

ÉDITIONS GALAAD

Infamy of the State

(Reality of unconstitutional acts practiced by the
French State in violation of its constitution).

(Revised and completed version – reissue of December 24, 2024)

Booklet 2: the illegal nature of the vaccinal laws against covid 19.

**IMPORTANT:
Free book cannot be sold.**

Kenny Ronald MARGUERITE

Table of contents

° 1 – Presentation of the booklets.....	5
– 1. Good to know:	7
– 2. Contents of the booklets:.....	8
° Folder: the illegal nature of the vaccinal laws against covid 19.....	9
° 2 – On the alleged internal illegality of the vaccinal laws against covid 19.....	10
° 3 – The reality of the legislative activation of the already programmed obsolescence of the vaccine laws against covid 19.....	44
° 4 – Reality of the unconstitutional nature of the vaccinal laws against covid 19, which contravene the right of Mr. MARGUERITE, as a Frenchman, not to be vaccinated against Covid 19 because of his faith:.....	53
° 5 – Of Suffering and Ink.....	59

Thanks to my fiancée Nicole

Thank you to my fiancée Nicole who co-wrote this book, which would never have seen the light of day without her.

I'm going to tell you about my fiancée Nicole, and to do this, I would tell you that she has collaborated on all my books, including this one, giving shape to my words and by magnifying my ideas without altering them.

It is she who gives meaning to my ideas and manages to faithfully transcribe my thought by giving it a lighter tone. Thank you for the help and support she gave me throughout the writing of this theme. She was able to give coherence to my ideas.

May God bless her!

ÉDITIONS GALAAD



(Of Feather and actions)

Culture is the lever allowing men to aspire to excellence.

Do not neglect it.

Copyright©2024 ÉDITIONS GALAAD
Californie 97232 Le LAMENTIN (MARTINIQUE)
<http://kenny-ronald-marguerite.com>

All rights of reproduction, adaptation and translation, in whole or in part, reserved for all countries The author is the sole owner of the rights and is responsible for the contents of this book.

GOOD TO KNOW:

This file could not be corrected by a professional proofreader and was written by a French speaker since the urgency of the situation required that it be published as soon as possible. In doing so, you will certainly find spelling, conjugation and grammatical errors, I apologize in advance.

1 Presentation of the booklets

To begin with, it is important to note that in order to change things, so that my rights are no longer violated by unconstitutional laws, I have taken legal action. My case is still ongoing. You will find in this book a compilation of the files that I have filed, supplemented by other important elements for the themes addressed.

This book is made up of two parts, the first is the legal file that I have set up in order to defend my rights and the second presents the research on realities linked to the abuses of Mr. MACRON's governments, having had to manage the health crisis, as well as other testimonies that I provide. Please note that as a result, given the different nature of these two writings, the legal parts, taken from the files of my case, will present as the subject **"Mr. MARGUERITE"** instead of the personal pronoun **"I"**, used for the other part.

Thus, this book presents legal bases, from legislative texts that will allow all those who, like me, have suffered discrimination and financial losses due to the existence of these two illegal laws, vaccinal against covid 19 and Sunday (dominical), to defend themselves.

Thus, this book is not simply intended to present a story, but is also a "legal sword" that should help all those who have suffered, or are still suffering, harm because of these laws that I incriminate, to defend themselves.

To present to you what I have experienced, I will give you a strong image that symbolizes what the Sunday (dominical) and vaccinal laws against covid 19 have made me endure, for years and are still making me endure:

To do this, I would tell you that my story, if I could not prove that it really existed, thanks to the evidence that I provide, could easily pass for a B-series soap opera in bad taste.

And yet! It is indeed my life and the unconstitutional laws, Sunday (dominical) laws and vaccinal laws against covid 19, have come to undermine all my efforts, for my social integration. In hindsight, my feeling is to have been on a greased pole.

At the top is success, social integration, professional and personal fulfillment. Unfortunately, this mast is greased with the most viscous liquids, which are the legislative texts, unconstitutional, which carry both the vaccinal laws against covid 19 and the Sunday (dominical) laws.

Starting from nothing, I fought to reach the top of the mast, by willpower and by the grace of God, and I was able to touch the rewards so much expected, but lo and behold, the perfidious grease of these insidious laws made me slip and I find myself again at the foot of the mast.

From then on, my condition is much worse than before because I have been soiled by this pernicious grease that are these unconstitutional laws, which have stained my clothing. This is exactly the image that comes to mind when I think of everything that has happened and which makes me dizzy. Incredible!

I ask that justice be done, because until now, neither the President of the Republic, nor the ministers concerned, nor the high authorities established on public finances have seen fit to put in place what I am asking for and which is none other than to live in dignity and no longer be kept in precariousness by laws and administrations, which have exceeded their rights and prerogatives.

I come to you, through this book, so that we do not regress and that my story is not this exception, which demonstrates that the blood of those who established our Nation, France, has not flowed in vain. My goal is that those who have suffered under the iniquitous yoke of the Sunday (dominical) and vaccinal laws against covid 19, can be compensated.

Thus, in view of what has been presented in this book, I ask that justice be done to me, as well as to all those who like me, have suffered, under the rule of the vaccinal laws against covid 19, which themselves are unfounded, because they contravene the "Declaration of Helsinki" and by extension European law.

The same goes for those who have suffered and are still suffering because of the Sunday (dominical) laws, which are nevertheless unconstitutional. I ask that we can be compensated for the losses and abuses suffered, but at what price!

Unfortunately, this compensation will never be able to provide an answer and compensate for the pain of the families of those who, under the pain, have killed themselves because of the loss of their jobs.

Thus, it is not only the covid 19 virus that kills, but also unfair and unfounded laws established in complete illegality that have led or are still leading some to the grave prematurely.

For my part, I am alive, but the tears shed for our constitution (French) have been in vain.

To continue, I would like to tell you that it is important for me that you understand that these situations that I have been confronted with, I did not want them because, before coming to defend my case before the courts, I believed in the integrity of the Secular Republic that is France. and for which courageous men and women shed their blood and gave their lives, as early as 1789, during the French Revolution.

This, just like for the maroon negroes (*Black Slaves Who Rebelled and Fought Against Slavery*), in search of freedom, who rose up against the colonists.

Just before I could experience the unthinkable, I had faith in our secular republic that is France and in the fact that our constitution assured us, as citizens, that no powerful iniquitous person would come to mistreat a French citizen.

Yes, my naivety was very great, I admit it!

Unfortunately, considering my history, what was decreed at the beginning of the constitution (French), liberty, legality, fraternity seems to me, today, to be nothing more than a myth, a utopia. Indeed, what I suffered while the highest French authorities were aware of it and that nothing concrete has been put in place, is in my opinion, unworthy of a country such as France.

How can a strong nation, a Republic where human rights are the banner, allow a citizen who starts from nothing, and who does not want to remain a burden for his Nation, fights like a Lion in order to ensure a better future for his children and himself and who, having reached a status that makes him a Frenchman with an average income of **3500 euros**, to be forced to receive as an income, for several months, **less than the minimum subsistence**, because of laws that flout Marianne, therefore our Nation (France) and to be lowered by those who, coming from the people, have sworn to serve the citizens. We will see it!

To you, who are reading me, can you imagine what I am going through? Often the best way to understand a person who is suffering because of a stone in their shoes is to wear them for a while.

Can you, even for a moment, put on my clogs. I am just a simple Frenchman, I do not have a prestigious name or wealthy parent, I was only naive enough to believe in the values of the Republic (French), in this inestimable heritage that is our constitution that was bequeathed to us, at the cost of the blood, of men and women of great value?

I want you to know that despite the vicissitudes that have largely been my lot, in recent years, I continue to believe in, freedom, legality, fraternity and justice.

I will tell you my story, and I will tell you that I am coming out of this misadventure, sore.

You who read me, you remain on this day my last hope.

I would like to tell you, to you who read me, that I am convinced that my story and especially the facts that I present in this book will mark the spirits. At least, I believe it. May this book, that we took pleasure in writing and offering you, be the glimmer of hope that will open up better tomorrows.

1 Good to know:

To continue, I would tell you that this is an excerpt from a larger digital book, which contains 236 pages, entitled “Infamy of the State (Reality of unconstitutional acts practiced by the French State in violation of its constitution).”

If you would like more details, when I refer to a chapter, you can find it in the full version of the book. Finally, I would like to point out that this full version has been split into 4 booklets, including this one.

The purpose of these booklets is to be in a more manageable and transportable format, providing you with better reading comfort.

They will also allow you to more easily choose the theme that suits you.

However, they are all available to you in digital version, booklets and full version book. I invite you to download them from my site:

<https://www.kenny-ronald-marguerite.com/infamy-of-the-state>

You can share them with your loved ones or talk about them around you.

2 Contents of the booklets:

◦ **booklet 1: Of faith, suffering and action.**

- STATEMENT OF FACTS.
- DISCUSSION.
- New evidence on the responsibility of the civil servant Mr. Vincent GUILGAULT, as head of the FIP accounting department other categories, in the alleged external illegality.
- New evidence on the responsibility of the civil servant Mr. Rodolph SAUVONNET, as Regional Director of Public Finances of Martinique, in the alleged external illegality.
- New evidence on the responsibility of the civil servant Mr. Jérôme FOURNEL, as Director General of Public Finances, in the alleged external illegality.
- Presentation of the loss of opportunity and loss of earnings that the covid 19 vaccination laws generated against Mr. MARGUERITE.
- New evidence on the alleged internal illegality of the decrees relating to the solidarity fund.
- Presentation of the reality of Mr. MARGUERITE's rights discriminated against by the administrative court of Martinique in the context of his case.
- Brief career synopsis, philosophy of life and discriminatory oppression.
- Of Suffering and Ink.

◦ **booklet 2: the illegal nature of the vaccinal laws against covid 19.**

- On the alleged internal illegality of the vaccinal laws against covid 19.
- The reality of the legislative activation of the already programmed obsolescence of the vaccine laws against covid 19.
- Reality of the unconstitutional nature of the vaccinal laws against covid 19, which contravene the right of Mr. MARGUERITE, as a Frenchman, not to be vaccinated against Covid 19 because of his faith.
- Of Suffering and Ink.

◦ **booklet 3: the illegal nature of Sunday laws.**

- Historical and legislative reality of the unconstitutional character of the Sunday laws.
- Reality of the unconstitutional nature of the Bailly report, an essential support governing the French Sunday laws.
- Open Letter: Case to Repeal Catholic Sunday Law That Oppress Sabbath Observers and Shabbat Observers.
- Of Suffering and Ink.

◦ **booklet 4: various realities to take into account.**

- Bases presenting the responsibility incumbent on the French State for the harm suffered by Mr. MARGUERITE.
- Bases presenting the responsibility incumbent on the French State in the establishment of incomplete laws in the management of the discipline of civil servants who are at fault and in the damages they have caused to Mr. MARGUERITE.
- The reality of material and psychological damages and loss of opportunity generated by unconstitutional laws established in French legislation and the possibilities of financial compensation envisaged.
- The reality of the “mirror to larks” of the “vaccinal pass” instituted by the French government under cover of covid 19.
- The titanic fight between the clay pot and the iron pot, David and Goliath version.
- Of Suffering and Ink.

Folder: the illegal nature of the vaccinal laws against covid 19.

“No one is more deaf and blind than he who has chosen not to hear and not to see in order to keep doing what he likes to do. Especially if he has the certainty of having right on his side, even if this cannot be proven, because it is based on lies. So be vigilant!” [Quote from Kenny R. MARGUERITE].

2 On the alleged internal illegality of the vaccinal laws against covid 19

To introduce this part, it is important to emphasize that my objective in this section is to highlight what has been done and what is currently being done in France in the context of compulsory vaccination. When we talk about this vaccine law, we must first of all present the legislative basis that supported it and still supports it.

It all started with the *[(French) LOI n° 2021-689 du 31 mai 2021 relative à la gestion de la sortie de crise sanitaire]*. This law instituted the “sanitary pass” and other texts came to complete it. Among them, we find:

- *[(French) Décret n° 2021-699 du 1er juin 2021 prescrivant les mesures générales nécessaires à la gestion de la sortie de crise sanitaire],*
- *[(French) Décret n° 2021-724 du 7 juin 2021 modifiant le décret n° 2021-699 du 1er juin 2021 prescrivant les mesures générales nécessaires à la gestion de la sortie de crise sanitaire],*
- *[(French) Décret n° 2021-955 du 19 juillet 2021 modifiant le décret n° 2021-699 du 1er juin 2021 prescrivant les mesures générales nécessaires à la gestion de la sortie de crise sanitaire],*
- *[(French) Loi n° 2021-1040 du 5 août 2021 relative à la gestion de la crise sanitaire],*
- *[(French) Décret n° 2021-1059 du 7 août 2021 modifiant le décret n° 2021-699 du 1er juin 2021 prescrivant les mesures générales nécessaires à la gestion de la sortie de crise sanitaire],*
- *[(French) Décret n° 2021-1215 du 22 septembre 2021 modifiant le décret n° 2021-699 du 1er juin 2021 prescrivant les mesures générales nécessaires à la gestion de la sortie de crise sanitaire],*
- *[(French) Décret n° 2021-1521 du 25 novembre 2021 modifiant le décret n° 2021-699 du 1er juin 2021 prescrivant les mesures générales nécessaires à la gestion de la sortie de crise sanitaire].*

Then, the *[(French) Loi n° 2022-46 du 22 janvier 2022 renforçant les outils de gestion de la crise sanitaire et modifiant le code de la santé publique]* made it possible to transform the “sanitary pass” into a “vaccinal pass”.

And finally, we must mention this other major text, the *[(French) Décret n° 2022-352 du 12 mars 2022 modifiant le décret n° 2021-699 du 1er juin 2021 prescrivant les mesures générales nécessaires à la gestion de la sortie de crise sanitaire]*.

After months of pandemic and constraints related to the vaccinal laws against covid 19, the light has finally appeared leading the legislators to stop their constraints on the French.

To do this, the *[(French) Décret n° 2023-368 du 13 mai 2023 relatif à la suspension de l'obligation de vaccination contre la covid-19 des professionnels et étudiants. JORF n°0112 du 14 mai 2023. Texte n° 13]*.

Thus the obligation to be vaccinated against covid 19, in order to be able to work in France, is now suspended. *However, this type of suspension, or rather of putting on hold, is comparable to that of a volcano which, from one day to the next without warning, can erupt again, surprising all those who have trusted its apparent calm.*

It is important to never lose sight of the fact that the *[(French) Article 5 de la Déclaration des Droits de l'Homme et du Citoyen de 1789]*, establishes that without an active law, no restrictions are possible.

It is certain that the sword of Damocles that is the obligation to vaccinal against covid 19 remains over our heads, and this as long as the articles of laws and decrees that carry it are not definitively repealed.

Now that the scene is set in terms of laws and decrees relating to the management of the health crisis linked to COVID 19, let us now see why these laws have been able to find legislative sustainability.

Let us now continue by discussing the reasons that have allowed European countries such as France to institute protocols that include, among other things, the obligation to vaccinal for certain professions, without the European Union vetoing them.

To do so, let us read this: **“Vaccination obligation: a decision that falls within the competence of the States alone and may be subject to the in concreto assessment of the European Court of Human Rights.**

The decision to impose compulsory vaccination on the population is the sole responsibility of the States. Article 168, paragraph 7, of the Treaty on the Functioning of the European Union provides that the definition of health policies and the organization and delivery of health services and medical care are the responsibility of the Member States.

While the European Union has organized the public procurement procedure for the purchase of vaccines and has recommended that Member States give priority to vaccinating certain groups, it does not have the prerogatives enabling it to impose compulsory vaccination within the Member States and has never made any recommendations to that effect.

From Article 11 of the European Social Charter which provides that, with a view to ensuring the effective exercise of the right to the protection of health, States undertake to take appropriate measures aimed in particular at preventing epidemic diseases, ECHR concludes that States have a very wide margin of appreciation to guarantee the right to life and the protection of their population, which includes the possibility of deciding on compulsory vaccination of the population”.

[Extract of: Commission des affaires européennes du Sénat. Actualités Européennes. N°67, 21 juillet 2021. Obligation vaccinale et pass sanitaire: position de l'Union Européenne et du Conseil de l'Europe (translated into English from the original text)].

In this text, we are presented with the reality of vaccination against covid 19. We see that the European Union has not taken a firm position on compulsory vaccination, leaving full latitude to European States so that they can decide on the measures to be implemented in this area. Thus, the European Union has not given any directive aimed at imposing vaccination against covid 19 on citizens of European States.

There would therefore be no interference from Europe at this level and each State can freely decide on the option chosen for its population.

This state of affairs has unfortunately created a legal vacuum that France has used and which has allowed it to set up the “sanitary pass”, then the “vaccinal pass” in accordance, a priori, with the directives of the European Union. If we had to stick to these basics, the fight led by Mr. MARGUERITE, which is that of the millions of French people who demanded, during the sanitary crisis, the right not to be vaccinated, would be in vain, nevertheless we must go “beyond the crust to discover the reality of the bread crumb”, which is what we will do. Now that these basics are laid, let's look at the backbone of the vaccinal laws against covid 19, which largely explains what we have observed, both at the legislative level and in terms of the support of certain French citizens.

To discover this reality, I invite you to read the following text: **“In order to limit the rapid spread of the delta variant on the territory, vaccination is the most effective weapon to prevent hospitalisations and deaths.**

It is in this context that the President of the Republic has announced the introduction of a vaccinal obligation for professionals in contact with vulnerable people. A draft law has therefore been drawn up and the HAS has been asked to give its opinion on this text before it is examined by Parliament.

The HAS considers that mandatory vaccination for professionals in contact with vulnerable persons is justified. [...]

Today, the HAS considers that the vaccination obligation included in the bill, which concerns all professionals in contact with vulnerable people, is as much an ethical issue as a public health issue and that its implementation is justified in view of these issues. [...] *The HAS considers that the extension of compulsory vaccination could be envisaged initially for vulnerable people if vaccinal coverage does not progress.*

In addition to professionals in contact with the most vulnerable and vulnerable people themselves, the obligation to the vaccination all professionals in contact with the public and beyond in the general population also deserves to be considered.

This extension would preserve health services and access to all goods and services by preventing the contamination of those responsible for keeping the country running. [...]” [Covid-19: l’obligation vaccinale prévue par la loi est justifiée et son élargissement doit être débattu. Communiqué de presse – Mis en ligne le 16 juil. 2021. Taken from the website: <https://www.has-sante.fr> (translated into English from the original text)].

It is important to emphasize that those who drafted this bill are none other than the members of the High Authority for Health, the supreme authority in terms of health for the French nation. Before continuing, it is important to specify that Mr. MARGUERITE's approach in this matter is not to contest the work of the High Authority for Health, because this institution is within its rights as scientific experts..

On another, more individual level, when our doctor forces us to follow a diet without sugar or salt in order to improve our health, we leave his office grimacing and we grimace even more when we eat, willingly or unwillingly, our food as bland as papier-mâché.

However, we stick to it. So, to return to our subject, this bill emanating from eminent scientists was the “backbone” to which politicians and the French who chose to adhere to the vaccination against covid-19 clung during the covid-19 pandemic, to explain that it does not suffer any dispute because, as novices that we are, we can only comply with the advice of medical experts.

When the latter, who know what they are talking about, state that vaccination “**is the most effective weapon for preventing hospitalisations and deaths**”, that “**compulsory vaccination for professionals in contact with vulnerable people is justified**”, and propose extending vaccination in order to prevent contamination and preserve health services, these seem to be tangible, scientific facts that we can only endorse.

And to top it all off, the High Authority for Health presents the extension of vaccination and compulsory vaccinal (against covid 19) for professions that are in contact with people at risk as having an importance that transcends public health because it is also an “**ethical issue**”. How then to oppose such arguments?

Nevertheless, despite these arguments which seem irrefutable, it is important not to lose sight of the fact that the problem which is attached to this vaccinal law against covid 19, is of a legislative and not scientific nature, it is this aspect that Mr. MARGUERITE wants to highlight here. This concrete example which follows reflects this reality:

Let us consider a doctor, who is following a patient in the terminal stage and who, in accordance with [(French) Article R4127-37-2 du Code de la santé publique], makes a request that the decision to stop treatment for this patient be taken collegially. However, this doctor is faced with a refusal from his peers.

Therefore, despite everything, out of compassion and humanity, he gives in to his patient's request and decides to help him end his life. Here, at the medical level, we have a person who is already in agony and who asks for his suffering to be shortened by the practice of euthanasia and a doctor who will help him by acting, in his soul and conscience.

However, we are here faced with an act, which although it may be considered by some as noble, contravenes French law which prohibits in [(French) Article 16 du Code civil], harming the person in any form whatsoever.

Here, exceeding one's prerogatives exposes one to being struck by [(French) Article 221-3 du Code pénal], which in such a case, recognizes that the doctor committed murder, with premeditation, which exposes him to life imprisonment.

Thus, one cannot “*listen to one's heart*” and act without a legal basis. It can even be said that, even if the planned action meets the requirements of public health, it cannot be validated outside the legal framework. Not long ago, we experienced a similar episode in connection with the vaccine laws.

To find out about it, I invite you to read this: “[...] **According to these provisions, the Prime Minister may make the presentation of proof of vaccination status concerning covid-19 subject to the access of persons aged at least sixteen to certain places, establishments, services or events where leisure activities and catering activities or drinking establishments are exercised as well as at trade fairs, seminars and trade shows, interregional public transport for long-distance travel and certain department stores and shopping centres. [...]**

The applicant deputies also challenged the provisions of Article 1 of the law referred, allowing access to a political meeting to be subject to the presentation of a “sanitary pass”.

[...] **To examine these provisions, the Constitutional Council recalls that, under the terms of Article 11 of the Declaration of 1789: “The free communication of thoughts and opinions is one of the most precious human rights:**

Every citizen can therefore speak, write, print freely, except to answer for the abuse of this freedom in the cases determined by law.” [...] *It is up to the legislator to ensure the reconciliation between this objective of constitutional value and respect for the constitutionally guaranteed rights and freedoms.*

Among these rights and freedoms are the right to respect for private life guaranteed by article 2 of the Declaration of 1789, as well as the right to collective expression of ideas and opinions resulting from article 11 of this declaration.

