Liberty and Health Alliance

A Reiteration of the

Appeal in Defense of Liberty of Conscience

> "I am a Physical Therapist. Was terminated from my job of 16 years today, 10-4-21, for refusing the covid vaccine. My employer denied my religious exemption request based on language they found on the SDA world ministry website regarding vaccinations."[1]

On October 4, 2021, the Liberty and Health Alliance issued an online document titled "To the Seventh-day Adventist Church: An Appeal in Defense of Liberty of Conscience."

It is out of a profound love and care for our church, its organizations, and especially our members that the Appeal has been issued. Nevertheless, some in positions of church leadership have expressed concern about how the Appeal was presented and have even suggested that the Appeal was leading to division and polarization in the church. Recently, some Adventist organizations have issued statements that take a decidedly different view of the crisis related to vaccination mandates that many church members around the world are now facing.

We, of course, are very concerned if anything about our Appeal could credibly be considered divisive. We haven't the slightest inclination toward division, but rather toward unity. We believe that the greatest step toward unity will occur when leadership at all levels strongly and publicly supports the spirit-led convictions of all its members, and not of only some of them. It is our desire to speak the truth in love, as the Apostle Paul stated it (Eph. 4:15), and by so doing to minister to numerous church members around the world who in following their sincere conscientious convictions consistent with their Adventist faith have chosen not to take the Covid[2] vaccines. We further believe that there is an appropriate place in our church organization for thoughtful dialogue as well as for informed, respectful calls for the church to take a different way than some in certain areas of leadership have been advocating.

Recent events have encouraged us now to *reiterate* the Appeal, with even more urgency. First, the crisis due to Covid vaccination mandates continues to escalate. News reports indicate that more and more governments and private businesses are requiring vaccinations of their citizens and employees and are depriving them of employment and other economic and civil liberties if they refuse. This critical situation has affected many members of our worldwide Adventist

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[1] This was a testimony from a respondent in the United States on the first day of the posting of "An Appeal in Defense of Liberty of Conscience."

[2] For simplicity and readability, we have used this form of the word throughout, except in formal quotations, to refer to the disease known as COVID-19, caused by the virus identified as SARS-CoV-2.

family, who have reached out to the Liberty and Health Alliance and are asking for support from their church as they face the loss of their jobs and the difficulties brought on by that reality.

Second, many political and public health leaders and employers continue to claim that the vaccines provide a high level of protection from Covid with no appreciable risk to one's health. Yet the rapidly increasing volume of credible and persuasive information from a variety of official sources strongly disputes these claims. As the number of so-called breakthrough cases continues to proliferate, it is abundantly clear that many of the original claims made for the efficacy of the vaccines have proven to be unwarranted.

A third recent event that calls us to reiterate this Appeal is the highly encouraging action of key leaders of the Southwestern Union Conference of Seventh-day Adventists. In November, they sent a letter to the Secretariat department of the North American Division, reflecting the consensus of the executive officers of the Union, and of all the executive officers of all the local conferences in that territory, and those of Southwestern Adventist University. The letter stated clearly that vaccination mandates are a matter of liberty of conscience, that the church should be obligated to publicly oppose mandates, that those leaders anticipate that their organizations will not comply with the mandates, and that they look to the North American Division and the Office of General Counsel to defend their position. The Liberty and Health Alliance strongly affirms this statement and wishes to express heartfelt support for this noble action by these Adventist leaders who are speaking up for liberty of conscience in a time of crisis.

We do not underestimate the possible consequences, by normal human calculation, to our church, its institutions, and to our members for taking a decided public stand against these mandates. Neither do we underestimate the incredibly heavy burden on leaders as they wrestle with these matters and consider the dire, even devastating, implications. And we are fully aware of our Savior's counsel to be as wise as serpents and as harmless as doves. It is only God's wisdom, and the courage it inspires us to exercise, that can help us know when we are called to stand, and when to render to Caesar what is Caesar's. And so it was at Nebuchadnezzar's table.

This Reiteration of our Appeal is again directed to leadership throughout the entire Adventist Church—its hundreds of organizations, its institutions, and its thousands of local churches. It is presented in two main parts: *Philosophical, Logical, and Theological Concerns,* and *Medical and Scientific Perspectives*.

Philosophical, Logical, and Theological Concerns

What Is the Church Position?

We ask leaders to take particular care in identifying what is, and what is not, an official position of the church. To our knowledge, the world church has not spoken on the Covid crisis. A statement was released in 2015, presented by the Administrative Committee at the General Conference (GC ADCOM), regarding general immunization programs known at that time. But people of goodwill and good sense can readily recognize that that statement did not have the current crisis in view. According to our best information, that statement has not been voted by the Executive Committee of the General Conference, functioning in Annual Council or Spring

Meeting, and there has been no action of the worldwide gathering of Adventist representatives in a quinquennial meeting, commonly known as a "GC Session." Statements issued only under the authority of the GC ADCOM, an internal committee at the General Conference, however helpful in giving general guidance, do not have world-church authority. Unfortunately, the 2015 statement on immunizations has been identified in various places as the official position of the church, including, for example, here and here. And, as indicated in the brief testimony at the beginning of this document, it has then been used to deny the religious exemption requests of faithful Adventists, who are thus losing their employment and livelihoods. Thus, it seems to us that it is problematic to identify that statement, or any other appealing to or depending on its authority, as "the Seventh-day Adventist position" or response to the Covid crisis and vaccination mandates.

