



How to Nullify COVID Vaccine Mandates

Michigan's H.B. 4471, styled the "Informed Consent in the Workplace Act," is a fine example of what states are doing to protect workers from vaccine mandates. Its passage, and the passage of similar measures across the nation, will require significant grassroots effort.

The White House- and media-inspired crescendo of calls for employers to force vaccine mandates upon their employees under threat of termination has created a new round of COVID terror in the American workplace. "My constituents have been calling me in tears," reports Michigan State Representative Beth Griffin, chairwoman of the Michigan House Subcommittee on Workforce, Trades and Talent, "saying the media's lack of coverage from emerging peer reviewed studies is horrible ... and they are angry because only one side of this vaccination issue and discussion is acceptable."



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Florida and Montana have passed legislation prohibiting employers from making employees demonstrate proof of vaccination status. Similar legislation of various types is pending or planned in 39 additional states. However, these legislative moves have come up against stiff opposition. In response, legislators are turning to their constituents for help. For example, on August 30, hundreds of patriotic Americans gathered in Parkersburg, West Virginia, for a rally hosted by State Senator Mike Azinger and Delegate Roger Conley. As reported by television station WTAP, the legislators called upon Governor Jim Justice to initiate a special session for the purpose of protecting workers from vaccine mandates: "[Conley] says if Justice doesn't call a special session, he is asking constituents to ask legislators to support doing so."

The establishment media is hiding the fact that, while this movement to prohibit employer vaccine mandates is driven by Americans of many different backgrounds, the effort is fully supported by scientists, doctors, and front-line healthcare workers armed with the best and latest peer reviewed research data. As Representative Griffin stated, "Our Michigan businesses are being done a monumental disservice ... by politically motivated government agencies."

The initial hearing for H.B. 4471, a bill to prohibit employers from enforcing a vaccine mandate on employees, provides a complete case study on the matter. The hearing featured witnesses to address the constitutionality of states taking action to protect workers, the scientific evidence to support the bill, the fairness of the proposed legislation, ample evidence of the need for swift action, and the enormity of constituent support for the law. The hearing also highlighted the source and reasons for



opposition.

Constitutionality

Is it constitutionally permissible for states to ban employers from enforcing vaccine mandates?

Longtime U.S. Representative Dr. Ron Paul of Texas was noted for pointing out that any bill he considered first had to pass a test of constitutionality. If Congress didn't have authority under the Constitution to act, he didn't need to read the rest of the bill. Dr. Paul thus became affectionately known as "Dr. No" by constitutionalists who appreciated his principled stand.

Likewise, regarding the issue of states banning employers from forcing vaccine mandates upon their employees, the lawfulness of state prohibitions of such policies has come into some debate among conservative and libertarian thinkers.

Republican South Dakota Governor Kristi Noem, for example, has come out strongly in opposition to protecting workers from vaccine mandates. "When leaders overstep their authority, that is how we break this country, and if government starts acting unconstitutionally, even if it's doing something that we like, that's a dangerous path to walk down," she said. "It is not conservative to grow government and to tell businesses what to do and how to treat their employees."

Constitutional expert William Wagner, a former federal judge, past legal counsel to the U.S. Senate, and distinguished professor emeritus of the University of Florida and Western Michigan Law School, strongly disagrees with Governor Noem's constitutional analysis. In the Michigan hearing on H.B. 4471, Wagner specifically gave the proposed legislation a constitutional endorsement.

Wagner points out that states have significant legislative powers regarding the health, safety, and welfare of the population. This is clearly differentiated from the limited and enumerated powers granted to the national government by the U.S. Constitution. State governments have much broader "police powers." Wagner testified that "the law is rationally related to a legitimate government purpose" and cited provisions of the Michigan Constitution. The cited provisions of the Michigan Constitution that empower the legislature to act in this area are prevalent in other state or commonwealth constitutions throughout the United States.

State laws on safety conditions in the workplace, maximum number of hours of regular pay before overtime pay applies, mandatory opportunities for lunch breaks, and similar types of regulatory provisions are commonplace and accepted, even in South Dakota. Accordingly, prohibiting an employer from forcing an employee to inject something into his or her body seems like an odd place for Governor Noem to cling to *laissez-faire* principles.

