

Republic of the Philippines  
**SUPREME COURT**  
Manila

**NICANOR JESÚS P. PERLAS  
III, JHON KEVIN G. ARADO,  
ROMEO F. QUIJANO, RAFAEL  
R. CASTILLO, ALCHERIE  
PATIÑO, JOHN EVAN C.  
MIGUEL, JENNY LOU C.  
ESPINOZA, CIELO GRACE M.  
POBLETE, JOSEFINA  
MARAÑON, MELANIE DE  
PADUA DAOS, ALMERA M.  
MONTANO, ESPERANZA  
RESUS-OEBANDA, RICHARD  
M. NIEVA, MARK ANTHONY  
L. REYES, and MARIO  
ANTONIO VIRGILIO M.  
REYES,**

Petitioners,

**G.R. No.** \_\_\_\_\_

For: *Certiorari*, Prohibition, and  
Mandamus, with Urgent  
Application for Writ of Preliminary  
Injunction and/or Temporary  
Restraining Order

*-versus-*

**THE INTER-AGENCY TASK  
FORCE FOR THE  
MANAGEMENT OF  
EMERGING INFECTIOUS  
DISEASES (IATF), FRANCISCO  
T. DUQUE III, SALVADOR C.  
MEDIALDEA, EDUARDO M.  
AÑO, ARTHUR P. TUGADE,  
LEONOR M. BRIONES, and  
MAKATI CITY REPRESENTED  
BY MAYOR MAR-LEN  
ABIGAIL BINAY,**

Respondents.

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**PETITION**

PETITIONERS, by counsel, unto this Honorable Court respectfully  
state:

## I. PREFATORY STATEMENT

This Petition presents issues of transcendental importance to the nation. It is a novel tension between the exercise of police power in the interest of public health, on the one hand, and the assertion of individual rights and liberties, on the other hand. The governmental acts being challenged herein enforce vaccine mandates that “responsibilize”<sup>1</sup> citizens by conditioning them to perform their “moral obligation”<sup>2</sup> through COVID-19 vaccination and coercing them to get vaccinated under pain of penalty. Inoculation with experimental vaccines is being framed as the latest selfless and responsible and sometimes even fashionable act — of doing one’s part — even as feasible measures for addressing the current health crisis are yet to be exhausted.

Yet, as will be discussed here, the latest scientific data, including from prestigious medical and scientific journals and National Regulatory Agencies (NRAs) recognized by our country’s laws and by the Philippine Food and Drug Administration (PFDA) and Department of Health (DOH), show that these experimental COVID-19 vaccines have conservatively killed and seriously injured tens of thousands of people in the Philippines and around the world. The experimental vaccines, which only have an Emergency Use Authorization (EUA), also exhibit waning efficacy. Furthermore, the experimental vaccines do not prevent infection and transmission as originally promised. These realities provide solid scientific justification for citizens to protect their right to life as guaranteed by the 1987 Constitution.

Concerns about the safety and effectiveness of COVID-19 vaccines are relevant in this Petition. Petitioners do not present factual issues in this regard, mindful that this Honorable Court is not a trier of facts. Rather, Petitioners respectfully ask the Honorable Court to take judicial notice of the existence of data regarding the safety and effectiveness of the vaccines, particularly of the serious adverse events and deaths caused by the vaccines, as reported by prestigious medical and scientific journals, research institutions, medical institutions, NRAs around the world, and even vaccine developers that provide the backdrop for the violations of legal and constitutional rights that are the focus of this Petition.

What Petitioners primarily question in this Petition is the legality and constitutionality of the government’s regime of mandatory vaccination. This

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<sup>1</sup> The SAGE Dictionary of Policing, <https://sk.sagepub.com/reference/the-sage-dictionary-of-policing/n111.xml> (last accessed May 1, 2022).

<sup>2</sup> Gaea Katrina Cabico, DOH: Government can’t compel COVID-19 vaccination but getting jab is ‘moral obligation,’ <https://www.philstar.com/headlines/2021/04/26/2093896/doh-government-cant-compel-covid-19-vaccination-getting-jab-moral-obligation> (last accessed May 1, 2022).



regime of mandatory vaccination segregates and penalizes the unvaccinated for exercising their constitutional rights and freedoms, despite the fact that the science does not support such policy. The unvaccinated are shunned as *pasaway* – the convenient scapegoat for an overwhelmed healthcare system that, in the first place, is deeply flawed with structural inequities and incapable of addressing public health needs amid a global pandemic.

The State, thus, is shifting the burden of protecting and promoting public health to the people in a manner reminiscent of militarized lockdowns, where people were incarcerated inside their homes and the poor were apprehended for daring to seek aid or earn a living. This approach to the health crisis is yet another assault on human rights that the Honorable Court has the power and the duty to strike down.

Ironically, in its efforts to suppress the pandemic, the Government’s response spearheaded by Respondents has unleashed a much more virulent social malady that is slowly but painfully destroying the very core of Philippine society, causing “men to turn against their fathers, daughters against their mothers, daughters-in-law against their mothers-in-law,” isolating young people from their friends, and depriving young children of the joys of childhood, by proclaiming judgment on the unvaccinated as the new “unclean.”

**II.**  
**NATURE OF THE PETITION**

1. This is a Petition for *Certiorari*, Prohibition, and Mandamus under the expanded jurisdiction of the Honorable Court for judicial review under Article VIII, Section 1 of the 1987 Philippine Constitution, praying for the issuance of the writs of *certiorari*, prohibition, and mandamus to:

- a. Declare illegal and unconstitutional the following regulations and ordinances for being contrary to law and unconstitutional:

Regulation/Ordinance	Description	Annex
(1) IATF Resolution No. 148-B dated November 11, 2021 <sup>3</sup>	Requires (a) all public and private establishments to require its eligible employees who are tasked to do on-site work to be vaccinated against COVID-19 or else subject themselves to RT-	A

<sup>3</sup> Certified copy.

	PCR testing every two weeks at their own expense; (b) all public transportation services to require all their workers to be fully vaccinated; and (c) permits public and private establishments to refuse entry or deny services to individuals who are not fully vaccinated despite being eligible to be; and (d) strongly enjoining LGUs to issue orders or ordinances to ramp up vaccination demand and for business establishments to require proof of vaccination before allowing individuals or entities to partake in certain activities	
(2) IATF Resolution No. 148-G dated November 16, 2021 <sup>4</sup>	Adopts the proposed Phased Implementation of Limited Face-to-Face Classes For All Programs under the Alert Levels System for COVID-19 Response of CHED	B
(3) IATF Resolution No. 149 dated November 18, 2021 <sup>5</sup>	Clarifies the requirement of RT-PCR tests as requirement for on-site work, that the frequency thereof shall be prescribed by the employer but which should be at least once every two weeks; fully	C

<sup>4</sup> <https://www.officialgazette.gov.ph/downloads/2021/11nov/20211116-RESO-148G-RRD.pdf>. This Resolution has not been filed with the Office of the National Administrative Register (ONAR). *See Annex TT.* The Honorable Court may take judicial notice of its publication in the Official Gazette, and copy therein, as well as those of the other Resolutions unfiled with the ONAR, may be considered duplicate originals as defined by Sec. 4(b), Rule 130 pursuant to the Revised Rules of Evidence.

<sup>5</sup> <https://mirror.officialgazette.gov.ph/downloads/2021/11nov/20211118-IATF-RESO-149-RRD.pdf>. *See Annex UU.*

	supports the National Vaccination Days ( <i>Bayanihan, Bakunahan</i> ) on November 29 to December 1, 2021	
(4) IATF Resolution No. 150 dated November 25, 2021 <sup>6</sup>	Enjoins public and private establishments to ensure adherence to minimum public health standards, including by minors, and to exclude all persons who cannot comply with the same	D
(5) IATF Resolution No. 155 dated December 31, 2021 <sup>7</sup>	Escalates alert level classification of NCR to Alert Level 3 effective 12:01 A.M. of 3 January 2022 to 15 January 2022; restricts access to listed establishments to fully-vaccinated individuals only, whether indoor or outdoor	E
(6) IATF Resolution No. 163 dated February 24, 2022 <sup>8</sup>	Impliedly amends IATF Resolution No. 152 by including full vaccination uptake of 70% of target population (denominator is 80% of its total population) and full vaccination of 80% of priority group A2 (denominator is 85% of A2 population) among criteria for de-escalation to Alert Level 1	F
(7) IATF Resolution No. 164 dated March 10, 2022 <sup>9</sup>	Further amends IATF Resolution No. 163 by reducing to 70% the full	G

<sup>6</sup> <https://www.officialgazette.gov.ph/downloads/2021/11nov/20211125-IATF-150-RRD.pdf>. See Annex VV.

<sup>7</sup> Certified copy.

<sup>8</sup> <https://www.officialgazette.gov.ph/downloads/2022/02feb/20220224-RESO-163-RRD.pdf>. Certification of non-filing with ONAR pending.

	vaccination uptake by the A2 (Senior Citizen) target population among the criteria for de-escalation to Alert Level 1	
(8) IATF Guidelines on the Nationwide Implementation of Alert Level System for COVID-19 Response dated February 27, 2022 <sup>10</sup>	Mandates the presentation of proof of full vaccination status for participation in mass gatherings or entry into indoor establishments, such as venues for election-related events, among others	H
(9) DILG Memorandum Circular No. 2022-002 dated January 18, 2022 <sup>11</sup>	Enjoins all City and Municipal Mayors to monitor unvaccinated individuals and to coordinate with their local Sanggunians to pass reasonable ordinances to limit movement of unvaccinated individuals	I
(10) DILG Memorandum Circular No. 2022-008 dated January 31, 2022 <sup>12</sup>	Addendum to Memorandum Circular 2022-002, reiterating monitoring of and limiting mobility of unvaccinated individuals except for purposes of work and accessing essential goods and services	J
(11) DOTr Department Order No. 2022-001 dated January 11, 2022 <sup>13</sup>	“No Vaccination, No Ride” Policy for public utility vehicles	K

<sup>9</sup> <https://www.officialgazette.gov.ph/downloads/2022/03mar/20220310-IATF-RESO-164-RRD.pdf>. See Annex XX.

<sup>10</sup> Certified copy.

<sup>11</sup> Certified copy.

<sup>12</sup> Certified copy.

<sup>13</sup> Certified copy.

(12) LTFRB Memorandum Circular No. 2022-001 dated January 12, 2022 <sup>14</sup>	“No Vaccination, No Ride” Policy for public utility vehicles	L
(13) MMDA Resolution No. 22-01, series of 2022 <sup>15</sup>	Urges the Metro Manila LGUs to enact ordinances to limit mobility of unvaccinated individuals in NCR	M
(14) DepEd-DOH Joint Memorandum Circular No. 001, series of 2022 issued on April 6, 2022 <sup>16</sup>	Section 6.2.2. “COVID-19 vaccination requirement for DepEd teachers and personnel shall follow the latest national guidelines. However, only vaccinated teachers and school personnel shall be allowed to interact with learners. Unvaccinated teachers and school personnel may report on-site provided that they will not interact with the learners.”	N
(15) DOH Department Circular No. 2022-0131 dated March 4, 2022 <sup>17</sup>	<i>Bayanihan, Bakunahan Part IV</i> Strategies (Bringing Covid vaccination closer to homes, communities and workplaces, including deployment of stationary and mobile vaccination teams, conduct of “ <i>suyod</i> ” activities)	P <sup>18</sup>
(16) Makati City Ordinance No. 2022-	Regulates the mobility of unvaccinated individuals	Q

<sup>14</sup> Certified copy.

<sup>15</sup> Certified copy.

<sup>16</sup> <https://www.deped.gov.ph/wp-content/uploads/2022/04/DEPED-DOH-JMC-No.-001-s.-2022.pdf>.

Certificate of non-filing with ONAR pending.

<sup>17</sup> <https://dmas.doh.gov.ph:8083/Rest/GetFile?id=704407>. See Annex BBB.

<sup>18</sup> Please note that there is no Annex O.

005 enacted on January 12, 2022 <sup>19</sup>	in the City of Makati	
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- b. Issue a Writ of Preliminary Injunction or Temporary Restraining Order enjoining Respondents from implementing the foregoing issuances pending the resolution of this Petition;
- c. Permanently enjoin Respondents and all persons acting on their behalf from enforcing the foregoing issuances after due proceedings;
- d. Direct Respondents and all persons acting on their behalf to ensure that persons who submit for vaccination do so freely, voluntarily, and intelligently, after a written acknowledgment that they have been advised of all the possible side effects of the vaccines on their health and of their full understanding thereof; and
- e. Direct Respondents to make public all the officially recognized side effects of the vaccines and all adverse events reported after vaccination, and to ensure that such information is widely disseminated through various forms of media.

2. Copies of the foregoing regulations and ordinances are attached to this Petition as **Annexes A to Q**, subject to the qualifications in the footnotes thereon.

**III.**  
**THE PARTIES**

**A. Petitioners**

3. Petitioner NICANOR JESUS P. PERLAS III (“Perlas”) is a Filipino, of legal age, and has a permanent address at [REDACTED]  
[REDACTED] He is a writer, author, research innovator and technical consultant on a wide range of disciplines in science and technology, including as sustainable agriculture, nuclear power, artificial intelligence, molecular biology, and genetic engineering. He is one of the creators of the website COVID Call to Humanity (CCH), which is a repository of articles on COVID-19 from all over the world. For the past two years, he has studied the latest scientific, legal and regulatory developments involving COVID-19, including the massive vaccine-related deaths and injuries that are not reported by mainstream media. Ever since

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<sup>19</sup> blob:<https://www.makati.gov.ph/b7c61065-596c-418d-9e57-ba5c4469ed75>. Request for certified copy pending with the Office of the Makati Sanggunian.

the start of the COVID-19 vaccine rollout in the Philippines, he has been deeply troubled that millions of Filipinos are being subjected to a deadly massive experiment that could result in the death of thousands, even millions, in both the short- and long-term, due to the vaccines. His Judicial Affidavit, together with supporting documents, is attached to this Petition as **Annex R**.

### ***Vaccine-injured***

4. Petitioner JHON KEVIN G. ARADO (“Arado”) is a Filipino citizen and a former customer assistant at the Land Bank of the Philippines – Tandag Branch. He resides at [REDACTED]. As a frontline worker, he was urged by his employer to get vaccinated to protect him from being infected with COVID-19. He was inoculated without being informed of the possible side effects of the vaccine on his health. He received his primary series of the AstraZeneca vaccine on June 9, 2021 and August 20, 2021, and thereafter experienced migraines and impaired vision on his left eye, which was eventually diagnosed as Central Retinal Vein Occlusion with Macular Edema, Retinal Vasculitis, Vaccine Drug Adverse Reaction, a Serious Adverse Event (SAE). According to his doctor, the damage to his left eye is permanent. This condition has become a serious disability and has prompted him to resign from work. He is presently unemployed. Worse, PhilHealth denied his vaccine injury claim stating that possible causes for his condition other than the vaccine cannot be ruled out. His Judicial Affidavit is attached together with its supporting documents as **Annex S**.

### ***Doctors***

5. Petitioner ROMEO F. QUIJANO (“Quijano”) is a Filipino citizen and resides at [REDACTED]. He is a medical doctor specializing in toxicology and pharmacology. He is also a retired professor of Pharmacology and Toxicology at the College of Medicine of the University of the Philippines in Manila. He is a member of the Concerned Doctors and Citizens of the Philippines (CDCPh), which is a non-governmental organization that was established to help the government lift the lockdown safely through focused protection to help save lives and livelihoods. As a toxicologist, he knows that: (a) the hazards and risks of the COVID-19 vaccines far outweigh the benefits being claimed, and (b) it is not safe to undergo frequent nasal swabbing for RT-PCR testing. As a doctor, he does not agree with mandating vaccines as it encroaches on doctors’ practice of medicine. He is convinced that the IATF Resolutions effectively mandating vaccines are improper government interference in the highly-personal relationship between doctor and patient. His Judicial Affidavit together with its supporting documents is attached as **Annex T**.

6. Petitioner RAFAEL R. CASTILLO (“Castillo”) is a Filipino citizen and also a medical doctor by profession, specializing in Internal Medicine and Cardiology. He holds clinic at [REDACTED]. He is Dean Emeritus and Lead Faculty for Research of the FAME Leaders’ Academy, and a member of CDCPh. His weekly health column “Medical Files” has been running in the Philippine Daily Inquirer’s Lifestyle section for more than twenty (20) years now. As a doctor, he knows that: (a) the government’s mass vaccination strategy as the predominant response to the COVID-19 pandemic is an unsound public health policy; (b) mass inoculation serves as a breeding ground for “escape mutations” that lead to the formation of other variants of the virus; (c) because of escape mutations, the current COVID-19 vaccines developed for the original strain are no longer effective with newer variants; and (d) natural immunity from surviving a COVID-19 infection is superior to vaccine-generated immunity. His Judicial Affidavit is attached as **Annex U** together with its supporting documents.

### ***Pastors and Religious Objectors***

7. Petitioner ALCHERIE PATIÑO (“Patiño”) is a Filipino citizen and the Head Pastor of [REDACTED] in [REDACTED]. Her address is at [REDACTED]. [REDACTED] is a Pentecostal Church and is Trinitarian. She also helped start Arise People of Revelation (APOR) with five other Pastors last year when COVID-19 inoculation started. The purpose of APOR is to educate the Body of Christ on the fundamental rights we have according to the Constitution and what RA 11525 says on vaccination against COVID-19. Her ministries put high value on Family First in the Church. Her religious beliefs and objections against mandatory COVID-19 vaccinations are all discussed in her Judicial Affidavit, which is attached together with supporting documents as **Annex V**.

8. Petitioner JOHN EVAN C. MIGUEL (“Miguel”) is a Filipino citizen, lawyer, College Professor and Evangelical Christian. He is an active leader and member of the church and has been attending/leading Bible study classes. He holds office at [REDACTED]. Atty. Miguel started a ministry with an FB Page called “Stand Up for Jesus Movement”. The vision of this ministry is “[t]o be the defender of the faith and the Evangelical Christian Church against any act of persecution that infringes upon the freedom of religion as guaranteed by the Constitution of the Republic of the Philippines.” He is also a Bible school teacher, worship leader and choir member. He is also a Full Time Faculty at the De La Salle College of Saint Benilde and a Corporate/Labor Law Practitioner.



Because of the IATF Resolution restricting movement of unvaccinated individuals, he is not allowed to worship inside the church; he is not allowed to conduct Bible studies and care group sessions inside the church or enter any establishments to practice his faith. He is restricted from attending Christian events such as weddings, baptism, child dedication, Church seminars and training due to his vaccination status. His Judicial Affidavit is attached together with supporting documents as **Annex W**.

### ***Teachers***

9. Petitioner JENNY LOU C. ESPINOZA (“Espinoza”) is a Filipino citizen, a full-time college instructor, and a candidate of Doctorate in Education at the [REDACTED] a State university in [REDACTED]. She holds residence at [REDACTED]. She is also a Christian who declines to get vaccinated due to her religious belief that the human body is sacred and a temple of God and has concerns about the safety of the COVID-19 vaccines. The [REDACTED] issued a Memorandum to all university personnel requiring the latter to undergo COVID-19 vaccination in accordance with IATF Resolution No. 148-B. Her Judicial Affidavit is attached together with supporting documents as **Annex X**.

10. Petitioner CIELO GRACE M. POBLETE (“Poblete”) is a Filipino citizen, age 33, residing at [REDACTED] and a kindergarten teacher at [REDACTED]. She refused to get vaccinated due to her witnessing her parents suffer adverse events after receiving their respective COVID-19 vaccines. Ms. Poblete is a breastfeeding mother to her youngest child, aged one year old and is aware that the effects of vaccination on a breastfeeding mother and baby have not been studied because the vaccine trials have not been completed and the vaccines are still experimental. The RT-PCR testing requirement is financially burdensome for Petitioner Poblete. Her take home salary, after deducting RT-PCR costs, is not enough to support her family of five children and her husband. Due to Ms. Poblete’s refusal to take the vaccine and inability to pay for her RT-PCR tests, she has been prohibited from working and has been coerced into filing a leave beginning March 8, 2022. Her Judicial Affidavit is attached together with supporting documents as **Annex Y**.

11. Petitioner JOSEFINA MARAÑON (“Marañon”) is a Filipino citizen, and with residence at [REDACTED] and a Project Development Officer of the Disaster Risk Reduction and Management (DRMM) in the Schools Division of [REDACTED] under the Department of Education (DepEd). DepEd Memorandum No. 575 dated December 7, 2021 adopted IATF Resolution 148-B requiring all employees to be vaccinated against COVID-19 or to submit a negative RT-PCR every

two weeks at their own expense. She refused to be vaccinated due to her personal conviction that the COVID-19 vaccines are still in its experimental stage and that the prevailing law, Republic Act No. 11525, recognizes the same and therefore provides that vaccines should not be made a mandatory requirement for employment purposes. She experienced discrimination by being removed as part of the composite team in charge of the pilot implementation of face-to-face classes. She received unpleasant and coercive remarks from her supervisors and coworkers to get vaccinated. Even if she already contracted COVID-19 in March 2021, she is still being compelled to take the vaccine. Her Judicial Affidavit is attached together with supporting documents as **Annex Z**.

12. Petitioner MELLANY DE PADUA DAOS is a Filipino citizen, of legal age, married, and a resident of [REDACTED]. She is a teacher (Teacher 3 level) at [REDACTED] and a graduate of BS Accountancy and Masters in Business Administration. She also holds a Diploma in Practical Nursing (cum laude). She refuses to get vaccinated with the COVID-19 vaccine because she is aware that the vaccines are still in the experimental stage and believes that vaccines cause adverse events, as someone she knows from her barrio died three days after receiving the vaccine. She refuses to take the COVID-19 vaccine also because of her religious belief. Petitioner Daos is also unable to submit to RT-PCR testing every two weeks because of severe financial constraints. Furthermore, she is already immune from COVID-19, having tested positive via antigen test in January 2022. Even if she already contracted COVID-19, she is still being coerced to take the vaccine or submit to regular RT-PCR testing, otherwise she is prevented from entering the school and from teaching her students. Her Judicial Affidavit is attached together with supporting documents as **Annex AA**.