This is why we believe the matter is not settled, and why we feel that our original Appeal and this Reiteration have an appropriate place in church conversation.

So, with respect and love for our church, we ask our leaders to heed the plea in the original Appeal and to consider these additional supporting points.

Approaches to the Discussion

It is puzzling to us why some in our church felt a need, early on, to weigh in on a particular side of a highly controversial matter and essentially become promoters of the vaccine and implicit supporters of mandates. This apparent promotion has been presented in a variety of communications, most of which seem to us to have some serious challenges in the method or logic of the argument. We respectfully suggest the following approaches to discussion.

Avoiding False Dichotomy: We ask leaders at all levels to avoid promoting the logical fallacy of "false dichotomy" in stating that the current crisis is only a matter of public health and not of religious freedom or liberty of conscience. As millions around the world would readily acknowledge, it is not a case of either/or, but both/and. Yes, it is a public health crisis, and we must address it on that front. But we must be particularly alert and engaged regarding threats to religious liberty that can easily come with supposedly easy public health fixes.

Avoiding False Equivalencies: We ask leaders at all levels to think clearly by recognizing important category distinctions. This means avoiding false equivalencies, of which the following are a few examples:

- The false equivalency between mandates for seatbelts and mandates for highly controversial vaccinations.

> An external physical restraint is a very different thing than the introduction into the human body of an experimental drug that has, as of yet, an unknown impact on a person's health for years to come.

- The false equivalency between an entirely new and comparatively untested technology whose efficacy is rapidly declining, and well-established, time-tested, and highly effective vaccination programs.

> The Covid vaccinations are not just another vaccine. Nothing of the kind has ever been prepared for use on a mass scale. And nothing on such a scale has ever had such limited effectiveness, requiring frequent booster shots. The effectiveness of some widely accepted vaccines do benefit from booster shots after some years. But a vaccine that was promoted as a one-time cure-all but now requires booster shots at least *every six months* can hardly be considered a success. The evidence is clear that the Covid vaccines *do not prevent* the disease (the key reason for any vaccine), and they do not prevent its spread. That indicates failure. It is altogether reasonable for a person who views one's health as a religious matter to decline, on a religious basis, accepting into the body a new drug with an effectiveness that is seriously in doubt.

- The false equivalency between vaccination rates accomplished by pressure or coercion and vaccination rates accomplished by free-will acceptance.

> It is common in our culture to point to apparent wide acceptance of an idea or a product as an argument for its validity. This may be fair when that wide acceptance has been accomplished without pressure or coercion. Whatever the rates of vaccine compliance may be in Adventist organizations and institutions, they are not good indicators of free-will acceptance when that compliance has been achieved by incentives, pressure, limitation of privileges, or criticism.

- The false equivalency between what Ellen White didn't say and what she did say on the subject of vaccines.

> Ellen White was never confronted with a scenario where millions across society did think a vaccine *mandate* was a matter of religious principle. That she did not address the subject of vaccines in relation to liberty of conscience cannot be an argument in favor of vaccines or mandates. To do so is to engage in the logical fallacy of an "argument from silence."

<u>Avoiding "Political" Thinking</u>: We ask our leaders to firmly resist the seductive temptation to refuse to stand for religious liberty now, on the theory that refusing to do so now will somehow protect or increase our ability to do so in the future.

There is an old English proverb that says: "He who will not when he may, when he would, he shall have nay."

Today, there are millions in many religions, and millions more in no religion, who recognize that a legitimate claim to religious liberty can apply in this case. It is a long step toward folly to convince ourselves that those millions whose religious liberty *we will not speak for now,* on a matter of such broad public health and conscience interest, will somehow be willing to speak for, or even listen to, us later when the intensity of the crisis has shifted and increased.

There are many who bypass the religious freedom concern in this case with a plea for the common good. We hear much about these mandates being a small compromise necessary to achieve that common good. But it should be obvious that the very same argument (the common good) will be used to justify laws whose side effects will provoke the limitation of freedom of conscience that is at the core of our eschatology.

If we cannot hear and support the religious liberty concern roaring through the din of "the common good," when so many others can, we cannot expect others to hear and support it later when our turn comes on a bigger issue.

As noted above, we know this is a heavy burden on those making the hard decisions, and those decisions require the utmost wisdom. Such wisdom must always come down on the side of the greatest principle.

Ellen White has pointed things to say about "political" thinking, which in her day she called "policy." Her use of the term is almost always negative. It describes a narrow, artful calculation for some perceived advantage, a worldly-wise shrewdness that often requires rationalizing away a principle to achieve some anticipated political or pecuniary gain. We respectfully warn that it seems our church is tempted by "policy." Our appeal is to step back from "policy" and return to the fundamental beliefs of our church and its Protestant heritage.

The Role of Conscience

Our conscience is a God-given inner faculty by which the Holy Spirit gives an awareness of the morality of given actions, decisions, and thoughts. Through our conscience, the Holy Spirit both bears witness to what we already know to be God's will (Romans 2:15) and reveals God's will to us and the community of faith (Romans. 9:1). Our conscience may be seared (1 Timothy 4:1-2) through a repeated refusal to listen to the Holy Spirit and a willful indulgence in sin (Romans 1:24), thus becoming an unreliable moral guide. To go against God's will, as revealed by the convicting power of the Holy Spirit and informed by our own study of the Word of God, would be a sin (Romans 14:23). To protect our conscience, Christians invite the Holy Spirit to convict us of sin, lead us to the righteousness of Christ, and remind us of how we are spared eternal judgment through our union with Jesus Christ (John 16:8).

