⁶

Disagreements between senior officials in FDA and politicians in US on booster shot plans, which leads to resignations of the FDA senior officials, call into question whether FDA safety approvals are based on factors other than safety.¹⁷ Individuals must review all factors and options, to decide on the acceptable balance of benefits, risks or burdens, including any relevant non-clinical issues.

- 5. Coercion harms choice and conscience.** A government should never coerce conscience, but respect the function it carries in aiding a person to live as a law abiding citizen.¹⁸ Applying coercive pressure through discriminatory practices and mandates raises the economic and social cost of vaccine hesitancy beyond one's ability to resist, inevitably violating free choice and conscience.

Corralling people to take an mRNA vaccine for herd immunity has also proven unsound as the vaccinated can still be infected and die of COVID-19, regardless of the target percentage reached.¹⁹ Segregationist policies like vaccine passports further induce consent to experimental medical programs at the threat of livelihood and social harms, and lead to divisiveness and burdens on society.²⁰

In light of the above, we adjure that civic groups functioning as **Independent Citizen Monitors** champion appropriate safeguards for informed consent and autonomy in their communities. Local **Commissions of Inquiry** may be useful in collating findings, questions and recommendations as ground considerations to table with relevant authorities, to enable all to work as one in addressing the evolving emergency.

¹¹ [Montgomery and informed consent](#) [The MDU, 20 Nov 2020]

¹² [Covid: Children's extremely low risk confirmed by study](#) [BBC, 9 Jul 2021]

¹³ [Clinical Features of COVID-19 vs Seasonal Influenza A and B in US Children](#) [JAMA Network, 8 Sep 2020]

¹⁴ [Key evidence regarding COVID-19 in children](#) [Royal College of Paediatrics and Child Health, 27 Aug 2021]

¹⁵ [SARS-CoV-2 infection confers greater immunity than shots](#) [Science Magazine, 3 Sep 2021, Vol 373]

¹⁶ [Ivermectin in COVID-19: 31 Randomized Controlled Trials \(RCT\) show positive effects](#) [FLCCC Alliance, 6 Sep 2021] vs

[Treatment Guidelines for COVID-19: 1 inconclusive RCT on ivermectin shows lack of robust data](#) [NCID, 28 Jul 2021]

¹⁷ [FDA resignations over White House booster shot guidance a 'mess for administration'](#) [Fox, 2 Sep 2021]

¹⁸ [ASEAN Human Rights Declaration: Every person has the right to freedom of conscience](#) [ASEAN, 18 Nov 2012]

¹⁹ [Delta variant renders herd immunity from Covid 'mythical'](#) [The Guardian, 10 Aug 2021]

²⁰ [Protocol for exclusion: Why COVID-19 vaccine "passports" threaten human rights](#) [AccessNow, April 2021]