By this yardstick, the Constitutional Council considers that, by adopting the contested provisions, the legislator intended to make access to meetings that present an increased risk of spreading the epidemic due to the occasional meeting of a large number of people likely to come from distant places, subject to the presentation of a “sanitary pass”. It thus pursued the constitutional objective of health protection.

The Constitutional Council notes that, however, unlike the provisions which specify the conditions under which the Prime Minister may make access to certain places subject to the presentation of health documents, the contested provisions did not require the enactment of such measures by the organizer of the political meeting neither on the condition that they are taken in the interest of public health and for the sole purpose of combating the covid-19 epidemic, nor on the condition that the health situation justifies them with regard to viral circulation or its consequences on the health system, or even that these measures are strictly proportionate to the health risks incurred and appropriate to the circumstances of time and place.

He deduced that, under these conditions, the contested provisions do not achieve a balanced reconciliation between the aforementioned constitutional requirements. It declares them contrary to the Constitution. [...] *[Loi renforçant les outils de gestion de la crise sanitaire et modifiant le code de la santé publique. Décision n° 2022-835 DC du 21 janvier 2022 – Communiqué de presse (translated into English from the original text)].*

Here we discover that, within the framework of the “vaccinal pass”, it was decreed that French citizens could access political meetings without being vaccinated, because no “sanitary or vaccinal pass” could be requested in this context, regardless of the number of people who had to meet and even if we were in a period where the covid 19 pandemic was raging. Why such a thing?

It is simply because of a small oversight by the government of Mr. MACRON's first five-year term, more precisely by the Prime Minister!

He forgot to include political meetings in the list of places where “sanitary pass” or “vaccinal pass” are mandatory. In doing so, as without a law no restriction is possible, the immediate repercussion is that as long as the law on the “vaccinal pass” remained active, political meetings were not expressly mentioned in the vaccinal laws against covid 19, they were still managed by [(French) Articles 2 et 11 de la Déclaration de 1789], these presenting the right of every French person to be free to present their opinions, and to be able to meet freely within a political association.

Thus, the basic law (the first to have been enacted and which established the restrictions that are possible in the context of the coronavirus pandemic) did not specify that access to political meetings should be subject to either a “sanitary pass” or a “vaccination pass”, this type of event cannot therefore be subject to vaccinal laws against covid 19.

Upon reading the decision of the Constitutional Council (French) and the explanatory statement, Mr. MARGUERITE was very surprised, it is beyond his understanding. Indeed, how could he not be, when all the speeches, all the actions implemented seem to have one essential objective, that of preserving health, of saving lives!

Here, this is not the case, it is the legislative that prevails to the detriment of health. The absence of a legal legislative basis prevails over an article of law which nevertheless had the aim of limiting the spread of the pandemic. *Curious!*

Thus, on the one hand, the Constitutional Council recognizes the danger of such gatherings and **“the objective of constitutional value of health protection”** referred to, in such a context, by the “sanitary pass”. However, on the other hand, as we have seen, it could not be imposed that a “sanitary pass” be required at the entrance to political meetings since no law had provided for it; doing so would therefore be unconstitutional, because it contravenes [(French) Articles 2 et 11 de la Déclaration de 1789].

Freedom cannot be infringed, in the case of a political meeting, on the other hand, in the case of the rest of the French who remained under the yoke of the vaccinal laws against covid 19 which prevented them from moving and working, the thing is not considered unconstitutional since it is provided for by law. Thus, what is presented here is for Mr. MARGUERITE capital because the reality found in these lines allowed one of the paragraphs of the law establishing the “vaccinal pass” to be rejected.

To discover this reality we must first return to the reasons which led the Constitutional Council to reject the amendment intended to allow access to political meetings to be regulated by a “sanitary pass”

Here we are presented with a legislative mathematical equation. For a law that covers two articles of the French Constitution to see the light of day, there must be a perfect balance between them, to use the terms used, **“a balanced reconciliation between the aforementioned constitutional requirements”**.

In the context of the paragraph in question, this balance not having been found, it was rejected because it was deemed **“contrary to the Constitution”**.

This constitutes, in the sense of Mr. MARGUERITE, a legal precedent with regard to French and international vaccination laws against covid 19.

To continue, we will tell you that it is important to note that the Constitutional Council recognized that the paragraph of the “vaccination pass” which tended to allow entry to political meetings to be subject to a “sanitary pass”, was in accordance with what the Constitution has established.

This reality is evident in the fact that the Constitutional Council has recognised that the “sanitary pass” pursued “the objective of constitutional value of health protection”, especially since “access to meetings that present an increased risk of spreading the epidemic due to the occasional meeting of a large number of people likely to come from distant places”, yet this paragraph of the law intended to manage entry to political meetings has been recognised as “contrary to the Constitution”.

The bottom line is that, since this part of the bill is not supported by a valid law, it has been declared unconstitutional. In doing so, as without a valid law, no restriction is possible, so even if the pandemic were raging, no one can hinder the freedoms that the French constitution confers on the French. Thus, pandemic or not, if the laws requiring vaccination against covid 19 are not supported by a valid legislative basis, they are null and void, because they contravene the Constitution (French).

Now that these bases are laid, let's get to the heart of the matter. To do this, our objective is to demonstrate that the vaccinal laws against covid 19 which carry the "sanitary and vaccinal pass" which have been established in France are without legislative basis.

Which, legally, means that these laws must be recognized as contravening the French constitution and be repealed in the same way as the aforementioned paragraph which was rejected by the Constitutional Council (French) because it tended to subordinate the entry of political meetings to a "sanitary pass".

To demonstrate this, we will now support our statements by providing indisputable legislative evidence.

To begin with, it is important to take into account the reality presented in the following text of the French constitution: "**Art. 4. Freedom consists in being able to do all that does not harm others:** *Thus, the exercise of the natural rights of each man has no bounds (limits) other than those which assure the other Members of the Society the enjoyment of these same rights.*

These bounds (limits) can only be determined by law". [*Articles 4 de la Déclaration des Droits de l'Homme et du Citoyen de 1789 (translated into English from the original text)*].

Here we find one of the foundations on which all French legislation is based.

Thus, without a valid law, there can be no constraint that can be imposed on French citizens, to do so would be to contravene the constitution (French).

Considering these elements, it appears that the vaccinal laws intended to combat the pandemic due to the coronavirus having, we understand, as a basis the marketing of anti-covid 19 vaccines, are obliged to take into account the legislative modalities set by France for the marketing of a drug.

Which means that if articles of the vaccinal laws against covid 19 established in France and which are among others, the "sanitary and vaccinal pass" contravene the modalities of marketing of vaccines against covid 19, they become unconstitutional, because unfounded. These elements established, we will present to you the bases outside the law, on which the vaccinal laws against covid 19 were instituted.

To do this, let's take into account the following text, which presents the bases established so that a medicine can be marketed in France: "*By way of derogation from 2° of article R. 5121-25, for the medicinal products mentioned in this article, the dossier attached to the application for marketing authorization is constituted under the following conditions: [...]*

3° For applications for extensions as defined in 4° of Article 2 of Commission Regulation (EC) No 1234/2008 of 28 November 2008 concerning the examination of variations to the terms of a marketing authorisation for medicinal products for human use and veterinary medicinal products, the dossier provided in support of the application shall include, in addition to chemical, pharmaceutical and biological data, the results of preclinical and clinical trials relating to changes or additions made to the previously authorised product." [*Article R5121-26 du Code de la santé publique Français (translated into English from the original text)*].

Let's complete our study with this: "*To the application provided for in article R. 5121-21 is attached a file containing the following information and documents, updated as necessary, presented in accordance with the order mentioned in article R. 5121-11: [...]*

3° bis The risk management plan describing the risk management system, the model for which is set by the European Commission, to be put in place by the future holder of the authorization or the company exploiting the proprietary medicinal product for the medicinal product concerned, accompanied by its summary; [...]

7° A statement from the applicant attesting that the clinical trials conducted outside the European Union or the European Economic Area meet ethical requirements equivalent to those of Directive 2001/20/EC of April 4, 2001; [...]. *[Article R5121-25 du Code de la santé publique français (translated into English from the original text)].*

Let us end with this last text: “[...] **The marketing authorization holder shall ensure that the information on the medicinal product or product is updated on the basis of current scientific knowledge, including the conclusions of evaluations and recommendations made public through the European medicines web-portal, established by Article 26 of Regulation (EC) No 726/2004 of the European Parliament and of the Council of 31 March 2004.**

The holder shall inform the Director General of the Agency and the European Medicines Agency when new risks, changes in existing risks or changes in the benefit/risk ratio of the medicinal product or product are identified. [...]”. *[Article R5121-37-1 du Code de la santé publique français, Modifié par Décret n°2018-1126 du 11 décembre 2018 - art. 3 (translated into English from the original text)].*

With all these texts, we discover that the marketing of a drug in France requires a request for marketing authorization that must comply with strict instructions.

One of the obligations is to be in compliance with the European rule (EC) that manages the “marketing of medicinal products for human use” by providing in particular the results of the “preclinical and clinical trials” that have already been conducted on this drug.

It should be noted that the marketing of a drug in France is largely subject to the European modalities established in this area.

As a result, the marketing of vaccines against corona virus is no exception to this rule. Let's take a concrete example by reading this: **“The Minister of Solidarity and Health, Having regard to Directive 98/79/EC of the European Parliament and of the Council of 27 October 1998 on in vitro diagnostic medical devices;**

Having regard to Directive (EU) 2015/1535 of the European Parliament and of the Council of 9 September 2015 laying down a procedure for the provision of information in the field of technical regulations and of rules on information society services, and in particular Notification No. 2021/320/F; [...]

Considering the opinion of the High Council of Public Health concerning the management of the body of a deceased person infected with SARS-CoV-2 dated November 30, 2020 [...]. Considering that vaccination is an essential axis in the fight against the covid-19 epidemic; That the organization of the vaccination campaign, the deployment of which should be facilitated, must take into account the vaccine delivery schedules and the need to adapt the offer according to the public; [...]

That it is also necessary to establish the list and specify the training methods required for health professionals, health students and other professionals likely to intervene with a view to prescribing and/or injecting vaccines as well as modalities according to which they can carry out these acts [...]”. *[Arrêté du 1er juin 2021 prescrivant les mesures générales nécessaires à la gestion de la sortie de crise sanitaire. NOR : SSAZ2116944A. JORF n°0126 du 2 juin 2021 Texte n° 33 (translated into English from the original text)].*

We discover here that the implementation of this law intended, in particular, to accredit those who will have to inject others with vaccines against covid 19, is subordinate, among other things, to the taking into account of various legislative texts of the European parliament.

This reality of the European legislative texts, which have come to take place in French legislation, finds its *raison d'être*, among others, in the following text: **“The origin of Community harmonization in the field of medicinal products goes back to Directive 65/65/EC of 26 January 1965. Until recently, two main texts constituted the legislative framework for medicinal products:**

Directive 2001/83/EC on the Community code for medicinal products for human use, which brought together the provisions of the previous directives on the one hand, and Regulation 2309/93 laying down Community procedures and establishing the European Medicines Agency on the other. At the initiative of the Commission, within the framework of the co-decision procedure, two major texts introducing numerous changes were drawn up between the end of 2001 and the beginning of 2004, then published in the Official Journal of the European Union on 30 April 2004:

– **Directive 2004/27/EC of the European Parliament and of the Council of 31 March 2004 amending Directive 2001/83/EC on the Community code relating to medicinal products for human use;**

– **Regulation (EC) No 726/2004 of the European Parliament and of the Council of 31 March 2004 laying down Community procedures for the authorization and supervision of medicinal products for human and veterinary use and establishing a European Medicines Agency.”** [*Un cadre juridique Européen renforcé : La directive A 2004/24/CE et le règlement N° 726/2004 du 31 MARS 2004. Taken from the website: <https://www.senat.fr> (translated into English from the original text)].*

We discover here that there is a community harmonization of the rules managing medicines within the European Union. In order for there to be unity in this area within all the Member States of the European Union, a single and community legislative framework has been established to manage medicines.

Thus, we understand that, to deal with the validity of the anti-covid 19 vaccine laws, which are directly linked to the marketing of vaccines against this virus, we cannot only take into account the French legislative texts, without also considering the European texts. In doing so, without these European laws which are notified in these French laws that we have just seen, these texts are incomplete and therefore contravene the French constitution.

Now that these bases have been laid down, let us turn to another problem of the marketing of medicines in France, that of the method of obtaining their marketing authorisation. The following text provides information: **“To be marketed, a drug must obtain a marketing authorization (MA) issued either by the Director General of the National Agency for the Safety of Medicines and Health Products (ANSM) or by the European Commission after evaluation by the Committee for Medicinal Products for Human Use (CHMP) of the European Medicines Evaluation Agency (EMA).**

To obtain this MA, the pharmaceutical company that manufactures it must compile an MA file containing in particular all the scientific results obtained during the development of the drug and the clinical studies. An MA can only be issued when this MA dossier provides proof of the quality, safety and efficacy of the drug, with a favorable benefit/risk ratio.” [*Comment un médicament est-il mis sur le marché ? Taken from the website: <https://solidarites-sante.gouv.fr> (translated into English from the original text)].*

Without a marketing authorization (MA), a drug cannot be marketed in France. Now let's discover the rules that determine the viability of a drug before it is marketed in France. To do so, let's read this: **“By way of derogation from 2° of Article R. 5121-25, for the medicinal products mentioned in this article, the file attached to the application for marketing authorization is constituted under the following conditions:**

1° Where the applicant demonstrates, by reference to appropriate bibliographical documentation, that the application concerns a speciality whose active substance or substances have been in well-established medical use for at least ten years in France, in the European Community or in the European Economic Area and have recognised efficacy and an acceptable level of safety [...]

2° When the application concerns a new speciality containing active substances that are part of the composition of authorised medicinal products, but which have not yet been combined for therapeutic purposes, the file provided in support of the application shall include the results of pre-clinical and clinical trials relating to the combination of these substances [...].

[Article R5121-26 du Code de la santé publique Français, Modifié par Décret n°2015-709 du 22 juin 2015 - art. 1 (translated into English from the original text)].

Let's complete with this other text: **“When a new indication is authorized by the National Agency for the Safety of Medicines and Health Products, on the basis of preclinical and clinical studies considered to be significant during the scientific evaluation conducted with a view to this authorization, for a medicinal product whose active substance has been in well-established medical use for at least ten years in France, the European Community or the European Economic Area, an application for authorization of the same indication for another medicinal product may not refer to these studies for a period of one year.**

In this case, the Director General of the Agency shall inform the marketing authorization holder that the data from these studies are protected for one year and shall make this information public”. *[Article R5121-41-5-1 du Code de la santé publique Français, Modifié par Décret n°2012-597 du 27 avril 2012 – art. 5 (translated into English from the original text)].*

As we can see, **in France a minimum period of 10 years** has been established so that a drug can be declared “of well-established medical use”.

Before this ten-year period, it is possible for a new drug to be marketed, but to do so a specific application must be put in place and take into account, among other things, “the results of preclinical and clinical trials” carried out upstream on this substance.

Thus, the new drug or the one that has already been marketed for ten years but has undergone some modifications, benefits from a marketing authorization and a one-year period of protection for the data collected during studies. In what French legislation presents on drugs, a very important element caught our attention:

Even after a decade a drug cannot be presented as completely reliable, but it is declared as **“[...] have recognised efficacy and an acceptable level of safety [...]”**.

Which obviously implies that before ten years, a medicine cannot be presented as having **“recognized efficacy and an acceptable level of safety”**.

The European procedures for placing vaccines against covid 19 on the market are in the same framework as what we have just seen. In the context of vaccines against coronavirus, the text *[Questions-réponses : le coronavirus et la stratégie de l'UE concernant les vaccins. Partie : Procédure d'autorisation R. Taken from the website: <https://ec.europa.eu>]* presents us with what was the situation in reality:

“How can a COVID-19 vaccine be developed and authorised within a 12-18 months timeframe when the normal process takes around 10 years? [...] Finding a safe and effective vaccine will be a key element of the exit strategy from the pandemic.

Europe and the world need to act swiftly and teams around the world are working with the ambition of delivering a successful vaccine within a timeframe of 12-18 months. [...] It is indeed true that vaccine development can take time [...] The often-quoted 10 year timeframe refers to the time from concept to authorisation, including gathering the necessary evidence through clinical trials.

Reducing this timeline to 12-18 months means both accelerating development and manufacturing timelines as well as the marketing authorisation. [...] Clinical trials for COVID-19 vaccines are being carried out more quickly than usual because the effort being put into their organisation and conduct has been significantly increased by the sponsors, researchers and regulators.

[...] In principle, large-scale Phase 3 efficacy trials involving thousands of participants are required to support the marketing authorisation of a COVID-19 vaccine. These trials should be designed to measure the vaccine's efficacy in protecting against COVID-19 (efficacy endpoints) and its safety.

This is because there are no known indicators (such as the levels of antibodies in the blood) that can predict protection and could be used instead of efficacy endpoints. In addition, we are currently in a situation where the virus is circulating, which makes it feasible to establish the efficacy of a vaccine in large-scale clinical trials. The protocols of such clinical trials, *including any plans for interim analyses, are subject to regulatory approval.*

What does the scientific assessment by the European Medicines Agency consist of? What is the process of approval? To obtain a marketing approval for a vaccine in the EU, a vaccine developer needs to submit the results of all testing/investigations to the medicines regulatory authorities in Europe as part of a 'marketing authorisation' application. [...] For COVID-19, EMA has put in place rapid review procedures to deliver assessments of applications quickly while ensuring robust scientific opinions. Key to this shortening of timescales are 'rolling reviews'.

In a public health emergency, EMA assesses data for promising medicines or vaccines as they become available. Through these rolling reviews, EMA can therefore start evaluating data while the development is still ongoing.

[...] However, if comprehensive data would not be available at the time of the marketing authorisation application, the EU regulatory system is designed to potentially accommodate this situation by providing for a conditional authorisation system. This means that the initial ("conditional") authorisation granted by the Commission is based on less comprehensive data than would normally be the case (nonetheless with a positive benefit-risk balance), and with obligations on the marketing authorisation holders for the data to be completed afterwards and to be submitted for assessment.

Conditional marketing authorisations are closely monitored and are subject to annual review. The European Commission takes a decision on whether or not to issue the marketing authorisation on the basis of the recommendation from the EMA. [...] In addition, after authorisation, EU law requires that the safety of the vaccine – as is the requirement all medicinal products – will be monitored while in use. In addition to safety, the vaccine's effectiveness should also be monitored. As part of such monitoring, studies are carried out after marketing. [...]

The EU has a comprehensive safety monitoring (pharmacovigilance) system that allows measures to be put in place to minimise risk, to ensure reporting of suspected side effects, to detect any potential adverse effects, and introduce any necessary mitigating actions early.

Specifically for COVID-19 vaccines, EMA in close collaboration with the Commission, Member States, European and international partners, is establishing enhanced safety monitoring activities.

These activities are aimed at making sure that any new information collected post-marketing will be identified and evaluated as quickly as possible, and appropriate regulatory actions are taken in a timely manner to protect patients and safeguard public health. [...]" (*translated into English from the original text*).

This text is clear, the coronavirus vaccines, which are distributed worldwide, are products that were still in the experimental phase during the pandemic.

This reality is clearly evident in this text, which informs us about the research time generally observed for a vaccine, which is **10 years**. This is in order to be sure of its action and its contraindications, but here, due to the sanitary crisis, the duration of the protocol has been reduced to between **12 months and 18 months**.

So, a very compressed duration!

This text also tells us that, due to the lack of sufficient data, it was not possible to quantify the impact of vaccines against Covid-19, and the European Union had to deviate from its rule relating to the “**normal**” obtaining of the right to market a medicine, which is what allowed it to grant the various vaccines “**conditional**” authorization.

In addition, what allows the European Union to judge the effectiveness of anti-Covid-19 vaccines are the “**positive benefit/risk ratios**” that they present.

Here too, there was not enough perspective and scientific data during this global pandemic to establish, in all objectivity, protocols to combat it. With these bases, a vaccine manufacturer could, during the sanitary crisis, put a vaccine on the market, whose contraindications or negative consequences were not fully known, as long as it subsequently committed to supplementing the data concerning its product.

We also learn that those who receive this “**conditional**” authorization to market these vaccines against covid 19, in the research phase, have a set time to demonstrate that their products are viable, otherwise they will be withdrawn from the market.

At the end, according to what is said, the conditional marketing authorizations for vaccines against covid 19 are re-examined by the European Union in order to decide on the renewal of the authorization.

Thus, it is after injection of the vaccines that information is collected to assess their dangerousness and from then on this data will be used to improve the new vaccines against covid 19. What is presented here is fraught with consequences, because if one of these vaccines is harmful to humans, it will have poisoned thousands, if not millions of individuals during a year but of course, to justify it, we will mention “**the benefit/risk ratio and statistics will be used to justify it**”.

What has just been presented, as you know, is what is called “**clinical trial of a drug on human beings**”. Yes, that's right, because we are injecting individuals with a molecule that has not yet been sufficiently tested to obtain from the European Union a “**normal**” right to use it on human beings.

This fact is well corroborated by this “**conditional**” authorization that was given during the health crisis for covid 19 vaccines.

In addition, in this text we are presented with a new framework for clinical trials, that of the so-called “**clinical trials in large scale**”, instituted because of the unprecedented nature of covid 19 and the lack of information available during the pandemic.

We will see what this new type of medical research implies, which can also be described as unprecedented, and how it differs from “**traditional clinical trials**” by freeing itself from the basic rules established by the “Declaration of Helsinki” and therefore making all national laws on compulsory vaccination against covid 19 illegal.