The Sovereignty of the Holy Spirit

The Holy Spirit is the Third Person of the Godhead. He strives with men and women (Genesis 6:3), teaches (Luke 12:12), convicts of sin (John 16:8), directs the affairs of the Body of Christ (Acts 13:2), intercedes for the saints with the Father (Romans 8:27), inspires the prophets (2 Peter 1:21) and sanctifies the believer (1 Peter 1:2). To the modern world of near-universal

deceit, He is the "Spirit of truth" (John 16:13), and to a world crippled by pandemic-induced fear, He is the "Spirit of life" (Romans 8:2), bringing comfort (John 14:15-16) and pointing to the soon-returning Savior (John 16:8).

Fallen humanity can choose how to respond to the conviction of the Holy Spirit in their conscience, but they cannot choose when or where to come under such conviction. The Holy Spirit cannot be controlled, scheduled, or manipulated by fallen human beings. While we may ask our Heavenly Father for the gift of the Holy Spirit (Luke 11:9-13), no person or the councils of any church can schedule the convicting power of the Holy Spirit for a more convenient time in personal or salvation history. Rather, just as the wind blows where and when it chooses, so the Spirit moves with divine sovereignty upon the hearts, minds, and consciences of fallen humanity (John 3:8). It is true that some people on the edges of collective good sense may misuse or misunderstand the role of the Spirit, and the church is not bound to honor every personal claim as heavenly guidance. But it is also true that leaders of the church, as true under-shepherds of Christ, have a moral obligation to protect the biblical and Spirit-led conviction of a significant portion of the membership on this matter. To abdicate that responsibility is to risk reaping the results of Christ's most dire warnings about rejecting the testimony of the Holy Spirit.

When Martin Luther was summoned to the Diet of Worms in A.D. 1521 and demanded to recant his teaching, he replied: "Unless I am convinced by Scripture and plain reason, my conscience is captive to the Word of God. I cannot and I will not recant anything, for to go against conscience would be neither right nor safe." Thus, the Protestant Reformation began, and thus will the Protestant Reformation continue, with consciences sensitive to the convicting power of the Holy Spirit, informed and guided by the Word of God.

Render unto Caesar

Biblical faith directs us to render unto civil government that which bears its image or inscription and lawfully belongs under its jurisdiction. Likewise, we are to render to God that which bears His image and lawfully belongs to Him (Matthew 22:19-21; Romans 13:1-7). Human beings were made in the image of God, not Caesar, and therefore bear the image of God not government (Genesis 1:26, 27). We have all been bought by the eternal sacrifice of Christ and not government (Isaiah 53:6; 1 Corinthians 6:19, 20). Therefore, while we obey civil government in all things earthly, our first and highest duty is to obey God regarding the health of our bodies, worship, and lifestyle (1 Corinthians 10:31).

The Mark of the Beast

It will not do for anyone to think that simply proving the vaccines are not the "mark of the beast" is a sufficient argument for inaction on mandates that violate liberty of conscience. That is a strawman. That some few Adventists may need persuasion on that point is not relevant to the primary moral obligation confronting leadership. The mandates—bringing loss of employment, education, and public access—are obviously preparing the way for cultural acceptance of stark limitations on human freedom (Revelation 13:15-17). In such a crisis biblical faith reminds us that the Holy Spirit's presence is marked by liberty and a good conscience toward all people and God (2 Corinthians 3:17; Acts 24:16). The present mandates undermine both God-given liberty

and individual conscience. The increasing intensity surrounding mandates indicates that an impending conflict is near, even at the door (Matthew 24:33). The Holy Spirit calls all, vaccinated or unvaccinated, to courteous yet firm action against the unconscionable threat of coercion.

Loving Our Neighbor

Biblical faith teaches that our present prophetic position is that of increasing war, natural disaster, famine, and disease. Jesus foretold that these events would lead those who love liberty and conscience to be hated and afflicted by all nations (Matthew 24:6-9). Christ encourages a love for liberty and individual conscience that endures (Matthew 24:12, 13). Vaccinated or not, standing for liberty of conscience in the face of coercion is a loving act to our neighbors who need our help (Luke 10:36, 37). To stand in love for our neighbor's liberty and conscience is to recognize that God has called us for this time and place (Esther 4:14; Revelation 13:11). Therefore, in the Christlike spirit of gentleness, prayer, and self-distrust, we are called to defend liberty of conscience and resist an attitude of disdain, accusation, division, and coercion (Daniel 2:15-18; Revelation 12:10; Matthew 24:20, 43-45). We are all purchased by the blood of Christ and instructed to minister to all who face affliction for liberty and conscience sake (Acts 17:24, 26; 1 Corinthians 12:12-27).

Medical and Scientific Perspectives

The medical information now available about the vaccines makes their mandate highly objectionable on many fronts.

The religious liberty objection here is based on the solid premise that God expects His followers to use the wisdom given them by the Holy Spirit to evaluate carefully how they take care of "the temple of the Holy Spirit" (1 Corinthians 6:19). When information is available to them that questions the wisdom or necessity of introducing new treatments into that temple, it immediately becomes a religious matter, and therefore a matter of religious liberty, to accept or decline that treatment when mandated or coerced.