### ***Employees***

13. Petitioner ALMERA M. MONTANO (“Montano”) is a Filipino citizen and an agriculturist with the [REDACTED] a training arm of the Department of Agriculture (DA) in Region [REDACTED] with office address at [REDACTED]. She refuses to get vaccinated against COVID-19 because the vaccines are still in the experimental phase. Pursuant to ATI Memorandum (M21-11-401) entitled “Vaccination Mandatory for Eligible Onsite Employees Effective December 1, 2021,” her employer ordered her to work in an isolation room and to take a vacation leave when she could not avail of a rapid antigen test. She was also removed from a work program that necessitates travels to other provinces. Her Judicial Affidavit is attached together with supporting documents as **Annex CC**.<sup>20</sup>

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<sup>20</sup> Please note that there is no **Annex BB**.

14. Petitioner ESPERANZA RESUS-OEBANDA (“Resus-Oebanda”) is a Filipino citizen, of legal age, a program coordinator of a non-profit organization based in [REDACTED] and an advocate of organic and sustainable agriculture. She resides at [REDACTED]. She commutes to and from her residence in [REDACTED] through various points in [REDACTED] to and from her work in [REDACTED] but has been prevented from doing so since the “No Vax, No Ride” policy has been implemented. Her unvaccinated status barred her from freely traveling inter-city and boarding public utility vehicles (PUV) and the MRT during Alert Level 3. Her Judicial Affidavit is attached as **Annex “DD”**.

15. Petitioner RICHARD M. NIEVA (“Nieva”) is of legal age, a Filipino citizen, and lives at [REDACTED]. He is an employee of [REDACTED] a private company located in Makati City. He is a Sales Engineer who is unable to effectively perform his responsibilities at work because the clients that he services require the presentation of a vaccination card to enter their premises or transact with them, which he is unable to do because he is unvaccinated. He does not want to get vaccinated with the COVID-19 vaccines because he is afraid of the possible effects on his health as he continues to see the rise of reports of SAEs all over the world. He is in danger of being subject to disciplinary action by his employer because of his inability to service his clients, which reflects poor work performance. The twice-a-month RT-PCR testing requirement in lieu of vaccination is financially burdensome for him. His Judicial Affidavit is attached as **Annex EE** together with its supporting documents.

16. Petitioner MARK ANTHONY L. REYES (“Mark Reyes”) is of legal age, Filipino, and resides at [REDACTED]. He is deployed by his employer to work at the premises of a client, the [REDACTED] which requires a vaccination card in order to enter its premises pursuant to the Makati City Ordinance requiring the same. He is unable to afford the twice-a-month RT-PCR testing requirement due to his meager gross salary of ₱21,100.00 a month as he has a wife and infant daughter to support. His Judicial Affidavit is attached as **Annex FF** together with its supporting documents.

17. Petitioner MARIO ANTONIO VIRGILIO M. REYES (“Mario Reyes”) is 68 years old, single and residing at [REDACTED]. He is a yoga teacher whose work and source of income have been adversely affected by the pandemic. He is allergic to any drug; thus, his family doctor issued a certificate recommending that he should not get vaccinated with COVID-19

vaccines because of their possible adverse effects on him. His mobility and access to services have been restricted due to the government's impositions on the unvaccinated. He has also suffered anxiety and stress from President Rodrigo Duterte's strong pronouncements against the unvaccinated. He feels alienated from his vaccinated friends because of the stigma that the government has created against the unvaccinated. According to him, his vaccinated friends feel distrust and suspicion towards him, thinking that he is a threat to them and a carrier of the COVID-19 virus. His Judicial Affidavit, together with his medical certificate, is attached as **Annex GG**.

18. Petitioners may all be served with notices and processes of the Honorable Court at the address of their counsel at the 26th Floor of Pacific Star Building, Sen. Gil Puyat Avenue corner Makati Avenue, 1200 Makati City.

## **B. Respondents**

19. Respondent INTER-AGENCY TASK FORCE FOR THE MANAGEMENT OF EMERGING INFECTIOUS DISEASES (IATF-EID or simply IATF) is the executive body tasked to prevent or minimize the local spread of emerging infectious diseases in the country, among others. It is represented by its Chairperson, Department of Health (DOH) Secretary Francisco T. Duque III, and may be served notices and other processes of the Honorable Court at the DOH Main Office, San Lazaro Compound, Tayuman, Sta. Cruz, Manila, 1003 Metro Manila.

20. Respondent FRANCISCO T. DUQUE III ("Duque") is being sued in his capacity as DOH Secretary and Chair of the IATF. He may be served notices and other processes of the Honorable Court at the DOH Main Office, San Lazaro Compound, Tayuman, Sta. Cruz, Manila, 1003 Metro Manila.

21. Respondent SALVADOR C. MEDIALDEA ("Medialdea") is being sued in his capacity as the Executive Secretary and the principal alter ego of the President. He may be served notices and other processes of the Honorable Court at the Office of the Executive Secretary, Ground Floor, Premier Guest House, Malacañang, J.P. Laurel Street, San Miguel, Manila, 1000 Metro Manila.

22. Respondent EDUARDO M. AÑO ("Año") is being sued in his capacity as Secretary of the Department of Interior and Local Government (DILG) and member of the IATF. He may be served notices and other processes of the Honorable Court at the DILG NAPOLCOM Center, EDSA corner Quezon Avenue, Quezon City, 1104 Metro Manila.

23. Respondent ARTHUR P. TUGADE (“Tugade”) is being sued in his capacity as Secretary of the Department of Transportation (DOTr) and member of the IATF. He may be served notices and other processes of this Honorable Court at Apo Court, Sergio Osmeña Sr. Zone, Clark Freeport, Mabalacat, 2009 Pampanga.

24. Respondent LEONOR M. BRIONES (“Briones”) is being sued in her capacity as Secretary of the Department of Education (DepEd) and member of the IATF. She may be served notices and other processes of the Honorable Court at the Department of Education Main Office, DepEd Complex, Meralco Avenue, Pasig City, Metro Manila.

25. Respondent MAKATI CITY (“Makati City”) is a first-class, highly urbanized city in Metro Manila and is represented by Mayor Mar-Len Abigail S. Binay. It may be served notices and other processes of the Honorable Court at Makati City Hall, JP Rizal Street, Brgy. Olympia, Makati City, Metro Manila.

#### IV. STATEMENT OF FACTS

##### *A. Declaration of a Pandemic*

26. In December 2019, the first outbreak of viral pneumonia with unknown origin was reported in Wuhan, China. By January 2020, a total of 44 patients had been reported to the World Health Organization (WHO) by the Chinese health authorities. At first assessment, the WHO recommended using public health measures and surveillance for influenza and severe acute respiratory infections. The WHO also advised against the imposition of travel restrictions against China.<sup>21</sup>

27. On January 20, 2020, Chinese authorities confirmed that human-to-human transmission of the new coronavirus (n-Cov) had occurred.<sup>22</sup>

28. WHO Director-General Tedros Adhanom Ghebreyesus convened the Emergency Committee that reached a consensus that the outbreak now constitutes a Public Health Emergency of International Concern (PHEIC).<sup>23</sup>

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<sup>21</sup> <https://www.who.int/emergencies/disease-outbreak-news/item/2020-DON229> (last accessed on May 5, 2022).

<sup>22</sup> <https://www.theguardian.com/world/2020/jan/20/coronavirus-spreads-to-beijing-as-china-confirms-new-cases> (last accessed on May 5, 2022).

<sup>23</sup> [https://www.who.int/news/item/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-\(2019-ncov\)](https://www.who.int/news/item/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-(2019-ncov)) (last accessed on May 5, 2022).

29. On February 2, 2020, the first n-Cov death outside of China was recorded in the Philippines.<sup>24</sup>

30. The WHO released the “2019 Novel Coronavirus (2019-nCoV): Strategic Preparedness and Response Plan” on February 4, 2020 to help countries with weaker health systems prepare for the expected onslaught of new coronavirus cases.<sup>25</sup>

31. On February 11, 2020, the WHO named the new disease COVID-19, short for Coronavirus Disease 2019.<sup>26</sup>

32. Concerned about the inaction of many countries, the WHO, through its Director-General, declared in a media briefing last March 11, 2020 that COVID-19 was already a pandemic.<sup>27</sup>

### ***B. Philippine Government's Response to the Pandemic***

33. President Rodrigo Duterte banned the entry of all foreign travelers from China starting February 2, 2020.<sup>28</sup> The ban was extended to include the Special Administrative Regions of Hong Kong and Macau.<sup>29</sup> The travel ban was announced after Respondent DOH confirmed the first<sup>30</sup> and second case<sup>31</sup> of COVID in the country, with the latter becoming the first fatality outside of China.

34. On March 3, 2020, Respondent DOH announced the first local case of COVID-19 in the Philippines.<sup>32</sup> Confirmation of local transmission was declared on March 7, 2020.<sup>33</sup>

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<sup>24</sup> <https://www.bbc.com/news/world-asia-51345855> (last accessed on May 5, 2022).

<sup>25</sup> <https://www.who.int/publications/i/item/strategic-preparedness-and-response-plan-for-the-new-coronavirus> (last accessed on May 5, 2022).

<sup>26</sup> [https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200211-sitrep-22-ncov.pdf?sfvrsn=fb6d49b1\\_2](https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200211-sitrep-22-ncov.pdf?sfvrsn=fb6d49b1_2) (last accessed on May 5, 2022).

<sup>27</sup> <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>. See also <https://www.who.int/news/item/27-04-2020-who-timeline---covid-19> for the timeline leading up to the declaration of the pandemic (last accessed on May 5, 2022).

<sup>28</sup> <https://iatf.doh.gov.ph/wp-content/uploads/2021/02/IATF-Resolution-No.-2.pdf> (last accessed on May 5, 2022).

<sup>29</sup> <https://www.pna.gov.ph/articles/1092691> (last accessed on May 5, 2022).

<sup>30</sup> <https://doh.gov.ph/doh-press-release/doh-confirms-first-2019-nCoV-case-in-the-country> (last accessed on May 5, 2022).

<sup>31</sup> <https://newsinfo.inquirer.net/1222873/doh-confirms-second-case-of-ncov-in-ph> (last accessed on May 5, 2022).

<sup>32</sup> <https://mb.com.ph/2020/03/06/ph-reports-1st-local-covid-19-case/> (last accessed on May 5, 2022).

<sup>33</sup> <https://doh.gov.ph/doh-press-release/doh-confirms-local-transmission-of-covid-19-in-ph> (last accessed on May 5, 2022).

35. Citing Section 23, Article VI of the Philippine Constitution,<sup>34</sup> which grants Congress the power to authorize the President to exercise powers necessary and proper to carry out a declared national policy, and Section 7 of Republic Act No. 11332,<sup>35</sup> which authorizes the President to declare a State of Public Emergency in the event of an epidemic, President Rodrigo Duterte signed on March 8, 2020 Proclamation No. 922 entitled “Declaring a State of Public Health Emergency Throughout the Philippines” as the country’s total number of COVID-19 cases had risen to 24.<sup>36</sup>

36. On March 9, 2020, the IATF – which was created by virtue of Executive No. 168, Series of 2014<sup>37</sup> to assess, monitor, contain, control, and prevent the spread of any potential epidemic in the Philippines – issued Resolution No. 10. Pursuant to the Resolution, classes were suspended in all levels in Metro Manila from March 10 to March 14, 2020. The Resolution also required local government units to ensure that students remained at home during the said period. Aside from canceling classes, the Resolution also recommended the prohibition of mass gatherings and the implementation of alternative working arrangements in the public and private sectors.<sup>38</sup> Aside from the suspension of classes, the IATF also prohibited mass gatherings and directed strict implementation of social distancing rules as well as the suspension of land, domestic air, and domestic sea travel to and from Manila.<sup>39</sup>

37. Resolution No. 12 of the IATF, issued on March 13, 2020, defined the new community quarantine classifications in the country.<sup>40</sup>

38. Citing Section 15, Article II of the Philippine Constitution,<sup>41</sup> which establishes the State policy to protect and promote the people’s right to health, and RA 10121, the “Philippine Disaster Risk Reduction Management Act of 2010,” the President signed Proclamation No. 929 on March 16, 2020. Proclamation 929 placed the Philippines under a state of calamity for six months. This allowed local government units (LGUs) to access quick response funds during emergency situations.<sup>42</sup> The

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<sup>34</sup> <https://www.officialgazette.gov.ph/constitutions/1987-constitution/> (last accessed on May 5, 2022).

<sup>35</sup> <https://www.officialgazette.gov.ph/downloads/2019/04apr/20190426-RA-11332-RRD.pdf> (last accessed on May 5, 2022).

<sup>36</sup> <https://www.officialgazette.gov.ph/downloads/2020/02feb/20200308-PROC-922-RRD-1.pdf> (last accessed on May 5, 2022).

<sup>37</sup> <https://www.officialgazette.gov.ph/2014/05/26/executive-order-no-168-s-2014/> (last accessed on May 5, 2022).

<sup>38</sup> <https://iatf.doh.gov.ph/wp-content/uploads/2021/02/IATF-Resolution-No.-10.pdf> (last accessed on May 5, 2022).

<sup>39</sup> <https://iatf.doh.gov.ph/wp-content/uploads/2021/02/IATF-Resolution-No.-11.pdf> (last accessed on May 5, 2022).

<sup>40</sup> <https://iatf.doh.gov.ph/wp-content/uploads/2021/02/IATF-Resolution-No.-12.pdf> (last accessed on May 5, 2022).

<sup>41</sup> <https://www.officialgazette.gov.ph/constitutions/1987-constitution/> (last accessed on May 5, 2022).

<sup>42</sup> <https://www.officialgazette.gov.ph/2020/03/16/proclamation-no-929-s-2020/> (last accessed on May 5, 2022).

Proclamation also placed the entire Luzon under Enhanced Community Quarantine (ECQ), which was scheduled to last until April 12, 2020.<sup>43</sup>

39. On March 24, 2020, Congress enacted RA 11469, entitled “An Act Declaring the Existence of a National Emergency Arising from the Coronavirus Disease 2019,” otherwise known as the “Bayanihan to Heal as One Act.” This law granted the President authority to implement measures to prevent or suppress further transmission and spread of COVID-19; expedite the accreditation and acquisition of testing kits, and facilitate testing, isolation, and treatment of patients. Under this law, LGUs could be penalized for disobeying national government policies in imposing quarantines.<sup>44</sup>

40. On September 11, 2020, Republic Act No. 11494 or the “Bayanihan to Recover as One Act” was signed into law, repealing RA 11469. Section 4(a) of RA 11494 authorized the President to follow WHO and US Centers for Disease Control (CDC) guidelines and best practices.

41. As recommended by the National Disaster Risk Reduction and Management Council (NDRRMC) and by virtue of RA 10121, the President, through Proclamation No. 1021 dated September 18, 2020, extended the State of Calamity “for a period of one year, effective September 13, 2020 to September 12, 2021, unless earlier lifted or extended as circumstances may warrant.”<sup>45</sup>

42. On September 10, 2021, President Duterte once again extended the State of Calamity for another year, “effective 13 September 2021 to September 12, 2022.”<sup>46</sup>

### ***C. Development of Vaccines***

43. Moderna launched the earliest clinical trials for COVID-19 vaccines in March 2020,<sup>47</sup> but it was the Pfizer-BioNTech vaccine that received the first Emergency Use Authorization (EUA) from the US Food and Drug Administration (FDA), merely five months since it launched its

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<sup>43</sup> <https://newsinfo.inquirer.net/1243036/luzon-island-now-under-enhanced-community-quarantine-palace> and <https://iatf.doh.gov.ph/wp-content/uploads/2021/02/IATF-Resolution-No.-13.pdf> (last accessed on May 5, 2022).

<sup>44</sup> <https://www.officialgazette.gov.ph/downloads/2020/03mar/20200324-RA-11469-RRD.pdf> (last accessed on May 5, 2022).

<sup>45</sup> <https://www.officialgazette.gov.ph/2020/09/16/proclamation-no-1021-s-2020/> (last accessed on May 5, 2022).

<sup>46</sup> <https://www.officialgazette.gov.ph/downloads/2021/09sep/20210910-PROC-1218-RRD.pdf> (last accessed on May 5, 2022).

<sup>47</sup> <https://www.nytimes.com/2020/03/16/health/coronavirus-vaccine.html> (last accessed on May 5, 2022).



Phase 2/3 trials with 30,000 volunteers.<sup>48</sup> Pfizer's EUA was granted on December 11, 2020.<sup>49</sup> Seven days after, on December 18, 2020, Moderna received its EUA.<sup>50</sup>

44. The Philippine Food and Drug Administration (PFDA) has granted EUA for nine COVID vaccines:<sup>51</sup> Pfizer-BioNTech, Oxford-AstraZeneca, Sinovac, Gamaleya, Johnson & Johnson, Bharat Biotech (EUA granted last June 21, 2021), Moderna, Sinopharm and Covovax. Only eight of these COVID vaccines are currently being rolled out in the country.

45. The EUAs were authorized by the PFDA on the following dates:

- a. Pfizer on January 14, 2021;<sup>52</sup>
- b. AstraZenca on January 28, 2021;<sup>53</sup>
- c. Sinovac on February 22, 2021;<sup>54</sup>
- d. Gamaleya on March 19, 2021;<sup>55</sup>
- e. Johnson & Johnson/Janssen on April 19, 2021;<sup>56</sup>
- f. Moderna on May 5, 2021;<sup>57</sup>
- g. Sinopharm on August 19, 2021; and<sup>58</sup>
- h. Covovax on November 17, 2021.<sup>59</sup>

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<sup>48</sup> <https://www.nytimes.com/interactive/2020/science/coronavirus-vaccine-tracker.html> (last accessed on May 5, 2022).

<sup>49</sup> <https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization> (last accessed on May 5, 2022).

<sup>50</sup> <https://www.fda.gov/media/144673/download> (last accessed on May 5, 2022).

<sup>51</sup> <https://doh.gov.ph/vaccines/know-your-vaccines> (last accessed on May 5, 2022).

<sup>52</sup> <https://www.fda.gov.ph/wp-content/uploads/2022/01/EUA-Pfizer-Kalamazoo-Third-Amendment-Booster-w.pdf> (last accessed on May 5, 2022).

<sup>53</sup> <https://www.fda.gov.ph/wp-content/uploads/2022/01/EUA-Astrazeneca-Third-Amendment-Booster-w.pdf> (last accessed on May 5, 2022).

<sup>54</sup> <https://www.fda.gov.ph/wp-content/uploads/2021/11/EUA-Sinovac-IP-Biotech-Amended-Booster-w.pdf> (last accessed on May 5, 2022).

<sup>55</sup> <https://www.fda.gov.ph/wp-content/uploads/2021/07/EUA-Gamaleya-Ampoule-Biocad-amended-packaging-and-dose-interval-Website.pdf> (last accessed on May 5, 2022).

<sup>56</sup> <https://www.fda.gov.ph/wp-content/uploads/2022/01/Fourth-Amendment-to-EUA-Janssen-Catalent-Gram-Aspen-website.pdf> (last accessed on May 5, 2022).

<sup>57</sup> <https://www.fda.gov.ph/wp-content/uploads/2022/01/EUA-Fourth-Amendment-Moderna-Booster-w.pdf> (last accessed on May 5, 2022).

<sup>58</sup> <https://www.fda.gov.ph/wp-content/uploads/2021/09/EUA-DOH-procured-Sinopharm-Website.pdf> (last accessed on May 5, 2022).

<sup>59</sup> <https://www.fda.gov.ph/wp-content/uploads/2021/11/EUA-Covovax-w.pdf> (last accessed May 5, 2022)

46. Later, Pfizer was authorized for individuals aged five years old and above<sup>60</sup> and Sinovac for children six years and above,<sup>61</sup> while Moderna COVID-19 vaccine was authorized for individuals aged 12 years and over.<sup>62</sup> All the other vaccines have received EUA to inoculate individuals aged 18 years and above.

47. Of the vaccines rolled out in the Philippines, only Sinovac and Sinopharm conducted clinical trials in the Philippines.<sup>63</sup>

#### ***D. Conditions for Emergency Use Authorization***

48. On December 1, 2020, in preparation for its vaccination program, President Duterte issued Executive Order No. 121, which granted authority to the Director-General of the PFDA to issue EUAs for COVID-19 drugs and vaccines.<sup>64</sup> The underlying assumption was that a public health emergency exists that warrants the expedited procurement of medicines and vaccines.

49. EO 121 affirmed Section 4(a) of RA 11494 in its 5th “Whereas” clause regarding following the WHO and CDC guidelines and best practices. Section 4 of EO 121 directs the PFDA to follow the principles of “Reliance and Recognition” in evaluating applications for EUA.

50. On December 14, 2020, implementing EO 121, the PFDA issued Circular 2020-036, “Guidance on the Issuance of Emergency Use Authorization for Drugs and Vaccines for COVID-19”.<sup>65</sup>

51. The Circular defines under its Definition of Terms “**Recognition**” and “**Reliance**” as follows:

**Recognition** – shall refer to the acceptance of the regulatory decision of another trusted institution. It shall be based on evidence of conformity that the regulatory requirements of the

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<sup>60</sup> <https://www.fda.gov.ph/wp-content/uploads/2022/01/EUA-Pfizer-10mcg-5-11-website.pdf> (last accessed May 5, 2022)

<sup>61</sup> <https://www.fda.gov.ph/wp-content/uploads/2022/03/Second-Amendment-to-the-EUA-Sinovac-IP-Biotech-Pedia-web.pdf> (last accessed May 5, 2022)

<sup>62</sup> <https://www.fda.gov.ph/wp-content/uploads/2022/01/EUA-Fourth-Amendment-Moderna-Booster-w.pdf> (last accessed May 5, 2022)

<sup>63</sup> <https://r3.rappler.com/newsbreak/iq/266140-things-to-know-coronavirus-vaccine-trials-philippines>, <https://iatf.doh.gov.ph/wp-content/uploads/2021/02/IATF-Resolution-No.-39.pdf> (last accessed on May 5, 2022).