To continue, we will tell you that it is important not to lose sight of the fact that throughout the pandemic and during the period of compulsory vaccination against covid 19, vaccines against the corona virus had a “**conditional**” market authorization because they were still in the experimental phase. The text of the [Agence européenne des médicaments. Régulation humaine. Post : Vaccins COVID-19 : autorisés. Taken from the website: <https://www.ema.europa.eu>] establishes this reality in the following:

- “**The following vaccines can be used in the EU to prevent COVID-19:**
- Vaccine: Comirnaty (developed by BioNTech and Pfizer). Conditional marketing authorisation issued: **21/12/2020**.
- Vaccine: COVID-19 Vaccine Janssen. Conditional marketing authorisation issued: **11/03/2021**.
- Vaccine: Nuvaxovid. Conditional marketing authorisation issued: **20/12/2021**.
- Vaccine: Spikevax (previously COVID-19 Vaccine Moderna). Conditional marketing authorisation issued: **06/01/2021**.
- Vaccine: Spikevax (previously COVID-19 Vaccine Moderna). Conditional marketing authorisation issued: **29/01/2021**. (translated into English from the original text).

MA: *conditional marketing authorisation*. ** “**Nuvaxovid**” in the press is “*Novavax*”.

Let's remember that: **“The approval of a medicine that addresses unmet medical needs of patients on the basis of less comprehensive data than normally required. The available data must indicate that the medicine’s benefits outweigh its risks and the applicant should be in a position to provide the comprehensive clinical data in the future. [...]”**. [Agence européenne des médicaments. AMM conditionnelle. Taken from the website: <https://www.ema.europa.eu>] (translated into English from the original text).

These “**conditional**” marketing dates show us again, if need be, that during the entire duration of the mandatory vaccination against covid 19 in France, the vaccines established in this context were still in the experimental phase.

Thus, as we have seen, the protocol for the “**conditional**” marketing of anti-covid 19 vaccines lasts at least one year, with a review carried out at the end of this period with a view to renewing or not this authorization. Thus, we easily understand, this pandemic being unprecedented, no country in the world had the necessary hindsight to eradicate it and they were all subjected to the same standard:

“Marketing vaccines, at the experimental stage, in the name of the “famous” benefit/risk ratio, the benefits being judged, at the stage of the data available during the pandemic, to be greater than the risks”.

So, whatever the name given to this type of protocol for marketing vaccines against the coronavirus, during the pandemic, we were indeed within the framework of a “**large-scale clinical trial**” which obeyed the same rule, that of collecting data to develop scientific knowledge, as the vaccines were injected into a “**mass guinea pig, not necessarily voluntary**” population.

Thus, during the entire period when the vaccinal laws against covid 19 were in force, we were still within the framework of emergency use, therefore “clinical trials” since these vaccines did not yet benefit from a “**normal**” marketing.

This was the case for all the vaccines used during the pandemic. We have highlighted many realities including that which is attached to “**large-scale clinical trials**”.

Now that these foundations are laid, we will reinforce what we have just seen, by taking another angle of attack.

To do so, let us read this: “[...] September 12, 2020 – Pfizer and BioNtech obtain approval from regulatory authorities to expand the clinical study, which may include up to 44,000 participants (including children aged 12 and over). [...]”

The study will allow to continue to collect efficacy and safety data from participants for an additional two years. July 27, 2020 – Pfizer and partner BioNTech announce the selection of a vaccine candidate chosen from the 4 messenger RNA (mRNA) vaccine candidates in the BNT162 program.

This vaccine candidate (BNT162b2) planned to be used for the phase 2/3 clinical trial was selected on the basis of the data available in the preclinical and clinical studies.

[...]” [Pfizer. Les dates clés, depuis le début du partenariat à la mise à disposition du vaccin en Europe. Taken from the website: [https://www.pfizer.fr/lutte-contre-la-covid-19-point-avancees-vaccin-pfizer-biontech-juin-2021#:~:text=L%C3%A9tude%20permettra%20de%20continuer,\(ARNm\)%20du%20programme%20BNT162](https://www.pfizer.fr/lutte-contre-la-covid-19-point-avancees-vaccin-pfizer-biontech-juin-2021#:~:text=L%C3%A9tude%20permettra%20de%20continuer,(ARNm)%20du%20programme%20BNT162), (translated into English from the original text)].

Let's complete with this other text: “[...] **The Phase 3 clinical trial of BNT162b2 began on July 27 and has enrolled 43,661 participants to date, 41,135 of whom have received a second dose of the vaccine candidate as of November 13, 2020.**

Approximately 42% of global participants and 30% of U.S. participants have racially and ethnically diverse backgrounds, and 41% of global and 45% of U.S. participants are 56-85 years of age.

[...] **The trial will continue to collect efficacy and safety data in participants for an additional two years. [...] This release contains forward-looking information about Pfizer's efforts to combat COVID-19 [...] Including qualitative assessments of available data, potential benefits, expectations for clinical trials, anticipated timing of regulatory submissions and anticipated manufacturing, distribution and supply [...] Commencement and/or completion dates for clinical trials, regulatory submission dates, regulatory approval dates and/or launch dates, as well as risks associated with clinical data (including the Phase 3 data that is the subject of this release), including the possibility of unfavorable new preclinical or clinical trial data and further analyses of existing preclinical or clinical trial data;**

The ability to produce comparable clinical or other results, including the rate of vaccine effectiveness and safety and tolerability profile observed to date, in additional analyses of the Phase 3 trial or in larger, more diverse populations upon commercialization; [...] [Pfizer. Post : Pfizer et BioNTech concluent l'étude de phase 3 du candidat-vaccin COVID-19, répondant à tous les principaux critères d'efficacité. Taken from the website: <https://www.pfizer.com/news/press-release/press-release-detail/pfizer-and-biontech-conclude-phase-3-study-covid-19-vaccine> translated into English from the original text)].

You will notice that the information reported here is taken from the very source of the companies marketing a vaccine against the coronavirus, **Pfizer and BioNTech**.

This is an example to support our argument but we could just as well have chosen another approved vaccine against covid 19 and the conclusion would be the same.

These two texts allow us to collect very interesting information on clinical trials. Thus, we are told, among other things, that the “clinical trials” of phases **2 and 3** of the vaccine against covid 19 developed by Pfizer and its partner BioNTech began on July 27, 2020.

In addition, important information, from **November 13, 2020**, as part of **the phase 3 “clinical trial”**, data on the efficacy and safety of the vaccines were collected over two years from the participants. Thus, the end of this “clinical trial” was scheduled for **November 12, 2022**.

In doing so, as in mainland France, the vaccinal obligation against covid 19 remained until **March 14, 2022** on the national territory and until **April 9, 2022**, in the Antilles, particularly in Martinique, we understand that during the entire time when these vaccinal laws against covid 19 were in force, they were supported by vaccines in the experimental phase.

In addition, it is specified that during this period, in parallel with these “clinical trials”, additional studies were conducted to test, in particular the efficacy, harmlessness and tolerability of these vaccines.

They were therefore similar to **“additional analyzes of the phase 3 trial” but they were carried out “in larger and more diversified populations during marketing”**.

This further confirms, if need be, that although the “clinical trials”, according to the usual methodology, were conducted on groups of volunteer candidates, registered in a protocol, another type of “clinical trial” was carried out in parallel.

Indeed, the fact of administering the coronavirus vaccines, during this same period, to the populations of various countries to collect data on their action, therefore sets the framework for the **“large-scale clinical trials”** defined above.

Let us recall again that a drug that is placed on the market with a conditional MA (Marketing Authorization) is a product on which we do not yet have all the data and on which research continues to be carried out, but nevertheless here, concerning these vaccines against covid 19, they were marketed because of the “galloping” nature of the pandemic.

This is the framework in which the obligation to vaccinal against covid 19 was found, throughout the period in which it was active. What we have just presented is certainly obvious, and we are not telling you anything new here.

However, we wanted to clarify this before coming to the reality attached to the marketing of anti-covid 19 vaccines which contravenes the French constitution and European law and which was not, in our opinion, considered by legislators before establishing the resulting covid 19 vaccinal laws.

And yet, it is thanks to this element that no one can be vaccinated against his will.

To tell you about it, we will tell you that the legal vacuum that gave France complete latitude to manage the sanitary crisis has a flaw, the latter is based on the procedure for placing anti-covid 19 vaccines on the market at the global level and it concerns the basis on which it is established and the legal reality that surrounds it.

We will now demonstrate to you that the French vaccinal laws against covid 19 have no reason to exist because they do not respect the standards for placing vaccines on the market that have been established by the European Union.

First of all, we must take into account the foundations on which European laws are established in matters of medical research on human beings.

These are the same ones that govern vaccines against the corona virus. To do this, we invite you to read the text [*Conseil de l'Europe, Comité des Ministres Recommandation N° R (90) 3, du Comité des Ministres aux États Membres sur la recherche Médicale sur l'être Humain 1 (adoptée par le Comité des Ministres le 6 février 1990, lors de la 433e réunion des Délégués des Ministres)*] which establishes the following:

“At the 433rd meeting of the Ministers' Deputies, the Committee of Ministers, under Article 15.b of the Statute of the Council of Europe, Considering that the aim of the Council of Europe is to achieve greater unity among its members, in particular through the adoption of minimum common rules on questions of common interest;

Having regard to the Convention for the Protection of Human Rights and Fundamental Freedoms and in particular Articles 2.1, 3 and 8 thereof; [...] and to the Declaration of Helsinki, adopted by the 18th World Medical Assembly in 1964 and subsequently amended at the 29th in Tokyo (1975), the 35th in Venice (1983) and the 41st in Hong Kong (1989), intended to guide physicians in biomedical research involving human beings [...] (translated into English from the original text)

What we wish to highlight and which is displayed in this text is Europe's desire **“to achieve greater unity among its members”** for **“the adoption of minimum common rules on issues of common interest for medical research”**. Thus these principles relating to medical research on human beings apply to all European States, including France.

Now that these points have been introduced, let's discover the text [*Conseil de l'Europe, Comité des Ministres Recommandation N° R (90) 3, du Comité des Ministres aux États Membres sur la recherche Médicale sur l'être Humain 1 (adoptée par le Comité des Ministres le 6 février 1990, lors de la 433e réunion des Délégués des Ministres)*] of which here is an extract: **“Being aware of the fact that the advancement of medical science and practice is dependent on knowledge and discovery which necessitate, as a last resort, experimentation on human beings;**

Being convinced that medical research should never be carried out contrary to human dignity; [...] Considering that every person has a right to accept or to refuse to undergo medical research and that no one should be forced to undergo it;

Considering that medical research on human beings should take into account ethical principles, and should also be subject to legal provisions;

Realising that in member states existing legal provisions are either divergent or insufficient in this field;

[...] Principles concerning medical research on human beings Scope and definition: For the purpose of application of these principles, medical research means any trial and experimentation carried out on human beings, the purpose of which or one of the purposes of which is to increase medical knowledge. [...]

In medical research the interests and well-being of the person undergoing medical research must always prevail over the interests of science and society. [...] No medical research may be carried out without the informed, free, express and specific consent of the person undergoing it.

Such consent may be freely withdrawn at any phase of the research and the person undergoing the research should be informed, before being included in it, of his right to withdraw his consent. [...] Potential subjects of medical research should not be offered any inducement which compromises free consent.

[...] Any medical research which is: - unplanned, or

- contrary to any of the preceding principles, or

- in any other way contrary to ethics or law, or

- not in accordance with scientific methods in its design and cannot answer the questions posed should be prohibited or, if it has already begun, stopped or revised, even if it poses no risk to the person(s) undergoing the research. [...]. (translated into English from the original text).

Reading these lines, it appears that it is a **“big stone which is thrown into the pond of the obligation to vaccinate against covid 19”**. This text, which is a vintage of the Council of Europe, provides us with information proving the illegal and arbitrary side of the obligation to vaccinate against covid 19. Nevertheless, what is said here would have no reason to exist if we did not juxtapose to this the juridical character of the vaccines against the coronavirus which were still at the research stage, throughout the pandemic.

It is therefore these vaccines at the experimental stage which nevertheless carried the vaccinal laws against covid 19, by which the obligation to be vaccinated was instituted in France, under penalty of not being able to exercise one's professional activity.

Indeed, if all the scientific data had already been collected for these vaccines against covid 19, that the protocols were no longer subject to the mention of **“conditional”** marketing and that the status of **“normal”** marketing had been given to them, all this argument would be in vain. But, this is not the case, in doing so the content of this text is the sine qua non basis established and which must serve as legislative support applicable in Europe and therefore in France.

Thus we learn that we have the right to refuse to submit to drug research and that **NO ONE** can force us to do so.

By learning about this reality, we understand that the obligation to vaccinate against covid 19 contravenes this rule. We also discover that medical research on human beings must, among other things, be subject to legal rules.

We have seen that no one can legally, in France, force an individual to take a drug in the research phase against their will. This reality is also reaffirmed by this text. Important information is also given to us in this text and erases any possibility of presenting vaccines against covid 19 as not being part of medical research.

We discover that the term **“medical research”** encompasses any **“experimentation carried out on human beings, the aim, or one of the aims, of which is to broaden medical knowledge”**, so vaccines against covid 19 fits well into this framework.

In addition, it is also specified that in medical research, the primary objective is the interest and well-being of the person and this before the interest of science and society. Faced with what we have seen during the pandemic, we can be doubtful.

Thus, to advance science, the person cannot be harmed, and this also implies their work. This rule therefore presents the obligation to vaccinate against covid 19 which was imposed on certain socio-professionals, so that they could work, as being illegal.

No constraint should be exercised to force an individual to participate in research for a drug, against their will.

The notion of free consent is a key element that conditions participation in this type of protocol. In view of all these indications, we arrive at the same conclusion, the obligation to vaccinate against covid 19 at the time when it was active was illegal.

And finally, it is also clearly stated that any rule that would deviate from all or part of what has just been presented must be prohibited and even stopped, in the event that the trials have already started. This is yet another element that allows us to affirm that the obligation to vaccinate against covid 19 is against the law and should never have been.

In view of the elements that have been developed, it is clear that those who refuse to be vaccinated against covid 19, and therefore to participate in this “**large-scale clinical trial**”, are within their rights, they are simply complying with the rules established by the European Union and to which France is subject.

In this last text, we also discover that the “experimentation carried out on human beings, the aim or one of the aims of which is to broaden medical” knowledge must be, among other things, subject to the “declaration of Helsinki”. We are now moving towards discovering the *[Déclaration d'Helsinki de L'AMM – Principes éthiques applicables à la recherche médicale impliquant des êtres humains. Adoptée par la 18e Assemblée générale de l'AMM, Helsinki, Finlande, Juin 1964 et amendée par les : 29e Assemblée générale de l'AMM, Tokyo, Japon, Octobre 1975, (...) 59e Assemblée générale de l'AMM, Séoul, République de Corée, Octobre 2008, 64e Assemblée générale de l'AMM, Fortaleza, Brésil, Octobre 2013]*, which sets out the following:

“Preamble: The World Medical Association (WMA) has developed the Declaration of Helsinki as a statement of ethical principles for medical research involving human subjects, including research on identifiable human material and data.

The Declaration is intended to be read as a whole and each of its constituent paragraphs should be applied with consideration of all other relevant paragraphs.

[...] General Principles: [...] It is the duty of the physician to promote and safeguard the health, well-being and rights of patients, including those who are involved in medical research. The physician's knowledge and conscience are dedicated to the fulfilment of this duty. [...] Medical research is subject to ethical standards that promote and ensure respect for all human subjects and protect their health and rights.

While the primary purpose of medical research is to generate new knowledge, this goal can never take precedence over the rights and interests of individual research subjects. It is the duty of physicians who are involved in medical research to protect the life, health, dignity, integrity, right to self-determination, privacy, and confidentiality of personal information of research subjects.

[...] Physicians must consider the ethical, legal and regulatory norms and standards for research involving human subjects in their own countries as well as applicable international norms and standards. No national or international ethical, legal or regulatory requirement should reduce or eliminate any of the protections for research subjects set forth in this Declaration. [...] Scientific Requirements and Research Protocols: [...] The protocol should contain a statement of the ethical considerations involved and should indicate how the principles in this Declaration have been addressed.

The protocol should include information regarding funding, sponsors, institutional affiliations, potential conflicts of interest, incentives for subjects and information regarding provisions for treating and/or compensating subjects who are harmed as a consequence of participation in the research study. Research Ethics Committees:

The research protocol must be submitted for consideration, comment, guidance and approval to the concerned research ethics committee before the study begins. [...]

It must take into consideration the laws and regulations of the country or countries in which the research is to be performed as well as applicable international norms and standards but these must not be allowed to reduce or eliminate any of the protections for research subjects set forth in this Declaration. [...] Informed Consent: 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. 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. [...]" (translated into English from the original text).

It is, above all, important to emphasize the scope of this declaration. This is not a legislative text taken on health by a country or a group of States, such as the European Union, and which would only concern certain territories.

Here, this declaration which sets out the fundamental principles applicable to all forms of medical research is binding on all nations, it is therefore supranational and of global scope. Indeed, this text is from the "Feather (pen)" of the "**World Medical Association (WMA)**" and we discover its field of application. Here is an excerpt:

"[...] No national or international ethical, legal or regulatory requirement should reduce or eliminate any of the protections for research subjects set forth in this Declaration. [...]"

Thus, the "Declaration of Helsinki" provides protection to all those involved in medical research, also called "clinical trials", in order to ensure that their rights are not violated. The most important element that we have just seen is the possibility given to each citizen to be able to refuse to be vaccinated if they do not wish to be.

This reality is taken up in European law, particularly in the text [*Journal officiel de l'Union européenne. Règlement (UE) No 536/2014, du Parlement Européen et du Conseil du 16 avril 2014, relatif aux essais cliniques de médicaments à usage humain et abrogeant la directive 2001/20/CE. Taken from the website: <https://eur-lex.europa.eu>] which establishes the following: "The members of the International Conference on Harmonisation of Technical Requirements for Registration of Pharmaceuticals for Human Use (ICH) have agreed on a detailed set of guidelines on good clinical practice which is an internationally accepted standard for designing, conducting, recording and reporting clinical trials, consistent with principles that have their origin in the World Medical Association's Declaration of Helsinki. [...]"*

This Regulation is in line with the major international guidance documents on clinical trials, such as the 2008 version of the World Medical Association's Declaration of Helsinki and good clinical practice, which has its origins in the Declaration of Helsinki". (translated into English from the original text).

We discover here that all the protocols that the European Union has established for "good clinical practices" as well as for "clinical trials" are based on the "Declaration of Helsinki" to which it is subject. We can therefore deduce that, the European Union having primacy over the marketing of vaccines that are still in the "clinical trial" phase and being, itself, subject to the "Declaration of Helsinki", any European State that does not respect the established rules would be outside the law and the vaccinal laws against covid 19 that it would then institute would be without legislative basis and would contravene their constitution.

Now, these elements established, I will present to you one of the keys to the “Declaration of Helsinki” which allows us to conclude that the compulsory vaccination against covid 19 instituted by certain countries, including France, is perfectly illegal.

We have discovered that according to the rules imposed by the “World Medical Association (WMA)”, no one can, at will, consider one part of the “Declaration of Helsinki” and reject another. Indeed, in this text it is stated that:

“[...] The Declaration is intended to be read as a whole and each of its constituent paragraphs should be applied with consideration of all other relevant paragraphs. [...]”

What is said here is of capital importance!

Let us dwell on these two sentences. What do they imply in the context of covid 19 vaccines? Let us recall that European states are not sovereign in matters of research on human beings, so “clinical trials” are part of it, because they are subject to the “Declaration of Helsinki”.

Considering these bases, let us return to the implementation of covid 19 vaccines. Two types of “clinical trials” have been established.

The first concerns the “(usual) clinical trials” which allowed the marketing of anti-covid 19 vaccines “conditionally” in Europe.

The clinical trials conducted in this context were carried out according to the criteria defined by the “Declaration of Helsinki”. Thus, the participants in this experimental medical protocol from the European Union, America or other countries all had the opportunity to exercise their enlightened conscience, and were not subjected to any pressure to be vaccinated. This participation was therefore done on a voluntary basis.

It can also be said that those who wanted to abandon the protocol were able, in all likelihood, to do so, in accordance with the “Helsinki” rules without suffering any harm. In continuity, we can assume that if this were not the case, the “World Medical Association” would have vetoed it and these vaccines against covid 19 would never have been able to be marketed.

On the other hand, we have also seen, in the context of vaccines against covid 19, during the pandemic the databases of this virus being on many points still unknown and needing to be enriched, **so-called “large-scale” “clinical trials”** in Europe were authorized to allow the marketing of anti-covid 19 vaccines in a “conditional” manner and the data resulting from the monitoring of mass vaccination continue to be collected.

These realities displayed in the European Union regulation, concerning the marketing of vaccines against covid 19, at the experimental stage, are the same in other non-European countries. To understand this, let us see the position of the one who is considered to be the leader of the free world, the United States of America, in the face of the “Declaration of Helsinki” and by extension in the face of the “World Medical Association (WMA)”.

Here is what we can, among other things, read about it: **“[...] The Helsinki Declaration differs from its American version in several respects, the most significant of which is that it was developed by and for physicians. The term “patient” appears in many places where we would expect to see “subject”.**

It is stated in several places that physicians must either conduct or have supervisory control of the research. The dual role of the physician-researcher is acknowledged, but it is made clear that the role of healer takes precedence over that of scientist.

“[...] The Helsinki Declaration is based less on key philosophical principles and more on prescriptive statements.[...] Elements in a research protocol, use of placebos, and obligation to enroll trials in public registries (to ensure that negative findings are not buried), and requirements to share findings with the research and professional communities are included in the Helsinki Declaration. [...]” [National Library of Medicine. Informations COVID-19, Taken from the website: <https://pubmed.ncbi.nlm.nih.gov/25951678/>].

It therefore appears that the United States is also subject to the “Declaration of Helsinki”, which has been adapted. Within this Nation, it seems to place the participant, considered as a patient, at the heart of the “clinical trial” rather than considering him as the subject allowing the enrichment of scientific knowledge. Moreover, in the American version of the “Declaration of Helsinki”, the term “patient”, used in place of the term “subject” can reflect this reality. All this allows us to understand that for medical research (clinical trials), America, as powerful as it is, is subject to the “Declaration of Helsinki”.