Wagner points out that the proposed law is legally beneficial to businesses as well, because the practical enforcement of vaccine mandates could well lead to ruinous litigation resulting from infringement of sincerely held religious beliefs and medical exceptions that exist in federal law, as further detailed in a [related article](#) from *The New American*.

Scientific Evidence

Any suggestion that vaccines are not 100-percent safe, 100-percent effective, and perfectly suitable for all people of all ages is a sure way to get banned by Facebook or YouTube. The same media sources that trumpet this vaccine myth are pushing the narrative that "Bunker Joe" won the 2020 election in what they claim was the fairest, most secure election in the history of all elections. Anyone not infected with a severe case of Trump Derangement Syndrome is rightfully skeptical. Not unlike the election analogy,



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evidence as to the potential dangers of the mRNA vaccine is both clear and abundant and the basis for skepticism is well founded.

Dr. Christina Parks holds a Ph.D. in cellular and molecular biology from the University of Michigan Medical School. Testifying in favor of H.B. 4471, Dr. Parks stated, "Vaccine requirements and mandates are based upon the faulty assumption that the vaccine in question prevents transmission of the pathogen." Regarding the mRNA vaccines, she points out "they were never designed to do that." Dr. Parks further cites the July 30 media statement from Centers for Disease Control and Prevention (CDC) Director Rochelle Walensky that new data demonstrates that "Delta infection resulted in similarly high SARS-CoV-2 viral loads in vaccinated and unvaccinated people." Dr. Parks states that policy cannot be based upon "the hope of what we think something will do or want it to do," but rather "what the data actually tells us."

Citing new peer-reviewed scientific data on the Delta variant of COVID, Dr. Parks pointed out that the vaccines are geared to a different virus. And the medical evidence is clear that the nature of the mRNA vaccine is such that not only does it not prevent infection by the Delta variant, but people who are vaccinated and then infected with the Delta variant are at "increased risk" of even more severe reactions and potential for hospitalization than an unvaccinated person.

Dr. Parks further pointed out that "as a Ph.D., I am a member of the most vaccine hesitant group" because "as Ph.D.'s we actually know how to read peer reviewed scientific studies." Dr. Parks, who is herself black, also notes that "70% of African-Americans have not taken this vaccine. Why? Because they don't trust their government." The reasons for distrust provided include the CDC's "Tuskegee Experiment" and the 2012 incident in which whistleblower William Thompson revealed that the CDC shredded evidence that the guidelines for the MMR vaccine caused increased rates of autism in black male children. Concluding this thought, Dr. Parks notes that since black people have good cause to distrust the CDC, employer vaccine mandates in the workplace could have an overtly racist impact of excluding the black population from the workforce and educational opportunities.

Dr. James Neuenschwander, M.D., is a board-certified physician with 30 years of experience in integrated and emergency medicine. Dr. Neuenschwander's testimony in support of H.B. 4471 addressed the safety of the vaccines and the medical justification of the vaccine. Citing the studies published relating to the Pfizer vaccine, the doctor pointed out that the rate of severe side effects of the vaccine were 10.7 percent for minors and 8.8 percent for adults. "These are the kind of side effects that knock you off your feet, keep you in bed, keep you from participating in life." The rate of severe side effects in the mRNA vaccine is more than double the rate of the worst of non-mRNA vaccines.

What about the worst side effect — death? "The answer is we just don't know.... The studies are too small." However, Dr. Neuenschwander cited the Vaccine Adverse Event Reporting System, or VAERS, which is co-sponsored by the CDC and the Food and Drug Administration (FDA). It is widely accepted that vaccine injuries are significantly under-reported to VAERS, but historical data is useful and reporting in VAERS has shaped public policy in the past.