<sup>64</sup> <https://www.officialgazette.gov.ph/downloads/2020/12dec/20201201-EO-121-RRD.pdf> (last accessed on May 5, 2022).

<sup>65</sup> <https://www.fda.gov.ph/fda-circular-no-2020-036-guidelines-on-the-issuance-of-emergency-use-authorization-for-drugs-and-vaccines-for-covid-19/> (last accessed on May 5, 2022).

reference regulatory authority are sufficient to meet the regulatory requirements of the relying authority.

**Reliance** – shall refer to the act whereby the NRA [National Regulatory Authority] in one jurisdiction may take into account and give significant weight to assessments performed by another NRA or trusted institution, or to any other authoritative information in reaching its own decision.

52. In Annex C of PFDA Circular 2020-036, the PFDA refers to the WHO to be eligible as “reference for recognition.” It then cites the National Regulatory Authorities (NRAs) of the following countries and political jurisdictions to be eligible as “reference for reliance”: Australia, Canada, Europe (European Medicines Agency or EMA), Japan, Singapore, South Korea, Switzerland, United Kingdom, and the USA.

53. In Annex B, the PFDA lists 49 countries as members of the “Pharmaceutical Inspection Co-operation Scheme (PIC/S).” In VI.C.3. of the Circular, the PIC/S list is specified for use in determining Good Manufacturing Practice (GMP). If a PIC/S member country issues a Certificate, then that Certificate will facilitate the EUA application of an institution.

54. PFDA Circular 2020-036 further requires three conditions to be met for an EUA to be issued: (a) it is reasonable to believe that the vaccine may be effective to prevent, diagnose, or treat COVID-19; (b) the known and potential benefits of the vaccine, when used to diagnose, prevent or treat COVID-19 outweigh the known and potential risks of said vaccine; and (c) there is no adequate, approved, and available alternative to the product for diagnosing, preventing or treating COVID-19.<sup>66</sup>

55. All the current COVID-19 vaccines being used in the Philippines have received only EUA, which is conditional. All eight COVID-19 vaccines have not yet completed phase 3 clinical trials.<sup>67</sup>

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<sup>66</sup> <https://www.fda.gov.ph/fda-circular-no-2020-036-guidelines-on-the-issuance-of-emergency-use-authorization-for-drugs-and-vaccines-for-covid-19/> (last accessed on May 5, 2022).

<sup>67</sup> [Phase III Double-blind, Placebo-controlled Study of AZD1222 for the Prevention of COVID-19 in Adults - Full Text View – ClinicalTrials.gov](#); [A Study to Evaluate Efficacy, Safety, and Immunogenicity of mRNA-1273 Vaccine in Adults Aged 18 Years and Older to Prevent COVID-19 - Full Text View – ClinicalTrials.gov](#); [A Study of Ad26.COV2.S for the Prevention of SARS-CoV-2-Mediated COVID-19 in Adult Participants - Full Text View – ClinicalTrials.gov](#); <https://www.clinicaltrials.gov/ct2/show/NCT04456595>; <https://www.globaltimes.cn/page/202105/1223468.shtml>; [Clinical Trial of Efficacy, Safety, and Immunogenicity of Gam-COVID-Vac Vaccine Against COVID-19 - Full Text View – ClinicalTrials.gov](#) (all last accessed on May 5, 2022).

56. In effect, these COVID-19 vaccines are experimental and not approved products whose safety and effectiveness have been borne out in completed clinical trials.

### ***E. Safety and Effectiveness of the Vaccines***

57. No pharmaceutical company publicly disclosed serious safety concerns that would alarm the public. They all claimed that their COVID-19 vaccines had high efficacy ratings.

58. All claimed that their vaccine had high efficacy ratings. Pfizer, for example, claimed a 94% efficacy.<sup>68</sup> Moderna claimed 94.5% efficacy.<sup>69</sup>

59. All seemed well until researchers observed disturbing trends in the real world.

#### **E.1. Waning Effectiveness, Adverse Effects on the Immune System, and Boosters**

60. First were the *studies that confirmed the waning protection from the vaccines.*

60.1 Data from Israel in July 2021 suggested waning vaccine efficacy against infections. According to the estimate, the Pfizer shot was only 87% effective against preventing infection four to seven months post vaccination.<sup>70</sup>

60.2 A study published in October 2021,<sup>71</sup> assessed Relative Risk Reduction (RRR) and duration of vaccine-induced protection during the Delta wave of infections in the US. The study confirmed that 20+ weeks post-vaccination, RRR against symptomatic disease fell to 47.3% for the AstraZeneca vaccine and 69.7% for the Pfizer-BioNTech vaccine. Meanwhile, the AstraZeneca vaccine recorded dropping RRR against hospitalizations (down to 77%) and death

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<sup>68</sup> <https://www.nytimes.com/2020/11/18/health/pfizer-covid-vaccine.html> (last accessed on May 5, 2022).

<sup>69</sup> <https://www.nytimes.com/2020/11/16/health/Covid-moderna-vaccine.html> (last accessed on May 5, 2022).

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<https://www.nejm.org/doi/full/10.1056/nejmoa2114228#:~:text=Genetic%20analysis%20showed%20that%20as,attributed%20to%20the%20delta%20variant.&text=In%20this%20study%2C%20we%20estimated,breakthrough%20against%20the%20delta%20variant>. (last accessed May 5, 2022)

<sup>71</sup> <https://www.medrxiv.org/content/10.1101/2021.09.15.21263583v2> (last accessed on May 5, 2022).

(78.7%). The Pfizer vaccine recorded an RRR of 92.7% against hospitalization and 90.4% against death.

60.3 A November 2021 study involving 800,000 veterans, who have received the Moderna, Pfizer-BioNTech, and Johnson & Johnson vaccines, found that **the efficacy of these vaccines against the Delta variant had dropped between 35% to 85%.**<sup>72</sup> From February to October 2021, vaccine efficacy against infection (VE-I) declined for all vaccines. Johnson & Johnson showed the most remarkable drop resulting in a VE-I of 13.1%.

60.4 By December 2021, data from South Africa indicated that vaccine-mediated antibodies were even less effective against the Omicron variant, **with vaccinated people more vulnerable to breakthrough infections.**<sup>73</sup>

61. On December 23, 2021, in its Technical Briefing 33, the UK Health Security Agency, a “reliance” NRA of Respondent DOH, reported on its “SARS-CoV-2 variants of concern and variants under investigation in England.” It had this finding regarding the **significantly decreasing vaccine efficacy** of the various COVID-19 vaccines, even with boosters.<sup>74</sup>

62. The waning protection from COVID vaccines is connected with the slow but sure destruction of the human immune system. Based on data from the Public Health England’s COVID-19 Vaccine Surveillance Report for weeks 36 to 40,<sup>75</sup> there is a clear indication that vaccinated 40-to-70-year-olds have lost 40% of their immune capacity compared to their unvaccinated peers. The estimate is that immune systems deteriorate at 5% per week.<sup>76</sup>

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<sup>72</sup> <https://www.science.org/doi/10.1126/science.abm0620> (last accessed on May 5, 2022).

<sup>73</sup> <https://www.nytimes.com/2021/12/07/health/omicron-variant-pfizer-vaccine.html> (last accessed on May 5, 2022).

<sup>74</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/104380/7/technical-briefing-33.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/104380/7/technical-briefing-33.pdf) (last accessed on May 5, 2022).

<sup>75</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/101646/5/Vaccine\\_surveillance\\_report\\_-\\_week\\_36.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/101646/5/Vaccine_surveillance_report_-_week_36.pdf), (last accessed May 5, 2022)

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1018416/Vaccine\\_surveillance\\_report\\_-\\_week\\_37\\_v2.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1018416/Vaccine_surveillance_report_-_week_37_v2.pdf), (last accessed May 5, 2022)

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1019992/Vaccine\\_surveillance\\_report\\_-\\_week\\_38.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1019992/Vaccine_surveillance_report_-_week_38.pdf), (last accessed May 5, 2022)

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1022238/Vaccine\\_surveillance\\_report\\_-\\_week\\_39.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1022238/Vaccine_surveillance_report_-_week_39.pdf), (last accessed May 5, 2022)

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1023849/Vaccine\\_surveillance\\_report\\_-\\_week\\_40.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1023849/Vaccine_surveillance_report_-_week_40.pdf), (last accessed May 5, 2022)

<https://dailyexpose.uk/2021/10/10/comparison-reports-proves-vaccinated-developing-ade/>. (last accessed May 5, 2022)

<sup>76</sup> <https://dailyexpose.uk/2021/10/10/comparison-reports-proves-vaccinated-developing-ade/>. (last accessed May 5, 2022)

63. The duration of vaccine protection is connected with the strength of the immune system. As waning protection from vaccination is becoming established, **hundreds of research studies show the broad and long-term protection derived from natural immunity.**<sup>77</sup>

63.1 Research from Israel confirmed a **higher risk of infection and symptomatic COVID disease among the vaccinated than those who previously recovered from COVID.** There was a 596% increased risk for breakthrough infection during the Delta wave compared to reinfection. There is also a 713% increased risk for symptomatic disease among the vaccinated compared to the previously recovered. After adjusting for co-morbidities, the research found a 27.02-fold risk for symptomatic infection among vaccine recipients compared to the COVID-recovered.<sup>78</sup> Dr. Martin Kuldorff, a biostatistician and former consultant at the US CDC, opined that this finding effectively demolishes the need for vaccine mandates.<sup>79</sup>

63.2 A CDC Morbidity and Mortality Weekly Report (MMWR) article showed that, during the May to December 2021 Delta wave of infections, **individuals who have recovered previously from COVID-19 had lower case rates than vaccinated individuals.**<sup>80</sup>

64. There is also data that shows that vaccines are less effective for people with weak immune systems.

64.1 A CDC Morbidity and Mortality Weekly Report published last November 5, 2021, showed that vaccine effectiveness among immunocompromised patients was lower when compared with immunocompetent adults. Vaccine effectiveness against hospitalization (VE-H) of two doses of an mRNA vaccine among the immunocompromised was at 77%, while VE-H for immunocompetent adults was 90%.<sup>79</sup>

65. The waning efficacy of the vaccines has led several countries to recommend boosters to their citizens. By December 2021, Israel began offering a fourth dose for its citizens as additional protection against

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<sup>77</sup> <https://brownstone.org/articles/79-research-studies-affirm-naturally-acquired-immunity-to-covid-19-documented-linked-and-quoted/> (last accessed on May 5, 2022).

<sup>78</sup> <https://www.medrxiv.org/content/10.1101/2021.08.24.21262415v1.full.pdf> (last accessed on May 5, 2022).

<sup>79</sup> <https://fee.org/articles/harvard-epidemiologist-says-the-case-for-covid-vaccine-passports-was-just-demolished/amp> (last accessed on May 5, 2022).

<sup>80</sup> [https://covidcalltohumanity.org/wp-content/uploads/2022/01/CDC\\_MMWR.pdf](https://covidcalltohumanity.org/wp-content/uploads/2022/01/CDC_MMWR.pdf) (last accessed on May 5, 2022). It is important to note that CDC deleted this article. CCH has an archived copy of it.



Omicron.<sup>81</sup> Unfortunately, preliminary research from an Israeli hospital showed that the **fourth dose of the vaccine provided only limited defense against Omicron.**<sup>82</sup>

66. On December 17, 2021, the US CDC issued a report entitled “SARS-CoV-2 B.1.1.529 (Omicron) Variant — United States, December 1–8, 2021.” In this report, the US CDC shared that there were 43 cases of COVID-19 due to the Omicron variant. However, their data in the only Table in this report showed that “34 cases (79%) occurred in persons who completed the primary series of an FDA-authorized or approved COVID-19 vaccine  $\geq 14$  days before symptom onset or receipt of a positive SARS-CoV-2 test result.”<sup>83</sup> **In short, most of the Omicron cases occurred with people who were vaccinated.**

## **E.2. Absolute Risk Reduction, Not Relative Risk Reduction**

67. The issue of Absolute Risk Reduction (ARR) versus Relative Risk Reduction (RRR) also cropped up. On July 1, 2021, a scientific comment published by *The Lancet*, one of the two most prestigious medical journals in the world, explained that RRR, reported in the media as “vaccine efficacy” or “vaccine effectiveness,” is not the real measure of a vaccine’s usefulness. According to the authors, the real measure is the Absolute Risk Reduction or ARR. The ARR helps calculate the Number Needed to Vaccinate (NNV) to prevent one case of COVID-19. The higher the ARR, the lower the NNV and the better the vaccine is at preventing disease. Based on the Lancet article, **the ARR for the COVID-19 vaccines is very low: 0.9% for Pfizer-BioNTech, 1% for Gamaleya, 1.4% for Moderna, 1.8% for Johnson and Johnson, and 1.9% for AstraZeneca.**<sup>84</sup>

68. In August 2011, the US FDA published “Communicating Risks and Benefits: An Evidence-Based User’s Guide” to help academic researchers communicate the value of their research. Here, **they recommend using the ARR format instead of the RRR percentages** so that individuals can make better decisions on the kind of treatment they will choose for themselves.<sup>85</sup>

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<sup>81</sup> <https://edition.cnn.com/2021/12/21/middleeast/israel-fourth-covid-vaccine-booster-intl/index.html> (last accessed on May 5, 2022).

<sup>82</sup> <https://abcnews.go.com/Health/wireStory/israel-study-4th-vaccine-shows-limited-results-omicron-82312196> (last accessed on May 5, 2022).

<sup>83</sup> <https://www.cdc.gov/mmwr/volumes/70/wr/pdfs/mm7050e1-H.pdf> (last accessed on May 5, 2022).

<sup>84</sup> [https://www.thelancet.com/journals/lanmic/article/PIIS2666-5247\(21\)00069-0/fulltext](https://www.thelancet.com/journals/lanmic/article/PIIS2666-5247(21)00069-0/fulltext) (last accessed on May 5, 2022).

<sup>85</sup> <https://www.fda.gov/files/about%20fda/published/Communicating-Risk-and-Benefits---An-Evidence-Based-User%27s-Guide-%28Printer-Friendly%29.pdf> (last accessed on May 5, 2022).

69. In December 2021, the Canadian Covid Care Alliance of doctors and scientists released Pfizer’s trial data analysis showing that the **ARR is only 0.84%.**<sup>86</sup> This means that taking the vaccine would have reduced the risk of disease by less than 1%. **One needed to vaccinate 125 individuals to prevent one (1) person from getting infected.**<sup>87</sup>

70. On December 22, 2021, a team of scientists, including one who worked with the Danish Ministry of Health, a partner institution of Respondent DOH published their study on the experience of Denmark with Omicron.<sup>88</sup> The title of the study is “SARS-CoV-2 Omicron VOC<sup>89</sup> Transmission in Danish Households.” This study is highly significant because it **was one of the largest studies of its kind**, involving 11,937 households. The study found that:

Comparing households infected with the Omicron to Delta VOC, we found an 1.17 (95%-CI: 0.99-1.38) times higher SAR [secondary attack rate] for unvaccinated, 2.61 times (95%-CI: 2.34-2.90) higher for fully vaccinated and 3.66 (95%-CI: 2.65-5.05) times higher for booster-vaccinated individuals, **demonstrating strong evidence of immune evasiveness of the Omicron VOC.**

Our findings confirm that the rapid spread of the Omicron VOC primarily can be ascribed to the immune evasiveness rather than an inherent increase in the basic transmissibility.<sup>90</sup> (Emphasis supplied.)

71. **In other words, the vaccines make the vaccinated more prone to Omicron due to “immune evasiveness.” Boosters also worsen protection from Omicron as demonstrated by the 3.66 times higher SAR or secondary attack rate for booster-vaccinated individuals** as specified above. In addition, the results indicate that natural immunity is more comprehensive and durable than vaccine-induced immunity.<sup>91</sup> In addition, the vaccines also slowly destroy the natural strength of the immune system.<sup>92</sup>

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<sup>86</sup> <https://www.canadiancovidcarealliance.org/media-resources/the-pfizer-inoculations-for-covid-19-more-harm-than-good-2/> (last accessed on May 5, 2022).

<sup>87</sup> <https://www.ncbi.nlm.nih.gov/books/NBK63647/> (last accessed on May 5, 2022).

<sup>88</sup> See FDA Circular No. 2020-036.

<sup>89</sup> VOC stands for “Variant of Concern.”

<sup>90</sup> <https://www.medrxiv.org/content/10.1101/2021.12.27.21268278v1.full.pdf> (last accessed on May 5, 2022).

<sup>91</sup> <https://www.medrxiv.org/content/10.1101/2021.08.24.21262415v1.full.pdf> (last accessed on May 5, 2022).

<sup>92</sup> <https://www.nbcnews.com/health/health-news/omicron-variant-best-strategy-omicron-boost-original-vaccine-rcna7451>, <https://www.cambridge.org/core/journals/infection-control-and-hospital-epidemiology/article/original-antigenic-sin-a-potential-threat-beyond-the-development-of-booster-vaccination-against-novel-sarscov2-variants/C8F4B9BE9E77EB566C71E98553579506>, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8546681/>, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8546681/sciencedirect.com/science/article/pii/S2772613421000068> (all last accessed on May 5, 2022)



### E.3. Waning Vaccine Effectiveness Means Covid Vaccines Do Not Stop Infections and Transmissions

72. The studies above already point to a major issue with the COVID-19 vaccines: they do not stop infection and transmission.

73. In September 2021, a study conducted by the US Department of Defense using an Artificial Intelligence program called “Project Salus” was run in cooperation with the Joint Artificial Intelligence Center (JAIC). It analyzed data on 5.6 million Medicare beneficiaries aged 65 and older and found **that COVID-19 vaccines lead to more severe diseases for the elderly and had increasingly waning protection versus the Delta variant.**<sup>93</sup>

74. On September 20, 2021, Dr. S. V. Subramanian, a famous, highly cited author from Harvard University and editorial consultant to the prestigious pre-eminent medical science journal, *The Lancet*,<sup>94</sup> did a study of 68 countries and 2947 counties of the US. He came to the conclusion **that the degree and intensity of mass vaccination of a country has no impact on stopping the rate of infection. Rather, the more vaccinated countries and counties actually increased the propensity of these areas to experience more COVID-19 cases.**<sup>95</sup> (Emphasis supplied.)

75. By December 1, 2021, in his article for *The Lancet*, Gunter Kampf showed that **many cases were now occurring among the fully vaccinated.**<sup>96</sup> Moreover, symptomatic COVID-19 cases were also increasing among the fully vaccinated.

76. In the Philippines, **Respondent DOH publicly acknowledged that fully vaccinated people could still contract COVID-19.**<sup>97</sup>

77. In January 2022, the National Capital Region experienced a massive surge in COVID-19 cases notwithstanding its high (estimated 85%-90%) COVID-19 vaccination rate. Government and business operations had

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<sup>93</sup>[https://covidcalltohumanity.org/wp-content/uploads/2021/10/Salus\\_Humetrix\\_VE\\_study\\_2021\\_09\\_28.pdf](https://covidcalltohumanity.org/wp-content/uploads/2021/10/Salus_Humetrix_VE_study_2021_09_28.pdf) (last accessed on May 5, 2022). The cited Humetrix website has been deleted but the CCH has an archived copy of the document. The CDC has published a similar-titled article which does not negate the findings of this research: <https://www.cdc.gov/mmwr/volumes/70/wr/mm7037e3.htm> (last accessed May 5, 2022)

<sup>94</sup> <https://www.hsph.harvard.edu/sv-subramanian/> (last accessed on May 5, 2022).

<sup>95</sup> European Journal of Epidemiology (2021) 36:1237–1240, <https://doi.org/10.1007/s10654-021-00808-7>. (last accessed on May 1, 2022). All figures in the quotes are figures contained in the cited scientific article.

<sup>96</sup> [https://www.thelancet.com/journals/lanpe/article/PIIS2666-7762\(21\)00258-1/fulltext?s=08#%20](https://www.thelancet.com/journals/lanpe/article/PIIS2666-7762(21)00258-1/fulltext?s=08#%20) (last accessed on May 5, 2022).

<sup>97</sup> <https://mb.com.ph/2021/11/11/doh-reminds-public-fully-vaccinated-people-can-still-get-covid-19/> (last accessed on May 5, 2022).

to be shut down due to the outbreak, and Metro Manila had to be placed under Alert Level 3 until the end of January 2022.

77.1 On January 12 to 14, 2022, the Honorable Supreme Court Chief Justice Alexander G. Gesmundo issued Memorandum Order No. 10-2022, Supplemental Memorandum Order No. 10-2022-A, and Supplemental Memorandum Order No. 10-2022-B ordering the physical closure of courts in the National Capital Region and other areas in the country placed under Alert Level 3 due to the increase in COVID-19 cases within the judiciary as a result of the Omicron variant. The physical closure of the courts was from January 13 to 31, 2022.

#### **E.4. Scientists and National Regulatory Agencies (NRAs) Have Reported Serious Adverse Impacts of COVID-19 Vaccines Including Deaths**

78. Before the COVID-19 vaccines were given EUAs, several experts had already raised issues with the safety of the vaccines. For example, in the October 22, 2020 meeting of the Vaccines and Related Biological Product Advisory Committee of the US FDA, the presentation noted several possible adverse outcomes of the COVID vaccines, including **Guillain-Barré Syndrome, Transverse Myelitis, Stroke, Anaphylaxis, myocarditis/pericarditis, autoimmune disease, deaths, thrombocytopenia, vaccine-enhanced disease, among others.**<sup>98</sup> As shown below, these are exactly the adverse side effects that have plagued and continue to plague the COVID-19 vaccines.