Thus, a vigorous and highly credible *religious liberty objection* to vaccine mandates is based on the medical information provided below.

The Covid vaccine mandates are based upon four unsustainable claims:

1. **The virus poses the same level of risk to everyone**
2. **There are no safe and effective alternatives to vaccination**
3. **The vaccines are highly effective**
4. **The vaccines are safe, both in the short term and the long term**

When the vaccines were first introduced in December 2020, there was little data regarding any of these claims. Now, a year later, there is substantial data which generally shows that all of the above claims are unsustainable. We shall analyze the claims below.

Unsustainable Claim #1: The virus poses the same level of risk to everyone

The virus poses little or no threat to those with natural immunity.[3]

More significantly, individuals under age 45 who do not have additional risk factors have very low risk. Risk of serious infection and especially death becomes progressively less in younger and younger people. The CDC reports that from the start of the pandemic through October 2021, only 3.9% or 28,528 of all Covid deaths occurred in those under the age of 45. More remarkably, of those deaths, an extrapolation of the CDC data further indicates an estimated total of 1,426 who died *with Covid listed as the only cause of death*. That represents only 0.2% (*two tenths of one percent*) of all Covid deaths in the US. See Appendix A for charts and further explanation.

Unsustainable Claim #2: There are no safe or effective alternatives to vaccination

When considering safe and effective alternatives, it is important to distinguish between preventive care and acute care. The Covid vaccine is intended to be a type of preventive care.

1. Preventive care for the young and healthy and the naturally immune

   In otherwise healthy, youthful individuals and those who have natural immunity from a previous infection, there is no need to do anything to prevent infection other than basic contact precautions and following good health practices. According to the best information now available, the naturally immune will not get infected, and otherwise healthy youthful individuals will almost never have a serious progression of the disease. However, it is always wise for all individuals to take steps to improve their immune response and general health.

2. Preventive care for everyone, including the young and healthy

   The Seventh-day Adventist beliefs on wholistic health recognize that Jesus is the Great Healer and through the Holy Spirit,guides us to all truth. This message is one that is meant for all people everywhere. Few books better outline this health philosophy than *The Ministry of Healing*, which says, "Pure air, sunlight, abstemiousness, rest, exercise, proper diet, the use of water, trust in divine power—these are the true remedies. Every person should have a knowledge of nature's remedial agencies and how to apply them"

[3] When a person contracts Covid, the body creates antibodies which combat the virus. These antibodies and the "memory" of how to make them remain in the body after the disease has been cleared. The best antibody response and thus protection provided will be developed from exposure to the actual virus, not a portion of it, or an artificial replica. Scientific studies done by Cleveland Clinic and Israel along with many others have demonstrated this. (A flawed recent study released by the CDC suggested otherwise. Multiple flaws in its data collection, design, and particularly its analysis rendered the study useless except for indoctrinating the unsuspecting. In response to an attorney's FOIA request, on November 5, 2021, the CDC admitted that it has no record of "an individual who: (1) never received a Covid-19 vaccine; (2) was infected with COVID-19 once, recovered, and then later became infected again; and (3) transmitted SARS-CoV-2 to another person when re-infected.") More than 130 research papers affirm naturally acquired immunity to COVID-19.

(p. 127). These principles have been found to be effective against Covid. If the Seventh-day Adventist Church believes in these principles, as we have historically, it is vital that we put them forth seriously now. For a brief presentation of the medical support for the effectiveness of each of these principles in relation to Covid, see Appendix B at the end of this document.

3. Acute care with an emphasis on early treatment

   Ivermectin, Hydroxychloroquine, inhaled budesonide, and early multi drug treatment have been shown to be effective at dramatically reducing Covid hospitalization and death including among the elderly and frail.

Unsustainable Claim #3: The vaccines are highly effective

There are three concepts in the word "vaccine" that have been commonly understood for decades by the public health sector and the general public:

1. A vaccine is to prevent contracting a disease and dying from a disease
2. A vaccine is to prevent carrying and spreading a disease
3. A vaccine should work for years

Judged by these concepts, *the Covid vaccines simply do not meet the common understanding of the word "vaccine."*

1. The vaccines do not prevent contracting Covid, nor dying from Covid.

   In countries that carefully collect and publish data on case rates, hospitalizations, and deaths, there is little evidence that the vaccines prevent Covid or death from Covid. As examples, in a Public Health England report, between February 1 and September 21, 2021, 69% of the deaths from the Delta variant were in those fully vaccinated. In Scotland, during the Delta wave from July 31 to October 15, 2021, 82.7% of all Covid deaths were partially or fully vaccinated.

2. Pfizer's own six-month follow-up report on July 28, 2021, indicated that during the double-blind phase of the trial, 15 deaths occurred in the vaccinated group compared to 14 deaths in the placebo group. On September 15, 2021, *The New England Journal of Medicine* republished the six-month Pfizer safety and efficacy data showing no reduction in deaths in the vaccinated group compared to the placebo group. In fact, on November 8, 2021, the FDA released a report updating all-cause mortality for Pfizer's vaccine trial stating. "From Dose 1 through the March 13, 2021 data cutoff date [including both the double-blind and open-label phases], there were a total of 38 deaths, 21 in the COMIRNATY [mRNA vaccine] group and 17 in the placebo group."