We will now discover the reality of the marketing of vaccines against covid 19 on the American market. To do so, let's read this: **“What is an Emergency Use Authorization (EUA)? An Emergency Use Authorization (EUA) is a mechanism to facilitate the availability and use of medical countermeasures, including vaccines, during public health emergencies, such as the current COVID-19 pandemic.**

Under an EUA, FDA may allow the use of unapproved medical products, or unapproved uses of approved medical products in an emergency to diagnose, treat, or prevent serious or life-threatening diseases or conditions when certain statutory criteria have been met, including that there are no adequate, approved, and available alternatives. [...] *FDA must determine that the known and potential benefits outweigh the known and potential risks of the vaccine.*

[...] FDA expects vaccine manufacturers to include in their EUA requests a plan for active follow-up for safety, including deaths, hospitalizations, and other serious or clinically significant adverse events, among individuals who receive the vaccine under an EUA, to inform ongoing benefit-risk determinations to support continuation of the EUA. [...] *[U.S Food & Drug, Administration. Autorisation d'utilisation d'urgence pour les vaccins expliquée. Taken from the website: <https://www.fda.gov/vaccines-blood-biologics/vaccines/emergency-use-authorization-vaccines-explained> (translated into English from the original text)].*

Let's add this text to our study: **“While COVID-19 vaccines were developed rapidly, all steps were taken to make sure they are safe and effective [...]** *Authorization or Approval – Before vaccines are available to people, the U.S. Food and Drug Administration (FDA) assesses the findings from clinical trials. FDA determined that three COVID-19 vaccines met FDA's safety and effectiveness standards and granted those vaccines Emergency Use Authorizations (EUAs). This allowed the vaccines to be quickly distributed to control the pandemic. [...]*

Tracking Safety Using Vaccine Monitoring Systems – COVID-19 vaccine safety monitoring has been the most intense and comprehensive in U.S. history. Hundreds of millions of people in the United States have received COVID-19 vaccines.

Through several monitoring systems, CDC and FDA continue to provide updated information on the safety of these vaccines. [...] *[Foire aux questions sur la vaccination contre la COVID-19. Dernière mise à jour le 28 décembre 2021. Source du contenu : Centre national de vaccination et des maladies respiratoires (NCIRD), division des maladies virales. Taken from the website: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html> (translated into English from the original text)].*

We discover in these texts that the United States, like Europe, had to deal with the emergency situation by agreeing to market anti-covid 19 vaccines that were developed quickly. However, this marketing also responds to very specific rules.

Thus, in the context of a state of sanitary emergency, the Food and Drug Administration (FDA), the American administration that regulates the marketing of foodstuffs and drugs, can authorize the marketing of drugs that are not approved for use in the United States, as was the case during the anti-covid 19 vaccine pandemic.

Unable to grant these products marketing authorizations on the normal basis, the FDA granted them “emergency use authorizations (EUA)” because the potential benefits were deemed to outweigh the risks.

So, these are the data of the hundreds of millions of people in the United States who have been vaccinated against covid-19, in return, through the surveillance systems that have been put in place, data is collected, the objective being to collect up-to-date information on the safety of these vaccines.

This is the equivalent of what is applied in Europe, only the terms change. **Emergency use authorizations** for the United States, **conditional marketing authorizations** for the European Union. This type of monitoring allowing data collection, is presented as being **“the most intense and the most complete in the history of the United States”**.

Remember that this kind of research on human beings must be subject to all the rules of the “Declaration of Helsinki”, **conceived as an inseparable whole**.

To continue, let's discover the terms defining the end of “emergency use authorizations (EUA)” of anti-covid 19 vaccines by America by reading the text [*Jacqueline A. O'Shaughnessy, Ph.D. Acting Chief Scientist. Food and Drug Administration*] which establishes the following:

*“On December 11, 2020, the Food and Drug Administration (FDA) issued an **Emergency Use Authorization (EUA) for emergency use of Pfizer-BioNTech COVID-19 Vaccine for the prevention of COVID-19 for individuals 16 years of age and older pursuant to Section 564 of the Act. [...]***

IV. Duration of Authorization: This EUA will be effective until the declaration that circumstances exist justifying the authorization of the emergency use of drugs and biological products during the COVID-19 pandemic is terminated under Section 564 (b)(2) of the Act or the EUA is revoked under Section 564(g) of the Act. Sincerely”.

The “emergency use authorization” should cease to exist at the end of the covid 19 pandemic. We were therefore throughout the health crisis, at the global level, still in this process of “clinical trial in large scale”, subject to the rules of the “Declaration of Helsinki”.

Now let's find out what would make the covid 19 vaccination that America had introduced illegal. To do this, the text [U.S Food & Drug, Administration. Post: Emergency Use Authorization for Vaccines Explained. Taken from the website: <https://www.fda.gov/vaccines-blood-biologics/vaccines/emergency-use-authorization-vaccines-explained>] which establishes the following: “[...] The U.S. government – in partnership with health systems, academic centers, and private sector partners – will use multiple existing vaccine safety monitoring systems to monitor COVID-19 vaccines in the post-authorization/approval period. [...]

FDA must ensure that recipients of the vaccine under an EUA are informed, to the extent practicable given the applicable circumstances, that FDA has authorized the emergency use of the vaccine, of the known and potential benefits and risks, the extent to which such benefits and risks are unknown, that they have the option to accept or refuse the vaccine, and of any available alternatives to the product. [...]

Here, there is no possible ambiguity. It is clear that in the context of an EUA, therefore an “emergency use authorization” of vaccines against covid 19, there is an obligation for the FDA to ensure that those who will be vaccinated are informed of the **“potential benefits and risks, the extent to which such benefits and risks are unknown”** of these products.

In addition, they must also be informed “that they have the option to accept or refuse the vaccine”.

Here we find the bases that the “Declaration of Helsinki” established so that a product in the **“research phase (clinical trial)”** can be used on a human being.

The most important element that we have just seen is the possibility that is given to each American citizen to be able to refuse to be vaccinated if they do not wish to be.

This reality was non-existent in France, on the contrary, during the pandemic the obligation to vaccinate against covid 19 was imposed on us, like a yoke.

Let us now see what Mr. MARGUERITE is relying on to affirm that the obligation to vaccinate against covid 19 is “illegal”. To do this, we will focus particularly on the European protocol which establishes this “clinical trial in large scale”, to highlight its character which contravenes the rules of the “Declaration of Helsinki”.

The vaccines against the coronavirus, as we have seen, were always during the entire health crisis in **phase 3 of “clinical trial”**, but because of the pandemic, they were marketed conditionally, to the greatest number. It is this widely extended marketing that has allowed the laboratories concerned to continue collecting scientific data, coming from the use of these vaccines against covid 19, on all those who use it, and this while they were not registered in a protocol called **“clinical trial (normal)”**.

We have already seen that carrying out “experiments on human beings, the aim or one of the aims of which is to broaden medical knowledge”, is similar to medical research also called “clinical trial”.

This type of intervention must meet very specific, inseparable criteria, defined in “the Helsinki Declaration”. What about it? Let us read this: **“Clinical study’ means any investigation in relation to humans intended: [...]**

a) to discover or verify the clinical, pharmacological or other pharmacodynamic effects of one or more medicinal products;

b) to identify any adverse reactions to one or more medicinal products; or

c) to study the absorption, distribution, metabolism and excretion of one or more medicinal products; with the objective of ascertaining the safety and/or efficacy of those medicinal products; Clinical trial’ means a clinical study which fulfils any of the following conditions:

2, a) the assignment of the subject to a particular therapeutic strategy is decided in advance and does not fall within normal clinical practice of the Member State concerned;

2, b) the decision to prescribe the investigational medicinal products is taken together with the decision to include the subject in the clinical study; or

2, c) diagnostic or monitoring procedures in addition to normal clinical practice are applied to the subjects.

3) ‘Low-intervention clinical trial’ means a clinical trial which fulfils all of the following conditions:

a) the investigational medicinal products, excluding placebos, are authorised;

b) according to the protocol of the clinical trial,

(i) the investigational medicinal products are used in accordance with the terms of the marketing authorisation; or

(ii) the use of the investigational medicinal products is evidence-based and supported by published scientific evidence on the safety and efficacy of those investigational medicinal products in any of the Member States concerned; and

c) the additional diagnostic or monitoring procedures do not pose more than minimal additional risk or burden to the safety of the subjects compared to normal clinical practice in any Member State concerned; [...]

17) ‘Subject’ means an individual who participates in a clinical trial, either as recipient of an investigational medicinal product or as a control; [...]

25) ‘Start of a clinical trial’ means the first act of recruitment of a potential subject for a specific clinical trial, unless defined differently in the protocol;

26) ‘End of a clinical trial’ means the last visit of the last subject, or at a later point in time as defined in the protocol [...]”

[Journal officiel de l’Union européenne. Règlement (UE) No 536/2014, du Parlement Européen et du Conseil du 16 avril 2014, relatif aux essais cliniques de médicaments à usage humain et abrogeant la directive 2001/20/CE. Chapitre I, article 2, définitions. Taken from the website: <https://eur-lex.europa.eu> (translated into English from the original text)].

Let’s complete with this other text:

“All clinical trials should be registered in the EU database prior to being started. As a rule, the start and end dates of the recruitment of subjects should also be published in the EU database”. [*Journal officiel de l'Union européenne. Règlement (UE) No 536/2014, du Parlement Européen et du Conseil du 16 avril 2014, relatif aux essais cliniques de médicaments à usage humain et abrogeant la directive 2001/20/CE. Taken from the website: <https://eur-lex.europa.eu> (translated into English from the original text)].*

First of all, it is important to note that the elements reported here, being from a regulation of the European Union, all European States must submit to them. Thus, in these lines are presented the rules governing “clinical trials” in France.

We discover, among other things, that any medical manipulation intended to discover or highlight the effects of a drug on humans **“with the aim of ensuring the safety and/or the effectiveness of this drug”** and this in a framework that is not the established standard, is considered to be a **clinical trial**. The drugs concerned may be new molecules of which until now we do not yet fully know all the benefits and risks.

Nevertheless, they must have already been studied and that evidence concerning them is supported and is the subject of scientific publications.

In addition, it is said that what allows the experimental stage of a drug to be recognized is that it must be taken within the framework of a protocol that allows elements to be collected on the evolution of the health of the participant who received these substances, especially the negative consequences. Similarly, the status of “participant” in a “clinical trial” concerns both the one who receives the experimental drug and the one who serves as a control.

Apart from all this, this text presents the “clinical trial” as being very regulated and that it requires the establishment of a protocol, described in a document that presents the objectives, the conception, the methodology, etc.

Finally, it is also specified that for there to be a “clinical trial”, the meeting of all these elements, which we have just seen, must be notified in a protocol, with the start and end dates of this “clinical trial”, and that the participants are informed and this data must be recorded in the European Union database.

To continue, it is important to note that the texts reported earlier, as we have seen, specify that generally a “clinical trial” must mention and notify participants of a date for the start of the experiment and one for the end.

Also, it is assumed that an exceptional event is given an unprecedented response, meaning that the end date of the experiment on those who received vaccines against covid 19 could not be established, because no one during this pandemic had such information!

Thus, it is impossible to know how long the vaccines against covid 19 will continue to be effective in the bodies of those to whom they have been inoculated.

Thus, setting an end date for this experiment is impossible, which makes the marketing protocols for vaccines against covid 19 incomplete and thereby also renders the vaccinal obligation that accompanied them null and void.

Indeed, in the case of this pandemic, the vaccines as they were administered are similar to a **“large-scale clinical trial”**. All those who were vaccinated are therefore the participants in this **large-scale clinical trial (guinea pigs)**.

We are therefore far from the regulatory framework put in place by the European Union.

It is important not to lose sight of the fact that, in an attempt to curb this covid 19 pandemic, two types of “clinical trials” have been set up, as we have seen.

The first, the one just described that we will call the “normal” one, was carried out by the laboratories that designed the various vaccines with the usual requests for volunteers for the tests.

On the other hand, in the information collected so far, it also appears that given the lack of known data relating to the covid 19 virus, the marketing of vaccines was done so that *“the efficacy trials were carried out on a large scale”* with those who had been vaccinated as guinea pigs.

This is how, thanks to all those who are vaccinated, in the world, the European Union is gradually collecting data from the experiment, such as **“antibody levels in the blood”** in order to measure the efficacy of vaccines against covid 19.

Hence the fact that vaccines against covid 19 are being marketed “conditionally”, because the data concerning them are incomplete, so it is as and when information is collected, in these **“large-scale efficacy trials”**. Then this information is added to the existing databases, which leads scientists to better understand how the virus acts and to put in place the best protocol to fight it, or even eradicate it.

So far, nothing abnormal, we are in a **“clinical trial in large scale”** with the aim of vaccination, with all the inhabitants of the earth as participants, but where the problem lies is when we move on to compulsory vaccination against covid 19 and we are no longer in a voluntary situation, we fall under the blow of a transgression of the “Declaration of Helsinki”.

Let us recall that the framework in which the European Union's research on covid 19 and the vaccines to combat it were taking place during the pandemic was the **“clinical trial in large scale”**, and in reality these vaccines, it should be remembered, were in phase 3 of “clinical trials”.

In doing so, all those who had opted for vaccination with these anti-covid 19 vaccines, participate, willingly or unwillingly, in this type of medical research.

To continue, we now invite you to discover what has been established in terms of informed consent for minors who participate in a “clinical trial”. *“[...] Human dignity and the right to the integrity of the person are recognised in the Charter of Fundamental Rights of the European Union (the ‘Charter’). In particular, the Charter requires that any intervention in the field of biology and medicine cannot be performed without free and informed consent of the person concerned. [...]*

This Regulation should be without prejudice to national law requiring that, in addition to the informed consent given by the legally designated representative, a minor who is capable of forming an opinion and assessing the information given to him or her, should himself or herself assent in order to participate in a clinical trial. [...]”

[Journal officiel de l'Union européenne. Règlement (UE) No 536/2014, du Parlement Européen et du Conseil du 16 avril 2014, relatif aux essais cliniques de médicaments à usage humain et abrogeant la directive 2001/20/CE. Taken from the website: <https://eur-lex.europa.eu> (translated into English from the original text)].

Let's finish with this: **“[...] This Regulation is without prejudice to national law requiring that, in addition to the informed consent given by the legally designated representative, a minor who is capable of forming an opinion and assessing the information given to him or her, shall also assent in order to participate in a clinical trial. [...]**” *[Journal officiel de l'Union européenne. Règlement (UE) No 536/2014, du Parlement Européen et du Conseil du 16 avril 2014, relatif aux essais cliniques de médicaments à usage humain et abrogeant la directive 2001/20/CE. Chapitre V. Taken from the website: <https://eur-lex.europa.eu> (translated into English from the original text)].*

These texts highlight the terms relating to the right of informed consent of minors in the face of a “clinical trial”. Thus, although they cannot, by themselves, choose to participate, they are given the opportunity to give their opinion when they are able to do so.

Let us emphasize again, if necessary, that this decision to participate in this protocol must be taken in complete freedom, therefore without any constraint or pressure being exerted on this minor and/or on his legal representative.

So far, we have discovered many facets of the terms of informed consent that must be put in place for participants in a “clinical trial”, let us now discover how the latter must be acted upon in reality. Let us add this most instructive text to our study:

“[...] The participant or his legally designated representative may withdraw this consent at any time. [...]

Any participant or, if he is unable to give informed consent, his legally designated representative may, without incurring any prejudice and without having to justify himself, withdraw from the clinical trial at any time by revoking his informed consent. [...] *[Journal officiel de l'Union européenne. Règlement (UE) No 536/2014, du Parlement Européen et du Conseil du 16 avril 2014, relatif aux essais cliniques de médicaments à usage humain et abrogeant la directive 2001/20/CE. Chapitre V, protection des participants et consentement éclairé, article 28, règles générales. Taken from the website: <https://eur-lex.europa.eu> (translated into English from the original text)].*

Let's complete with this text: **“[...] In accordance with international guidelines, the informed consent of a subject should be in writing. When the subject is unable to write, it may be recorded through appropriate alternative means, for instance through audio or video recorders.**

Prior to obtaining informed consent, the potential subject should receive information in a prior interview in a language which is easily understood by him or her. The subject should have the opportunity to ask questions at any moment. Adequate time should be provided for the subject to consider his or her decision. [...]

It is appropriate to allow that informed consent be obtained by simplified means for certain clinical trials where the methodology of the trial requires that groups of subjects rather than individual subjects are allocated to receive different investigational medicinal products.

In those clinical trials the investigational medicinal products are used in accordance with the marketing authorisations, and the individual subject receives a standard treatment regardless of whether he or she accepts or refuses to participate in the clinical trial, or withdraws from it, so that the only consequence of non-participation is that data relating to him or her are not used for the clinical trial. [...]

This Regulation should be applied by the Member States in accordance with those rights and principles. [...] *[Journal officiel de l'Union européenne. Règlement (UE) No 536/2014, du Parlement Européen et du Conseil du 16 avril 2014, relatif aux essais cliniques de médicaments à usage humain et abrogeant la directive 2001/20/CE. Taken from the website: <https://eur-lex.europa.eu> (translated into English from the original text)].*

The bases presented in these texts are simple, we learn that a person who participates in a “clinical trial” must first follow an interview to receive all the information inherent to this process and this in a language mastered by the participant. Once all the information has been obtained, a time for reflection is given. From then on, two possibilities exist, the first is to refuse and withdraw from this clinical trial. The second is to give consent.

Nevertheless, one remains free to withdraw from this “clinical trial” at any time, even if one has already given one's informed consent.

To do this, it will be sufficient to revoke the commitment that had been made beforehand. Thus, even if one had agreed to adhere to such a protocol, one has, at any time, the right to choose to no longer participate in it, without being legally affected. These rights and principles have not been repealed.

Moreover, we must not lose sight of the fact that this European regulation applies to all Member States, so France is subject to it. However, this is not what happened in France, where vaccinal laws against covid 19 have, during the health crisis, forced citizens, caregivers, in particular to be vaccinated; in doing so, when they were instituted, they did not respect the principles set by this European regulation.

Which makes this obligation to vaccinal against covid 19 that was enacted obsolete.

To continue, we will discover other realities related to vaccination, in general and which can be transposed to that more specifically intended to combat covid 19.

To do this, we invite you to read the text [*Commission des affaires européennes du Sénat. Actualités européennes. N°67, 21 juillet 2021. Obligation vaccinale et pass sanitaire : position de l'Union Européenne et du Conseil de l'Europe (translated into English from the original text)*] which establishes the following:

“[...] The European Court of Human Rights (ECHR) is responsible for ensuring the proper application of the European Convention on Human Rights.

From Article 11 of the European Social Charter which provides that, with a view to ensuring the effective exercise of the right to the protection of health, States undertake to take appropriate measures aimed in particular at preventing epidemic diseases, ECHR concludes that States have a very wide margin of appreciation to guarantee the right to life and the protection of their population, which includes the possibility of deciding on compulsory vaccination of the population.

This is the position that the Court expressed in its *Vavříčka and Others v. Czech Republic* of 8 April 2021¹² on vaccination against childhood diseases. However, it would be hasty to conclude from this judgment that the ECHR would consider in accordance with the European Convention on Human Rights an obligation to vaccinate against SARS-CoV-2.

Indeed, the ECHR assesses in concreto the situation of the applicant and the possible violations of the Convention of which he considers himself a victim.

If the Court were to rule on this question, it would take into consideration the efficacy and safety of the vaccines, the seriousness of the disease, the penalties for refusing the vaccine and the impact of these penalties on the rights of the applicants.

***Vavříčka and Others v. Czech Republic* from the European Court of Human Rights of 8 April 2021: The European Court of Human Rights had to intervene in a dispute between the Government of the Czech Republic and six sets of parents opposed to the mandatory vaccination of their children against childhood diseases.**

They argued that the vaccination obligation imposed by the Government of the Czech Republic was contrary to Article 8 of the European Convention on Human Rights concerning respect for private and family life.

In its judgment of 8 April 2021 (*Vavříčka and Others v. Czech Republic* judgment), the Court concluded that this obligation to vaccinate was not contrary to the European Convention on Human Rights. In reaching this conclusion, the Court assessed the following elements:

- if it recognizes that the obligation to vaccinate constitutes an interference in the private life of the applicants, it notes that no forced vaccination took place;*
- an dispensation is possible in case of permanent medical contraindication;*
- the choice of compulsory vaccination is supported by relevant and sufficient reasons in the best interests of the rights of the child;*
- the safety of vaccines is not called into question;*
- the penalties applied to the applicants were not excessive, namely a fine and refusal to enroll in the nursery school alone. [...]*

First of all, we would like to point out that what is presented here is a textbook case! Here we find the law and the spirit of the law. To tell you about it, we will tell you that the best way to defeat an opponent is to **“turn your weapon against him”**.

Nevertheless, there is a very specific framework to respect, under penalty of being dismissed. We see this in this case. Here in this case presented, although the applicants clearly present a violation of their rights and oppose in their defense, the applicable articles of the European Convention on Human Rights, they were nevertheless dismissed.

Let's get into the twists and turns of this case. What is it about? It is a conflict between six couples of parents and the Czech government.

The subject of the dispute is the vaccination obligation for children instituted by this State. To assert their rights, these parents brought their case before the European Court of Human Rights and took as their main line of defense, **“Article 8 of the European Convention on Human Rights relating to respect for private life and family”**.

Nevertheless, despite the fact that the European Court of Human Rights recognizes that the vaccination of children “[...] constitutes an interference in the private life of the applicants [...]”, they were nevertheless dismissed. Why?

In order to understand the reason for the rejection, we must not lose sight of the fact that although “the European Court of Human Rights (ECHR) is responsible for ensuring the proper application of the European Convention on Human Rights [...]”, it has defined precise criteria so that an applicant can succeed. Let’s review these basics:

“[...] If the Court were to rule on this question, it would take into consideration the efficacy and safety of the vaccines, the seriousness of the disease, the penalties for refusing the vaccine and the impact of these penalties on the rights of the applicants. [...]”