79. The US FDA did not heed the warning of its scientific advisors, which could have slowed down the approval process. Among others, they were under pressure from then-President Donald Trump to make “Warp Speed” vaccine approval a success.<sup>99</sup> Starting in December 2020, the US FDA approved the EUA of the COVID-19 vaccines.<sup>100</sup> There are no long-term studies on the adverse impacts of the COVID-19 vaccines. Respondent DOH knows this from all their approvals of the EUAs for the vaccines.<sup>101</sup>

80. Unbeknownst to the public, shortly after the mass vaccination rollout, by April 30, 2021, **Pfizer issued a confidential report to the US FDA** regarding the real-world impact of its vaccines. This confidential

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<sup>98</sup> <https://www.fda.gov/media/143557/download> (last accessed on May 5, 2022).

<sup>99</sup> <https://nypost.com/2021/08/08/donald-trump-says-operation-warp-speed-saved-lives/> (last accessed on May 5, 2022).

<sup>100</sup> <https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization> (last accessed on May 5, 2022).

<sup>101</sup> <https://doh.gov.ph/vaccines/know-your-vaccines> (last accessed on May 5, 2022).

report, attached as **Annex “JJ”**, is titled “Cumulative Analysis of Post-Authorization Adverse Event Reports of PF-07302048 (BNT162B2) Received Through 28-Feb-2021.”<sup>102</sup>

80.1 The release of this confidential report to the public was the result of a Freedom of Information Act (FOIA) suit that the Public Health and Medical Professionals for Transparency (PHMPT), with its 599 member doctors and scientists, filed with the US District Court, Northern District of Texas.<sup>103</sup> The PHMPT filed the suit after the FDA refused to release the Pfizer report for the next 55 years. PHMPT, after litigation, obtained this formerly secret document, among many others.

80.2 The Pfizer report shows that from December 1, 2020 to February 28, 2021 (or on the **first three months** of its vaccine rollout), its vaccines caused 1,223 or 2.9% deaths and 25,739 or 61% of the medically confirmed cases out of 42,086 reported serious injuries. It admitted to hundreds of different unique kinds of serious vaccine adverse impacts in Appendix 1, which is a nine-page listing of “**Adverse Events of Special Interest.**” Attached as **Annex “KK”** is a copy of that listing of adverse events.

81. Since the rollout of the vaccines in early 2021, real-world data has borne out the “Adverse Events of Special Interest.” As of late April 2022, the NRAs of the UK, the EU, and the US, which are of “Reliance” status with Respondent DOH, officially reported an aggregated total of **3,427,315** reports of suspected adverse events from the COVID-19 vaccines<sup>104</sup>.

82. As of the filing of this Petition, WHO’s VigiAccess, a global database of reported side effects of medicinal products, listed **3,720,381 adverse drug reactions from COVID-19 vaccines.**<sup>105</sup> Of these adverse events, **234,926** were **cardiac disorders**, **172,384** were **blood and lymphatic system disorders**, and **1,471,724** were **nervous system disorders**.

83. Meanwhile, as of April 24, 2022, the PFDA reported that suspected adverse reactions due to the vaccine had reached **98,584. Deaths**

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<sup>102</sup> <https://phmpt.org/wp-content/uploads/2021/11/5.3.6-postmarketing-experience.pdf> (last accessed on May 5, 2022).

<sup>103</sup> <https://phmpt.org/wp-content/uploads/2021/11/111521-Second-Joint-Status-Report.pdf> (Last accessed on May 5, 2022.)

<sup>104</sup> UK: <https://www.gov.uk/government/publications/coronavirus-covid-19-vaccine-adverse-reactions/coronavirus-vaccine-summary-of-yellow-card-reporting#analysis-of-data>; EU: [https://www.adrreports.eu/en/search\\_subst.html#](https://www.adrreports.eu/en/search_subst.html#) (scroll down to “COVID-19” per brand); US: <https://openvaers.com/covid-data> (all last accessed on May 5, 2022).

<sup>105</sup> <http://vigiaccess.org/> (search words “Covid-19 Vaccine”) (last accessed on May 5, 2022).

**following vaccination are now at 2,196.**<sup>106</sup> Of these deaths, four are from the five to 11 age group, 28 were aged 12 to 17 years, 255 are from the 18 to 39 age group, and 577 were 40 to 59 years old and 1,314 were 60 years and above.

84. These numbers for adverse events (including deaths) may be understated. Scientists and researchers have discovered an under-reporting factor (URF) of around 44.64.<sup>107</sup> To get a more realistic estimate of the deaths and injuries, one has to multiply the official figures (of the adverse events and deaths) by the URF.

85. On January 25, 2022, lawyer Tom Renz testified in a US Senate Hearing on behalf of three high level whistleblowers from the US Department of Defense (DOD).<sup>108</sup> Renz revealed the existence of a huge military database called DMED or the Defense Medical Epidemiological Database involving data from over a million military personnel. DMED showed uncharacteristic and very revealing spikes in the COVID-19 vaccine injuries in the military compared with the five-year average of DMED. The DMED data that the whistleblowers showed Renz<sup>109</sup> and which form part of the records of the Senate Hearing reveals the following:

“279% SPIKE in Miscarriages  
487% SPIKE in Breast Cancer  
1048% SPIKE in the Nervous System  
155% SPIKE in Birth Defects  
350% SPIKE in Male Infertility  
369% SPIKE in Testicular Cancer  
2181% SPIKE in Hypertension  
664% SPIKE in Malignant Neoplasms  
680% SPIKE in Multiple Sclerosis  
551% SPIKE in Guillain-Barre Syndrome  
468% SPIKE in Pulmonary Embolism  
302% SPIKE in Tachycardia  
452% SPIKE in Migraines  
471% SPIKE in Female Infertility  
437% SPIKE in Ovarian Dysfunction  
269% SPIKE in Myocardial infarction

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<sup>106</sup> <https://www.fda.gov/ph/wp-content/uploads/2022/04/Reports-of-suspected-adverse-reaction-to-COVID-19-vaccines-as-of-24-April-2022.pdf> (last accessed on May 5, 2022).

<sup>107</sup> [https://stevekirsch.substack.com/p/latest-vaers-estimate-388000-americans?utm\\_source=url](https://stevekirsch.substack.com/p/latest-vaers-estimate-388000-americans?utm_source=url) (last accessed on May 1, 2022). See also “Acute Allergic Reactions to mRNA COVID-19 Vaccines”, <https://jamanetwork.com/journals/jama/fullarticle/2777417> (last accessed on May 5, 2022). JAMA is the journal of the American Medical Association. <https://www.skirsch.com/covid/Deaths.pdf>; <https://vaersanalysis.info/2021/12/13/using-cms-whistleblower-data-to-approximate-the-under-reporting-factor-for-vaers/> (last accessed on May 5, 2022).

<sup>108</sup> <https://www.ronjohnson.senate.gov/2022/2/sen-johnson-to-secretary-austin-has-dod-seen-an-increase-in-medical-diagnoses-among-military-personnel> (last accessed on May 5, 2022)

<sup>109</sup> <https://renz-law.com/attorney-tom-renz-whistleblowers-dmed-defense-medical-epidemiology-database-reveals-incredibly-disturbing-spikes-in-diseases-infertility-injuries-across-the-board-after-the-military-was-forced-to/> (last accessed on May 5, 2022)

291% SPIKE in Bell's Palsy  
467% SPIKE in Pulmonary Embolism”<sup>110</sup>

86. NRAs like the US FDA and CDC have denied causality between official data and the COVID-19 vaccines. However, a historical look at the US VAERS data reveals an interesting picture. Comparing all deaths from all vaccines since 1990 with deaths from COVID-19 vaccines alone, it can be seen that in 2021 alone, COVID-19 vaccine deaths, as reported in VAERS, are more than all the deaths from all vaccines in the last 30 years.<sup>111</sup>

### **E.5. Scientists Prove the Mechanisms of Injury and Death due to Covid Vaccines**

87. Dr. Arne Burkhardt of Germany examined people who died after getting vaccinated with COVID-19 vaccines. He found that 93% of the 15 dead had massive attacks from the toxic spike proteins found in all vaccines. Dr. Sucharit Bhakdi updated this to 70 autopsies and concluded that 90% of those autopsied died due to vaccine side effects.<sup>112</sup> According to the study, the SARS-CoV-2's spike protein damages and attacks the vascular system on a cellular level. The researchers believe that this explains the wide variety of seemingly unconnected complications related to COVID-19.

88. In March 2021, a research of the Salk Institute, the premier pro-vaccine institution in the US, showed that exposure to **spike proteins alone, not necessarily the whole virus, can cause massive damage to human cells.**<sup>113</sup> Dr. Bryam Bridle<sup>114</sup> explained the implications of this research to vaccine development:

We made a big mistake. We didn't realize it until now... We thought the spike protein was a great target antigen; we never knew the spike protein itself was a toxin and was a pathogenic protein. **So by vaccinating people, we are inadvertently inoculating them with a toxin.**<sup>115</sup> (Emphasis supplied.)

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<sup>110</sup> *Id.*

<sup>111</sup> <https://openvaers.com/covid-data> (last accessed on May 5, 2022)

<sup>112</sup> <https://doctors4covidethics.org/on-covid-vaccines-why-they-cannot-work-and-irrefutable-evidence-of-their-causative-role-in-deaths-after-vaccination/> (last accessed on May 5, 2022).

<sup>113</sup> <https://www.salk.edu/news-release/the-novel-coronavirus-spike-protein-plays-additional-key-role-in-illness/> (last accessed on May 5, 2022).

<sup>114</sup> Dr. Bryam Bridle is a viral immunologist and associate professor at University of Guelph, Ontario. He is a mainstream pro-vaccine scientist who received a \$230,000 grant from the Canadian government to help develop Covid vaccines. Dr. Bridle originally made the statement in an interview with podcaster, Alex Pierson. <https://omny.fm/shows/on-point-with-alex-pierson/new-peer-reviewed-study-on-covid-19-vaccines-surge> (last accessed May 5, 2022)

<sup>115</sup> <https://www.lifesitenews.com/mobile/news/vaccine-researcher-admits-big-mistake-says-spike-protein-is-dangerous-toxin/> (last accessed on May 5, 2022).



89. Dr. Ryan Cole, an expert pathologist who conducts tens of thousands of tissue analysis every year, showed evidence that **the spike proteins and altered immune response due to the vaccines are causing deaths in people and massive increase in lab-confirmed cancer rates.**<sup>116</sup>

***F. Countries moving to remove all COVID-19 restrictions despite surging cases***

90. On January 19, 2022, UK Prime Minister Boris Johnson announced COVID-19 restrictions such as vaccine passports, mask mandates, and work-from-home guidance will be removed in England.<sup>117</sup>

91. The Netherlands eased some of the most rigid COVID-19 restrictions in Europe, allowing shops, gyms, and hairdressers to reopen. New Health Minister Ernst Kuipers said the government had decided to start reopening society, with COVID-19 hospital admissions falling, despite a surge in infections with the Omicron variant to some 200,000 a week.<sup>118</sup>

92. Denmark became the first European Union country to lift all of its domestic COVID-19 curbs despite record numbers of cases of the milder Omicron variant. The new rules took effect on February 1, 2022<sup>119</sup> while Finland removed all COVID restrictions by February 14, 2022.<sup>120</sup>

93. As of April 25, 2022, many countries have followed suit with the lifting of restrictions, whether internally or to travel.<sup>121</sup>

***G. Roll out of vaccines in the Philippines***

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<sup>116</sup> [Dr. Ryan Cole: Alarming Cancer Trend Suggests COVID-19 Vaccines Alter Natural Immune Response \(theepochtimes.com\)](https://www.theepochtimes.com/dr-ryan-cole-alarming-cancer-trend-suggests-covid-19-vaccines-alter-natural-immune-response-4250442.html?utm_medium=epochtimes&utm_source=telegram), [https://www.theepochtimes.com/dr-ryan-cole-alarming-cancer-trend-suggests-covid-19-vaccines-alter-natural-immune-response-4250442.html?utm\\_medium=epochtimes&utm\\_source=telegram](https://www.theepochtimes.com/dr-ryan-cole-alarming-cancer-trend-suggests-covid-19-vaccines-alter-natural-immune-response-4250442.html?utm_medium=epochtimes&utm_source=telegram) (last accessed on May 5, 2022). Dr. Ryan Cole showed a PowerPoint presentation on his findings during the White Coat Summit of doctors and scientists last September 2021, <https://www.youtube.com/watch?v=FI2Sbrwu2Y> (last accessed on May 5, 2022).

<sup>117</sup> [https://www.theepochtimes.com/england-ends-all-covid-passports-mask-mandates-work-restrictions-4222549.html?utm\\_source=mr\\_recommendation&utm\\_medium=left\\_sticky](https://www.theepochtimes.com/england-ends-all-covid-passports-mask-mandates-work-restrictions-4222549.html?utm_source=mr_recommendation&utm_medium=left_sticky) (last accessed on May 5, 2022).

<sup>118</sup> <https://www.rte.ie/news/world/2022/0114/1273626-coronavirus-global/> (last accessed on May 5, 2022).

<sup>119</sup> <https://insiderpaper.com/denmark-returns-to-life-as-we-knew-it-despite-omicron/> last accessed on May 5, 2022).

<sup>120</sup> <https://www.reuters.com/world/europe/finnish-government-remove-covid-19-restrictions-2022-02-02/> (last accessed on May 5, 2022).

<sup>121</sup> <https://www.northstarmetingsgroup.com/coronavirus-countries-cities-reopening-COVID-19-new-cases> (last accessed May 5, 2022)

94. On July 24, 2020, the Philippines joined the COVID-19 Vaccines Global Access Facility (COVAX), a global mechanism designed to guarantee rapid, fair, and equitable access to coronavirus vaccines worldwide.<sup>122</sup>

95. On October 27, 2020, President Duterte ordered Respondent DOH to first seek government-to-government transactions on the procurement of coronavirus vaccines, saying that transacting with private firms may result in anomalies.<sup>123</sup>

96. The Philippine National Deployment and Vaccination Plan for COVID-19 Vaccines were approved<sup>124</sup> through IATF Resolution No. 95 dated January 21, 2021.<sup>125</sup>

97. On February 26, 2021, the President signed RA 11525, establishing the COVID-19 vaccination program and expediting the vaccine procurement and administration process.<sup>126</sup> On March 1, 2021, inoculation commenced in the Philippines.<sup>127</sup>

98. Meanwhile, on March 12, 2021, the DOLE published Labor Advisory No. 3 or the Guidelines of the Implementation of COVID-19 Vaccines in the Workplace, which explicitly states: **“Any employee who refuses or fails to be vaccinated shall not be discriminated against in terms of tenure, promotion, training, pay, or other benefits, among others, or terminated from employment. No vaccine, no work policy shall not be allowed.”**<sup>128</sup>

99. Through Resolution No. 106 dated March 17, 2021, the IATF provided guidelines for a fast-tracked vaccination program. The resolution required the completion of documentation and screening of vaccine recipients before the actual date of vaccination. However, by May 2021, LGUs had decided to scrap pre-screening before vaccination to address long queues in vaccination centers. According to DOH Undersecretary Maria

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<sup>122</sup> <https://www.manilatimes.net/2020/07/24/latest-stories/breakingnews/ph-joins-covid-19-vaccine-global-access-facility/745336>, <https://iatf.doh.gov.ph/wp-content/uploads/2021/02/IATF-Resolution-No.-58.pdf> (last accessed on May 5, 2022).

<sup>123</sup> <https://newsinfo.inquirer.net/1352977/duterte-wants-govt-to-govt-deal-on-covid-19-vaccine-purchase> (last accessed on May 5, 2022).

<sup>124</sup> <https://doh.gov.ph/sites/default/files/basic-page/The%20Philippine%20National%20COVID-19%20Vaccination%20Deployment%20Plan.pdf> (last accessed on May 5, 2022).

<sup>125</sup> <https://iatf.doh.gov.ph/wp-content/uploads/2021/02/IATF-Resolution-No.-95.pdf> (last accessed on May 5, 2022).

<sup>126</sup> <https://www.officialgazette.gov.ph/2021/02/26/republic-act-no-11525/> (last accessed on May 5, 2022).

<sup>127</sup> <https://www.philstar.com/headlines/2021/03/01/2081151/philippines-starts-covid-19-vaccination-campaign> (last accessed on May 5, 2022).

<sup>128</sup> <https://www.dole.gov.ph/news/labor-advisory-no-03-21-guidelines-on-the-administration-of-covid-19-vaccines-in-the-workplaces/> (last accessed on May 5, 2022).

Rosario Vergeire, only those with established hypertension and organ damage should be monitored.<sup>129</sup>

100. President Duterte floated the idea of restricting the movement of unvaccinated individuals in June 2021. In a press release last June 22, 2021, Duterte threatened to arrest Filipinos who refused to get vaccinated.<sup>130</sup> Meanwhile, on July 29, 2021, he said that barangay officials should monitor the vaccination status of residents in their area and restrict the unvaccinated from going outside their homes.<sup>131</sup> In response to President Duterte's threats, the **Philippine Bar Association President Rico Domingo said in an interview that no law mandates Filipinos to get inoculated against COVID.**<sup>132</sup>

101. On August 6, 2021, before the reimposition of ECQ in the NCR, thousands of Filipinos flocked to vaccination sites due to false news, saying that the unvaccinated would not receive the “*ayuda*” from the government and that they would not be allowed to leave their houses.<sup>133</sup>

102. On September 30, 2021, IATF Resolution No. 141 opened vaccination to the general population and launched the start of COVID-19 vaccination of children aged 12 to 17.<sup>134</sup>

103. On November 11, 2021, the IATF issued Resolution 148-B, which requires on-site employees to get vaccinated. Those eligible employees who remain unvaccinated may not be terminated, but they shall be required to undergo RT-PCR tests (or antigen tests in the absence thereof) regularly at their own expense.<sup>135</sup>

104. On November 18, 2021, IATF approved the interim testing and quarantine protocols to be observed for international arriving passengers in all ports of entry in the Philippines beginning November 22, 2021, according to vaccination status.<sup>136</sup>

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<sup>129</sup> <https://mb.com.ph/2021/05/14/vital-signs-screening-no-longer-required-before-covid-19-vaccination/> (last accessed on May 5, 2022).

<sup>130</sup> <https://www.cnnphilippines.com/news/2021/6/22/Duterte-threat-to-arrest-those-who-refuse-to-get-vaccinated.html> (last accessed on May 5, 2022).

<sup>131</sup> <https://news.abs-cbn.com/news/07/29/21/duterte-prohibits-unvaccinated-people-going-outside> (last accessed on May 5, 2022).

<sup>132</sup> <https://news.abs-cbn.com/news/06/23/21/lawyers-group-duterte-threat-illegal> (last accessed on May 5, 2022).

<sup>133</sup> <https://newsinfo.inquirer.net/1469800/fake-news-outbreak-sends-crowds-to-vax-sites-before-ecq> (last accessed on May 5, 2022).

<sup>134</sup> <https://iatf.doh.gov.ph/wp-content/uploads/2021/10/20210930-IATF-141-RRD.pdf> (last accessed on May 5, 2022).

<sup>135</sup> <https://mirror.officialgazette.gov.ph/downloads/2021/11nov/20211111-IATF-Resolution-148B.pdf> (last accessed on May 5, 2022).

<sup>136</sup> <https://iatf.doh.gov.ph/wp-content/uploads/2021/11/20211118-IATF-RESO-149A-RRD.pdf> (last accessed on May 5, 2022).



105. On November 23, 2021, the President declared November 29, 2021 to December 1, 2021 as the “Bayanihan, Bakunahan” National Vaccination Days through Proclamation No. 1253.<sup>137</sup>

106. On December 14, 2021, the IATF released the “Guidelines on the Nationwide Implementation of Alert Level System for COVID-19 Response” to replace the existing community quarantine classifications in the Philippines.

107. On January 3, 2022, **Metro Manila Mayors agreed to regulate the mobility of unvaccinated individuals in the NCR.**<sup>138</sup> **Soon thereafter, several other localities began imposing a no-vax, no entry policy.**<sup>139</sup> Some business owners stated that they wanted to implement the no vax, no entry policy as a “precautionary measure...to lessen the transmission and mutation of COVID-19.”<sup>140</sup> **President Duterte, on the other hand, said in a televised address that those who refused to vaccinate should not expect help from the government.**<sup>141</sup>

108. On January 13, 2022, the DOTr said the “no vaccination, no ride” policy in public transportation in the National Capital Region (NCR) has legal basis, citing the issuances of the DOTr, MMDA and LGUs that limit the mobility of the unvaccinated.<sup>142</sup>

109. On January 18, 2022, DILG issued Memorandum Circular No. 2022-002, which would enforce President Duterte’s order to barangay captains **to restrain the movement of the unvaccinated, instructing LGUs to enact an ordinance “providing reasonable restrictions on the movement of unvaccinated people.”**<sup>143</sup>

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<sup>137</sup> <https://www.gmanetwork.com/news/topstories/nation/812073/duterte-declares-november-29-30-and-december-1-as-covid-19-vaccination-days/story/>;

<https://mirror.officialgazette.gov.ph/2021/11/24/proclamation-no-1253-s-2021/> (last accessed May 5, 2022)

<sup>138</sup> <https://mmda.gov.ph/84-news/news-2022/5048-jan-3-2022-metro-manila-mayors-agree-to-regulate-mobility-of-unvaccinated-individuals-int-the-ncr.html> (last accessed on May 5, 2022).