3. The vaccines do not prevent carrying and spreading Covid.

   There is a growing list of examples of highly vaccinated population groups that have experienced Covid outbreaks. For example, there was a large outbreak in Massachusetts

of which 74% of those infected were fully vaccinated. The University of Wisconsin-Madison found similar viral loads between the vaccinated and the unvaccinated, showing that both groups are equally contagious to others.

A thorough epidemiological country-to-country analysis of new Covid cases and vaccination rates showed that countries with a higher percentage of the population vaccinated against Covid have higher Covid cases per 1 million people.

The December 1, 2021, issue of *The Lancet* - *Regional Health Europe* provides "clear evidence of the increasing relevance of the fully vaccinated as a possible source of transmission." The abstract concludes: "Many decisionmakers assume that the vaccinated can be excluded as a source of transmission. It appears to be grossly negligent to ignore the vaccinated population as a possible and relevant source of transmission when deciding about public health control measures."

An October 2021 report from the UK indicated that "the COVID-19 case rate per 100,000 was higher among the subgroup of the vaccinated compared to the subgroup of the unvaccinated in all age groups of 30 years or more."

Last August, CDC Director Rochelle Walensky acknowledged that "what [the vaccines] can't do anymore is prevent transmission." Anthony Fauci explains it this way: "When you look at the level of virus in the nasopharynx of people who are vaccinated who get breakthrough infections, it's really quite high and equivalent to the level of virus in the nasopharynx of unvaccinated people who get infected."

Evidence of significant transmission from or among vaccinated people is an irrefutable argument against vaccine mandates. Even if the vaccine confers benefits to the vaccinated in terms of severity of outcome, it does not follow that the right to make personal medical decisions should be denied. Society does not force patients to have heart surgery even if that surgery may save their lives. Ethics require that the decision whether to be vaccinated must be made on a personal level by each individual after full disclosure of the risk, benefits, and alternatives.

4. The vaccines are ineffective after a short period of time.

   Covid vaccine immunity has been shown to taper away, particularly in response to virus mutations. In contrast, natural immunity is longer lasting, less prone to fading over time, and more robust in response to virus mutations.

Unsustainable Claim #4: The vaccines are safe, both in the short term and the long term

Prior to Covid, vaccines took from five to ten years to develop. The more novel or difficult the disease, the more time development would be expected to take. The vast majority of the time spent developing vaccines is spent testing the vaccines for safety and efficacy on both animals and humans. The studies take time because they attempt to determine the long-term safety profile of the vaccine. Without these studies, it is impossible to determine if a therapy is safe. This is especially true when both the vaccine and the disease are novel.

Using the term "vaccine" on the novel genetically engineered biologic drugs being administered is misleading. The new mRNA and DNA biologic drugs are not equivalent to traditional vaccines in their mechanism of action or their potential side effects. The need to study the safety of these new biologics is greater than those of traditional vaccines and must take longer so that their effects can be better understood.

Pfizer's double-blind study discussed above was discontinued after only a few months; thus we will never have the proper data demonstrating long-term safety. More precisely, the double-blind phase of the study was discontinued after December 11, 2020, when the vaccine was also provided to the placebo group. This was less than two months after the end of the three-month study enrollment period that spanned from July 27, 2020, to October 29, 2020. "During the double-blind period, 51% of participants in each group had 4 to <6 months follow up" (p. 5). This means that a large portion of the study participants were followed for less than 4 months as part of the double-blind phase of the trial.

With regard to the data that has already been collected, a recent report in the *British Medical Journal* highlights the presence of "data integrity issues in Pfizer's vaccine trial." It should be no surprise that according to the best data available, Covid vaccines have a much higher rate of complications compared with other vaccines previously administered to the general population.

Facts Which Indicate the Risks and Potential Dangers of Covid Vaccination:

1. Covid vaccines result in toxic spike proteins being introduced into a person's body. In other words, the mRNA vaccines stimulate the body to produce spike proteins that are shown to be toxic to various tissues.

2. The mRNA vaccines contain highly inflammatory lipid nanoparticles.

3. As of November 26, 2021, the Vaccine Adverse Events Reporting Service (VAERS), which was set up by the CDC to detect concerning side effects, reports 19,532 deaths, 31,652 cases of permanent disability, 99,943 hospitalizations, and a total of 927,738 adverse reactions. The number of reported Covid vaccine deaths is 230 times higher than the average number of deaths due to the flu vaccine of previous years as presented on Capitol Hill and censored by YouTube.

4. According to the CDC data presented on August 30, 2021, by John R. Su, MD, PhD, MPH of the CDC Covid Vaccine Task Force: Vaccine Safety Team, the rates of myocarditis in vaccinated teens and young adults is orders of magnitude higher than expected when compared to cases found before the Covid vaccines were introduced. For example, the number of myocarditis cases in males 18-24 years old are expected to range from 1 to 11. The number of actual observed myocarditis cases among those who received the Covid vaccine was 213.

The Mistake of Covid Vaccines for Children

According to the CDCs data as accessed on December 5, 2021, there were a total of 630 deaths from Covid in 0-17 year-olds recorded from January 1, 2020, to November 27, 2021. Thus,

deaths in this age group represented approximately *eight one hundredths of one percent* (0.08%) of all Covid deaths and accounted for less than one percent (0.99%) of all deaths *from any cause* in this age group. See Appendix C.