We will therefore use what has been decreed here, as well as other legislative texts in order to demonstrate that the compulsory vaccination against covid 19 that France had instituted, has no reason to exist. One of the criteria that is highlighted in this text is “the seriousness of the disease”.

This criterion is tangible and “palpable”, with regard to the coronavirus.

This criterion leads us directly to the next one “the efficacy and safety of vaccines”.

In this regard, it may be argued that these products benefited from a “conditional” marketing authorization by specifying that they were still, during the period when the vaccinal laws against covid 19 remained in force, in the phase of **“large-scale clinical trial”** since all the “negative” repercussions of the vaccine are not yet known.

Even though the risk/benefit ratio is often put forward, the fact remains that during the pandemic, the “safety” box could not be checked for covid 19 vaccines.

Similarly, since vaccinated people can be infected with the coronavirus and contaminate others, even if a certain efficacy is recognized, it is relative.

The “efficacy” box cannot be checked for this vaccine either.

Here's what we're learning about the effectiveness of the vaccine: **“Because they have a reduced risk of transmission of the virus, vaccinated, non-contaminated or immunized persons must be able to travel.”** [Post: *Pass sanitaire, point de situation le « pass sanitaire » en Europe et à l'international. Extract taken from the website: <https://www.gouvernement.fr/info-coronavirus/pass-sanitaire> (translated into English from the original text)].*

Let's add this text to our study: **“In the current state of knowledge, vaccines available or under development reduce the severity of symptoms but not contagiousness. It is therefore necessary to continue to isolate oneself in case of positive test, in case of contact with a positive person or in case of symptoms. [...]”** [Post: *Vaccination contre le Covid-19: quel calendrier? Pourquoi se faire vacciner? Extract taken from the website: <https://www.service-public.fr> (translated into English from the original text)].*

Let's finish with this text: **“[...] On the other hand, the vaccine coverage is independent of the positivity to the screening test and of the pathology: one can be a carrier, sick, transmitter with high vaccine coverage. [...]”** [Extract taken from: *Projet de loi Gestion de la crise sanitaire, présenté au sénat Français. Amendement N°16. Article 1er, 10 janvier 2022, présenté par Mme MULLER-BRONN (translated into English from the original text)].*

Here we find out that being vaccinated against covid 19 does not provide immunity against this virus and there is still a risk of being infected and the vaccine does not prevent us from still being able to infect others. In doing so, in the event of contamination, the vaccinated person, who is still contagious, must isolate himself.

The very fact that a vaccinated person can be infected with covid 19 and contaminate an unvaccinated person presents us with a reality that calls for not acting in a discriminatory manner towards the latter.

Indeed, neither “**total**” effectiveness nor “**safety**” in terms of protection against infection is ensured by vaccination against covid 19.

To return to the “Vavříčka ruling”, what gave the Czech Republic victory over these six couples of parents is the fact that the mandatory vaccines for their children against childhood diseases are already in the “normal” marketing phase.

Thus the scientific proof of the “**benefit/risk**” ratio is well established. Which was not, during the entire period of restrictions of the vaccinal laws against the coronavirus, the case of the anti-covid 19 vaccines, which as we have seen, were in **phase 3 of experimentation**.

In addition, at the European level, the vaccination obligation against covid 19 was at that time presented as not having to become a discrimination which would be carried out against a part of society.

This tells us: “**This Regulation is intended to facilitate the application of the principles of proportionality and non-discrimination with regard to restrictions to free movement during the COVID-19 pandemic, while pursuing a high level of public health protection.**

It should not be understood as facilitating or encouraging the adoption of restrictions to free movement, or restrictions to other fundamental rights, in response to the COVID-19 pandemic, given their detrimental effects on Union citizens and businesses.

[...] It is necessary to prevent direct or indirect discrimination against persons who are not vaccinated, for example because of medical reasons, because they are not part of the target group for which the COVID-19 vaccine is currently administered or allowed, such as children, or because they have not yet had the opportunity or chose not to be vaccinated.

Therefore, possession of a vaccination certificate, or the possession of a vaccination certificate indicating a COVID-19 vaccine, should not be a pre-condition for the exercise of the right to free movement or for the use of cross-border passenger transport services such as airlines, trains, coaches or ferries or any other means of transport.

In addition, this Regulation cannot be interpreted as establishing a right or obligation to be vaccinated”. [Extrait de: Règlement (UE) 2021/953, du Parlement Européen et du Conseil du 14 juin 2021, relatif à un cadre pour la délivrance, la vérification et l'acceptation de certificats COVID-19 interopérables de vaccination... (translated into English from the original text)].

Reading this text while keeping in mind what has been previously stated, we understand that there can be no discrimination against those who did not wish to be vaccinated against covid 19.

In addition, we discover again here that not being vaccinated against the coronavirus should not be a cause leading to fundamental rights being violated. Let us continue by focusing on the important element below emerging from this text presented previously:

“The impact of these sanctions on the rights of applicants”.

It is important not to lose sight of the fact that, as was the case with Mr. MARGUERITE, all those who worked in certain professions could no longer carry out their activities if they were not vaccinated against covid 19.

This means that the “impact of these sanctions” was directly linked to the privacy and freedom of these people and was not optional, as in the case of the vaccination of these children in the case cited as an example, where no vaccine had been injected into them, against the wishes of their parents.

In doing so, no harm had been caused to these children!

In the context of the “sanitary and vaccinal pass”, people found themselves without income overnight, as Mr. MARGUERITE's case attests.

It is to avoid such excesses that European legislation has defined rules to govern any “clinical trial” or medical research on human beings carried out in Europe with the “Declaration of Helsinki” as a reference basis.

Therefore, this is what is presented in this text from the *[Journal officiel de l'Union européenne. Règlement (UE) No 536/2014, du Parlement Européen et du Conseil du 16 avril 2014, relatif aux essais cliniques de médicaments à usage humain et abrogeant la directive 2001/20/CE. Taken from the website: <https://eur-lex.europa.eu> (translated into English from the original text)]* of which here is an extract, which must be applied:

“In a clinical trial the rights, safety, dignity and well-being of subjects should be protected and the data generated should be reliable and robust. The interests of the subjects should always take priority over all other interests. [...] Human dignity and the right to the integrity of the person are recognised in the Charter of Fundamental Rights of the European Union (the ‘Charter’).

In particular, the Charter requires that any intervention in the field of biology and medicine cannot be performed without free and informed consent of the person concerned.

[...] In order to certify that informed consent is given freely, the investigator should take into account all relevant circumstances which might influence the decision of a potential subject to participate in a clinical trial, in particular whether the potential subject belongs to an economically or socially disadvantaged group or is in a situation of institutional or hierarchical dependency that could inappropriately influence her or his decision to participate. [...]”

Let's complete with this: **“[...] ‘Informed consent’ means a subject's free and voluntary expression of his or her willingness to participate in a particular clinical trial, after having been informed of all aspects of the clinical trial that are relevant to the subject's decision to participate or, in case of minors and of incapacitated subjects, an authorisation or agreement from their legally designated representative to include them in the clinical trial”**

[Journal officiel de l'Union européenne. Règlement (UE) No 536/2014, du Parlement Européen et du Conseil du 16 avril 2014, relatif aux essais cliniques de médicaments à usage humain et abrogeant la directive 2001/20/CE. Chapitre I, article 2, définitions. Taken from the website: <https://eur-lex.europa.eu> (translated into English from the original text)].

Let's add this text *[Journal officiel de l'Union européenne. Règlement (UE) No 536/2014, du Parlement Européen et du Conseil du 16 avril 2014, relatif aux essais cliniques de médicaments à usage humain et abrogeant la directive 2001/20/CE. Chapitre V, protection des participants et consentement éclairé, article 28, règles générales. Taken from the website: <https://eur-lex.europa.eu> (translated into English from the original text)]* of most instructive to our study and which established the following:

“[...] No coercion, including financial coercion, is not exercised on participants so that they participate in the clinical trial. [...]”

Reading these texts, we see that we are far from what happened in France during the sanitary crisis for all French people, especially for our caregivers, where coercion was constantly present to impose vaccination against covid 19 on them.

We repeat, should this unprecedented situation flout the consent that must be required?

It is indeed clearly stated that no biological or medical intervention can be carried out on a human being without their “informed consent” and this because of “human dignity and the right to the integrity of the person”, these two notions are recognized in the Charter of Fundamental Human Rights of the European Union.

They transcend the reality of “clinical trials” because they are rooted in the reality of fundamental human rights.

Thus this text, which “it seems to us”, has not been repealed, presents in itself the “illegal” nature of laws requiring individuals to be vaccinated when they oppose it, since they contravene the rules laid down in European law.

In addition, this informed consent must be given in a framework where nothing influences the person who must make the decision to participate in a “clinical trial” in the context of biology and/or medicine.

In addition, “informed consent” to a “clinical trial” is accompanied by the provision of all the information allowing the “volunteer” candidate to make his or her decision. We also learn that no constraint of any kind should be exercised to participate in a “clinical trial”.

We have just discovered what should normally be done, now let's take a “look” at what was actually instituted in the protocols for vaccinal against covid 19 in France during the health crisis relating to covid 19. To find out, read this:

“[...] Having regard to the amended decree of June 1, 2021 prescribing the general measures necessary for managing the end of the health crisis; [...] That to this end, it is necessary to establish the list of vaccines and to specify the training methods required for health professionals, health students and other professionals likely to be involved in order to prescribe, administer or inject vaccines, as well as the modalities according to which they can carry out these acts;

That it is thus foreseen, on the one hand, that the vaccination can be carried out in the laboratories of medical biology and, on the other hand, that the technicians of medical laboratory, manipulators in medical electro-radiology, preparers in pharmacy and veterinarians can administer the vaccines;

That it is also necessary for all health professionals and students to be able to vaccinate those entitled to care from the armed forces health service;

That finally it is necessary to extend the injection to all the health professionals mentioned in the fourth part of the legislative part of the public health code as well as to the ortho-prosthetists, podo-orthotists, ocularists, epithesists and orthopedists-orthotists;

That it is also necessary to allow employers to make available to vaccination centers masso-kinesitherapy students who have validated their second year of training;

Considering that in order to avoid the administration of a second dose of vaccine which would not be useful, it is necessary to accompany the administration of the first dose with a rapid diagnostic orientation test for people who have not previously tested positive in the year prior to injection”

[Arrêté du 7 juillet 2021 modifiant l'arrêté du 1er juin 2021 prescrivant les mesures générales nécessaires à la gestion de la sortie de crise sanitaire. Taken from the website: <https://www.legifrance.gouv.fr>, (translated into English from the original text)].

Reading this text, the feeling one may have is that it is undeniable that these anti-covid 19 laws were established to deal with the urgent.

We see here that the only recommendation given to those with the authority to vaccinate the population against covid 19 was that during the first injection of these vaccines, it was necessary to carry out: “[...] **a rapid diagnostic orientation test [...]**”.

In reality, of course, this was not the case. Here, the European obligations – those requiring that a person who is to take a drug still in the trial or research phase be informed about the nature of the substance they are going to take, as well as the entire protocol that accompanies it – are non-existent.

The time for reflection, which must be granted, and without pressure, to those who participate in such protocols, is also not present in this text.

It is true that, considering this health crisis, we do not see how during this pandemic a doctor or pharmacist who was required to vaccinate or who vaccinates “on the chain” against covid 19 could have the time to explain the entire protocol of a “clinical trial” to those he was going to vaccinate.

In addition, for those who came to be vaccinated, in such a setting, we do not see how they could assert their right to reflection and especially their right not to be influenced.

Nevertheless, did the unprecedented and deadly nature of this pandemic exonerate France from implementing the mandatory protocols that Europe has set in such a setting?

To give you some answers, we invite you to consider this question:

Do you think that the urgent, unprecedented and uncontrolled nature of this pandemic opened up all possibilities and justified everything being “**out of frame**”?

We are now going to find out! To do so, I invite you to read this: “[...] **In the case of clinical trials in emergency situations as referred to in Article 35, the procedure for obtaining the informed consent of the subject or the legally designated representative to continue the clinical trial shall be described; [...]**”

[Journal officiel de l'Union européenne. Règlement (UE) No 536/2014, du Parlement Européen et du Conseil du 16 avril 2014, relatif aux essais cliniques de médicaments à usage humain et abrogeant la directive 2001/20/CE. Chapitre XIX, dispositions finales. Taken from the website: <https://eur-lex.europa.eu> (translated into English from the original text)].

First of all, we will tell you that we have studied this European text on many aspects, but we have saved the best for last. What is presented here is clear:

Even in emergency situations, we note that for “clinical trials”, there is no derogation from the principle of informed consent which continues to apply, or that of the legally designated representative.

What we have just seen shows us that the organization and protocols that had been put in place so that the French could be vaccinated against covid 19 were also illegal, because they contravened European law.

Thus, vaccination against covid 19 must be carried out as part of a voluntary process, in accordance with what is specified in the “Declaration of Helsinki” and the candidate must be able to meet a professional beforehand who explains all the ins and outs of this “clinical trial” and the vaccine(s) attached to it.

The candidate for vaccination against covid 19 must be informed and all the answers to his questions must be provided to him.

But here, there is a HIC since during the pandemic all the questions were not yet answered, due to the lack of sufficient hindsight linked to this particular context.

This reality, even the state of emergency due to the pandemic should not hinder it, because no pressure of any nature whatsoever should influence those who would like to participate in such a protocol, that of the “clinical trial”. Certainly, the unprecedented nature of the pandemic due to the Coronavirus must be emphasized, which is why mass “clinical trials” were set up, also called “**clinical trials in large scale**”.

Yes, but on the other hand, no legal arsenal has come to modify or supplement this “Declaration of Helsinki” which, let us remember, applies to all nations. We are therefore faced with a legal vacuum because “new types” of “clinical trials” are being carried out, without these being framed by new rules to take this very particular dimension into account. What was to be put in place in Europe for the anti-covid 19 vaccination should have been inspired by what was enacted in one of the texts presenting the reality of placing vaccines on the American market according to the “emergency use authorization (EUA)” protocol.

Let's review what was recommended in the United States for those who had to be vaccinated against covid 19:

“[...] They have the option to accept or refuse the vaccine, and of any available alternatives to the product. [...]”

This basis that America has established is that of the “Declaration of Helsinki”. Europe being also subject to it, it had to comply with it and implement this rule.

It seems inconceivable to Mr. MARGUERITE that the bases for managing vaccines against the coronavirus are established on those established for “clinical trials” and that the protection of participants, who in such a framework normally have the right to refuse or accept to participate, is not also taken into account and worse that reprisals of all kinds are carried out.

Incredible!

Thus, nothing that was done, during the pandemic, in the context of the anti-covid 19 vaccination was in accordance with the European criteria for “clinical trials” established in the “Declaration of Helsinki”, in particular that relating to “informed consent”.

Thus, this “**clinical trial in large scale**” set up by the European Union with a view to testing anti-covid 19 vaccines on all Europeans, while not taking into account their rights of retraction, their rights to act with an enlightened conscience and this without prejudice, rejects this fundamental aspect of the “Declaration of Helsinki”.

In the absence of rules specifically governing these “**clinical trials in large scale**”, it is those laid down by the “Declaration of Helsinki”, for so-called traditional “clinical trials” that must apply.

The worst thing about this affair is that if France had put in place what the “Declaration of Helsinki” recommends, it would have been in line with its own legislation, because this supranational text specifies that medical research on human beings is subject to the legal and regulatory standards that are applicable in the countries concerned.

In order to fully understand this reality, let us reread this excerpt from the *[Déclaration d'Helsinki de L'AMM – Principes éthiques applicables à la recherche médicale impliquant des êtres humains. Adoptée par la 18e Assemblée générale de l'AMM, Helsinki, Finlande, Juin 1964 et amendée par les : 29e Assemblée générale de l'AMM, Tokyo, Japon, Octobre 1975, (...) 59e Assemblée générale de l'AMM, Séoul, République de Corée, Octobre 2008, 64e Assemblée générale de l'AMM, Fortaleza, Brésil, Octobre 2013 (translated into English from the original text)]*, qui établit ce qui suit :

“[...] Research Ethics Committees: *The research protocol must be submitted for consideration, comment, guidance and approval to the concerned research ethics committee before the study begins. [...]*

It must take into consideration the laws and regulations of the country or countries in which the research is to be performed as well as applicable international norms and standards but these must not be allowed to reduce or eliminate any of the protections for research subjects set forth in this Declaration. [...]”

So before medical research begins, it is necessary to take into account, among other things, “ **the laws and regulations of the country or countries in which the research is to be performed**”. Now that this basis is established, to get to the heart of the matter, let's now see what the French laws and regulations are that relate to medical research.

Here is the first one: “*Research organized and carried out on human beings with a view to developing biological or medical knowledge is authorized under the conditions provided for in this book and is designated hereinafter by the terms “research involving the human person”.* **There are three categories of research involving the human person:**

1° Interventional research which includes an intervention on the person not justified by their usual care;

2° Interventional research involving only minimal risks and constraints, the list of which is set by order of the Minister responsible for health, after consultation with the Director General of the National Agency for the Safety of Medicines and Health Products;

3° Non-interventional research that does not involve any risk or constraint in which all the acts are performed and the products used in the usual way. [...]” [Article L1121-1, Code de la santé publique Français (translated into English from the original text)].

Let's complete with this: **“No research mentioned in 1° of Article L. 1121-1 may be carried out on a person without their free and informed consent, obtained in writing, after they have been provided with the information provided for in Article L. 1122. -1. When it is impossible for the person concerned to express their consent in writing, this consent may be attested by the trusted person provided for in Article L. 1111-6, by a member of the family or, failing that, by one of the relatives of the person concerned, provided that this person of confidence, this member or this relative is independent of the investigator and the sponsor.**

No research mentioned in 2° of Article L. 1121-1 may be carried out on a person without their free, informed and express consent. No research mentioned in 3° of the same article L. 1121-1 may be carried out on a person when he has objected to it. [...]” [Article L1122-1-1, Code de la santé publique Français (translated into English from the original text)].

Let's also take into account this other additional text: **“Any adult can appoint a trusted person who can be a relative, close friend or attending physician and who will be consulted in the event that they themselves are unable to express their wishes and receive the information necessary for this end.**

It gives an account of the person's will. His testimony prevails over any other testimony. This designation is made in writing and co-signed by the designated person. It is reviewable and revocable at any time. [...]” [Article L1111-6, Code de la santé publique Français (translated into English from the original text)].

And let's finish this last text: **“Prior to carrying out research involving the human person, information is delivered to the person who takes part in it by the investigator or by a doctor who represents him. When the investigator is a qualified person, this information is provided by him or by another qualified person who represents him. The information relates in particular to:**

1° The objective, methodology and duration of the research;

2° The expected benefits and, in the case of the research mentioned in 1° or 2° of Article L. 1121-1, the foreseeable constraints and risks, including in the event of the research being stopped before completion;

3° In the case of research mentioned in 1° or 2° of Article L. 1121-1, any medical alternatives;

4° In the case of research mentioned in 1° or 2° of Article L. 1121-1, the procedures for medical care planned at the end of the research, if such care is necessary, in the event of premature termination of the research, and in the event of exclusion from the research; [...]

6° bis For research for commercial purposes, the methods of payment of compensation in addition to the payment of additional costs related to the research, where applicable, under the conditions provided for in Article L. 1121-16-1;

The person whose participation is sought or, where applicable, the persons, bodies or authorities responsible for assisting or representing him or her or for authorizing the research are informed of his or her right to refuse to participate in the research or to withdraw consent or, where applicable, authorization at any time, without incurring any liability or prejudice as a result. [...]”

[Article L1122-1, Code de la santé publique Français (translated into English from the original text)].

Let us emphasize that these legal texts are those that must prevail in matters of medical research in France. Thus, if the French State establishes laws that contravene these bases, the latter are “outlawed” because they are contrary to the French constitution to which they are subject.

Before developing further what we have just read, it is important to note that we have already seen that the marketing of vaccines against covid 19 was, during the entire period when the vaccinal laws against covid 19 were active, in the “**clinical trial in large scale**” phase, therefore “**large-scale medical research**”, and of a “conditional” character.

In doing so, the vaccines against covid 19 that were marketed in France during the pandemic were therefore directly subject to the rules presented in these texts. Let's go back to these texts.

As you can see, no medical research can be carried out on a person against their will. Interventional research that involves even a minimal risk for a person and especially those that go beyond the usual framework of care cannot be imposed on a person.

The covid 19 vaccines fall within this framework, because we have seen that these drugs were still in the experimental stage during all the sanitary restrictions due to the coronavirus, because they were implemented in 12 to 18 months instead of the usual 10 years, with a “conditional” authorization.

To continue, it is important to note that other legal points presented in these texts are clearly abandoned in France in the context of the administration of the anti-covid 19 vaccine. The first of these is that before a person can receive a drug that is in the research phase, as were the vaccines against covid 19 during the pandemic, they must be given well-targeted information.

Thus, the duration of the research and its terms must be clearly established and presented to those who agree to be vaccinated.

Similarly, clear and precise information must be provided to inform about the foreseeable benefits and risks, before taking this molecule in the research phase. Another important point to note in these texts referred to above is that of finances.

The groups of laboratories that manufacture vaccines are not philanthropists, who work for free for the good of humanity.

Thus, as they offer a drug that is still at the research stage, therefore experimental, in return all those who use their vaccine in this context should be compensated, because they serve as guinea pigs, which allow these companies to perfect their molecule and to be able, by the same token, to enrich themselves.

Finally, these texts teach us that we have the right to refuse any treatment in the “research phase” and this without any prejudice from this fact being able to affect us.

Which implies that France did not have the right to impose vaccination against covid 19, while it is still at the research stage.

This reality is more clearly presented in the framework that the European Union has set for the implementation of vaccines or the marketing of drugs that are still in the “clinical trial” phase.