<sup>139</sup> <https://news.abs-cbn.com/news/01/08/22/capiz-magpapatupad-ng-no-pcr-test-no-vax-no-entry>; <https://www.pna.gov.ph/articles/1164994>; <https://manilastandard.net/lgu/314065936/calooacan-imposes-no-vax-no-entry.html>; <https://newsinfo.inquirer.net/1542149/no-vax-no-entry-rule-set-in-cagayan-valley-airports>; <https://www.rappler.com/nation/tacloban-city-implements-no-vax-card-no-entry-policy/> (last accessed on May 5, 2022).

<sup>140</sup> <https://ph.news.yahoo.com/cebu-chamber-backs-no-vax-121200534.html> (last accessed on May 5, 2022).

<sup>141</sup> <https://news.abs-cbn.com/news/01/05/22/duterte-to-unvaxxed-dont-expect-help-even-if-you-die> (last accessed on May 5, 2022).

<sup>142</sup> <https://www.pna.gov.ph/articles/1165325>; [https://lto.gov.ph/images/ISSUANCES/Memo\\_Circular/2022/MC\\_2022-2305.pdf](https://lto.gov.ph/images/ISSUANCES/Memo_Circular/2022/MC_2022-2305.pdf) (last accessed on May 5, 2022).

<sup>143</sup> <https://ph.news.yahoo.com/editorial-ll-monitor-unvaxxed-mayors-123300344.html>; <https://www.dilg.gov.ph/issuances/mc/Inventory-of-Vaccinated-Population-in-the-Barangay-in-Line-with-the-Pronouncement-of-President-Rodrigo-Duterte-to-Restrain-Movement-of-the-Unvaccinated-Individuals/3493> (last accessed on May 5, 2022).

110. Airline companies in the Philippines, in support of the foregoing DOTr policies, set new guidelines for vaccinated and unvaccinated individuals purportedly to promote safe travel amid the ongoing Omicron surge.<sup>144</sup>

111. Amidst the government's crackdown on the unvaccinated, several government officials and other organizations weighed in on their views:

111.1 On January 8, 2022, the Commission on Human Rights (CHR) cautioned against the directive to arrest individuals who either refuse to get vaccinated against COVID-19 or those unvaccinated who violate the stay-at-home restrictions of the government.<sup>145</sup>

111.2 On January 25, 2022, Senate President Vicente C. Sotto III slammed the DOTr's "no vaccination, no ride" rule that **"disguises as a health policy but in reality, (it) forces one to get vaccinated."**<sup>146</sup>

111.3 Senator Manny Pacquiao stressed that the vaccine should continue to be a personal choice, and the government should not impose restrictions against those who believe that vaccination is contrary to their personal and religious beliefs.<sup>147</sup>

111.4 Senator Aquilino Pimentel defended the unvaccinated, saying that "no one should be forced" to get vaccinated, including "(t)hose who don't want to get vaccinated for medical or religious reasons" or "don't believe in the COVID-19 vaccines that are under experimental use authorization."<sup>148</sup>

111.5 Senator Kiko Pangilinan and Senator Panfilo Lacson called to scrap the "no vaccination, no ride" policy being implemented by LGUs in Metro Manila, **saying that both the unvaccinated and vaccinated can still get infected and spread the disease.**<sup>149</sup>

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<sup>144</sup> <https://ph.news.yahoo.com/airlines-welcome-dotr-no-vax-112500293.html> (last accessed on May 5, 2022).

<sup>145</sup> <https://chr.gov.ph/statement-of-chr-spokesperson-atty-jacqueline-ann-de-guia-on-the-order-to-arrest-unvaccinated-individuals/> (last accessed on May 5, 2022).

<sup>146</sup> <https://mb.com.ph/2022/01/25/sotto-no-vax-no-ride-is-forced-vaccination-disguised-as-health-policy/> (last accessed on May 5, 2022).

<sup>147</sup> <https://newsinfo.inquirer.net/1539510/pacquiao-opposes-restrictions-for-unvaccinated-filipinos-persuade-but-do-not-force-them> (last accessed on May 5, 2022).

<sup>148</sup> <https://newsinfo.inquirer.net/1540015/unconstitutional-pimentel-slams-shame-campaign-vs-unvaccinated> (last accessed on May 5, 2022).

<sup>149</sup> <https://www.msn.com/en-ph/news/national/pangilinan-asks-govt-to-scrap-no-vax-no-ride-rule-lacson-urges-further-study/ar-AAStAJ4> (last accessed on May 5, 2022).

111.6 On January 19, 2022, Cebu Governor Gwen Garcia issued Memorandum 3-2022 reminding all mayors in the province to refrain from “requiring the presentation of a vaccination card for any educational, employment, and other similar government transaction purposes.”<sup>150</sup>

111.7 In a statement in defense of the unvaccinated, the **Integrated Bar of The Philippines** said that “(t)here is no law that requires individuals to undergo compulsory vaccination against COVID-19 (coronavirus disease).”<sup>151</sup>

112. On February 27, 2022, the IATF issued “Guidelines on the Nationwide Implementation of Alert Level System for COVID-19 Response,” the latest version of its Alert Level System which has been amended several times. Even at Alert Level 1, the Guidelines continue its practice of stricter demands on the unvaccinated, to wit:

## VI. VACCINATE

- A. Individuals eighteen (18) years old and above will be required to present proof of full vaccination before participating in mass gatherings or entry into indoor establishments, such as but not limited to:
  - 1. In-person religious gatherings; gatherings for necrological services, wakes, inurnment, and funerals for those who died of causes other than COVID-19 and for the cremains of the COVID-19 deceased;
  - 2. All indoor dine-in services of food preparation establishments such as kiosks, commissaries, restaurants, and eateries. For outdoor or *al fresco* dining and take out channels, no proof of full vaccination is required;
  - 3. All indoor personal care establishments such as barbershops, hair spas, hair salons, and nail spas, and those offering aesthetic/cosmetic services or procedures, make-up services, salons, spas, reflexology, and other similar procedures including home service options;
  - 4. Fitness studios, gyms, and venues for exercise and sports;

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<sup>150</sup> <https://www.sunstar.com.ph/article/1918554/cebu/local-news/guv-tells-cebu-mayors-refrain-from-requiring-vax-cards-in-government-transactions> (last accessed on May 5, 2022).

<sup>151</sup> <https://mb.com.ph/2022/01/23/ibp-asks-why-restrict-movement-of-unvaxxed-persons-without-law-on-mandatory-vaccination/> (last accessed on May 5, 2022).

5. All indoor cinemas or movie houses operating at full capacity;
6. Meetings, incentives, conferences, exhibition events, and permitted venues for social events such as parties, wedding receptions, engagement parties, wedding anniversaries, debut and birthday parties, family reunions, and bridal or baby showers ;
7. Venues with live voice or wind-instrument performers and audiences such as in karaoke bars, clubs, concert halls, and theaters;
8. Indoor ancillary establishments in hotels and other accommodation establishments; and
9. Venues for election-related events.

Proof of full vaccination shall be required before entry in the list of establishments identified under the principles of 3C's (Closed, Crowded, and Close Contact) strategy against COVID-19. (See Annex C). Children ages seventeen (17) and below shall not be required to present proof of full vaccination status.

113. Under these Guidelines, testing protocols **“may be stricter for individuals who are unvaccinated** or have higher exposure risk **pursuant to IATF Resolution No. 148-B.”**

114. In effect, despite massive evidence that the COVID-19 vaccines have very low ARR, waning effectiveness, and negative efficacy (which makes one more susceptible to infection), and that they do not stop infection and transmission, cause large numbers of serious adverse effects and deaths, and are destroying the natural immunity of the vaccinated,<sup>152</sup> the updated Guidelines continue to favor the vaccinated over the unvaccinated and the partially unvaccinated. Item 9 immediately above even threatens to remove the constitutionally provided right to vote from the unvaccinated and the partially vaccinated.

115. Under IATF Resolution No. 123-C, Series of 2021, an individual is considered to have been fully vaccinated for COVID-19 (1) more than or equal to two weeks after having received the second dose in a two dose series or (2) more than or equal to two weeks after having received a single-dose vaccine.

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<sup>152</sup> See all the facts detailed in Sections E.1. to E.5. of the Petition, *supra*.

116. An unvaccinated individual, on the other hand, is neither one of the aforementioned. **There are, thus, four categories of the unvaccinated:** (1) One who has not received any vaccine; (2) one who has received only one dose of a two-dose vaccine; (3) one who has received a second dose of a two-dose series but has not reached 14 days after the second dose; or (4) one who has received the first dose of a one-dose vaccine but has not reached 14 days after the first dose.

#### ***H. Mandatory Vaccination Regime***

117. On February 26, 2021, **RA 11525**, otherwise known as the “COVID-19 Vaccination Program Act of 2021” was passed into law. Its objective is to address the COVID-19 challenge with the “procurement and administration of safe and effective COVID-19 vaccines.” RA 11525 sets the parameters for the COVID-19 vaccination framework and rollout in the Philippines.

118. RA 11525 recognizes that the COVID-19 vaccines are “*experimental*” such that “*serious adverse effects (SAEs)*” may arise from taking the vaccines. Therefore, there is a need to *compensate those who may experience such SAEs from the vaccines*.<sup>153</sup> PhilHealth was tasked to manage a “COVID-19 National Vaccine Indemnity Fund” for those injured by the COVID-19 vaccines.<sup>154</sup>

119. In Section 8, RA 11525 grants immunity from liability to personnel duly authorized to carry out the vaccination of the people, except in cases of “*willful misconduct and gross negligence*.”

120. Section 12 of RA 11525 authorizes the issuance of a “COVID-19 Vaccine Card” subject to the provisions of RA 10173 or the “Data Privacy Act of 2012.” In addition, the law states that “**the vaccine cards shall not be considered as an additional mandatory requirement for educational, employment and other similar government transaction purposes.**”

121. Section 12 further states: “**Individuals vaccinated against COVID-19 as indicated in the vaccine card shall not be considered immune from COVID-19**, unless otherwise declared by the DOH based on reliable scientific evidence and consensus.”

122. As mentioned earlier, on November 11, 2021, the IATF passed **Resolution 148-B, Series of 2021**, which took effect on December 1, 2021.

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<sup>153</sup> Sec. 2 (c), RA 11525.

<sup>154</sup> Sec. 2 (d), RA 11525.

This Resolution began the establishment of the mandatory vaccination regime even as it does not cite RA 11525 as its legal basis. A copy of this Resolution is attached as **Annex A**.

123. IATF Resolution 148-B views the vaccines as safe and effective and assumes that they “have been shown to (1) prevent symptomatic infection, (2) prevent severe infection, and (3) prevent transmission.”<sup>155</sup>

124. IATF Resolution 148-B furthermore directs the following: (1) vaccinate all workers, public and private; (2) vaccinate, without exception, all workers in the public transportation services; (3) ban the unvaccinated and partially vaccinated from all public and private establishments, but frontline and emergency services shall continue serving all persons irrespective of vaccination status; (4) enjoin LGUs to ramp up demand for vaccination by providing for incentives for fully vaccinated individuals and measures that promote vaccination including requiring proof of vaccination before undertaking certain activities, and; (5) serve, on a priority basis, vaccinated individuals availing of government services.

125. Clause F of IATF Resolution 148-B states that “only the presentation of a medical clearance issued by a Municipal Health Office, City Health Office, and/or Provincial Health Office or birth certificate, as the case may be, shall serve as sufficient and valid proof of ineligibility for vaccination.”

126. Under IATF Resolution 148-B, unvaccinated individuals may not be terminated from employment, but they have to “undergo RT-PCR tests regularly at their own expense for purposes of on-site work,” or resort to antigen tests “when RT-PCR capacity is insufficient or not immediately available.” The Resolution in effect added a requirement that was not previously contained in DOLE Labor Advisory No. 3, s. 2021.<sup>156</sup>

127. IATF Resolution No. 148-B unleashed a hydra of national proportions, with LGU local chief executives from all over the country scrambling to be among the first to implement the resolution within their respective localities.<sup>157</sup>

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<sup>155</sup> 4<sup>th</sup> “Whereas” paragraph, IATF Res. 148-B.

<sup>156</sup> *Supra*.

<sup>157</sup> (a) Ifugao Province Governor Jerry Dalipog issued Provincial Executive Orders No. 55, 56, and 57, series of 2021 collectively imposing a “no vaxx, no entry” policy in the province and empowering local police and security guards of the provincial government to implement said policy within the province and at the borders. (b) Naga City Mayor Nelson Legacion issued an executive order requiring the presentation of vaccination cards for entry into public and private establishments within Naga City. (c) Sorsogon Governor Chiz Escudero issued an Executive Order granting a cash incentive of One Million Pesos (PhP 1,000,000) to the twenty (20) barangays in Sorsogon with the highest vaccination rate. The Governor of Romblon issued Executive Order No. 32 (November 10, 2021) stating that only fully vaccinated

128. Shortly thereafter, the IATF issued a series of additional resolutions designed to further reinforce the implementation of IATF Resolution 148-B.

128.1 On November 17, 2021, the **IATF issued Resolution No. 148-G** which adopted the proposed Phased Implementation of Limited Face-to-Face Classes For All Programs under the Alert Levels System for COVID-19 Response of the Commission on Higher Education (CHED) under its Joint Memorandum Circular with the DOH, allowing participation only of fully vaccinated teachers, personnel and students attending face-to-face classes. A copy of the Resolution is attached as **Annex B**.

128.2 On November 18, the IATF issued **IATF Resolution No. 149**, which clarified the requirement of RT-PCR tests as requirement for on-site work, i.e., that the frequency thereof shall be prescribed by the employer but which should be at least once every two weeks. A copy of the Resolution is attached as **Annex C**.

128.3 On November 25, 2021, the IATF issued **IATF Resolution No. 150**, enjoining public and private establishments to ensure adherence to minimum public health standards, including by minors, and to exclude all persons who cannot comply with the same. A copy of the Resolution is attached as **Annex D**.

129. On November 24, 2021, the President issued Proclamation No. 1253 declaring November 29 to December 1, 2021 as *Bayanihan, Bakunahan* National COVID-19 Vaccination Days. Practically all national

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individuals are allowed to enter government offices. (d) Iloilo City Mayor Jerry Treñas issued Executive Order No. 144 (December 1, 2021) requiring RT-PCR tests for partially vaccinated and unvaccinated inbound travellers but not for fully vaccinated travellers. (e) Cebu City Mayor Michael Rama issued Executive Order No. 157 barring unvaccinated persons from entering enclosed or indoor establishments. (f) Cagayan de Oro City Mayor Oscar Moreno issued Executive Order No. 144-2021 which prevents unvaccinated individuals from entering indoor venues of public and private establishments within the city. (g) Bukidnon Governor Joe Zubiri issued Memorandum No. 255-2021, requiring mandatory RT-PCR tests twice a month for all provincial government employees who are not fully vaccinated. (h) Mayor Regencia of Iligan City issued Executive Order No. 291 and Executive Order No. 310 which implemented the DOH-Center for Health Development directive dated November 3, 2021 setting a vaccination target towards herd immunity. The Executive Orders mandated that all Iligan residents must be fully vaccinated by January 16, 2022. The Executive Orders also required the following to present either a negative RT-PCR test or proof of vaccination of at least one dose: (a) drivers, conductors and general operators of public utility vehicles, (b) commuters taking public transportation, (c) public vendors operating stalls in the City's markets, terminals, and other economic enterprises, (d) individuals transacting with any local government office or facility.



government agencies and LGUs were mobilized for the national vaccination drive.

130. On December 31, 2022, the IATF passed **Resolution No. 155, Series of 2021** to address the increasing number of cases with Omicron and other variants. It provides for an “enhanced vaccination mandate” as a “pre-emptive” measures against the Omicron variant. The IATF also escalated the alert level classification of the NCR to Alert Level 3 beginning January 3, 2022 until January 15, 2022. A copy of this Resolution is attached herein as **Annex E**.

131. On January 3, 2022, the Metro Manila Council of the Metro Manila Development Authority passed **MMDA Resolution No. 22-01, Series of 2022** calling on Metro Manila LGUs to enact their respective ordinances on the enhanced restriction of unvaccinated individuals to regulate their mobility in the NCR. All mayors of the NCR LGUs signed the Resolution. The LGUs proceeded to enact their respective ordinances shortly thereafter.<sup>158</sup> A copy of the MMDA Resolution is attached to this Petition as **Annex M**.

132. On January 11, 2022, Respondent **DOTr** issued **Department Order 2022-001**, instructing all of its attached agencies and sectoral offices of DOTr to limit access to public transportation of the unvaccinated population during Alert Level No. 3 or higher. A copy of this Department Order is attached to this Petition as **Annex K**.

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<sup>158</sup> (a) On January 3, 2022, The mayor of the **Municipality of Pateros** issued **Executive Order No. 1, Series of 2022** with the title “Setting and Defining the Rules Policies, and Guidelines to Govern and to be Implemented in the Municipality of Pateros Under the General Community Quarantine Alert Level 3 and Providing for Restrictions on Unvaccinated Persons Starting on January 3, 2022 and for Other Purposes.” (b) On January 4, 2022, the City Council of **San Juan City** enacted **City Ordinance No. 01, Series of 2022** entitled “An Ordinance Providing for the Enhanced Vaccination Mandate to Regulate the Mobility of Unvaccinated Individuals within the Territorial Jurisdiction of San Juan City and Providing Penalties for the Violation Thereof.” (c) On January 4, 2022, the **City of Valenzuela** enacted **Ordinance No. 976, Series of 2022** (“An Ordinance Imposing Enhanced Restrictions to Regulate the Mobility of Unvaccinated Individuals During Alert Level 3 or Higher Classifications, Imposing Penalties for Violation Thereof and for Other Purposes”). (d) On January 4, 2022, The **Quezon City Council**, in a Special Session, passed **Ordinance No. Sp. 3076, S-2022** entitled “An Ordinance Regulating the Mobility of Individuals Unvaccinated for COVID-19 in Quezon City.” (e) On January 5, 2022, the **Taguig Safe City Task Force**, Taguig City, passed Advisory No. 62 advising all stakeholders that Taguig City had adopted MMDA Resolution 22-01, Series of 2022 on “enhanced restrictions” on the unvaccinated. (f) On January 6, 2022, **Caloocan City** passed **Ordinance No. 0959, S. 2022** with the title “An Ordinance Regulating Access of Unvaccinated Individuals to Leisure or Recreational Establishments, Goods, and Services, and Public Transportation During Alert Level 3 or Higher or Mitigate the Spread of COVID-19, Providing Penalties for Violations Thereof, and for Other Purposes.” (g) On January 8, 2022, **City of Mandaluyong** passed Ordinance No 869, S-2022 (“An Ordinance Regulating the Mobility of Individuals Unvaccinated for COVID-19 in the City of Mandaluyong.” (h) On January 10, 2022, the **City of Manila** passed **Ordinance No. 8800** entitled “An Ordinance Providing for the Enhanced Vaccination Mandate to Regulate the Mobility of Unvaccinated Individuals within the Territorial Jurisdiction of the City of Manila and Providing Penalties for the Violation Thereof.” (i) On January 10, 2022, the **City of Pasig** passed **Ordinance 01, Series 2022** entitled “An Ordinance Adopting the Enhanced Restrictions of Unvaccinated Individuals by the Metro Manila Development Authority to Regulate Their Mobility in the National Capital Region.”

133. On January 12, 2022, Respondent **LTFRB** passed **Memorandum Circular Number 2022-001** or “Guidelines on the Access to Public Land Transportation Services for the Vaccinated Population in the National Capital Region under Alert Level No. 3 or Higher, pursuant to the Department of Transportation Department Order No. 2022-001.” A copy of the LTFRB Memorandum Circular is attached herein as **Annex L**.

134. On January 12, 2022, Respondent **Makati City** issued **City Ordinance No. 2022-005** restricting the mobility of unvaccinated individuals living, working, and/or travelling within the City of Makati. Unvaccinated individuals were prohibited from moving around except to access essential goods and services; dining in restaurants, whether indoor or *al fresco* or entering establishments for leisure; prohibited from domestic travel via public transport, and for those working in the city, required to undergo regular RT-PCT testing. A copy of Ordinance No. 2022-005 is attached herein as **Annex Q**.

135. On January 18, 2022, Respondent **DILG** issued **Memorandum Circular 2022-002** directing all LGUs to make an inventory of all the vaccinated at the barangay level in order to “restrain the movement of the unvaccinated individuals.” While MC 2022-002 recognized that RA11525 does not “provide for mandatory vaccination,” it cited Section 15, Article II of the 1987 Philippine Constitution and Section 16 of the Local Government Code “as legal basis to restrict the movement of unvaccinated individuals.” It also encouraged LGUs to coordinate with the Philippine National Police (PNP) so as to “prevent issues arising from human rights violations and abuse of authority.” A copy of MC 2022-002 is attached herein as **Annex I**.

136. On January 31, 2022, Respondent **DILG** issued **Memorandum Circular 2022-008** to all LGUs supplementing its earlier directive to make an inventory of all the vaccinated at the barangay level. A copy of MC 2022-008 is attached herein as **Annex J**.

137. The national and local governments proceeded to conduct further ***Bayanihan, Bakunahan*** vaccination drives from February to March 2022. The national government conducted the 4th *Bayanihan, Bakunahan* National Vaccination Drive on March 10 to 13, 2022, issuing new guidelines designed to literally bring the vaccines to people’s homes.

137.1 On March 4, 2022, the **DOH** issued **Department Circular No. 2022-0131**, whose subject was the “Interim Operational Guidelines on the Implementation of Vaccination Activities during the *Bayanihan, Bakunahan* National COVID-19 Vaccination Days, Part IV (March to Vaccinate: Bringing COVID-19 Vaccines Closer to

Homes, Communities, and Workplaces) on March 10 to 12, 2022. A copy of the Circular is attached as **Annex P**.