Over the course of the entire history of VAERS, from its inception in 1991 to 2019, there were a total of 9,864 total vaccine-related deaths reported, sourced from all vaccines given in that time frame. In comparison, in only eight months there have been a reported 12,791 deaths *from just the mRNA COVID vaccines*. Other major side effects short of death, ranging from dangerous blood clots to miscarriages, are occurring at a similarly high rate when compared to other vaccines. Concluding on this point, the doctor stated, "Remember we will be using a potentially dangerous medical product on otherwise



healthy people.”

Turning next to the medical justification for the vaccine, Dr. Neuenschwander again cited the studies used to approve the mRNA vaccines. With all the media attention given to the notion that vaccines stop or at least slow down transmission of the virus, one would think that this point would have been studied at length. If you made that assumption, you would be wrong. In fact, according to the CDC’s own paperwork on that critical point, there is “no data available.” Shockingly, this information was not even required of the pharmaceutical companies, and there was no attempt to collect the information. Dr. Neuenschwander pointed out that his 10-year-old nephew had to be tested weekly to play little-league baseball, but apparently this same requirement was too much to ask of Pfizer, Moderna, or Johnson & Johnson. Further, the doctor points out that in Israel, where mass vaccinations have been carried out with ruthless efficiency, the vaccine failure rate has been found to be as high as 60 percent. Lastly, the doctor notes that the clinical studies to approve the vaccines specifically excluded pregnant women and people with chronic medical conditions. Yet despite this omission, the vaccine mandates would apply equally to them.

Worse than just failing to stop the transmission of COVID, Dr. Neuenschwander blames the mass-vaccination program for the creation of the new variants of the virus. “It is not the unvaccinated that are creating the new [vaccine-resistant] strains, it’s the vaccinated ones that are.” Worse yet, vaccinated persons are more likely to be asymptomatic “super spreaders,” as the scientific data is conclusive that both vaccinated and unvaccinated persons carry the same viral load.

Dr. Neuenschwander concluded with a study of 265,000 persons who were infected with COVID and found that overall reinfection rate was less than 0.1 percent. This study was consistent with others, including one done at Cleveland Clinic. Accordingly, given the efficacy of natural immunity, the idea of forcibly inoculating these people with a potentially dangerous vaccine is just plain stupid.

Alternative Measures

Dr. Avery Jackson, M.D., is a board-certified neurosurgeon with more than 20 years of experience. This doctor points out that physicians taking medical directives on how to treat their patients from governmental authorities is not just wrong, not just contrary to the Hippocratic Oath, but illegal. In testimony, Dr. Jackson went through the Nuremberg code of medical ethics to painfully and methodically lay out how each point has been violated by the current mass-vaccination program. This code of ethics was established in the wake of World War II due to the horrors of the medical experiments performed in Nazi concentration camps. Dr. Jackson juxtaposes all these issues with the fact that the pharmaceutical companies are relieved from liability from vaccine injuries.

Noting that not everyone who has back pain should have spinal surgery, Dr. Jackson next turns to the issue of ivermectin and hydroxychloroquine: “The vaccine can kill or hurt you, let’s do this first.” Dr. Jackson suggests that it makes far more sense to use conservative, non-invasive treatments first. He points out his clinical experience having people recover from COVID and the fact that peer-reviewed studies from around the world support the use of these “FDA approved drugs with a proven safety profile.” The doctor laments how the scientific data on these treatment modalities has been suppressed: “It’s loaded with malfeasance.”

Dr. Jim Culver, M.D., is a double board-certified physician trained at the University of Michigan Medical School. Dr. Culver is not an “anti-vaxxer” and has personally received many different types of vaccines. Dr. Culver has had personal experience with two patients who have died from the COVID vaccine and



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another whose blood platelet count dropped so significantly that he nearly died as well. Conversely, Dr. Culver has had 40 patients with COVID whom he treated with ivermectin. In every case, the patients recovered well with no complications. In concluding his remarks, Dr. Culver stated, “If Dr. Fauci had a patent on Ivermectin, I’m sure that would be his number one recommendation”