What we have just considered shows us that the European directives, based on the criteria of the “Declaration of Helsinki” concerning the right of each European citizen to informed consent and retraction in the context of participation in medical research, also called a “clinical trial”, are not inconsistent with what French legislation has established, quite the contrary.

Indeed, when we first read the “ Helsinki Declaration”, then we start reading the texts of the French public health code that we have mentioned, we have a feeling of déjà vu. It is quite simply because these are the bases established by the “Declaration of Helsinki” and that the European Union has taken up in its protocols intended to manage “clinical trials”, that we find in these French legislative bases.

This clearly shows us that France, being subject to Europe and both, to the “Declaration of Helsinki”, it cannot at will transgress these bases.

The above leaves no room for doubt, the anti-covid 19 vaccines, which were used during the sanitary crisis, are still in the “clinical trial” phase and therefore their use falls under the scope of the “Declaration of Helsinki”.

What is therefore incumbent is that the right to an enlightened consciousness, an essential element in this declaration, had to be taken into consideration and that no constraint had to be exercised to force vaccination against covid 19.

By extension, for **the “clinical trial”, on a large scale**, certainly, but still within the framework of the “clinical trial”, the population (mass candidates) had to voluntarily agree to participate or not.

Thus, the articles of the vaccinal laws against covid 19 instituted in the “sanitary and vaccinal pass” and which decreed compulsory vaccination, for all or part of the population, contravened the “Declaration of Helsinki” and not therefore no legal legislative basis, and thereby contravene the *[Articles 4 de la Déclaration des Droits de l'Homme et du Citoyen de 1789 (translated into English from the original text)]*, qui établit ce qui suit :

“Art. 4. Freedom consists in being able to do all that does not harm others:

Thus, the exercise of the natural rights of each man has no bounds (limits) other than those which assure the other Members of the Society the enjoyment of these same rights.

These bounds (limits) can only be determined by law”.

What we experienced in France during the covid 19 pandemic, with the vaccinal requirement that was out of line and scandalous when we see that people were punished by laws that were themselves, from the moment they were applied, null and void.

How then can we impose all these oppressions on the unvaccinated with laws that themselves have a flaw?

Thus, it is clear that in France, or elsewhere, in this **“clinical trial in large scale”** framework, human beings have replaced primates and laboratory mice because they are injected with molecules that are not yet at the final stage of their design and that are not tested enough to know their negative consequences.

Under such conditions, those who agree to be vaccinated against covid 19 use their free will and accept in their soul and conscience the risks incurred, which is what happens to human guinea pigs before a drug is put on the market.

There, it is their freedom, one of the foundations of the French Republic.

It is also in the name of this freedom, and of the laws governing the Republic, that the French State cannot, but under no circumstances, force human beings to be injected with an experimental substance against their will.

In doing so, as the articles of the laws or decrees which, through the “sanitary and vaccinal pass”, have enacted the compulsory vaccination against covid 19 do not have a legal basis determined by an already active law, allowing the compulsory vaccination of all or part of the citizens to be instituted, they must be declared contrary to the French constitution and be repealed and this, according to the criteria established in the *[(French) Loi renforçant les outils de gestion de la crise sanitaire et modifiant le code de la santé publique. Décision n° 2022-835 DC du 21 janvier 2022 – Communiqué de presse]*.

3 The reality of the legislative activation of the already programmed obsolescence of the vaccine laws against covid 19

We will now demonstrate to you another unconstitutional nature of the sustainability of the covid 19 vaccine laws that have oppressed the French for months. We have just seen that these laws are without legislative basis, because they contravene the “Declaration of Helsinki” to which the marketing of the vaccines attached to them is subordinate.

Which means that the covid 19 vaccine laws being based on these injections against the coronavirus they are therefore illegal and therefore contravene the French constitution.

In this part, we will highlight other realities, which demonstrate the nonsense and the unconstitutionality of the covid 19 vaccine laws.

To begin, let us look at the reasons on which France relied to institute the “vaccinal pass” and consider in parallel the evolution of science which renders this motivation obsolete. Our first step will be to recall the decision of the Constitutional Council based on certain articles of the French Constitution to declare unconstitutional part of the law intended to implement the “vaccinal pass”. To do this, read this:

“Seized of the law strengthening the tools for managing the health crisis, the Constitutional Council admits the conformity with with the Constitution of the provisions subordinating the access to certain places to the presentation of a “vaccinal pass” by imposing that it is put an end to it as soon as it will not be necessary any more and censures the one allowing to subordinate the access to a political meeting to the presentation of a “sanitary pass”.

In its decision no. 2022-835 DC of January 21, 2022, the Constitutional Council ruled on the law strengthening health crisis management tools and amending the public health code, which had been referred to it by two appeals from more than sixty deputies and more than sixty senators respectively. [...]

For the examination of these provisions, the Constitutional Council recalls that, under the terms of the eleventh paragraph of the Preamble to the Constitution of 1946, the Nation “guarantees to all... the protection of health”.

This results in an objective of constitutional value of health protection. It is up to the legislator to ensure the reconciliation between this objective of constitutional value and respect for the constitutionally guaranteed rights and freedoms.

Among these rights and freedoms are the freedom to come and go, a component of the personal freedom protected by Articles 2 and 4 of the Declaration of the Rights of Man and of the Citizen of 1789, the right to respect for private life guaranteed by this article 2, as well as the right of collective expression of ideas and opinions resulting from article 11 of this declaration. [...]

[Loi Française renforçant les outils de gestion de la crise sanitaire et modifiant le code de la santé publique. Décision n° 2022-835 DC du 21 janvier 2022 - Communiqué de presse (translated into English from the original text)].

Before developing what is presented here, it is important, for greater clarity, that we also have available the legislative texts which are cited to support this judgment. Here is one of them: **“It guarantees to all, especially to the child, mother and old workers, the protection of health, material security, rest and leisure.” [(French) Article 11 du Préambule de la Constitution de 1946 (translated into English from the original text)].**

Let's complete our study with the following: **“Art. 2. The aim of all political association is the preservation of the natural and imprescriptible rights of man. These rights are liberty, property, safety, and resistance to oppression. [...]**

Art. 4. Freedom consists in being able to do all that does not harm others:

Thus, the exercise of the natural rights of each man has no bounds (limits) other than those which assure the other Members of the Society the enjoyment of these same rights. These bounds (limits) can only be determined by law.

“Art. 11. The free communication of thoughts and opinions is one of the most precious human rights:

Every citizen can therefore speak, write, print freely, except to answer for the abuse of this freedom in the cases determined by law.” [(French) Articles 2, 4 et 11 de la Déclaration des Droits de l'Homme et du Citoyen de 1789 (translated into English from the original text)].

Now, with this framework in place, let's continue the argument. The first point that is important to highlight is the importance of the French constitution here, because it is the axis for determining the rights inherent to each French person.

We also note that the implementation and compliance with certain articles of the constitution can be in conflict. As we have already seen, this is what happened in the version that was proposed for the “vaccinal pass”. Why?

On one side of the scale was [(French) Article 11 du Préambule de la Constitution de 1946], which guarantees every French person health protection.

On the other hand, [(French) Articles 2, 4 et 11 de la déclaration des droits de l'Homme et du Citoyen de 1789], guarantee that every citizen must be able to freely express their thoughts and opinions, orally, in writing, etc.

On the other hand, this freedom must not contravene the laws in force and is limited to not doing anything that could harm others. We also note that the limits that are set to individual freedom are only possible if they are defined in a law.

Let us now return to the “vaccinal pass” to understand why we wanted to explain these concepts. These legislative forces set in motion gave rise to “a clash of the titans”.

It was necessary to both preserve the health of the French in the face of this pandemic and at the same time not to touch their freedom, which, in this specific context, had not had any limitation provided for by law. With these clarifications provided, let us now take note of the position of the French Constitutional Council on the “vaccinal pass”.

With these clarifications in mind, let us now consider the position of the French Constitutional Council regarding the “vaccinal pass”:

“[...] In this respect, the Constitutional Council notes in particular that the legislator considered that, in the light of the scientific knowledge available to him and which is corroborated in particular by the opinions of the committee of scientists of 24 December 2021 and 13 January 2022, vaccinated persons present much lower risks of transmission of the covid-19 virus and of development of a serious form of the disease than non-vaccinated persons.

[...] In addition, the contested measures can only be taken in the interest of public health and for the sole purpose of combating the epidemic of covid-19 and if the health situation justifies it with regard to the viral circulation or its consequences on the health system, assessed by taking into account health indicators such as the rate of vaccination, the rate of positivity of the screening tests, the rate of incidence or the rate of saturation of the reanimation beds.

They must be strictly proportionate to the health risks involved and appropriate to the circumstances of time and place. They shall be terminated without delay when they are no longer necessary. [...] [Loi renforçant les outils de gestion de la crise sanitaire et modifiant le code de la santé publique. Décision n° 2022-835 DC du 21 janvier 2022 - Communiqué de presse (translated into English from the original text)].

We see here that the “vaccinal pass” has as its sole purpose to fight against the covid-19 epidemic and must have as its epicenter to contribute to **“the interest of public health”**.

The objective is to reduce **“the incidence rate or the saturation rate of intensive care beds”** caused by this pandemic.

The “vaccinal pass” was authorized by the Constitutional Council (French), considering the “opinion of the committee of scientists of December 24, 2021 and January 13, 2022”, which indicated that covid 19 had a greater impact on the unvaccinated than the vaccinated and could develop “a severe form of the disease” in them.

In addition, the “vaccinal pass” was supposed to no longer be valid when the epidemic wave was judged to be less virulent.

It is important to note that it is this sanitary context raising fears of a significant risk for the unvaccinated of contracting the severe form of covid 19, with all that this implied, in particular the saturation of intensive care beds, which seems to have been the driving force leading the Constitutional Council (French) to validate the “vaccinal pass”.

These are the same arguments that were presented by the French government of Mr. Emmanuel MACRON's first five-year term to justify the implementation of the “vaccinal pass”. Let's discover this reality by reading the following: **“[...] To deal with the Delta virus as with the Omicron variant, our best weapon, our only weapon, in reality, is vaccination, and the vaccination with 3 doses now. [...]**

Because it is not acceptable that the refusal of a few million French people to be vaccinated puts the life of an entire country at risk and affects the daily lives of the vast majority of French people who have played the game since the start of this crisis, we have decided with the President of the Republic that a bill will be submitted to Parliament at the beginning of January, in particular to transform the “sanitary pass” into a “vaccinal” pass [...]

[Service Communication. Hôtel de Matignon, le 17 décembre 2021, déclaration de M. Jean CASTEX, Premier ministre. Mesures de lutte contre la COVID-19 (translated into English from the original text)].

In this statement, the French Prime Minister Mr. Jean CASTEX presents vaccination as the “best weapon”, the “only weapon” against covid 19 and its variants, which is why the bill on the “vaccinal pass” was born and then adopted. Thus, this “vaccinal pass” existed because the only alternative to fight the coronavirus would have been the vaccine.

Therefore, if another drug were to appear, this “vaccinal pass” would no longer have any reason to exist!

The following allows us to say that since the beginning of February 2022, there was no longer a single alternative, vaccination against covid 19, since there was now another medicinal possibility to combat this virus with the appearance of a new drug, which is an additional possibility to combat covid 19. (see production no. 38).

The information concerning this new drug is mentioned in the text *[Covid-19: accès précoce accordé au Paxlovid® en traitement curatif. Taken from: https://www.has-sante.fr/jcms/p_3311074/fr/covid-19-acces-precoce-accorde-au-paxlovid-en-traitement-curatif (translated into English from the original text)]* which establishes the following:

“[...] In the context of very high circulation of SARS-CoV-2, the High Authority for Health (HAS) and the National Agency for the Safety of Medicines and Health Products (ANSM) remain mobilized to allow patients the earliest possible access to innovative treatments for Covid-19. [...] In addition to vaccination, the most effective lever to avoid severe forms, drug treatments are now validated to provide a complementary solution to the most vulnerable people.

Following the opinion of the ANSM, the HAS authorizes early access to the Paxlovid® treatment (nirmatrelvir/ritonavir) from the Pfizer laboratory for adults with Covid-19 not requiring oxygen therapy and at high risk of progression to a grave form of the disease. At the same time, HAS is publishing Rapid Responses to support the arrival of this treatment in community medicine from the end of January.

[...] Three treatments consisting of monoclonal antibodies are already covered in a derogatory way in France: Ronapreve®, Evusheld® and Xevudy®.

Today, the HAS gives the green light to the use of Paxlovid®. This antiviral is indicated for adults infected with SARS-CoV-2 who do not require oxygen supplementation and who are at high risk of progression of their infection to a severe form of the disease. [...]

HAS recalls that Paxlovid® is not intended to be used as a substitute for vaccination against SARS-CoV-2. HAS validates the use of Paxlovid® in the curative treatment of Covid-19. Paxlovid®, nirmatrelvir/ritonavir, is the first anti-SARS-CoV-2 antiviral to obtain early access authorization.

[...] It is recommended to administer it as soon as possible after the positive diagnosis for Covid-19 and at most within five days of the onset of symptoms. *This treatment targets the enzyme necessary for viral replication, the 3C-like protease, and by inhibiting its action, it blocks the replication of SARS-CoV-2 in the body. [...]*

The data available to assess the efficacy of this treatment demonstrated a reduction in the risk of progression to a severe form of Covid-19 (hospitalization or death) of approximately 85.2% (EPIC-HR study) after its administration. The HAS also emphasizes that the presentation of Paxlovid® in the form of tablets *facilitates its accessibility in town. [...]*.

The Paxlovid® is the first Covid-19 treatment that will be available in the city and can be prescribed by general practitioners. [...]

If the patients have no contraindications, the HAS recommends prescribing Paxlovid® for adult patients at risk of a severe form of Covid-19, that is to say:

- *whatever their age and status vaccine, adult patients who are severely immunocompromised or who present with a pathology at very high risk of a serious form (in particular cancers undergoing treatment, polypathologies, trisomy 21 or certain rare diseases;*
- *The patients over the age of 65 with risk factors for developing serious forms (diabetes, obesity, chronic renal failure, heart failure, arterial hypertension, respiratory failure, etc.), in particular when these people are not or are not fully vaccinated. [...]*".

Here we discover this new drug, “Paxlovid®, nirmatrelvir/ritonavir”, which is an additional possibility to fight covid 19, **marketed in the form of tablets**. This drug, the positive and negative effects of which were not yet fully known when it was marketed, was placed on the market with early access authorization.

But there is nothing really new since it is exactly the same pattern that existed then for vaccines against covid 19. In addition, this new drug is dispensed by our general practitioner, the most able to know our medical history.

Now that this basis is established, one of the points that we would like to emphasize is that the High Authority of Health (HAS) and the National Agency for the Safety of Medicines and Health Products (ANSM) present “Paxlovid” as not being intended to replace vaccination against covid 19, but to complement it. Let's review what is said on this subject:

“[...] In addition to vaccination, the most effective lever to avoid severe forms, drug treatments are now validated [...]

HAS recalls that Paxlovid® is not intended to be used as a substitute for vaccination against SARS-CoV-2. [...]".

At first glance, when reading these lines, what appears to us is that “Paxlovid” cannot be used as a substitute for vaccination, because it is a complement to it.

The feeling that one can have when reading this text is that if we use this new drug alone, it is not active enough to fight against covid 19, in doing so it must be combined with a vaccine to give effective results.

This reading is due to the term “In addition to vaccination” which is used here. Although this reality seems to be the one that this text presents, nevertheless it is not! To understand it we must return to what is specified by rereading the following:

“If the patients have no contraindications [...] whatever their age and status vaccine [...] The patients over the age of 65 with risk factors for developing serious forms [...] in particular when these people are not or are not fully vaccinated [...]”.

Here we discover that “Paxlovid” is also, according to certain criteria, intended for people who are not vaccinated.

In addition, in the text from which this extract is taken, it is specified that those who received this molecule, therefore among others the unvaccinated, had approximately **85.2%** chance of not being **hospitalized or dying** following an infection by covid 19.

Thus, if we take in particular the case of the unvaccinated, those who were infected with covid 19 were cured thanks to “Paxlovid” and this, without the vaccine against covid 19 having to act, because it did not exist in their body. In doing so, this new drug is not a complement – in the sense of acting in addition to or with – to the vaccination against covid 19, because it has the capacity to act alone against the virus.

In view of what is presented about this new drug, we can therefore say that “Paxlovid” is an alternative to vaccination against covid 19, because it is capable, for a certain type of patient, of fighting the coronavirus alone.

It should be noted, and this is clearly displayed, that this new drug is not intended to replace the vaccine. Nevertheless, it is a choice that is offered, either to be vaccinated, or, if one is in the right medical “canvas”, to take “Paxlovid”.

It is important to note another point, that this drug is intended for those who are already weakened by certain comorbidities, therefore those who, in general, are most at risk of developing a serious form of the disease with hospitalization or even death. These are, among others:

“[...] Adult patients who are severely immunocompromised or who present with a pathology at very high risk of a serious form (in particular cancers undergoing treatment, polypathologies, trisomy 21 or certain rare diseases; The patients over the age of 65 with risk factors for developing serious forms (diabetes, obesity, chronic renal failure, heart failure, arterial hypertension, respiratory failure, etc.), in particular when these people are not or are not fully vaccinated. [...]”.

Here we find this population called at risk and reported since the beginning of the pandemic. According to the bases presented by the Constitutional Council and which allowed it to act on the implementation of the “vaccinal pass”, it is this population which, once contaminated, very often finds itself in respiratory distress with the need for hospitalization.

We can therefore conclude that in the majority, these people constituted the observed hospital overpopulation. Let's continue the development.

We learn that a person who already has one of the targeted pathologies, whether vaccinated against covid 19 or not, has, from the administration of this medication, approximately 85.2% less risk of having **“a severe form of Covid-19”**, which prevents their **“hospitalization or death”**.

Indeed, even if this medication is presented as a complement to the vaccination against covid 19, it seems to have the capacity to act against the coronavirus autonomously, without being combined with a vaccine.

Therefore, for the people at risk mentioned above, this medicine is a new possibility of receiving treatment, from the start of contamination, without having to resort to vaccination. To continue, let us note that the “Paxlovid” is also marketed in America. Let's see what the situation is in the United States:

“Today, the U.S. Food and Drug Administration issued an emergency use authorization (EUA) for Pfizer’s Paxlovid (nirmatrelvir tablets and ritonavir tablets, co-packaged for oral use) for the treatment of mild-to-moderate coronavirus disease (COVID-19) in adults and pediatric patients (12 years of age and older weighing at least 40 kilograms or about 88 pounds) *with positive results of direct SARS-CoV-2 testing, and who are at high risk for progression to severe COVID-19, including hospitalization or death.*

Paxlovid is available by prescription only and should be initiated as soon as possible after diagnosis of COVID-19 and within five days of symptom onset. “Today’s authorization introduces the first treatment for COVID-19 that is in the form of a pill that is taken orally — a major step forward in the fight against this global pandemic,” said Patrizia Cavazzoni, M.D., director of the FDA’s Center for Drug Evaluation and Research.

“This authorization provides a new tool to combat COVID-19 at a crucial time in the pandemic as new variants emerge and promises to make antiviral treatment more accessible to patients who are at high risk for progression to severe COVID-19.” [...] The FDA has approved one vaccine and authorized others to prevent COVID-19 and serious clinical outcomes associated with a COVID-19 infection, including hospitalization and death. [...]

Paxlovid consists of nirmatrelvir, which inhibits a SARS-CoV-2 protein to stop the virus from replicating, and ritonavir, which slows down nirmatrelvir’s breakdown to help it remain in the body for a longer period at higher concentrations.

[...] *The primary data supporting this EUA for Paxlovid are from EPIC-HR, a randomized, double-blind, placebo-controlled clinical trial studying Paxlovid for the treatment of non-hospitalized symptomatic adults with a laboratory confirmed diagnosis of SARS-CoV-2 infection. Patients were adults 18 years of age and older with a prespecified risk factor for progression to severe disease or were 60 years and older regardless of prespecified chronic medical conditions. All patients had not received a COVID-19 vaccine and had not been previously infected with COVID-19.*

The main outcome measured in the trial was the proportion of people who were hospitalized due to COVID-19 or died due to any cause during 28 days of follow-up. Paxlovid significantly reduced the proportion of people with COVID-19 related hospitalization or death from any cause by 88% compared to placebo among patients treated within five days of symptom onset and who did not receive COVID-19 therapeutic monoclonal antibody treatment. [...]

[US Food & Drug Administration. Coronavirus (COVID-19) Update: FDA Authorizes First Oral Antiviral for Treatment of COVID-19. Taken from the website: <https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-authorizes-first-oral-antiviral-treatment-covid-19>].

Let's do a comparative study of the positive results collected during the trials of “Paxlovid”, drug against covid 19, on the one hand by America and on the other hand, by Europe. For the United States, the reported positivity rate is 88%.

Thus, these clinical trials have shown that this drug has reduced by 88% “the proportion of people hospitalized or died”.

For Europe, as we have seen, this figure is 85.2%. Thus, these two giants that are America and Europe each decree, on their own, that this drug is more than 80% reliable, this is a convincing result. According to what is said, in America too, “Paxlovid” is administered as a curative treatment, as soon as symptoms related to covid 19 appear.

With the conclusions displayed on its effectiveness, we can also say of this drug that it is a powerful weapon to fight the pandemic.

Thus, from the marketing of “Paxlovid” combined with vaccination, a response to the pandemic was found in Europe and the United States.

To continue, let us reconsider the reasons presented by the Constitutional Council to establish the legitimacy of the “vaccinal pass” and let us show what should make it obsolete. Here is our analysis: *What are these reasons?*:

- The saturation of hospital intensive care beds by a majority of unvaccinated people who, according to studies, are most likely to develop serious forms of covid 19.

- The existence of the vaccine, as the only possibility of protecting against this virus and avoiding hospital overcrowding. Let us recall, however, that this “vaccinal pass” being conditional on this critical situation, well specified in the law, it had to disappear as soon as these conditions were no longer met.