137.2 The guidelines provide for, among others: (a) vaccination teams of at least three persons, (b) conduct of “*suyod*” activities and house-to-house activities in the barangay, (c) deployment of mobile vaccination teams especially in remote or geographically isolated areas, (d) a daily quota per vaccination team, and (e) utilization of the resources of the Armed Forces of the Philippines (AFP), Philippine National Police (PNP), Bureau of Penology and Jail Management (BJMP), and Bureau of Fire Protection (BFP) in deployment of vaccination teams and logistics in remote areas.

***I. Rollout of pediatric vaccination,  
and forced vaccination of teachers  
and learners as a condition for the  
resumption of face-to-face classes***

138. On September 27, 2021, the **DepEd** and **DOH** issued **Joint Memorandum Circular No. 01, s. 2021**, the “Operational Guidelines on the Implementation of Limited Face-to-Face Learning Modality.”<sup>159</sup>

138.1 Section 6.2.1 of JMC No. 01, s. 2021 did not require teachers and employees to be vaccinated in order to be eligible to provide services during the conduct of face-to-face classes:

All teachers and employees who are 65 years old and below and with no diagnosed co-morbidities shall be eligible to provide service during the conduct of the face-to-face classes. x x x **Regardless of the vaccination status, teachers and other employees are eligible to participate**, while those with stable comorbidities may join voluntarily.

139. On October 14, 2021, the **DOH** issued **Department Circular No. 2021-0464** (“DOH DC NO. 2021-0464”) on the “Interim Operational Guidelines on the COVID-19 Vaccination of the Pediatric Population Ages 12-17 years old with Comorbidities.”<sup>160</sup> Section VI.G.2.c.v of DOH DC NO. 2021-0464 provides:

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<sup>159</sup> <https://www.deped.gov.ph/wp-content/uploads/2021/09/DEPED-DOH-JMC-No.-01-s.-2021.pdf> (last accessed on May 5, 2022)

<sup>160</sup> <https://dmas.doh.gov.ph:8083/Rest/GetFile?id=693782> archived at <https://web.archive.org/web/20220504090055/https://dmas.doh.gov.ph:8083/Rest/GetFile?id=693782> (last accessed on May 5, 2022)

In case the parent/guardian refuses to give consent to the vaccination despite the desire and willingness of the minor child to have himself/herself vaccinated, or there are no persons that may legally exercise parental authority over the child, the State may act as *parens patriae* and give the necessary consent. Therefore, the proper officer representing the State as *parens patriae* may sign the consent form. In this regard, the DSDW or its city/municipal counterparts shall serve as the proper office who shall represent the State.

139.1 This effectively enabled the State to substitute its will for that of the children’s parents or legal guardians in case they refuse to give consent, OR (not “and”) there are no persons that may legally exercise parental authority over the child.

140. On October 18, 2022, the **DepEd** issued **DepEd Memorandum No. 071, s. 2021** on the “Preparations for the Pilot Face-to-Face, Expansion and Transitioning to the New Normal.”<sup>161</sup> In preparation for the conduct of pilot face-to-face classes, Section D.1 of the memorandum provides that the

“1. Department of Education (DepEd) and the National Task Force (NTF) on Covid-19 agreed to accelerate the vaccination of teachers and school personnel. x x x

x x x

“c. The completion of the accelerated vaccination of DepEd teachers and school personnel will provide an additional layer of protection to all participants of the face-to-face classes, and **supports as well the overall vaccination drive of the national government.**”

141. On October 28, 2021, the **DOH** issued **DOH Department Circular No. 2021-0483**,<sup>162</sup> the “Interim Operational Guidelines on the COVID-19 Vaccination of the Rest of the Pediatric Population Ages 12-17 Years Old,” expanding the pediatric vaccination program to the rest of the 12-17 population (without comorbidities). DOH DC No. 2021-0483 also

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<sup>161</sup> [https://www.deped.gov.ph/wp-content/uploads/2021/10/DM\\_s2021\\_071.pdf](https://www.deped.gov.ph/wp-content/uploads/2021/10/DM_s2021_071.pdf) (last accessed on May 5, 2022)

<sup>162</sup> <https://dmas.doh.gov.ph:8083/Rest/GetFile?id=695852> (last accessed on May 5, 2022)

contained a provision identical to Section VI.G.2.c.v. of DOH DC No. 2021-064, thus:

In case the parent/guardian refuses to give consent to the vaccination despite the desire and willingness of the minor child to have himself/herself vaccinated, or there are no persons that may legally exercise parental authority over the child, the State may act as *parens patriae* and give the necessary consent. Therefore, the proper officer representing the State as *parens patriae* may sign the consent form. In this regard, the DSDW or its city/municipal counterparts shall serve as the proper office who shall represent the State.

142. After the issuance of IATF Resolutions No. 148-B and 149, Undersecretary Alain Del B. Pascua issued **DepEd Task Force COVID-19 (“DTFC-19”) Memorandum No. 575** dated December 7, 2021 (“DTFC-19 Memorandum No. 575”). In DTFC-19 Memorandum No. 575, Undersecretary Pascua mandated COVID-19 vaccination upon teachers and DepEd personnel:

“3. Consistent with the IATF Resolution Nos. 148-B and 149, s, 2021, the following shall be observed in DepEd:

x x x

“b. Only personnel who have been fully vaccinated will be allowed to work on-site. They shall be required to present their vaccination cards as proof of vaccination before they are included in the list of personnel allowed to work on-site. Those who have not been vaccinated shall remain under a work-from-home arrangement.

“c. If unvaccinated personnel will be required to report on-site, they shall **be required to present a negative RT-PCR test undertaken at most 48 hours before the day of reporting, and which shall be valid for up to two weeks from the day of testing**, unless the personnel develop symptoms, for which they shall stop reporting on on-site and proceed to established health protocols.”

A copy of DTFC-19 Memorandum No. 575 is attached as an Annex to Petitioner Poblete’s Judicial Affidavit.

143. On December 10, 2021, Teachers from Camarines Sur, La Union, Zamboanga del Sur, Davao de Oro, Cebu, Masbate, South Cotabato, Romblon, Sultan Kudarat, Davao Occidental, Siquijor, Bukidnon, Pangasinan, Negros Occidental, Leyte, through Petitioner Perlas's Covid Call for Humanity (CCH), submitted a letter to Secretary Briones. In said letter, the teachers requested that their constitutional and human rights be respected and upheld by the DepEd and that the unvaccinated teachers be permitted to work without the need to submit an RT-PCR test at their own expense. They argued that requiring the teachers to undertake RT-PCR testing every two weeks at their own expense will result in a diminution of their already low take-home salaries. A copy of the December 10, 2021 letter of Covid Call to Humanity is attached hereto as **Annex PP**.

144. Neither Secretary Briones nor the DepEd responded to the December 10, 2021 letter. Instead, on December 28, 2021, Undersecretary Pascua even issued DTFC-19 Memorandum No. 586, which reiterated that "the requirements to present a negative RT-PCR/antigen test result shall apply to those who are required to work onsite but are not fully vaccinated, and **shall be at their own expense, x x x**". A copy of DTFC-19 Memorandum No. 586 dated December 28, 2021 is attached as an annex to the Judicial Affidavit of Petitioner Poblete.

145. Similar to the DepEd, on December 15, 2021, the CHED and the DOH issued a Joint Memorandum Circular (JMC) No. 2021-004.<sup>163</sup>

145.1 Paragraph C of Section II of JMC No. 2021-004 states that "[o]nly fully vaccinated teaching and non-teaching personnel of HEI's located in areas under Alert Levels 1, 2 and 3, shall be allowed to join the conduct of limited face-to-face classes."

145.2 Paragraph D of Section II of the same Circular also states that "[o]nly fully vaccinated students of HEIs located in areas under Alert Levels 1, 2 and 3 shall be allowed to join limited face-to-face classes."

146. It is important to note that on January 5, 2022, the DepEd, in its DTFC-19 Memorandum No. 588, s. 2022, stated:

"[1.b.]x x x Even the requirement to present a **negative RT-PCR or antigen test** result at their own expense, per

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<sup>163</sup> <https://ched.gov.ph/wp-content/uploads/CHED-DOH-JMC-No.-2021-004.pdf> (last accessed on May 5, 2022)

existing IATF guidelines, x x x and per the latest coordination of the DTFC with the NVOC, **this requirement is technically not yet implementable.**<sup>164</sup>

**“2. Even fully vaccinated persons can be infected by COVID-19.”**

146.1 Notwithstanding DTFC-19 Memorandum No. 588, and the admission therein that vaccinated persons can be infected and that according to the NVOC, the negative RT-PCR test requirement is not yet implementable, the DepEd continued to pressure and coerce unvaccinated teachers and DepEd employees to get vaccinated or to submit a negative RT-PCR test at their own expense. A copy of DTFC-19 Memorandum No. 588 is attached as an annex to Petitioner Poblete’s Judicial Affidavit.

147. On January 24, 2022, the DOH issued **Department Memorandum No. 2022-0041**<sup>165</sup> which laid out the interim guidelines for the administration of the Pfizer Cominarty COVID- 19 vaccine to five to 11 year old children.

147.1 Similar to DOH DC No. 2021-0464 and DOH DC No. 2021-0483, this DOH memorandum effectively enabled the State to substitute its will for that of the children’s parents or legal guardians in case they refuse to give consent, OR (not “and”) there are no persons that may legally exercise parental authority over the child.

148. On February 2, 2022, Secretary Briones issued **Office Order OO-OSEC-2022-003**, the Interim Guidelines on the Expansion of Limited Face-to-Face Classes. In said Office Order, Secretary Briones stated that “[o]nly vaccinated teachers may participate [in face-to-face classes], and vaccinated learners shall be preferred.” A copy of Office Order OO-OSEC-2022-003 dated February 2, 2022 is attached as an annex to Petitioner Poblete’s Judicial Affidavit.

149. Relying on the issuances of DepEd Secretary Briones and Usec. Pascua, the coercion of teachers and DepEd employees to get vaccinated or to submit to RT-PCR testing at their own expense was continued by the school heads, school district supervisors (SDS), school division

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<sup>164</sup>IATF Res. No. 148-B dated November 11, 2021 provides that it is only in areas “where there are sufficient supplies of COVID-19 vaccines as determined by the National Vaccines Operation Center (NVOC), all establishments and employees in the public and private sector shall require their eligible employees who are tasked to do onsite work to be vaccinated against COVID-19.”

<sup>165</sup> <https://doh.gov.ph/sites/default/files/health-update/dm2022-0041.pdf> (last accessed on May 5, 2022)



superintendents and other DepEd officials, as shown by the Judicial Affidavits of Petitioners Poblete, Marañon, and Daos.

150. As narrated in their respective Judicial Affidavits, Petitioners Poblete, Marañon, and Daos, like other DepEd employees, wrote numerous letters to their school heads, school district supervisors, school division superintendents, and the Civil Service Commission, explaining their reasons why they refuse to get vaccinated and why they refuse to submit to RT-PCR testing when they do not exhibit symptoms of COVID-19. The school heads, SDSs, and division offices responded with increased harassment, discrimination and coercion.

151. On March 15, 2022, Usec. Pascua issued OUA Memo 00-0322-0137.<sup>166</sup> In said OUA Memorandum, Usec Pascua instructed Regional Directors, School Division Superintendents, Public Schools District Supervisors and School Heads to use a standard response to all such letters and communications from the teachers and employees, to wit:

“In the event that the offices concerned receive communications x x related to the vaccination requirement, antigen testing, and other health protocols prescribed for personnel reporting onsite, they may attach the following issuances to their acknowledgment letters. x x x [T]hese issuances already offer sufficient answers to these kinds of communications.”

151.1 This standard response is now being used by DepEd officials regardless of the specific concerns and issues raised by teachers and DepEd employees, **but only if these officials decide to respond at all.**

152. On April 6, 2022, the DepEd and the DOH issued **Joint Memorandum Circular No. 001, s. 2022**, the “Revised Guidelines on the Progressive Expansion of Face to Face Learning Modality” (JMC MC No. 001, s, 2022 or the “Revised Guidelines”).<sup>167</sup> The Revised Guidelines state:

“6.2.2. COVID-19 vaccination requirement for DepEd teachers and personnel shall follow the latest national

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<sup>166</sup> [https://depedmarikina.ph/issuances\\_folder/March%2018,%202022%20-%20Standard%20Response%20to%20Communications%20related%20to%20the%20Vaccination%20Requirement,%20Antigen%20Testing,%20and%20other%20Health%20Protocols.pdf](https://depedmarikina.ph/issuances_folder/March%2018,%202022%20-%20Standard%20Response%20to%20Communications%20related%20to%20the%20Vaccination%20Requirement,%20Antigen%20Testing,%20and%20other%20Health%20Protocols.pdf)

Archived at [https://depedmarikina.ph/issuances\\_folder/March%2018%2C%202022%20-%20Standard%20Response%20to%20Communications%20related%20to%20the%20Vaccination%20Requirement%2C%20Antigen%20Testing%2C%20and%20other%20Health%20Protocols.pdf](https://depedmarikina.ph/issuances_folder/March%2018%2C%202022%20-%20Standard%20Response%20to%20Communications%20related%20to%20the%20Vaccination%20Requirement%2C%20Antigen%20Testing%2C%20and%20other%20Health%20Protocols.pdf) (last accessed on May 5, 2022)

<sup>167</sup> <https://www.deped.gov.ph/wp-content/uploads/2022/04/DEPED-DOH-JMC-No.-001-s.-2022.pdf>

guidelines. **However, only vaccinated teachers and school personnel shall be allowed to interact with learners.** Unvaccinated teachers and school personnel may report on-site provided that they will not interact with the learners.”

152.1 Pursuant to JMC MC No. 001, s. 2022, teachers who spend their already low salaries on costly RT-PCR tests are still unable to exercise the teaching profession and teach their students, contrary to Section 10 of The Magna Carta for Public School Teachers.

153. Simultaneous with the roll-out of the pediatric vaccination program and the acceleration and coercion of the vaccination of DepEd teachers and personnel, the DepEd deployed a tagging facility for the COVID-19 learner vaccination to collect learner vaccination status and monitor the progress of vaccination.

153.1 On September 17, 2021, USec. Pascua issued an Invitation to Bid for the “Procurement of Supply, Delivery, Installation, Data Migration and Support on a School and Learner Information System,” with the approved budget for the contract of ₱100,000,000.00.<sup>168</sup>

153.2 On November 26, 2021, the DepEd posted instructions on [www.lis.deped.gov.ph](http://www.lis.deped.gov.ph) on how to carry out COVID-19 vaccination tagging of learners. The instructions are found on <https://lis.deped.gov.ph/support/Manuals/Learner-Vaccination-Tagging-2021.pdf>.<sup>169</sup>

153.3 On February 7, 2022, Roger B. Masapol, Director IV, Planning Service of the DepEd, issued Memorandum OUCOS-PS-2022-012<sup>170</sup> which announced that:

“in support to (*sic*) national government’s vaccination drive for learners, a tagging facility for COVID-19 learner vaccination has been recently deployed in the

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<sup>168</sup> [https://www.deped.gov.ph/wp-content/uploads/2021/09/IB\\_2021-CB-023\\_signed.pdf](https://www.deped.gov.ph/wp-content/uploads/2021/09/IB_2021-CB-023_signed.pdf)  
Archived at [https://web.archive.org/web/20220504094754/https://www.deped.gov.ph/wp-content/uploads/2021/09/IB\\_2021-CB-023\\_signed.pdf](https://web.archive.org/web/20220504094754/https://www.deped.gov.ph/wp-content/uploads/2021/09/IB_2021-CB-023_signed.pdf) (last accessed on May 5, 2022)

<sup>169</sup> Also archived in <https://web.archive.org/web/20220308231812/https://lis.deped.gov.ph/support/Manuals/Learner-Vaccination-Tagging-2021.pdf> (last accessed on May 5, 2022)

<sup>170</sup> <https://depeldn.com/issuances/DISSEMINATION%20OF%20MEMO%20OUCOS-PS-2022-012%20RE%20%20DAILY%20UPDATING%20OF%20LEARNERS%20VACCINATION%20STATUS.pdf> (last accessed on May 5, 2022)

Learner Information System. The tagging facility was designed to collect learners' vaccination data and monitor the progress of vaccination.

“In line with this, all LIS coordinators are directed to regularly update and encode the learners' information regarding their **vaccination status**. x x x We are monitoring these data for the implementation of the limited face-to-face classes.”

154. On April 6, 2022, the DepEd issued **DepEd Order No. 17 Series of 2022**, entitled “Guidelines on the Progressive Expansion of Face to Face Classes.”<sup>171</sup> Paragraph 1 of Section VI. Standards and Procedures states: "The school shall monitor and update the COVID-19 vaccination status of the learners through DepEd Learners' Information System (LIS)."

155. JMC No. 001, s. 2022 dated April 6, 2022<sup>172</sup> provides for the implementation of school-based immunization, to wit:

“Section 7.2.5 **Immunization and Other School-Health Services** states:

“7.2.5 **Immunization and Other School-Health Services**. Schools shall coordinate with their respective LGU with the implementation of routine school-based immunization (SBI) and other school health-related services such as but not limited to deworming and weekly iron-folate acid supplementation (WIFA).

“7.2.5.1. The SBI together with other school health services shall be routinely implemented among target learners as per existing DOH-DepEd implementing guidelines (i.e. DOH Department Memorandum No. 2075-0746 Guidelines on the Implementation of School-Based Immunization).

“7.2.5.2. To prevent further transmission of vaccine-preventable diseases, schools, through their school nurse or the designated clinic teachers, shall include the routine immunization card check to ensure that children entering Elementary and Secondary schools have completed their routine immunization (e.g., one

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<sup>171</sup> [https://www.deped.gov.ph/wp-content/uploads/2022/04/DO\\_s2022\\_017.pdf](https://www.deped.gov.ph/wp-content/uploads/2022/04/DO_s2022_017.pdf) (last accessed on May 5, 2022)

<sup>172</sup> <https://www.deped.gov.ph/wp-content/uploads/2022/04/DEPED-DOH-JMC-No.-001-s.-2022.pdf> (last accessed on May 5, 2022)

dose of BCG, three doses of Polio and DPT-HepB-Hib vaccines, and two doses Measles- containing vaccines).

**“7.2.5.3. In cases where learners have not completed their routine infant vaccines, they shall be referred to the nearest LGU/private pediatrician for catch-up vaccination in order to complete the primary series. Schools shall ensure that these defaulted children should complete the missed vaccines during the academic year.**

**“7.2.5.4. The school shall ensure that the consent of the learners' parents shall be secured in services where they are required (e.g., deworming, immunization).**

**“7.2.5.5. Intensive health promotion campaign activities/supportive- policies shall likewise be instituted by schools in collaboration with their local health officers to maintain optimal health- seeking behaviors of learners and other community members.”**

156. On May 3, 2022, at a televised Cabinet meeting, Secretary Duque announced that once basic education students attend in-person classes, they will be vaccinated against COVID-19, even while said vaccines are just under EUA.<sup>173</sup> Secretary Duque stated:

***“Gagawin natin, kapag um-attend sila, parang ‘yung dati nung bata tayong ini-injeksyunan na tayo ng mga infirmery ng iba’t ibang bakuna like measles, polio. So gagawin din natin ito for COVID for the basic learners from 5 to 11 years of age.”***

157. Taking into consideration the foregoing acts of the DepEd and the DOH, there appears to be a concerted effort to mandate COVID-19 vaccinations also on children and, in this connection, prevent unvaccinated teachers (who are not sick with COVID-19 and who are qualified and ready to teach) from interacting with the learners and the learners’ parents.

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<sup>173</sup> <https://www.cnnphilippines.com/news/2022/5/3/Govt-vaccination-school-return-physical-classes-private-students.html> (last accessed on May 5, 2022)

Archived at

<https://web.archive.org/web/20220503095310/https://www.cnnphilippines.com/news/2022/5/3/Govt-vaccination-school-return-physical-classes-private-students.html> (last accessed on May 5, 2022)

***J. Health Impacts of Mandatory  
Vaccinations in the Philippines  
Including Deaths***

158. In a radio video interview with *TeleRadyo Balita* on January 24, 2022, DOH Usec. Myrna Cabotaje confirmed three pediatric deaths due to the vaccines.<sup>174</sup>

159. On February 20, 2022, a Visayan media outfit – *Radyo Bandera – Roxas City* - reported the unusual incidence of AIDS among more than 200 children aged nine to 16.<sup>175</sup>

160. On March 13, 2022, *89.3 Brigada News FM Cotabato City* featured a Muslim woman reporting that her husband had died less than 24 hours after being forcibly vaccinated at a Mindanao checkpoint.<sup>176</sup>

161. The PFDA normally claims that the reported deaths and Severe Adverse Reactions (SAR) are not necessarily connected with COVID-19 vaccines. Their usual disclaimer states:

Symptoms or diseases that occur after vaccination are reported if there is a suspicion of a possible link. However, it cannot be assumed that there is a causal relationship between the suspected adverse reaction and the vaccine. This report contains all suspected adverse reactions regardless of any possible causal relationship.<sup>177</sup>

162. Nonetheless, in its most recent report,<sup>178</sup> the PFDA admitted that there were a total of 98,584 suspected adverse reactions reported. Of these, 7,478 were **serious** events. PFDA defines serious adverse events as those involving:

- a. In-patient hospitalization/prolongation of existing hospitalization
- b. Significant disability/incapacity
- c. Life-threatening (e.g., anaphylaxis) and **death**
- d. Birth defect or congenital malformations

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<sup>174</sup> <https://www.youtube.com/watch?v=PZZDi97Higk> (last accessed on May 5, 2022).

<sup>175</sup> <https://m.facebook.com/103142361165920/posts/532874741526011/?d=n> (last accessed on May 5, 2022)

<sup>176</sup> <https://m.facebook.com/103142361165920/posts/532874741526011/?d=n> (last accessed on May 5, 2022)

<sup>177</sup> DOH, FDA Reports of Suspected Adverse Reaction to COVID-19 Vaccines (01 March 2021 to 24 April 2022), <https://www.fda.gov/wp-content/uploads/2022/04/Reports-of-suspected-adverse-reaction-to-COVID-19-vaccines-as-of-24-April-2022.pdf> (last accessed May 5, 2022)

<sup>178</sup> *Id.* The PFDA report is to be taken at face value as there are scientific reports showing that the death rates and serious adverse reactions are much larger than reported.