Dr. Marty Makary, a physician and professor at Johns Hopkins University, reports that after his research team reviewed almost 48,000 records of children infected with Covid they "found a mortality rate of zero among children without a pre-existing medical condition such as leukemia." Interestingly, influenza takes more lives in this age group than Covid as is demonstrated by the 486 deaths aged 0-17 during just one flu season (2019-2020 Flu Season). Similar studies done in England demonstrated a 2 in one million Covid mortality rate among children and young people.

An October 26, 2021, FDA Briefing Document explains that in children ages 5 to 11 "vaccine effectiveness was inferred by immunobridging…". To clarify, this means that no actual safety and effectiveness study was completed for children this age. Use of this "immunobridging" method only measured the vaccine's impact on the level of antibody production and then compared it with results from older individuals in previous studies. Follow-up only lasted for little more than two months and was not able to show any vaccine benefit in decreased risk of infection, symptomatic disease, hospitalization, or death. This is significant and very troubling. Public health policy, especially for children, should never be based on research that "infers" benefit or safety and simply assumes that we can learn more about the impact after approving the intervention.

Given the lack of long-term safety data for children, the lack of significant risk from Covid to the vast majority of healthy children, and the vaccine's inability to even prevent the spread of Covid, it makes no sense and is grossly irresponsible to mass vaccinate our nation's children. According to Toby Rogers, PhD, an expert in risk-benefit evaluation, the number needed to vaccinate (NNTV) in order to save one 5-11 year old child from dying of Covid is 630,775. Further Risk-Benefit analysis indicates that *117 children ages 5-11 would die from complications of the vaccine in order to save just one child from dying of Covid.*

Conclusion

This Reiteration of the original Appeal urges church leaders at all levels to recognize the following:

1. There are irrefutable philosophical and theological reasons for the church to assume its moral obligation to stand resolutely in the public square for religious liberty protections against mandates to take the Covid vaccinations. With the highly questionable efficacy and safety of the worldwide vaccine project, a strong stand religious liberty will ensure that there be no distinctions made between the vaccinated and the unvaccinated. This means absolute support for anyone to decline the vaccine without discrimination of any kind in job opportunities, functions, activities, travel, association, medical care, remuneration, and testing requirements. For one example among many that could be given, the idea that the unvaccinated must be tested for the disease on an onerous and

arbitrary schedule when the vaccinated are not subjected to such requirements must be completely rejected.

2. There are extremely strong medical and scientific reasons to support our members' reasonable objections to being forced to take potentially harmful or unnecessary drugs into their bodies, and to be discriminated against for not doing so. Given our church's historic understanding of the spiritual and moral obligation to care for our health, any such objections on medical and scientific grounds are, in themselves, religious objections which our church, as an organization, must unequivocally support.

A Call to Prayer

In times of crisis for God's people, men and women have courageously interceded with God on behalf of their brothers and sisters in faith. As Daniel recognized that the time was at hand for the exile in Babylon to come to a close, he earnestly entreated God on behalf of all his fellow believers, including himself, in a prayer of repentance and deliverance (Daniel 9:3-19). Likewise, Esther called for all of her people to fast and pray at a time when a universal decree had been enacted against God's people across the vast Medo-Persian empire (Esther 4:15-17). Even at Gethsemane, Christ, the son of the Living God, called upon His closest disciples to pray in His greatest hour of need (Matthew 26:36-46).

So we end this Reiteration of our Appeal with a call to prayer and fasting from January 5 through January 7, 2022. These three days immediate precede "Your Right to Optimal Health Now and For Eternity," a large health evangelism and liberty of conscience summit and rally in Phoenix, Arizona January 7-9. This coincides with the Seventh-day Adventist Church's designation of January 8 as Health Ministries Sabbath. Our call is for all to pray for our national leaders of our countries, that God will endow them with His wisdom. We must pray for the elected leadership of the church at all levels for courage to stand and equally represent the believers whom they serve. We call for prayer for pastors as they minister to all their members during a time of strongly divided opinion. We call for prayer for medical professionals to find courage as they face pressure from their colleagues, even while they are making others well, and trying to stay well themselves. We call for special prayer for our fellow members facing government coercion on their children at schools, from their employers at work, and many from their churches in worship. Pray for Christian tolerance, empathy, and love for one another as we uphold the right to choose without pressure, recrimination, or censure. As we do so, we may be certain that in the unity of faith in fulfilling Christ's commission to go to all the world and serve the world, He has promised, "'I am with you always, even to the end of the age, Amen.'" (Matthew 28:20).

This Reiteration of our original Appeal is respectfully addressed to Seventh-day Adventists everywhere, and especially to those in positions of organizational, institutional, and local church leadership. Its development has been organized by the Liberty and Health Alliance, a ministry of Seventh-day Adventist members promoting the health message of the Church and liberty of conscience in making specific health decisions, particularly in relation to the COVID-19 pandemic.

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This Reiteration has been written with the counsel and support of other Adventists who share the concerns of the Liberty and Health Alliance. That their names are listed below means only that those individuals are publicly affirming their support of this document, and that such support may not necessarily reflect the position or views of any entity or organization with which they otherwise may be professionally affiliated.