Indeed, outside of this context, it will no longer be possible to oppose *[(French) Article 11 du Préambule de la Constitution de 1946]* which gives every French person the right to claim protection of their health, to *[(French) Articles 2, 4 et 11 de la déclaration des droits de l'Homme et du Citoyen de 1789]* which present the right of every French person to enjoy their freedom, their leisure time and to be able to freely present their ideas in public.

In doing so, if vaccination against covid 19 is no longer the “only weapon” against the corona virus, the balance between these two poles of the French Constitution would no longer be observed, and by extension the vaccination obligation established in the “vaccinal and sanitary pass” would contravene the constitution and should therefore be repealed.

Thus, with the arrival of “Paxlovid” the reason for the “vaccinal pass” and the obligation to vaccinate against covid 19 mainly related to the reasons presented above, as the latter were no longer valid, they have therefore become obsolete and unconstitutional.

Yes, because the freedom of expression and communication of the French cannot be hindered “à la carte (at choice)”, to meet particular objectives in a “fashioned” framework. This reality is evident to us in the bases that the members of the Constitutional Council (french) established to allow the “vaccinal pass” to see the light of day.

They had to play tightrope walker by walking on a tightrope, because on each side was a dangerous precipice that could have been fatal to them. On one side were the rights of the French to be protected and cared for and on the other were their rights to freedom and above all, the right to be able to share their convictions with others.

This balance when it is broken and on one side of the scale there is a constitutional article that weighs more than the other, there is a conflict, and the result is that the law that generates this is declared unconstitutional. Isn't this what we have seen in the context of political meetings? Thus, when vaccines against covid 19 were the only recourse, they could be considered a vital necessity and in doing so, to fight the pandemic, it could seem **neither disproportionate nor inappropriate** to maintain the “sanitary and vaccinal pass”.

Being the only bulwark against the pandemic, vaccines against covid 19 could have, until then, had every reason to exist, but since the date of marketing of “Paxlovid”, therefore at the **end of January 2022**, when it was marketed and administered under the conditions indicated above, and knowing that it makes it possible to counter mass hospitalization or the death of infected people, from this period the obligation to vaccinate against covid 19 became unsuitable, and was no longer absolutely necessary.

Thus, we could say that the measures which had led the Constitutional Council (French) to set up the “vaccinal pass” no longer had any reason to exist since the **beginning of February 2022**, since, with this new alternative, “Paxlovid”, the influxes into hospitals and mass deaths were decreasing. In addition, we know that being vaccinated does not immunize against covid 19. Let us now return to this new drug.

Here is how we translate the comparison between the covid 19 vaccine and him:

- A vaccine, whether against covid 19 or not, must be injected before the virus attacks the body. It is taken upstream so that our body can create antibodies. In the event of contamination, these antibodies will fight the virus.

However, if the body is not strong enough, the virus will take over without the body being able to have any other help that can support it.

In the context of “Paxlovid” it intervenes when the virus is already active in the body and the “fight” is continuous in order to defeat it. The objective of the “vaccinal pass” being to prevent the saturation of intensive care beds and to protect the unvaccinated against serious forms of covid 19, with the arrival of this drug, “Paxlovid” in France, we are no longer in the same configuration.

The figures collected from the trials carried out show, let us recall, “85.2% of those contracting covid 19, as being preserved thanks to this new drug from severe forms of the disease, which prevents hospitalization and deaths.”

Based on what we have just seen, we understand that despite this new alternative, which is “Paxlovid” which was marketed in France from the end of January 2022, (see production no. 38), the French government has endeavored (he wanted at all costs) to continue the vaccinal obligation against covid 19. In mainland France, this obligation remained until **March 14, 2022** and until **April 9, 2022**, in the Antilles, particularly in Martinique, which prevented Mr. MARGUERITE for several weeks from working by holding seminars, while the reasons which led the Constitutional Council to accept, for a time, that the “vaccinal pass” be in force, no longer had any reason to exist.

Thus, highlighting the existence of this drug is of interest, that of demonstrating that the bases on which the “vaccinal pass” was based could no longer, since the marketing of “Paxlovid”, i.e. towards the end of January 2022, be invoked to legitimize this law, as well as the obligation to vaccinate against covid 19 that it carries.

In doing so, with this new drug, the French government could no longer argue, since the beginning of February 2022, that only vaccination against covid 19 could protect against serious forms of the corona virus. From then on, it was no longer justified to present the “vaccinal pass” as the only weapon against covid 19 and its variants.

Thus, from the beginning of February 2022, with the marketing of “Paxlovid”, the laws establishing the “sanitary and vaccinal pass” should have been repealed, but they were still valid for several weeks.

With all this in mind, as the laws that carry the “vaccinal pass”, as well as the “sanitary pass” continued to have legitimacy and to be applied, during several weeks, despite everything, to be imposed by force on the French and this, with all the consequences that they engender,, they have in particular generated total discrimination against the unvaccinated, therefore against Mr. MARGUERITE, because of the possibility of opting for a solution other than the vaccine. This possibility of choosing in one's soul and conscience the medication that one will receive, is moreover enacted in French legislation.

For this purpose, I invite you to reread this text, already presented: *“Prior to carrying out research involving the human person, information is delivered to the person who takes part in it by the investigator or by a doctor who represents him. [...]*

3° In the case of research mentioned in 1° or 2° of Article L. 1121-1, any medical alternatives [...] [(French) Article L1122-1, Code de la santé publique Français (translated into English from the original text)].

Let's take a look at what these two parts cover: **“There are three categories of research involving the human person:**

1° Interventional research which includes an intervention on the person not justified by their usual care;

2° Interventional research involving only minimal risks and constraints, the list of which is set by order of the Minister responsible for health, after consultation with the Director General of the National Agency for the Safety of Medicines and Health Products [...] [(French) Article L1121-1, Code de la santé publique Français (translated into English from the original text)].

Let's not lose sight of the fact that during this entire period when the coronavirus vaccinal requirement was in force, the covid 19 vaccines were still in the "clinical trial" phase, i.e. medical research. Thus, as soon as French people are involved in this type of approach, they must be offered the medical alternatives that are available to them.

As you can see, French law presents the choice of drug protocols as a right that the French have, and so with the arrival on the market of "**Paxlovid®**, **nirmatrelvir/ritonavir**", the French government could no longer allow the vaccinal requirement to continue, for whatever reason.

Since **Liberty** is one of the three foundations (mottos) of the French Republic, every French person must be able to choose in their soul and conscience the medication they wish to take for their health, especially when it is part of the proposals offered to them.

In this regard, the vaccination obligation against covid 19 was for weeks "going against the grain" in France, because with the "Paxlovid", another alternative has already existed since the end of January 2022, but the compulsory vaccination established in the "vaccinal and sanitary pass" has continued, meaning that once again, French legislation has contravened the law. All this allows us to draw the following conclusion:

If the "vaccinal pass" was validated by the Constitutional Council (French) to meet certain requirements, as soon as these conditions are no longer the same, it becomes obsolete and must be abolished.

Based on this, the articles of law relating to the "vaccinal and sanitary pass", which imposed vaccination on all or part of French citizens when there was an alternative in the form of the drug "**Paxlovid**" should have been repealed as soon as it was put on the market. These instruments, which are the "vaccinal and sanitary pass", were established for a time and therefore, they no longer had any reason to exist in France.

Thus, the vaccinal laws against covid 19 must not be suspended, as is currently the case in France, but they must be definitively repealed!

Based on everything we have just seen, we therefore understand that the vaccinal obligation which was extended for the period from the end of **January 2022 until March 14, 2022** in metropolitan France and until **April 9, 2022**, in the Antilles, while "Paxlovid" was already on the market, contravened the following texts:

- *[(French) Article 11 du Préambule de la Constitution (Française) de 1946],*
- *[(French) Articles 2, 4 et 11 de la Déclaration des Droits de l'Homme et du Citoyen de 1789].*

What Mr. MARGUERITE presents in these lines should, he thinks, challenge the members of the Constitutional Council (French), because let us remember, it is they who established in the text seen in the introduction to this part the limit that had to be given for the sustainability of the vaccinal laws against covid 19.

Today, you, the members of the Constitutional Council, as guardians of the constitution, where are you in this matter? When you give a limit to the vaccinal laws against covid 19, established on the basis of the French constitution, once this limit, in the sustainability of this legislation is reached, can the Head of State and his government, at their discretion, disregard all rules and base themselves on a legislative measure that has become unconstitutional?

Mr. MARGUERITE seriously questions the precedent that this has created? From now on, are a President of the Republic and his government above the constitution (French), therefore above the Constitutional Council (French)?

If this is the case, what is the point of having guardians of the constitution?

Mr. MARGUERITE wonders about all this! Certainly you, the wise, will be able to answer Mr. MARGUERITE on his questions, because he is only a simple citizen, who seeks to defend himself, in doing so, certainly, that his pain prevents him from being objective and lucid, perhaps you have answers that have not appeared to him at all?

4 Reality of the unconstitutional nature of the vaccinal laws against covid 19, which contravene the right of Mr. MARGUERITE, as a Frenchman, not to be vaccinated against Covid 19 because of his faith:

One of the areas that has not been taken into consideration in France, with a view to allowing those concerned not to have to be vaccinated against covid 19, is that of beliefs or faith. It is very likely that our words will be considered as nonsense, nevertheless, those who are criticized and called “conscientious objectors” to the vaccination against covid 19, have a European legislative framework, which normally protects them.

And now, let's take note of this text: **“For its part, the Parliamentary Assembly of the Council of Europe adopted Resolution 2361 (2021)³ on January 27, 2021, on the report of Ms. Jennifer de Temmerman, a French deputy, which calls for not making vaccination against SARS-CoV-2 compulsory, either directly or by disproportionately restricting the rights and freedoms of unvaccinated persons.**

The Assembly relies on Article 8 of the European Convention on Human Rights concerning the right to respect for private life and on Article 9 concerning freedom of thought, conscience and religion. If it recognizes that none of these rights are absolute and that limitations can be applied to protect public health, it recalls that these restrictions must be necessary and proportionate.

In addition, it considers counterproductive to want to impose vaccination”. [Extract of: Commission des affaires européennes du Sénat. *Actualités Européennes*. N°67, 21 juillet 2021. *Obligation vaccinale et pass sanitaire: position de l'Union Européenne et du Conseil de l'Europe (translated into English from the original text)*].

Before coming to the reality of faith, in the context of the refusal to be vaccinated against covid 19, let us take the time to highlight other vital realities, because this text is rich in lessons.

Indeed, it is said that to protect public health, limitations can “crop” the rights of individuals, however they **“must be necessary and proportionate”**.

Had we reached this point of no return in France?

Where was, during the pandemic, the need to force the unvaccinated to opt for vaccination against covid 19 when the vaccinated are not immune to this virus?

Furthermore, is it not disproportionate that doctors, nurses, healthcare workers, firefighters, etc., essential links in the fight against the pandemic, were, during the sanitary crisis, forced into unemployment and deprived of income? Which is counterproductive, as the text we have just read underlines!

This reality of the essential role of caregivers in the fight against this pandemic is very well presented, in the following text, by the Prime Minister, *Mr. Jean Castex*:

“For almost 2 years, our caregivers have been fighting foot by foot against the virus, against these successive waves and this feeling of an endless fight. They are our heroes, and we owe them a lot.

First, we owe them our gratitude for their commitment during the holidays, as they will continue to be tirelessly on deck.” [Service Communication, Hôtel de Matignon, le 17 décembre 2021. *Déclaration de M. Jean CASTEX, Premier ministre. Mesures de lutte contre la COVID-19 (translated into English from the original text)*].

Here the Prime Minister highlights the titanic fight that caregivers have waged against this unprecedented Coronavirus pandemic.

In the words of the President of the Republic, the fight against this terrible scourge has been likened to “a war”.

In light of these positions, we can only be doubtful and ask ourselves the following questions:

Is it normal in times of war to leave our elite soldiers, who are seasoned and trained in combat, in the barracks?
Or is it customary to leave our best players on the bench when the opponent is of herculean strength?

After all the praise and greetings for our caregivers, how can we understand that they were prevented from working for months if they did not comply with the mandatory vaccination against covid 19 resulting from laws that are illegal, unfounded and therefore unconstitutional. Now that this point has been highlighted, let's get to our theme.

To do this, let's take a look at "**Article 9 of the Convention on Human Rights relating to freedom of thought, conscience and religion**" cited in this text referred to above.

This is one of the dimensions highlighted by the European Union to justify that the vaccinal against COVID obligation is not extended to everyone.

However, it is clear that this reality is not enacted in French legislation since none of the vaccinal laws against covid 19, whether translated by the "sanitary pass" or the "vaccinal pass" have been enacted in this sense.

To fully understand what should have been put in place, we invite you to meet a good student in this area, America. This informs us:

"[...] In addition, if the vaccination, and/or testing for COVID-19, and/or wearing a face covering conflicts with a sincerely held religious belief, practice or observance, a worker may be entitled to a reasonable accommodation.

Such accommodations exist independently of the Occupational Safety and Health Act and, therefore, OSHA does not administer or enforce these laws. Examples of relevant federal laws under which an accommodation can be requested include the Americans with Disabilities Act (ADA) and Title VII of the Civil Rights Act of 1964.

For more information, the note refers to a resource produced by the Equal Employment Opportunity Commission (EEOC), which is responsible for enforcing federal laws that prohibit employment-related discrimination based on a person's race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, age (40 or older), disability, or genetic information. [...]"

[Extract of: Billing code: 4510-26-P, department of Labor Department, Occupational Safety and Health Administration; 29 CFR Parts 1910, 1915, 1917, 1918, 1926, and 1928 (Docket No. OSHA-2021-0007) RIN 1218-AD42, COVID-19 Vaccination and Testing; Emergency Temporary Standard. Agency: Occupational Safety and Health Administration (OSHA), Department of Labor].

Let's complete with this other text: *"On September 9, 2021, President Biden announced "a new plan to require more Americans to be vaccinated." [...] The Standard thus encourages vaccination, but permits employers to adopt a masking-or-testing policy instead. [...] Further, the Standard does not apply in a variety of settings. [...]"*

It makes exceptions based on religious objections or medical necessity". *[Extract of: Supreme Court of the United States Nos. 21A244 and 21A247 National Federation of Independent Business, ET AL., applicants 21A244 v. Department of Labor, Occupational Safety and Health Administration, ET AL. OHIO, ET AL., applicants 21A247 v. Department of Labor, Occupational Safety and Health Administration, ET AL. On applications for stays (January 13, 2022) PER CURIAM].*

The first text is an excerpt from the first draft of the bill to force American companies that employ more than one hundred employees to refuse to accept people who have not been vaccinated against covid 19.

The second text presents the law that was validated. It is clear that from the beginning, the religious aspect or the practice of faith was already taken into consideration. The only caveat that was put forward to be eligible for non-vaccination against covid 19 was that you had to have a "**sincere religious observance**".

So you couldn't advocate being an atheist and suddenly declare yourself religious. Thus, in America, the problem of not wanting to be vaccinated against covid 19 because of our faith or religion does not arise, because their constitution has been adapted so that American citizens cannot be worried about their faith by legislative texts that would oppress them in a discriminatory way.

On the other hand, in Europe, especially in France, **“the country of human rights”**, no such clear provision has been established, with regard to compulsory vaccination against covid 19.

Certainly, as we will see, rights exist on religious freedom at the level of European legislation, unfortunately, they have not been taken into account by certain countries such as France, within the framework of the compulsory vaccination against covid 19.

To continue, we will tell you that we are aware that it may be difficult for some to understand that because of their religious beliefs, some French people, including Mr. MARGUERITE, refuse vaccination against covid 19.

Their behavior is accused of magico-religious. However, we will see it, French and European legislators have recognized the legality of religious freedom and the absence of discrimination that should be attached to this principle. It is therefore the strictest right of those who have this position and they do not have to justify themselves.

To try to enlighten you, we will now present to you the realities linked to Mr. MARGUERITE's faith and which prohibit him from being vaccinated against covid 19.

To begin, we invite you to read the following text: **“Know ye not that ye are the temple of God, and that the Spirit of God dwelleth in you? If any man defile the temple of God, him shall God destroy. For the temple of God is holy, and ye are that temple”**. [1 Corinthians 3 verses 16-17, 21st Century King James Version Bible (KJ21)].

Let's complete our study with this other text: **“But the one who is united and joined to the Lord is one spirit with Him. [...] Do you not know that your body is a temple of the Holy Spirit who is within you, whom you have [received as a gift] from God, and that you are not your own [property]? You were bought with a price [you were actually purchased with the precious blood of Jesus and made His own]. So then, honor and glorify God with your body”**. [1 Corinthians 6 verses 17, 19-20, Amplified Bible (AMP)].

These texts present Mr. MARGUERITE's convictions regarding his body as a Christian and which explain why he does not wish to be vaccinated against covid 19.

For him, his body is the temple of the Spirit of God and he is responsible before the Lord for what he does with it. Thus, it is up to Mr. MARGUERITE to refuse to absorb any molecule that could harm him, if he does not have full knowledge of the risks involved, especially since during the period of compulsory vaccination against covid 19 in France, the vaccines were still in the experimental phase, let's not forget.

Now that these bases are laid, let's discover the following reality that is attached to the anti-covid 19 vaccine, by reading the text [Institut Pasteur. Post: Covid-19: Un vaccin à ADN. Tiré du site de: <https://www.pasteur.fr/fr> (translated into English from the original text)] which establishes the following:

“Among the vaccines against SARS-CoV-2 (responsible for the Covid-19) developed at the Institut Pasteur, the DNA vaccine is undoubtedly the most innovative in its approach because no vaccine based on this technology has yet been marketed* (for humans).

The principle: Inject a fragment of DNA into human cells. These cells recognize this DNA fragment, and transcribe it into a fragment of RNA capable of inducing the manufacture of the SPIKE protein of the SARS-COV-2 virus.

This surface protein of the virus, which forms spicules all around its envelope, is the virus input key in the cell. With this DNA vaccine, our cells become transiently from the factories that produce the SPIKE protein.

*This protein will then be recognized by the immune system, which will, for example, manufacture antibodies to neutralize and thus prevent infection when it comes up. **This vaccine approach has made it possible to obtain promising results during experiments on animal models. [...]***

First of all, we would like to highlight the seriousness of the text that we have just presented to you, because it comes from the Pasteur Institute website, so the source is reliable!

In this text, we learn that one of the types of vaccines marketed against covid 19 is largely a new experimental technique, which has the capacity to impact our DNA. The Pasteur Institute calls it a “**DNA vaccine**”. This type of vaccine is called **RNA**.

Once this vaccine is injected, it takes “the commands” transforms the cells of those vaccinated against covid 19 into factories that produce the molecules that the vaccine orders, the Spike protein. It is important to note that before this pandemic, this type of vaccine was only experimental, it had never been tested on humans but only on animals.

Thus, the negative repercussions of this type of process are not yet fully known. So, what are the interactions between the RNA vaccine and DNA?

Many questions remain, for the moment unanswered since the effects, at this experimental stage, are mostly unknown.

In addition, we cannot fail to be challenged by the scientific approach of some doctors, and not the least, who call for caution by emphasizing that this protein production can be dangerous because it can lodge in all the organs of the body. Faced with the unknown, it is the most absolute right of Mr. MARGUERITE to refuse to be vaccinated, in the current state.

It is true that there are other types of vaccines (with viral vector) that are developed according to a so-called classic vaccine technology against covid 19, and one of them is **Janssen** also called **Johnson & Johnson**. We are talking about it because a mishap happened to one of Mr. MARGUERITE's friends, concerning this vaccine.

Based on the information she received, she consciously chose to get vaccinated with the Janssen vaccine because she was wary of RNA technology. In addition, the single-dose injection of this vaccine was not something she disliked.

So, she thought that once vaccinated, she would be free of all the fuss surrounding vaccination against covid 19. So she got her “sanitary pass”.

But then she was surprised to find out the following: “[...] **With regard to the “Covid-19 vaccine Janssen” vaccine, 28 days after administration of a dose.**

For the purposes of section 47-1, persons who have received the vaccine referred to in this paragraph must, in order for their vaccination schedule to continue to be recognized as complete as of December 15, 2021, have received an additional dose of a messenger ribonucleic acid (RNA) vaccine [...]. [Article 2-2, du Décret n° 2021-699 du 1er juin 2021 prescrivant les mesures générales nécessaires à la gestion de la sortie de crise sanitaire (translated into English from the original text)].

First of all, we must not lose sight of the fact that the marketing protocol for the Janssen vaccine against covid 19 was, at the time of publication of this French legislative text, established so that it could be injected in a single dose.

While we can understand that while being in the experimental phase of vaccines against covid 19, the statements can evolve with the feedback of the data collected and that the single dose is no longer considered effective, we understand less well this injunction that is made by France for a booster based on **messenger RNA**.

This, especially since in other countries, this Janssen vaccine could be used as a booster. It is true that this vaccine was withdrawn from the American market for a time, for investigation because of the cases of thrombosis noted.

But, can't we say the same of AztraZneca (another viral vector vaccine)?

Fortunately, the booster dose was subsequently possible with Janssen, in fact, only in theory since this same friend of Mr. MARGUERITE that we mentioned was recalled twice by the vaccination center to postpone the appointments set for his call-back.

The reason given was that priority was given to first-time vaccinees and she was told that if she wanted to take her booster that she could also use Pfizer.

In the meantime, she preferred to cancel her appointment altogether. Thus, the first injection is given with Janssen, as an incentive to get vaccinated.

And then? Mr. MARGUERITE still wanted to tell this story, because there are things that are beyond his understanding!

To continue, we will tell you that we have already seen that Europe has granted **conditional marketing authorization** for vaccines against covid 19, whether they are based on messenger ribonucleic acid (RNA) or "classic". We also know that all these vaccines were still in the research phase during the period of compulsory vaccination against covid 19 in France.

Thus, the reality that remains is that the vaccine against covid 19, although it is said to strengthen the immune defenses, will, in one way or another, impact our body and the repercussions cannot yet be fully appreciated today.

So, over time, if we stick to the ten years of experimentation normally devoted to the vaccine, what will happen?