- e. Considered to be a medically important event. (Emphasis supplied.)

163. PFDA has admitted that the COVID-19 vaccines have caused or can cause the following serious adverse reactions in the Philippines:

- a. Anaphylaxis;
- b. Thrombosis;
- c. Reinfection with COVID-19;
- a. PFDA confirmed 3,242 cases;
- d. Myocarditis;
- e. Capillary Leak Syndrome;
- f. Guillain-Barré syndrome;
- g. Bell's Palsy;
- h. Immune thrombocytopenia, confirmed internationally for AstraZeneca and J&J vaccines

164. Agreeing with the EMA's findings, the PFDA attributed incidents of Capillary Leak Syndrome to the AstraZeneca and J&J vaccines. Four out of 24 reported cases of Guillain-Barré syndrome as well as seven of 27 reported cases of Bell's Palsy were confirmed by the PFDA as caused by COVID-19 vaccines. Reports of immune thrombocytopenia have been confirmed as attributable to AstraZeneca and J&J vaccines.

165. The PFDA also admitted that they received **2,196 reported deaths in relation to the COVID-19 vaccines**, broken down as follows:

- a. Ages 5-11: 4 deaths
- b. Ages 12-17: 28 deaths
- c. Ages 18-39: 255 deaths
- d. Ages 40-59 years: 577 deaths
- e. Ages 60 and above: 1,314 deaths
- f. Age unknown: 18 deaths

166. The PFDA refuses to acknowledge that these deaths were due to the COVID-19 vaccines. They claim that the deaths were most likely connected with "undiagnosed illness, underlying co-morbidities, and pre-existing medical conditions," which diverges significantly from the admissions by the US FDA, US CDC, UK Health Service and other NRAs of "reliance" to the PFDA and Respondent DOH. It is also in sharp contrast with what the Pfizer confidential documents revealed about the dangers of its own vaccine.<sup>179</sup>

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<sup>179</sup> 5.3.6. CUMULATIVE ANALYSIS OF POST AUTHORIZATION ADVERSE EVENTS REPORTS OF PF-07302048 (BNT162B2) RECEIVED THROUGH 28-FEB-2021, <https://phmpt.org/wp-content/uploads/2021/11/5.3.6-postmarketing-experience.pdf> (last accessed on May 5, 2022).



167. Starting March 7, 2022, the DOH stopped the daily public reporting of cases and deaths, and moved to weekly reporting with the reports focusing on severe and critical cases and the utilization of ICU facilities. A similar announcement had been made previously in December 2021, but was set aside with the Omicron outbreak.

168. The Philippines Statistics Authority (PSA), in its regular monthly Births, Marriages and Deaths Statistics for 2021 (latest release date April 12, 2022 as of February 28, 2022), presented preliminary data that **2021 had 239,138 more deaths than the same period in 2020: a 39% increase in deaths. There were also 219,083 fewer births in the same period, a 14% decrease. This is unprecedented** as historical population changes in births and deaths year-on-year are only a few percentage points, at most.<sup>180</sup>

169. This is of deep concern as Respondent DOH remains basically silent on what could be the cause of this large increase in excess deaths for 2021, much higher even than those in 2020 at the height of COVID-19's rage. There is an association between these excess deaths and the rollout of the COVID-19 vaccination program. This phenomenon needs investigation. Instead, Respondent DOH continues to announce more vaccinations in the months ahead as if these excess deaths are not linked to mass vaccination.<sup>181</sup>

#### ***K. Impact of Mandatory Vaccination on Access to Services***

170. Some barangay officials of a particular village in Sta. Mesa were reported to have apprehended the food delivery riders and prohibited unvaccinated individuals from entering the area.<sup>182</sup>

171. An official of DILG on November 6, 2021 said that the government was looking at excluding beneficiaries of the *Pantawid Pamilyang Pilipino* Program (4Ps) from receiving subsidies under the anti-poverty program if they do not get vaccinated against COVID-19.<sup>183</sup> The withholding of unvaccinated beneficiaries' subsidies would thereafter be reported, with the Department of Social Work and Development (DSWD) announcing that more 4Ps beneficiaries are open to getting inoculated against COVID-19.<sup>184</sup>

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<sup>180</sup> <https://psa.gov.ph/vital-statistics/table> (last accessed May 5, 2022)

<sup>181</sup> <https://www.cnnphilippines.com/news/2022/4/14/COVID-vaccination-Holy-Week.html> (last accessed May 5, 2022)

<sup>182</sup> <https://philnews.ph/2021/08/16/certain-barangay-implements-no-vaccine-no-entry-blocks-delivery-riders/> (last accessed on May 5, 2022)

<sup>183</sup> <https://newsinfo.inquirer.net/1511440/dilg-proposes-no-vax-no-subsidy-for-4ps-folk> (last accessed on May 5, 2022).

<sup>184</sup> <https://philnews.ph/2021/11/09/4ps-beneficiaries-more-open-to-getting-vaccinated/> (last accessed on May 5, 2022).



172. In a *24 Oras* report on January 17, 2022, a commuter named “Diane” was in tears after she was not allowed to board an EDSA carousel bus on the first day of the implementation of the “No Vax, No Ride” policy. She said: “*Napapagod na ‘ko. Diyos ko. Nagpa-vaccine naman kami. Hindi naman namin kasalanan na ‘yung second dose namin February pa. December ako nagpa-first dose. [AstraZeneca] po kasi ‘yung vaccine ko.*”<sup>185</sup>

173. On the same day, Victor Alcantara was among the “numerous” jeepney drivers apprehended by personnel of the PNP-Highway Patrol Group for plying their jeepney route without having been vaccinated or fully vaccinated. Alcantara, at the time, was only partially vaccinated. The police, however, said that it will be issuing warnings instead of violation tickets.<sup>186</sup>

174. On January 21, 2022, about 90 Badjao individuals were reported to have been stranded at the Manila North Harbor for days due to the “No Vax, No Ride” policy.<sup>187</sup>

175. On the same day, Labor Secretary Silvestre Bello III, citing the news report on Diane, said he sees a reason for the government to apologize for failing to inform the public that the “no vaccination, no ride” policy, in fact, exempts workers.<sup>188</sup>

176. On January 23, 2022, Public Attorney’s Office (PAO) Chief Persida Rueda-Acosta extended legal assistance to Gemma Parina, a market vendor who criticized the “No Vax, No Ride” policy in a video interview that went viral in social media. Parina felt under threat as “there were people looking for her.” According to Parina, she refuses to get vaccinated due to her heart condition and diabetes. Because of this, she was refused admittance in public utility vehicles (PUVs) and had to walk from her house to the market to sell her wares.<sup>189</sup>

177. Reacting to these reports, angry netizens condemned the “No Vax, No Ride” policy on Twitter, calling the same “dumb,” “illogical,” and anti-poor.<sup>190</sup>

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<sup>185</sup> <https://interaksyon.philstar.com/trends-spotlights/2022/01/18/208754/nasaan-ang-malasakit-no-vax-no-ride-policy-seen-illogical-anti-commuter/> (last accessed on May 5, 2022).

<sup>186</sup> <https://philnews.ph/2022/01/17/partially-vaccinated-jeepney-driver-apprehended-over-no-vax-no-ride-policy/> (last accessed on May 5, 2022).

<sup>187</sup> <https://www.rappler.com/nation/filipinos-online-slam-no-vaccine-no-ride-policy-partially-vaccinated-vs-covid-19/> (last accessed on May 5, 2022).

<sup>188</sup> <https://newsinfo.inquirer.net/1542297/no-vax-no-ride-policy-maybe-its-time-for-govt-to-say-sorry-bello> (last accessed May 1, 2022)

<sup>189</sup> <https://newsinfo.inquirer.net/1544248/fwd-pao-assists-woman-who-slammed-no-vax-no-ride-policy> (last accessed on May 5, 2022).

<sup>190</sup> <https://www.rappler.com/nation/filipinos-online-slam-no-vaccine-no-ride-policy-partially-vaccinated-vs-covid-19/> (last accessed on May 5, 2022).

178. In areas within the NCR where mandatory vaccination is being implemented regardless of alert level status, Petitioner Perlas, as an unvaccinated individual, has been denied access to PUVs and certain establishments. The latter has already happened several times before when Perlas was not allowed entry in malls, supermarkets and shops because he had no proof of vaccination. Perlas has been prevented from buying essential food and medical supplements which are key aspects in strengthening his immune system, a practice that is so essential in keeping him healthy amidst COVID-19. This de facto ban on food and supplement purchases has compelled him to stay in a farm setting in Bulacan where he can grow his own organic food. This has resulted in a situation where Perlas continues to pay association dues for his condo rental in the NCR even if he hardly uses the condo, leading him to incur unnecessary expenses.

### ***L. Impact of Mandatory Vaccination on Exercise of Rights and Liberties***

#### ***1. Right to life***

##### ***(a) Impact on Petitioner Mario Reyes<sup>191</sup>***

179. Petitioner Mario Reyes, a yoga instructor, decided not to get vaccinated not only because he believes that his body's immune system can fight the coronavirus on its own, but also because he is allergic to any drug. He also knows that COVID-19 vaccines are "not safe and effective." A copy of his Medical Certificate is attached to his Judicial Affidavit. Respondent DOH is also not transparent with regard to the "real number of those who died or were injured" by the vaccines. He is being ostracized because of his unvaccinated status despite legitimate medical reasons for refusing to be vaccinated, which has seriously affected his mental health and well-being.

##### ***(b) Impact on Petitioner Arado<sup>192</sup>***

180. While working as a Customer Assistant at the Land Bank of the Philippines Tandag Branch, 24-year-old Petitioner Arado agreed to get vaccinated with the COVID-19 vaccines after he was told by his employer that the vaccines would "protect (him) from getting infected with COVID-19" as a frontliner.

181. Petitioner Arado received his two doses of AstraZeneca vaccines on June 9, 2021 and August 20, 2021, respectively, at the City Health Office of Tandag City. At the vaccination site, he was not advised about the possible side effects of the vaccines as he was only asked if he has

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<sup>191</sup> See Annex GG.

<sup>192</sup> See Annex S.

any illness or was taking any maintenance medication. Thereafter, the Bank “required all its employees to be vaccinated.”

182. Petitioner Arado considered himself a “healthy individual” prior to his vaccination. But in the evening after his first dose, he experienced a headache, stomach pains, fever, chills, numbness in the legs, body weakness and shortness of breath.

183. Around three weeks following his second dose of AstraZeneca vaccine, he suffered from migraine-like headaches for an entire week and thereafter noticed a blurred vision at the left eye. He was subsequently diagnosed with Central Retinal Vein Occlusion with Macular Edema, Retinal Vasculitis, which is a disease associated with aging, diabetes, high blood pressure or HIV infection — underlying conditions that Petitioner Arado did not have given his good health and young age. The condition was confirmed to have been “exclusively caused by the AstraZeneca vaccines” or is, in other words, an SAE. A copy of his Medical Certificate is attached to his Judicial Affidavit.

184. Petitioner Arado can no longer see with his left eye. Thus, he was forced to resign from work. He is currently unemployed as he is undergoing treatment for his vaccine injury. He also shouldered all the expenses for the tests and treatments that he underwent. He sought help from the City Health Office, his employer and the LGU. The LGU asked for his documents supposedly to submit to the DOH but that was the last he heard from them, and neither did his employer help him. claim for compensation for injuries incurred due to the COVID-19 vaccine has been denied by PhilHealth despite the causality assessments made by his doctors.

## ***2. Right to property and due process***

### ***(a) Impact on Petitioners Quijano and Castillo***<sup>193</sup>

185. Petitioners Quijano and Castillo are both medical doctors. Between the two of them, they have more than 80 years of collective practice. Never in their entire careers have they experienced this unprecedented invasion by government in the highly-personal physician-patient relationship. Current government regulations during this pandemic have unreasonably stripped them off of their ability to make the best decisions for their patients based on established science and the particular medical history of their patients. They have been ostracized, vilified and discredited by their own peers despite their solid credentials.

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<sup>193</sup> See Annexes T and U, respectively.

***(b) Impact on Petitioner Espinoza***<sup>194</sup>

186. Petitioner Espinoza is a full-time college professor and a candidate for Doctorate of Education in the [REDACTED]. She is also the family breadwinner. She refuses to get vaccinated for religious reasons and based on her knowledge of other people's experiences with the hazards and ineffectiveness of COVID-19 vaccines. She personally knows people "who died or whose health deteriorated after receiving the vaccine," including her own father.

187. Petitioner Espinoza tendered a letter to the University explaining her reasons for refusing vaccination. Her concerns were submitted to the Human Resources Management Office (HRMO), which in turn sought the legal opinion of the University's legal counsel. The said legal counsel refrained from giving an opinion on Petitioner Espinoza's arguments against the COVID-19 vaccines but said that while she "can still choose not to get vaccinated," she must still comply with the rules set forth in IATF Resolution 148-B.

188. The University issued a Memorandum requiring all University personnel to be vaccinated pursuant to IATF Resolution 148-B.

189. Petitioner Espinoza used to be a resident of a campus dormitory. Due to her continuing refusal not to get vaccinated, she was ordered on January 25, 2022 by a University official to vacate the dormitory and reside off campus. For this reason, "a substantial part" of her "meager salary goes to higher rent and utilities."

190. After coming back from Christmas break, Petitioner Espinoza was placed on quarantine in a facility on campus during which she was warned by a University official that if she did not follow the rules on vaccination, she "would not receive any salary."

191. Part of her paltry earnings also goes to saliva tests, which Petitioner Espinoza is required to undergo every two weeks in order not be marked absent at work, thus leaving her with "little money" to support herself and her family.

***(c) Impact on Petitioner Montano***<sup>195</sup>

192. Petitioner Montano chose not to get vaccinated with COVID-19 vaccines in view of their possible harms, noting that they are still in the

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<sup>194</sup> See Annex X.

<sup>195</sup> See Annex CC.

“experimental phase or undergoing clinical trials.” She also knows for a fact that both vaccinated and unvaccinated individuals may still be infected and transmit the disease.

193. The top management of the [REDACTED] in Region [REDACTED] where she works as Agriculturist II, issued Memorandum M21-11-401 or “Vaccination Mandatory for Eligible On-Site Employees Effective December 1, 2021.” In response, she expressed her refusal to get vaccinated in several letters addressed to ATI officials.

194. On January 3, 2022, Petitioner Montano was informed during a management meeting that the program pointpersonship designated to her would be assigned to another staff. She was told that she “may not be capable to handle the program anymore” because she “cannot travel to other provinces” without a vaccine card.

195. Petitioner Montano has since been required to undergo weekly RT-PCR or antigen test at her own expense. The weekly expense for availing of this test “takes away a big chunk” of her salary, which she could otherwise use to support her family.

196. When she was not able to submit the result of an antigen test in the first week of January 2022, Petitioner Montano was ordered to work in isolation in a cottage. Also, during the weekend before January 10, 2022, a Monday, she was unable to take a COVID-19 test as the laboratories were closed in the area at the height of Alert Level 3 in [REDACTED]. Thus, she was not allowed to report for work and was advised to file a vacation leave for that day.

***(d) Impact on Petitioner Poblete***<sup>196</sup>

197. Petitioner Poblete, a teacher at [REDACTED] refused to get vaccinated due to her witnessing her parents suffer adverse events after receiving their respective COVID-19 vaccines. She is also aware of DepEd teachers who suffered injuries or died after taking the vaccine, as set out in <https://padlet.com/dennisbayeng/teachersinjureddied> (hereinafter the “Padlet”). The vaccine injuries that Petitioner Poblete has personally seen in her parents is described in her Judicial Affidavit. The Padlet is attached as an annex to Petitioner Poblete’s Judicial Affidavit.

198. Petitioner Poblete is a breastfeeding mother to her youngest child, aged one year old. She has asthma and had tuberculosis in the

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<sup>196</sup> See Annex Y.

past. She is aware that the effects of vaccination on a breastfeeding mother and baby have not been studied because the vaccine trials have not been completed and the vaccines are still experimental. Given that she has five young children, she could not take the risk of getting the Covid-19 vaccine and suffering an adverse event.

199. Petitioner Poblete is unable to submit to RT-PCR testing every two weeks because of financial constraints. This requirement is too burdensome since her net take home pay after deductions is barely ₱12,000 pesos a month. Out of that take home pay, she spends ₱6,200 a month for her house. If she succumbs to the pressure and coercion from the DepEd to take the RT-PCR test at her own expense, she will not have anything left for their monthly expenses.

200. Despite Petitioner Poblete's financial difficulty in obtaining RT-PCR testing on a regular basis, her situation was dismissed by the DepEd and the Civil Service Commission. She wrote numerous letters to the school head, the school district superintendent, the Division Office, the Regional Office and the Civil Service Commission (which letters are attached as annexes to her Judicial Affidavit<sup>197</sup>). Her letters were not acknowledged and were not responded to by the DepEd. Instead, she was told by the school head that she should comply, especially since she is the only teacher/employee that remains unvaccinated in the school. She was told that since she is a government employee, she needs to comply with the "*mandato ng ahensya*."

201. In addition, she was told by the School District Superintendent Petitioner Maria Irelyn P. Tamayo, PhD CESO, and the School Head Richard U. Ayson via private message dated January 11, 2021 that she should file a leave on the days that she is required to report for work.

202. Petitioner Poblete was refused entry into the Division Office when she attempted to file her documentary requirements for her promotion to Teacher II on January 14, 2022. The Division Office had a "No Vaccine, No Entry" policy, and said policy prevented her from completing her requirements for a promotion.

203. On March 3, 2022, the school head issued School Memorandum No. 025 which states that before a teacher can report for work or do an on-site work, teaching and non-teaching personnel are required to present their vaccination cards upon entry. The school memorandum No. 025 provided that unvaccinated workers are required to undergo RT-PCR test regularly at our own expense before they can be allowed to report for work. The forced leave will be deducted from the Petitioner's leave

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<sup>197</sup> Annexes C to C-2 of Annex Y.


credits. A copy of the school memorandum is attached as an annex to Petitioner Poblete's Judicial Affidavit.

204. On March 7, 2022, Petitioner Poblete reported for onsite work. The school head shouted at her and told her to file a leave and tried to make her leave the school premises.

205. On March 8, 2022, school head Ayson issued another school memorandum ordering Petitioner Poblete to file Form 6, which is the leave form of the DepEd because she did not submit to an RT-PCR test. Petitioner was told that if she did not file a leave, she would be marked as "AWOL". Due to the discrimination, harassment, and coercion experienced by Petitioner Poblete from the school head and the SDS, Petitioner Poblete decided to file a leave on March 8, 2022. As of the filing of this Petition, she is still on forced leave.

206. The effect of filing Form 6 (or leave form) on Petitioner Poblete is that her absence from work will be deducted from her leave credits. Once the leave credits are used up, she was told by the school's administrative officers that she will be on "no work, no pay" on the days that she is on forced leave. On the other hand, if Petitioner Poblete does not file the leave form, she will be considered as AWOL.

***(e) Impact on Petitioner Marañon***<sup>198</sup>

207. Petitioner Marañon is a Project Development Officer of the Disaster Risk Reduction and Management (DRMM) in the Schools Division  under the Department of Education (DepEd).

208. She has refused to be vaccinated due to her personal conviction that the COVID-19 vaccines are still in its experimental stage and that our prevailing law, Republic Act No. 11525, recognizes the same and therefore provides that vaccines should not be made a mandatory requirement for employment purposes.

209. Even if she already contracted COVID in March 2021, she is still being compelled to take the vaccine. Since she refuses to get vaccinated, she is being compelled to submit a negative RT-PCR test every two (2) weeks at her own expense, pursuant to DepEd Memorandum No. 575 dated December 7, 2021 which adopted IATF Resolution 148-B.

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<sup>198</sup> See Annex Z.



210. Because of her unvaccinated status, Marañon has been removed from the composite team in charge of the pilot implementation of face-to-face classes, despite the fact that she is a DRRM officer and was part of the team that successfully piloted limited face-to-face classes before the issuance of IATF Resolution 148-B. She has also constantly been on the receiving end of extremely unpleasant and coercive remarks from her supervisors and coworkers to get vaccinated.

***(f) Impact on Petitioner Daos<sup>199</sup>***

211. Petitioner Daos is a teacher at [REDACTED] and is unvaccinated. Prior to the issuance of IATF Res. No. 148-B, Petitioner Daos was able to work without any requirement of a vaccination card or a negative COVID test result. From the time that the IATF issued Resolution No. 148-B, the DepEd, through the school nurse Mabel Ebalo and the school head/principal Guillermo Mantes, has continuously pressured Petitioner Daos to get vaccinated.

212. On December 6, 2021, Petitioner Daos was prohibited from working onsite due to her unvaccinated status and her financial inability to submit to RT-PCR testing every two weeks. The DepEd refused to allow her to work from home under alternative work arrangements. She submitted a refusal letter on December 14, 2021 explaining the medical, personal, and religious reasons for choosing not to get vaccinated or submit to regular RT-PCR testing.

213. On January 3, 2022, the School Division Superintendent Mr. Romeo M. Alip, CESO V, wrote a letter to Petitioner Daos, insisting she get vaccinated or submit to RT-PCR testing. After receiving the letter of SDS Alip, Petitioner Daos was able to reach an agreement with principal Guillermo Mantes for Petitioner Daos to submit an antigen test result because she is unable to afford paying for the RT-PCR test. Petitioner Daos submitted a negative antigen test result on January 4, 2022 and was allowed to continue working.