Follow the Money

Dr. Moehanid Talia, M.D., is board-certified in internal medicine and has been on the COVID front line since the inception of the pandemic. His experience with the virus inspired him to explore its origins. What he found shocked him. He notes that the virus started with a concept known as “gain of function,” the process of taking a virus from an animal and manipulating it so that it will impact humans. In the case of COVID, he notes that that the virus started in a bat and then scientists used ferrets to adapt it to humans. Ferrets have the same ACE 2 (Angiotensin-converting enzyme) receptors as humans. From that point, Dr. Talia discovered the research of Dr. David E. Martin, Ph.D., and sought to verify the same. Dr. Talia concurs with Dr. Martin that there has been a process of over 120 patents scattered over 20 years that has resulted in the creation of what we know today to be SARS CoV-2. Dr. Talia noted that there are three specific points of evidence that prove this point: 1) the cleavage site for the SARS COVID virus, 2) the spike protein, and 3) the ACE 2 binding site. Records further conclusively show that the vast portion of the funding on this research was approved by NIAID under the direction of Dr. Anthony Fauci. Dr. Talia then connected Dr. Fauci’s contact at the University of North Carolina, Dr. Ralph Baric, to the Wuhan Virology Lab in China.

This recount of the history of COVID through “gain of function” research by Dr. Talia was the introduction to more startling information: “Pfizer made \$3.5 billion dollars in the first quarter of 2021 and projects to make \$26 billion by the end of the year. Moderna made \$1.75 billion in the first quarter of 2021 and they anticipate that these vaccines will be needed for years to come.”

Understanding the Opposition

The lone opponent to testify against H.B. 4471 was Brad Williams from the Detroit Regional Chamber of Commerce. Williams stated that the legislation “represents big government overreach” and called the measure a “one-size-fits-all” attempt to deal with COVID. Williams claimed that it is far better for federal and state regulators, not elected officials, to set health and safety standards. While not citing any data to support his position, Williams claimed that many workers are sitting at home and not working because they fear going to a workplace with unvaccinated co-workers. He suggested that he represented business owners of all types, but as pointed out by Representative Gary Eisen, himself a small business owner, the money behind the Chamber’s testimony seemed to be more concentrated in big business. Commented Representative Eisen, “none of these guys asked my opinion!”

Nationwide, opposition to bills similar to Michigan’s H.B. 4471 has been spearheaded by “woke” corporations operating through front organizations such as chambers of commerce and radical leftist politicians and activists. In many respects, this coalition mirrors the same conglomerate of big-business and leftist radicals that promotes unlimited illegal immigration and amnesty. For big business, it is an opportunity to exploit labor and for the radical Left, it is an opportunity to exert control and further destroy any notions of individual liberties.

Aiding and abetting this coalition is President Joe Biden, who announced on September 9 that “the Department of Labor is developing an emergency rule to require all employers with 100 or more employees, that together employ over 80 million workers, to ensure their workforces are fully



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vaccinated or show a negative test at least once a week.” Should this rule be implemented, it would be blatantly unconstitutional, and many governors have already announced that they would resist the federal overreach. Yet even in cases where employers impose vaccine mandates because the federal government tells them to, employees who do not want the job may still respond by [submitting a religious exemption](#).

Freedom Is the Cure

Concerned citizens must understand that freedom is not a spectator sport. While state legislators in many states clearly see the need to pass legislation that prohibits vaccine mandates, it is not prudent to simply assume they will get the necessary laws passed without significant grass-roots activism.

Dedicated patriots are needed, and here is the game plan: Seek out pending legislation in your state that accomplishes the goal of prohibiting vaccine mandates. Understand that some currently proposed laws are sufficient, and some are too weak. In either case, make a point of contacting the bill’s sponsor.

If there is no pending legislation in your state, make calls and create relationships to find a sponsor.

Perhaps host a town hall on the issue. Work with the sponsor to build grass-roots support for a good bill with amendments as necessary to make sure it has the necessary provisions to make a difference.

Organize phone calls and put constant pressure on committee members to see the bill through to a floor vote in both houses of your state legislature. If and when hearings occur, make sure they are well-known and well-attended by fellow patriots.

Lastly, never forget to make sure prayer is an important part of your recipe for success.



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