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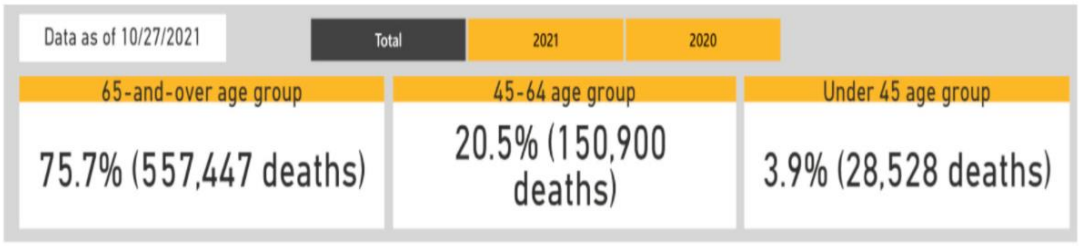
APPENDIX A

Data below as a screen shot from October 27, 2021 on the CDC's Covid Data Tracker shows that 75.7% of all reported Covid deaths since the start of the pandemic occurred in those over the age of 65. However, only 3.9% of Covid deaths occurred in those under the age of 45.

CDC

Death by Age Group



The chart above divides each category based on CDC information that 95% of all death had an average of 4 comorbidities

CDC's data indicates that 95% of those who died from Covid had an average of four co-morbidities. The remaining 5% of deaths had Covid listed as the only cause provided on the death certificate. Thus it can be inferred that during the entire pandemic, in those under age 45 with no co-morbidities (such as Type 2 Diabetes, Hypertension, Heart Disease, etc.), a total of 1,426 died with Covid listed as the only cause of death. That represents only 0.2% of all Covid deaths in the US. In summary, individuals under age 45 who do not have chronic medical conditions are extremely unlikely to die from Covid. The data in the chart below was mathematically extrapolated and estimated from the CDC data in the chart above.

CDC

Death by Age Group

Data as of 10/27/2021	Total Death	736,875

65 - and - over age group		45 - 64 age group		Under 45 age group	
Average of 4 comorbidities	with no comorbidities	Average of 4 comorbidities	with no comorbidities	Average of 4 comorbidities	with no comorbidities
71.9% (529,575 deaths)	3.8% (27,872deaths)	19.5% (143,355 deaths)	1.0% (7,545deaths)	3.7% (27,102 deaths)	0.2% (1,426 deaths)

For 5% of the 736,875 deaths covid-19 was the only cause mentioned on the death certificate.
For 95% of the deaths there were an average of 4 or more comorbidities.
Some of the main comorbidities were Hypertensive diseases, other respiratory diseases, Ischemic heart diseases, sepsis, cerebrovascular diseases, diabetes and obesity.

APPENDIX B

Pure Air: Good ventilation has been shown to be excellent at reducing the risk of Covid infection and transmission. Studies show that the Covid transmission is 18.7 times higher when indoors compared to outdoors.

Sunlight: One of the most amazing benefits of sunlight is its ability to help us produce the "sunshine vitamin," more commonly known as Vitamin D. Over 40% of US adults suffer from Vitamin D deficiency. Low Vitamin D levels have been associated with more severe Covid infections and higher fatality rate from Covid. While it is possible to gain health benefits from supplementing Vitamin D, it has been found that sunlight helps fight Covid independent of Vitamin D synthesis.

Abstemiousness (or temperance): Temperance can be summed up as abstinence from that which is harmful, and moderate use of that which is good. Three prominent examples of harmful substances that have created susceptibility to Covid infections are tobacco (up to 10X higher odds of death from Covid), sugar (contributing to a chronic inflammatory state), and alcohol (a dose-dependent correlation between alcohol consumption and viral infections, increased risk of acquiring community infections, and A 7% increased risk of a more severe course of Covid with each drink consumed in an entire week! Obesity is a prominent risk factor for severe Covid infection.

Rest: Sleep and regular rest are essential gifts that promote health and wellness. Amongst a group of 2884 exposed healthcare workers, it was found that those with greatest sleep problems had a greatest chance of developing Covid compared with those that had no sleep problems.