With all this in mind, we will tell you that Mr. MARGUERITE's conviction is that we take a drug in order to cure, and for the moment, if these reasonable doubts persist, why put pressure on vaccination against covid 19 when nothing has been proven with certainty?

Mr. MARGUERITE should have, in this case, during the pandemic, had the choice of whether or not to opt for vaccination against covid 19, of course by applying barrier gestures to protect others as well as himself.

It is important to understand that Mr. MARGUERITE's faith, imposed on him, in this precise context, to act as he did. Indeed, if he had chosen to act according to pressure, to the detriment of his convictions, he would sin before God, because the Holy Scriptures display it in the text of *[Romans 14 verse 23]*, that everything that is not the fruit of a conviction is sin.

Thus, in the state of things during the pandemic due to covid 19, he did not have the conviction that he had to be vaccinated, in doing so, doing it anyway just to be able to work would go against his convictions and he would sin.

To continue, we will tell you that the two previous biblical texts reported in this part, present a reality that has a very strong psychological significance for believers, because we are told that the Lord will destroy those who destroy his temple, which is our body.

So, when a law is passed to force the French to be vaccinated against their will, moreover with a product, still in the experimental phase, under penalty of losing his job, it is Mr. MARGUERITE's faith that is flouted.

His basis of faith, not allowing him, during the pandemic, to be vaccinated against covid 19, with experimental vaccines, in doing so, no State could force him to do otherwise, in accordance with the legislative texts, European and French that we are going to present to you and which recognize the right of each European and French citizen not to suffer any discrimination with regard to their religious belief.

The first text is as follows: "**1° Any direct or indirect discrimination based on actual or supposed membership or non-membership of an ethnic group or race shall be prohibited in matters of social protection, health, social benefits, education, access to goods. [...]**"

2° Any direct or indirect discrimination based on sex, actual or supposed membership or non-membership of an ethnic group or race, religion or belief, disability, age, sexual orientation or identity or place of residence is prohibited with regard to membership and involvement in a trade union or professional organisation, including the benefits provided by such organisation, access to employment, employment, vocational training and work, including freelance employment or self-employment, as well as working conditions and professional promotion.

This principle shall not preclude differences of treatment based on the grounds referred to in the preceding paragraph where they meet an essential and determining occupational requirement and provided that the objective is legitimate and the requirement is proportionate. [Article 2, loi n° 2008-496 du 27 mai 2008 portant diverses dispositions d'adaptation au droit communautaire dans le domaine de la lutte contre les discriminations(translated into English from the original text)].

Let's end with this: **“1. Everyone has the right to freedom of thought, conscience and religion; This right includes freedom to change one’s religion or belief and freedom, either alone or in community with others and in public or private, to manifest one’s religion or belief, in worship, teaching, practices and observance.**

2. Freedom to manifest one's religion or beliefs shall be subject only to such limitations as are prescribed by law and are necessary in a democratic society in the interests of public safety, for the protection of public order, health or morals, or for the protection of the rights and freedoms of others”. [Article 9 de la Convention européenne des droits de l'homme Liberté de pensée, de conscience et de religion, articles 1-2 (translated into English from the original text)].

Prenons aussi en compte ce texte qui établit ce qui suit : **“1 The enjoyment of any right set forth by law shall be secured without discrimination on any ground such as sex, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status.**

2 No one shall be discriminated against by any public authority on any ground such as those mentioned in paragraph 1”. [Extract from: “Protocole numéro 12 à la Convention européenne de sauvegarde des droits de l’homme et des libertés fondamentales, articles 1 et 2 “Interdiction générale de la discrimination”” (translated into English from the original text)].

Consider also this other text: **“No one should be disturbed for his opinions, even religious ones, provided that their manifestation does not disturb the public order established by the Law.”** [Article 11 Déclaration des Droits de l’Homme et du Citoyen (Français) de 1789 (translated into English from the original text)].

The fundamental bases of religious freedom are laid down through these various texts and are clear. Will we discuss here the law and the spirit of the law or the unprecedented nature of this particularly deadly pandemic that requires special treatment to protect public health? *Of course not!* To do otherwise would be to contravene both the French constitution and European laws, while France is subject to them.

Thus, we understand that the right not to be disturbed for one's religious opinions is a right conferred by the French constitution on all French citizens, as well as European laws on all Europeans.

In doing so, all laws, all decrees, which do not take this foundation into account and which create obligations that contravene the religious beliefs of the French or Europeans establish discrimination that goes against the French constitution as well as the bases enacted by the European Union.

Therefore, together with their unconstitutional nature, which contravene the “Declaration of Helsinki”, and the fact that the drug “Paxlovid” now exists, we understand that what we have just seen is yet another argument in favor of a necessary repeal of the vaccinallaws against covid 19.

5 Of Suffering and Ink

To begin this part, I would say that generally in life, following the experiences that I live, particularly the negative ones, I sit down and reflect and in a spirit of prayer, I seek to understand what happened to me and the reasons for what I lived or suffered. With these established bases, in the case of Mr. Vincent GUILGAULT, this unjust civil servant, I looked for avenues of reflection to explain his behavior.

Have other people, like me, experienced these misadventures, these tribulations under his yoke? Could it be my basis of faith that poses a problem for him, because the very names of my companies demonstrate that I am a Christian, because the first is called Éditions Dieu t'aime sas (EDT SAS) which means in english Edition God loves you and the second has the trade name Éditions Galaad.

So, is this gentleman anti-Christian? Or is he a fanatical follower of the Catholic Church and is he aware of my books which denounce the abominable acts as well as the transgressions of the word of God which are behind this religion?

To discover these realities, I invite you to read my books entitled **“Inquisitiô (The three angels' message), volume II The reality of the attack of the little horn of Daniel 7 against the Law of God and the times of prophecy. Historical part”** and **“Inquisitiô (The three angels' message), tome III. The reality of the attack of the little horn of Daniel 7 against the Law of God and the times of prophecy. Prophetic part”**.

To continue, I would tell you that to this day I am fighting like a lion so that my cause is heard. In doing so, when I realized that the President of the Republic, Mr. MACRON and his government would not provide me with any concrete help, not wanting to give up and with a view to diversifying the potential possibilities of support, I therefore undertook to make my situation known to elected officials.

To do this, I wrote an open letter that I sent on August 10, 2021 to all French senators and deputies, on their messaging services available on the websites of the Senate and the National Assembly.

Unfortunately, no one intervened. Perhaps I was naive in hoping for a response? I also sent an email to the president of the territorial community of Martinique on the same date (August 10, 2021), from this side, ditto, no response.

No one wanted to hear me at the level of the State and other political bodies, in doing so, on this day, December 18, 2024, I find myself in a more critical situation than a homeless person. Has Mr. GUILGAULT's plan finally been achieved?

Do you realize that I asked for help from the representatives of the people, our deputies and our senators, more than three years ago and no follow-up was given, leaving me **“macerate in my juice of suffering”**.

That the upper echelons of the State do not deign to hear my cry is one thing, but that the representatives of the people, the elected officials who are supposed to represent us, do the same, that devastates me. What analysis can be drawn from what is happening to me? How can we understand that no one has reacted, even by trying to inquire about my situation to know if what I am reporting is reality, especially since I have provided proof of what I am saying?

Nothing “abnormal” a priori about all this! A business leader can be prevented from working by the State, among other things because of the vaccinal laws against covid 19, therefore hindered in spite of himself and be broken, spolied by a civil servant, without anyone feeling concerned.

It is true that we know the administrative slowness but when I find myself with less than the minimum vital to live, does my case not deserve at least a verification of my statements?

To continue, I would say that the crowning glory of this affair is that this official whose name I have mentioned so many times, managed to bring a business leader who had two businesses that were beginning to prosper, to find himself in a worse financial situation than that of homeless people (SDF).

Here is an image that comes to mind when considering my situation:

I find myself like a man who was shipwrecked on a desert island with only a crate of canned goods for a living. On this island, there is no way to open these cans that do not have an easy opening. You can hit them with stones, but it only deforms them but does not open them because these cans are made of reinforced steel.

So, while there is a small fresh water point nearby, a cargo of canned goods that would have allowed him to live for months, here he is fainting, and on the verge of dying the most atrocious death, of hunger, on a load of canned goods.

This image represents well what I am experiencing because, on the one hand I have two companies, but I wasn't able to work there for months, because I am not vaccinated and the vaccinal laws against covid 19 forbade me to do so, while they themselves contravene the constitution.

On the other hand, this aid which could have allowed me to keep my head above water was no longer paid to me, because of the approximate handling of my file by this tax official. I have been living in great suffering for months!

Nevertheless, on this day, I realize that the ways of heaven are inscrutable and that the Lord guides us on the most incomprehensible paths so that we can work in his name.

When I took up the pen to write this book, my primary objective was simply to make my voice heard so that the blatant injustice of which I am a victim, under the yoke of Mr. GUILGAULT, would cease. To do this, I took several steps, I had, among other things, good hope of being heard by the President of the Republic, a deputy, a senator, the prefect of MARTINIQUE, a local elected official, etc. finally someone, but here it is, more than three years later none of them have moved.

I have already presented to you all the steps that I have put in place.

So, as already presented, at that time, things had become so difficult that I also intellectualized that from now on I was part of the "disadvantaged", by submitting, at the beginning of February 2022, an application for aid to the CCAS of my city of residence.

My words are in no way pejorative, they simply come from the fact that it is generally those who are in great precariousness who approach this organization.

In response, I was granted aid of 200 euros, 100 of which were paid in February 2022 and the rest in March. This approach that I undertook at the CCAS left two feelings in me:

The first is the need to ensure that justice is done to me and that the unspeakable acts of this tax official, making me go from the state of business leader to that of begging, are known by as many people as possible.

The second feeling that drives me towards this approach is gratitude, because seeing myself reduced to such a condition which is certainly very difficult, but that the Lord opened this door to me, allowing me to have this help from the CCAS filled me with joy.

I am grateful to those who are part of the committee for the allocation of this aid within the Lamentin Town Hall (MARTINIQUE). May the Lord bless and protect you all, as well as your loved ones.

It is comforting for me to know that these structures are listening to the needs of the little people. Yes, I still have not "digested" the non-return of the senators, the deputies or the president of the CTM, while I am in this great precariousness.

I am aware that I am not the only one in this situation, but even just a response to show that our fate does not leave our elected representatives in complete indifference would have made all the difference.

Did France need a new poor person, did it need a new person on welfare, living on minimum social benefits?

Where is France going, if from now on the iniquitous (malicious), the powerful, can oppress, with complete impunity, the little people?!

So, having found myself alone with my pain, with no one to help me, I had to do what the Lord gives me to do best, dissect texts to extract the substantive marrow. It is with a pen of suffering that I do it.

The end result is that the primary reason for which I undertook to write, and which is the chapter entitled “**New evidence on the responsibility of the civil servant Mr. Vincent GUILGAULT, as head of the FIP accounting department other categories, in the alleged external illegality**”, has become secondary and an insignificant part of my work presented in this book.

Today, I glorify God for guiding me on this path, for allowing me to search for texts in order to present my right to defend myself and along the way, by dint of “to potasser (studying)”, I came across a gold mine of information that allowed me to go well beyond my initial approach.

So, today, I am given the opportunity to defend the cause of those not vaccinated against covid 19 who have been bullied, stigmatized. Why? While the various texts that I report in this book clearly show that there is a transgression of the law in what is put in place, by France but also by many countries.

Then, in a second step, the Spirit of God inspired me to fight for my rights as well as those of all Sabbath and Shabbat observers who have been oppressed by Sunday laws for centuries.

What more noble fight than that of shedding light on what women and men have experienced and where they have unjustly lost their lives, under the wrath of the black widow that is the Catholic Church, just because they had chosen to remain faithful to the Lord and rejected the dogma of this religion.

This is how the result of my sufferings under the yoke of this iniquitous official who works in taxes gave a result in three poles which ended up in this book forming only one, as if by a fusion, thus, in these pages all my struggles found the same setting (jewel case), to be able to express themselves.

To continue, I would like to tell you a secret:

I am not a lawyer, and these subjects that are dealt with in this work, until recently, just before I started writing, I did not master them at all, and the texts that I quote in these lines were for the most part unknown to me.

Amazing, you might say, why, especially with regard to the vaccinal laws against covid 19, have lawyers not carried out these analyses that are presented here? How can a neophyte have the audacity to present such a file?

In response, I would tell you that it is the Spirit of God who guided me to these texts and I want to glorify the Lord for this spiritual sword that he gives me to carry to you, singularly, to those who are suffering because of these discriminatory laws which, concerning the vaccinal laws, prevented them from carrying out their activities because they were not vaccinated against covid 19 or, within the framework of the Sunday laws, which force them to be unemployed, in spite of themselves on Sundays.

I know that for many of you, presenting the all-powerful of God and highlighting the magnificence of his works may seem pure madness.

And yet! Only the future will tell if the legal cases that I am carrying out and which are presented in this book will be favorable to me. If I win my case, especially in the case relating to the vaccinal laws against covid 19, it will be clear that the Lord is indeed on my side and that I have not lost my mind, his all-powerful will thus be recognized. Because where jurists, lawyers, deputies, senators etc., have not been able to defeat the vaccinal laws against covid 19, I, who do not have legal training, under the aegis of God, have been able to.

So, listen, because the future will tell us what it is!

Some might have capitulated, would not have laid themselves bare by revealing such difficult and personal elements, but writing helps me to externalize the unthinkable, especially since I do not endorse violence as a means of dialogue, because other means of expression to make oneself heard exist.

Proof of this is, because although unjustly oppressed, cornered, I do not resort to violence but to the pen, to make myself heard and I thank the Lord for what he has done with me (makes me become).

One of the realities that is mine on this day is that I will not give up, until justice is done to me, and I will cry out with all my soul against the abominations that I have suffered. In the Mighty name of Jesus Christ, he the King of kings and the Lord of lords, all those who are at the origin of my downfall **“will not have my skin”**, I will fight to the end like a lion.

So, while the pitfalls present themselves like the Red Sea and the problems and difficulties follow me like the raging Egyptians. I am certainly destitute, but I continue to move forward despite life's storms thanks to my faith and the fact that I know I serve a great God. So I know he will act, one way or another!

In doing so, one thing is certain, although I am weakened by this extremely difficult and damaging situation for me (you now know the details of the case), these people will not destroy me because, as I have indicated, the Lord gives me the ability to put, through my pen, my experiences and my feelings, it is my outlet.

This book was written in French and English, so my story which goes beyond understanding will be known beyond borders.

I am not asking for vengeance, I am letting God act in his time. My goal is that justice be done to me, as well as to all those who have suffered and are still suffering the repercussions of the vaccinal laws against covid 19 and the Sunday laws, which are nevertheless unconstitutional and who therefore do not have the right to be in France.

To continue, I would say that we have come a long way, so far!

Throughout these lines I am convinced that I have armed you, with a view to asserting your rights or those of all those who are or have been suffering under the iniquitous rule of the vaccinal laws against covid 19 and the Sunday laws.

With this argument, the fruit of my reflection, I would like to challenge you, whether you are French or an inhabitant of another part of the globe:

1. Now that you have read this book, do you think I am paranoid?
2. Do my words seem like quibbles to you?
3. Do you think that in this century, in this country that is France, which prides itself on being the country of human rights, that what I have experienced has a reason to exist?
4. Can a civil servant, in an iniquitous (malicious) manner and without any reason, torment a business leader by forcing him to close his doors and reducing him to a state of begging, without anyone protesting...?
5. Can a government, which is supposed to serve the people, in the country that has the reputation of being the country of human rights, with impunity enact discriminatory and baseless laws and decrees in order to oppress a part of its people, without anyone protesting?
6. Where have gone the law, justice, fraternity and chivalrous qualities that make the honor of the human being?
7. If you were in my place what would you do, or if you were in the place of these caregivers who find themselves without resources, because they chose in their soul and conscience not to be vaccinated against covid 19, or that of these Sabbath or Shabbat observers who suffer the iron yoke of Sunday laws what would you wish?

To you who are reading me, do not forget that my current pain and that of the unvaccinated against covid 19 who have been forced into unemployment, or that of the Sabbath or Shabbat observers who are hindered by these iniquitous Sunday laws, could well be yours, or that of one of your loved ones.

Well, what you would have wanted for yourself, do it for us!

Let your cries rise from the depths of the universe to denounce these abominations that we are made to experience as those who are not vaccinated against covid 19, or as Sabbath or Shabbat observers or that I lived under the yoke of Mr. Vincent GUILGAULT without the representatives of the State intervening.

I expect your help, do not wait for death to strike us to come with flowers, cry on our graves and set us up as martyrs of the system.

It is now that we need you, today is the day when you must act, not only so that justice is done for me, but even more, in order to deliver all those who have lost their jobs because of the vaccinal laws against covid 19 or the Sabbath or Shabbat observers who are dispossessed by Sunday laws.

It is up to us to change things, by the grace of God.

To do this, (again I give you a little biblical wink), one of the beautiful images I have of unity that brings victory is presented in [*Ecclesiastes 4 verses 9-12, King James Bible*] which establishes the following: **“Two are better than one; because they have a good reward for their labour. 10 For if they fall, the one will lift up his fellow: but woe to him that is alone when he falleth; for he hath not another to help him up. Again, if two lie together, then they have heat: but how can one be warm alone? And if one prevail against him, two shall withstand him; and a threefold cord is not quickly broken.”**

This text in its essence, presents, for me, the union as making the strength. The victory of the Allies, despite their faith or their diverse convictions, during the Second World War, shows us the value of the unity of all against tyranny.

You must now act.

My fiancée Nicole and I have done more than our part, because this book, as you have been able to realize, which is the fruit of a long and hard work, we offer it to you, so that you can change things.

Indeed, in accordance with what the Spirit of God inspired me, this document had to be free, so that all those who feel concerned by the cause can read it and mobilize.

Share this support (book) with as many people as possible, by all means, **by email, Facebook, WhatsApp, Instagram, Tik Tok, etc.**, I make it available to you in French and English, on my site. You will find these coordinates at the end of this chapter.

One of the blessings that God gave me was to touch the heart of my fiancée Nicole, so that she could agree to give shape to my ideas and correct this long document that you have in your hands in its French version.

Unfortunately, the correction could not be complete, since this file had to come out as soon as possible, so mistakes may remain, and we ask you to excuse us for this.

To continue, I would say that I have worked on average 8 to 12 hours a day on this file, in English and French versions, since October 2021 and I am in the process of finalizing it today, December 18, 2021.

The goal being that it comes out as soon as possible. At the same time, I continued, as I said, to work on my other works.

You received the fruit of this work for free.

In return, I have included a request for financial assistance that I am asking from those who will read me. Thus, even if I am currently in need, because of a situation beyond my control, I am hopeful of receiving help. Thanks to her, and this already makes me happy, I will be able to share my thoughts and convictions which will not fall into disuse.

My work will therefore not be in vain because it will, I am sure, enrich those who will read my books. So that you can understand my philosophy and my faith, I will present you with an allegory:

Imagine that you have an orange tree that gives you abundant oranges that are as sweet as honey, which you intend to sell. However, situated where you are, no one knows that you have any for sale. As a result, your oranges rot on the tree while you are in need. To change this situation, you make plans to sell them and to do so you present them at a fair so that as many people as possible can taste them. Knowing that they are as sweet as you want them to be, you know that those who come and taste them will be conquered and that you will be able to live off your harvest.

This persona that I adopt to present my books may seem presumptuous to you. Nevertheless, for me, my works are like oranges, since they are the fruit of extensive research and a lot of hard work. Given their content, I am confident that they will provide you with knowledge that will strengthen you. I still have much to tell you through my books, which are in the process of being published.

I invite you, through their lines, to make new journeys. Before continuing, I would like to make it clear that I did not study literature, I am above all a passionate author not a writer.

I address various themes in my books, as is the case in this one, which are dear to my heart and which highlight my deep convictions. This love of writing came to me one day when I had to reflect on the fleeting duration of our life on Earth.

Many people have worked, enjoy the fruits of their labour during their lifetime, but often after their death there is nothing left of what they were, of their thoughts, or of their convictions. They go down into the grave and **“wither away like the ether”**.

I have no knowledge of what my forefathers were like. What their convictions were or what they did during their lives. All of this remains a mystery to me. Especially since I hail from the Caribbean, I come from a people who have experienced the chains and alienation of slavery. My need to write and my passion for words have stemmed from these reflections! On the other hand, when I read books that great authors like Tertullian, Martin Luther or Ellen G. White, the great reformers, etc., wrote a long time ago, I get to know them and their writings strengthen me. My need to write and my passion for words have stemmed from these reflections!

My ambition in this life is neither wealth nor fame. My abiding goal is to bring my knowledge to this generation and to leave a literary legacy to future generations. My deepest wish is to convey my knowledge and convictions in writing in order to share my books with those who will enjoy them and who, I hope, will be inspired by them. **There is still much to do.**

If this book you have in your hands has strengthened you, I invite you to read and distribute my other works to as many people as possible, because they will certainly bring you knowledge that will certainly also be beneficial to you. Many of these books are, or will soon be, by the grace of God available for free download on my website.

Unfortunately for me, “money being the sinews of war”, since I have already invested all of my funds in the publishing of these first books that I presented to you before, in the section entitled “REMINDER OF FACTS AND PROCEDURE”, in doing so, I no longer have the means to continue this work. Indeed, apart from these books that I mentioned, I still have *5 other works (Book)* that I have already put in place the framework but which are awaiting completion.

To conclude this beautiful journey that we have made thanks to this book, I would say to you that I hope that it will find its audience and that you, who will be led to read it, will not remain insensitive to this call for help that I address to you. I therefore appeal to your generosity. If you have been touched by this book, please help me to continue to fortify and help the greatest number of people. To do this, if you feel like it, you have the possibility to make a donation on one of the tabs **“Donate (with Paypal)”** or **“Faire un don (avec Paypal)”** present on my site: **kenny-ronald-marguerite.com**. **NB:** (tab located on the screen, on the left for computers and at the bottom for the mobile phones).