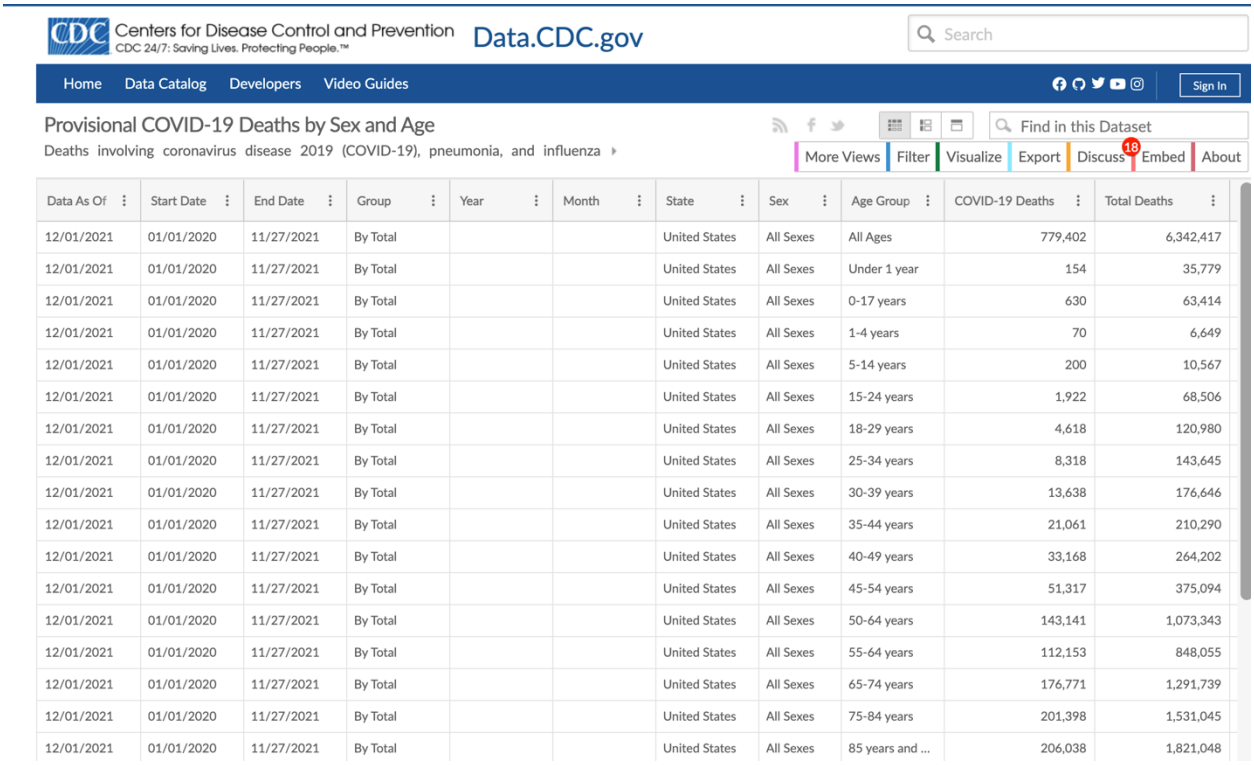
Exercise: Kaiser Permanente published on Covid risk between those who were active for 150+ minutes per week compared to those who were consistently inactive (<10 minutes per week). After adjusting for variables, those who were inactive were found to be 2.3 times more likely to get hospitalized for Covid, 1.7 times more likely to end up in the ICU, and 2.5 times more likely to die from Covid.

Proper Diet: In Eden, God recommended a whole-food, plant-based diet for Adam and Eve. As Seventh-day Adventists, the consumption of meat, processed foods, and various harmful condiments is discouraged and the consumption of a simple vegetarian diet is encouraged. In a study evaluating diets & Covid infection it was found that those who reported being on a plant-based diet had a substantially lower chance of developing a moderate-to-severe Covid infection compared to other diets.

Water: While the benefits of drinking clean water are undeniable, there are few that recognize its amazing value as a disease therapy. The benefits of external water therapy were applied successfully during the 1918 pandemic with amazing results and have even been proposed as a potentially effective therapy to Covid.

Trust in Divine Power: Healing is a work that God is able to do. The prophet Jeremiah declares: "Heal me, O Lord, and I shall be healed; save me, and I shall be saved: for thou art my praise" Jeremiah 17:14. The faithful Christian should hear the clear call of scripture to trust in God's divine healing power and His available health remedies.

APPENDIX C



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CDC 24/7: Saving Lives. Protecting People.™
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Provisional COVID-19 Deaths by Sex and Age

Deaths involving coronavirus disease 2019 (COVID-19), pneumonia, and influenza

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Data As Of	Start Date	End Date	Group	Year	Month	State	Sex	Age Group	COVID-19 Deaths	Total Deaths
12/01/2021	01/01/2020	11/27/2021	By Total			United States	All Sexes	All Ages	779,402	6,342,417
12/01/2021	01/01/2020	11/27/2021	By Total			United States	All Sexes	Under 1 year	154	35,779
12/01/2021	01/01/2020	11/27/2021	By Total			United States	All Sexes	0-17 years	630	63,414
12/01/2021	01/01/2020	11/27/2021	By Total			United States	All Sexes	1-4 years	70	6,649
12/01/2021	01/01/2020	11/27/2021	By Total			United States	All Sexes	5-14 years	200	10,567
12/01/2021	01/01/2020	11/27/2021	By Total			United States	All Sexes	15-24 years	1,922	68,506
12/01/2021	01/01/2020	11/27/2021	By Total			United States	All Sexes	18-29 years	4,618	120,980
12/01/2021	01/01/2020	11/27/2021	By Total			United States	All Sexes	25-34 years	8,318	143,645
12/01/2021	01/01/2020	11/27/2021	By Total			United States	All Sexes	30-39 years	13,638	176,646
12/01/2021	01/01/2020	11/27/2021	By Total			United States	All Sexes	35-44 years	21,061	210,290
12/01/2021	01/01/2020	11/27/2021	By Total			United States	All Sexes	40-49 years	33,168	264,202
12/01/2021	01/01/2020	11/27/2021	By Total			United States	All Sexes	45-54 years	51,317	375,094
12/01/2021	01/01/2020	11/27/2021	By Total			United States	All Sexes	50-64 years	143,141	1,073,343
12/01/2021	01/01/2020	11/27/2021	By Total			United States	All Sexes	55-64 years	112,153	848,055
12/01/2021	01/01/2020	11/27/2021	By Total			United States	All Sexes	65-74 years	176,771	1,291,739
12/01/2021	01/01/2020	11/27/2021	By Total			United States	All Sexes	75-84 years	201,398	1,531,045
12/01/2021	01/01/2020	11/27/2021	By Total			United States	All Sexes	85 years and ...	206,038	1,821,048