214. On February 14, 2022, the school head/principal Guillermo Mantes informed Petitioner Daos that the antigen test is no longer acceptable and she must submit an RT-PCR test from the Red Cross or from a hospital. The SDS had issued a Memorandum stating that DepEd employees who submit an antigen test instead of an RT-PCR test will be charged with insubordination. A copy of the Memorandum of the SDS is attached as an annex to the Judicial Affidavit of Petitioner Daos.

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<sup>199</sup> See Annex AA.

215. Beginning February 22, 2022, the school head and SDS required teachers to submit either proof of vaccination or a negative RT-PCR test in order for them to be considered as present for work and for them to be permitted inside the school premises.

216. Petitioner Daos is unable to submit to RT-PCR testing every two weeks because of financial constraints. Her take home salary each month amounts to Php 8,400.00 only. After deducting the costs of two (2) PCR tests each month at the cost of Php 1,900.00 per test, her salary will be further reduced to Php 4,600.00. This is not enough to support her and her family. This has resulted in an unjust diminution of her salary.

217. Petitioner Daos is fearful that she will lose her job due to her decision to not take the COVID-19 vaccine and her inability to pay for an RT-PCR test every two weeks.

***(g) Impact on Petitioner Nieva<sup>200</sup>***

218. Petitioner Nieva is unvaccinated and does not intend to get vaccinated because the COVID-19 vaccines are experimental and he is worried about its yet unknown effects on his life and health since he has been following reports on adverse effects in the Philippines and around the world.

219. Because of his unvaccinated status, Petitioner Nieva has a difficult time, as a Sales Engineer in his company [REDACTED] servicing clients assigned to him because they require vaccine cards to be able to transact with them. He is worried that because he is unable to service his clients, he may be evaluated with a low performance rating or that his employer may take disciplinary action against him. However, the twice-a-month RT-PCR testing that costs around ₱6,000.00 a month is too financially burdensome for him since his wife was also laid off from work at the start of the pandemic.

***(h) Impact on Petitioner Mark Reyes<sup>201</sup>***

220. Petitioner Mark Reyes works in Makati City. His employer has deployed him to work at the premises of its client, [REDACTED] [REDACTED] Because of Makati City Ordinance 2022-005 (Annex Q), he is unable to enter the premises of [REDACTED] Because his work involves managing the CCTV system of the client's office, he has no choice but to work on site. Notwithstanding this, Petitioner Reyes is firm

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<sup>200</sup> See Annex EE.

<sup>201</sup> See Annex FF.

that he does not want to get vaccinated because the vaccines are still experimental.

221. Petitioner Mark Reyes is unable to afford RT-PCR testing twice a month. His monthly gross salary is only ₱21,100.00 and each test costs ₱2,700.00 or ₱5,400.00 a month. He hardly has any income left for the living expenses of his family, which include house rent, utilities and the salary of his baby daughter's *yaya*. Because of this added financial burden, he has been looking for free RT-PCR tests here and there. He is beginning to run out of options because free tests may only be taken once at any given place. He is now looking for new work that will allow him to work from home or who would take him in even if he is unvaccinated.

### **3. Right to travel**

#### **(a) Impact on Petitioner Resus-Oebanda<sup>202</sup>**

222. For a time, Petitioner Resus-Oebanda was not able to regularly visit her family and freely travel between [REDACTED] and Bulacan because she was not allowed to board PUVs and the MRT without a vaccination card. The “No Vax, No Ride” policy prevented her from moving around certain parts of the National Capital Region for purposes other than procuring essential goods and services. In those areas, her presence without a vaccine card also poses credible threats of prosecution for violations of the LGU ordinances and advisories. Her mobility is at risk of being severely curtailed once NCR is again placed under Alert Level 3.

#### **(b) Impact on Petitioner Perlas<sup>203</sup>**

223. Since the start of the declaration of a national health emergency on March 15, 2020, Perlas has never been able to return to his permanent address in [REDACTED] because of all the restrictions on travel especially the need for mandatory vaccinations and RT-PCR tests. This has affected his capacity to maintain his farm, equipment and vehicles in his residence. As a result, all these belongings and the farm have deteriorated much faster than necessary. In addition, Perlas has had zero access to important hard copies of books, notes and documents, which are a necessary part of his writing and consultancy work. This has affected his productivity as a technical consultant and writer and basically stopped his capacity to write new books, which Perlas considers being part of his mission in life, and for which foreign publishers want to publish.

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<sup>202</sup> See Annex DD.

<sup>203</sup> See Annex R.

#### ***4. Right to equal protection***

##### ***(a) Impact on Petitioner Mario Reyes<sup>204</sup>***

224. Petitioner Reyes, a yoga instructor, decided not to get vaccinated not only because he believes that his body's immune system can fight the coronavirus on its own, but also because he is allergic to any drug. He also knows that COVID-19 vaccines are "not safe and effective." A copy of his Medical Certificate is attached to his Affidavit. Respondent DOH is also not transparent with regard to the "real number of those who died or were injured" by the vaccines.

225. Petitioner Reyes has been ostracized because of his unvaccinated status. Aside from the feeling the "anxiety and stress" over President Duterte and his government's pronouncements and impositions against the unvaccinated, he experienced being prohibited from going outside of his house due to barangay regulations. He was barred from entering a mall for failing to present a vaccination card. He is also not allowed to dine in restaurants and other private establishments that are open to the public.

226. In addition, Petitioner Reyes is experiencing alienation from his friends who, on account of the stigma unduly created by the government against the unvaccinated, now regard him with "distrust and suspicion" as a "threat" to their health.

#### ***5. Right to freedom of conscience and exercise of religious beliefs***

##### ***(a) Impact on Petitioner Perlas***

227. The continuing effectivity of the assailed regulations, which are being implemented on a national scale, is compelling Petitioner Perlas to act against his deeply held personal beliefs and conscientious objections to COVID-19 vaccination. These attributes of his right to privacy and freedom of conscience and thought are being derogated.

##### ***(b) Impact on Petitioner Resus-Oebanda***

228. Petitioner Resus-Oebanda chooses not to be vaccinated because of her firm belief in her body's natural immunity and her knowledge that the COVID-19 vaccines are "not safe and effective." This is based on her personal interactions with persons who experienced SAE from the vaccines, among which are blood clots in the eye, lung diseases and death. She is being discriminated against because of her beliefs.

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<sup>204</sup> See Annex GG.

***(c) Impact on Petitioner Patiño***<sup>205</sup>

229. Petitioner Patiño chooses not to be vaccinated because she believes that the vaccines are against the teachings of the Bible, her religious beliefs and conscientious objections to COVID-19 vaccination.

230. She also believes that COVID-19 mRNA vaccines are immoral, unethical and would defile and pollute her body. She believes that the vaccine policy being implemented is too close to the description of “The Mark of the Beast”, that Christians are warned against.

231. Petitioner Patiño has experienced a violation of her right to free speech and freedom of expression as well as harassment and discrimination from the Davao City government by reason of her vaccination status and her stand against mandatory vaccination. The billboard that she helped set up in Davao City was ordered to be removed by the Office of the City Building Official because "the contents are not in consonance with the vaccination program initiated by the City Government of Davao ".

***(d) Impact on Petitioner Miguel***<sup>206</sup>

232. Petitioner Miguel chooses not to be vaccinated because of his religious beliefs and conscientious objections to COVID-19 vaccination. He sincerely, firmly and honestly believes that the mandatory COVID-19 vaccination goes against his personal relationship with and faith in God. His scholastic study of biblical principles and eschatology (study on the Mark of the Beast in Revelation) is the basis of his religious beliefs and conscientious objections to the mandatory COVID-19 vaccination.

233. Because of his unvaccinated status, Petitioner Miguel’s right to life, liberty and freedom of conscience and thought are being violated by the assailed regulations.

***M. Indications that a Regime of Mandatory Vaccination is Likely to Continue or Be Promoted***

234. According to the latest April 24, 2022 PFDA figures, under the mandatory vaccination regime, the government has fully vaccinated 67,485,479 (slightly more than 66.8 million) Filipinos and partially

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<sup>205</sup> See Annex V.

<sup>206</sup> See Annex W.

vaccinated around 4.9 million Filipinos and administered 12.9 million booster shots.<sup>207</sup>

235. On October 28, 2021, through Resolution No. 146-A, the IATF effectively amended the Guidelines on the National Implementation of Alert Level System for COVID-19 Response<sup>208</sup> by **requiring a 70% vaccination rate before Alert Level 2 could be imposed in an area.**

236. As of February 13, 2022, **the vast majority of regions in the Philippines are below the vaccination rate of 70%.** The only area with 70% vaccination rate or above is NCR. The numbers of people in these regions that are mostly in the 50% vaccination rate are in the tens of millions.<sup>209</sup> More vaccinations will be needed to achieve a 70% vaccination rate just to attain the required rate for Alert Level 2.

237. Another indication is the arrival on February 10, 2022 of 3,436,290 doses of the Pfizer vaccine donated to the Philippines by the US government through the COVAX facility. In addition, the government procured 780, 000 doses of vaccines for minors aged five years to 11 years. The World Bank helped make this possible.<sup>210</sup>

238. Statements of government officials are also warning that there will be more vaccinations to come. In a February 28, 2022 press briefing, DOH Usec. Vergerie reported that the Philippines had not yet reached the endemic state of COVID-19. She said, “the endemic state could be reached when high number of vaccination in the country can balance off the transmission of Covid-19.”<sup>211</sup> In short, the vaccinations will continue under the regime of mandatory vaccinations being championed by Respondents IATF, MMDA, DOTr, DOH, and others.

239. Cabinet Secretary Karlo Nograles, acting presidential spokesperson, echoed the assessment of Usec. Vergeire. In the same media briefing, he said: “Although our de-escalation to Alert Level 1 can be considered a success, it is not yet time to celebrate. We still need to be responsible for ourselves, our families, and our community. ... These vaccines being provided by the government are **guaranteed to be of good**

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<sup>207</sup> <https://www.fda.gov.ph/wp-content/uploads/2022/04/Reports-of-suspected-adverse-reaction-to-COVID-19-vaccines-as-of-24-April-2022.pdf> (last accessed on May 5, 2022)

<sup>208</sup> <https://iatf.doh.gov.ph/wp-content/uploads/2021/12/20211214-IATF-GUIDELINES-RRD.pdf> (last accessed on May 5, 2022).

<sup>209</sup> <https://twitter.com/ntfcovid19ph/status/1493233089384181760>. This is the Twitter account of the National Task Force on COVID -19, which works closely with DOH. See also, [https://en.wikipedia.org/wiki/COVID-19\\_vaccination\\_in\\_the\\_Philippines](https://en.wikipedia.org/wiki/COVID-19_vaccination_in_the_Philippines) and <https://www.rappler.com/newsbreak/data-documents/tracker-covid-19-vaccines-distribution-philippines/> (last accessed on May 5, 2022).

<sup>210</sup> <https://www.pna.gov.ph/index.php/articles/1167558> (last accessed on May 5, 2022).

<sup>211</sup> <https://www.pna.gov.ph/index.php/articles/1168683> (last accessed on May 5, 2022).

**quality, safe and effective**, and those who are already fully vaccinated, don't forget to get boosters.”<sup>212</sup>

240. On March 4, 2022 the Philippine Daily Inquirer in an article reported that the National Task Force Against COVID-19 aims “to fully vaccinate at least 77 million Filipinos in the first quarter of 2022 and **inoculate 90 million** by the end of the second quarter of the year.”<sup>213</sup>

241. On March 21, 2022, Malacañang issued Executive Order No. 166, adopting the Ten-Point Policy Agenda to Accelerate and Sustain Economic Recovery from the COVID-19 Pandemic.<sup>214</sup> This policy agenda includes continuing COVID-19 vaccination and RT-PCR testing requirements on unvaccinated individuals.

242. Daily news articles in print and on-line starting in January of 2022 show Entrepreneurial Advisor Concepcion pushing the tying of alert levels to vaccination status rather than to COVID-19 infection. That push has already extended to promoting the inclusion of expiry dates on vaccination cards, and to redefining fully vaccinated to include booster doses.<sup>215</sup>

243. This target of more vaccinations in 2022 is supported by the higher vaccine budget allocations for 2022 as compared with 2021. The budget for COVID-19 vaccines in 2021 was P2.5 billion.<sup>216</sup> In 2022, the approved budget for COVID-19 vaccines is P48.2 billion.<sup>217</sup>

244. The push for a mandatory vaccination regime can be found in Senate Bill 2242, otherwise known as the “Vaccine and Health Passport Program Act.” Its full title describes more accurately the intent of the law: “An Act Creating a Vaccine and Health Passport Program, Amending for this Purpose Republic Act No. 11525, Otherwise Known as the COVID-19 Vaccination Program Act of 2021, and Providing Funds Therefor.” This Bill would repeal the clear non-mandatory vaccination provisions of RA 11525.<sup>218</sup>

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<sup>212</sup> <https://www.pna.gov.ph/index.php/articles/1168683> (last accessed on May 5, 2022).

<sup>213</sup> <https://newsinfo.inquirer.net/1553004/for-posting-edited-ph-among-countries-on-track-to-hit-covid-vaccination-target> (last accessed on May 5, 2022).

<sup>214</sup> <https://www.officialgazette.gov.ph/2022/03/21/executive-order-no-166-s-2022/> (last accessed May 5, 2022).

<sup>215</sup> <https://www.pna.gov.ph/articles/1171132> (last accessed May 5, 2022).

<sup>216</sup> <https://dbm.gov.ph/images/pdf/files/201229-2021-Budget-at-a-Glance.pdf> (last accessed on May 5, 2022).

<sup>217</sup> <https://www.cnnphilippines.com/news/2021/12/30/2022-national-budget-Duterte.html> (last accessed on May 5, 2022).

<sup>218</sup> [https://legacy.senate.gov.ph/lis/bill\\_res.aspx?congress=18&q=SBN-2422](https://legacy.senate.gov.ph/lis/bill_res.aspx?congress=18&q=SBN-2422) (last accessed on May 5, 2022).



245. There is also a similar bill in the House of Representatives, House Bill 10249, that would advance mandatory vaccination. The bill was filed on 22 September 2021 and would, among others, imprison those who are eligible to have the shot but refuse to do so.<sup>219</sup>

***N. Continued disregard for legitimate concerns raised regarding the safety and efficacy of the COVID-19 vaccines and the infringement on constitutional rights and civil liberties***

246. As early as March 2021, the Concerned Doctors and Citizens of the Philippines (“CDC Ph”) doctors repeatedly reached out to Secretary Duque and members of the IATF to present COVID-19 treatment protocols that were deemed safe and effective based on their experience and that of medical practitioners from different parts of the world. These efforts were rebuffed.

247. In October 2021, Petitioner Perlas and Covid Call to Humanity prepared a voluminous cease-and-desist letter warning government authorities about the dangers of the COVID-19 vaccines. See **Annex LL**. Copies of this cease-and-desist letter were distributed to the IATF, DOH, national government agencies, and local government. Proof of receipt of these letters is attached as **Annex MM**. However, these letters were ignored, disregarded, and even ridiculed.<sup>220</sup>

248. In response to the implementation of IATF Resolution No. 148-B, Petitioner Perlas and Covid Call to Humanity published a full page advertisement in the Philippine Daily Inquirer entitled “An Open Letter to the Filipino People: An Appeal to Common Sense Regarding Forced Vaccinations” on December 1, 2021. The Open Letter pointed out the legal infirmities of IATF Resolution No. 148-B, the availability of safe and viable alternatives for treating COVID-19, and adverse effects of the still experimental COVID-19 vaccines. See **Annex NN**.

249. On December 10, 2021, CDCPh published a full page advertisement in the Philippine Daily Inquirer entitled “Every Life Matters: An Open Letter to the Filipino People Regarding the Medical, Ethical,

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<sup>219</sup> <https://mb.com.ph/tag/house-bill-10249/> (last accessed on May 5, 2022).

<sup>220</sup> <https://www.rappler.com/nation/anti-covid-19-vaccination-movement-tells-local-leaders-stop-pandemic-response/> (last accessed on May 5, 2022).

Legal, and Economic Issues of Mandatory Vaccination.” The Open Letter pointed out the human rights implications of mandatory vaccination and reminded the medical profession of the duty to “do no harm” and to uphold free and informed consent in the administration of the COVID-19 vaccines. The Open Letter also pointed out the immunity from suit of the vaccine manufacturers despite the millions of reported serious adverse effects from the vaccines worldwide. **See Annex OO.**

250. On December 10, 2021, the volunteer lawyers of Covid Call to Humanity wrote a letter to DepEd Secretary Leonor M. Briones informing her of the hardships and discrimination that DepEd teachers nationwide have experienced as a result of the implementation of IATF Resolution No. 148-B. This letter was not acknowledged, let alone answered. **See Annex PP.**

251. On December 31, 2021, the group Constitutionally Compliant Businesses (CCB) published a full page advertisement in the Philippine Daily Inquirer pointing out that the “no jab, no job” and “no vaxx, no entry” policies mandated by IATF Resolution No. 148-B violate the Constitution and international law. **See Annex QQ.** This was followed swiftly by the issuance of MMDA Resolution No. 22-01 on January 3, 2022.

252. On January 20, 2022, CCB published another full page advertisement in the Philippine Daily Inquirer, this time pointing out that further restrictions and punitive measures towards the unvaccinated resulting from the enactment of NCR ordinances implementing MMDA Resolution No. 22-01 would only aggravate the already volatile social and economic situation of the country. The advertisement also pointed out two puzzling phenomena: (a) the surge in COVID-19 cases despite the near 100% vaccination rate of the National Capital Region, and (b) the mysterious spike in national deaths in 2021 which appears to coincide with the timing of the vaccine rollout in the country. **See Annex RR.**

253. On January 15, 2022, the CDC Ph made a public presentation to Senate President Vicente Sotto III regarding the phenomenon of excess deaths coinciding with the COVID-19 vaccination rollout nationwide.<sup>221</sup>

254. On February 2, 2022, CDC Ph held a press conference in response to the DOH announcement on the COVID-19 pediatric vaccination rollout, calling attention to the dangers of the COVID-19 pediatric vaccination. Notwithstanding this, the DOH and National Task Force on

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<sup>221</sup> This presentation is available for viewing at: <https://www.facebook.com/107617331530041/videos/3214590228776733> (last accessed on May 5, 2022)

COVID-19 announced that the pediatric vaccination rollout would proceed as planned on February 7, 2022.

255. On February 6, 2022, CDC Ph along with other organizations of concerned citizens and parents from all over the country, issued a public statement expressing their deepest concern and strongest indignation in response to the DOH and NTF's insistence on pushing through with the pediatric vaccination. They challenged the government's assertion that the COVID-19 vaccines are "safe and effective", pointing out the serious adverse events suffered by children all over the world as documented in international and local reporting databases. **See Annex SS.** This public statement has been and continues to be ignored.

256. As of May 2, 2022, these are some of the existing groups in different websites and social media platforms that are detailing vaccine injuries and deaths:

- "PFIZER, ASTRAZENICA, SINOVAC, SPUTNIK, JANSSEN & MODERNA side effects" with 36.2K members;<sup>222</sup>
- Philippine covid vaccine injuries;<sup>223</sup>
- Biktima sa Bakuna;<sup>224</sup>
- Covid Vaccine Deaths & Injuries/Depopulation;<sup>225</sup>
- Ph covid vaccine victims;<sup>226</sup>
- Covid Vaccine Side effects- Philippines;<sup>227</sup>
- Vaccine Risk Awareness – Philippines;<sup>228</sup>
- COVID VACCINE SIDE EFFECTS;<sup>229</sup>
- Pharma Casualties: Wall Of Faces;<sup>230</sup>

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<sup>222</sup> <https://www.facebook.com/groups/413538793521325> (last accessed on May 5, 2022).

<sup>223</sup> <https://t.me/phvaccinevictims> (last accessed on May 5, 2022).

<sup>224</sup> [https://www.facebook.com/groups/302254751819537/?ref=invite\\_via\\_link&invite\\_short\\_link\\_key=g%2F1y2uxgA8G%2FqyPBtw1H](https://www.facebook.com/groups/302254751819537/?ref=invite_via_link&invite_short_link_key=g%2F1y2uxgA8G%2FqyPBtw1H) (last accessed on May 5, 2022).

<sup>225</sup> <https://t.me/CovidVaccineDeathandInjuriesDepo> (last accessed on May 5, 2022).

<sup>226</sup> <https://t.me/phvaccinevictims> (last accessed on May 5, 2022).

<sup>227</sup> <https://www.facebook.com/groups/208735154389310> (last accessed on May 5, 2022).

<sup>228</sup> <https://www.facebook.com/groups/111257349686916> (last accessed on May 5, 2022).

<sup>229</sup> <https://www.facebook.com/groups/571759477375038> (last accessed on May 5, 2022).

<sup>230</sup> <https://www.facebook.com/groups/372676241275120> (last accessed on May 5, 2022).

- Covid-19 vaccine side effects group (Pfizer, Moderna, Astra, Johnson...),<sup>231</sup>
- COVID-19 VACCINE SIDE EFFECTS;<sup>232</sup>
- Covid 19 vaccine side effects and Your Thoughts On The Vaccine;<sup>233</sup>
- Covid vaccine side effects;<sup>234</sup>
- Covid 19 – The After Effects;<sup>235</sup>
- Covid-19 Vaccine Side Effects;<sup>236</sup>
- Covid Vaccine Side Effects (USA);<sup>237</sup>
- Covid Vaccine adverse effects;<sup>238</sup>
- Covid-19 vaccine side effects and deaths;<sup>239</sup>
- Severe Side Effects Of The Covid Vaccine;<sup>240</sup>
- Pfizer vaccine long term side effects;<sup>241</sup>
- The website “Real Not Rare”;<sup>242</sup>
- Myocarditis and Pericarditis After Covid Vaccine Support;<sup>243</sup>
- Covid Vaccine–Long Haul Autoimmune Support;<sup>244</sup>
- Chronic Spontaneous Urticaria After COVID-19 Vaccine Support Group;<sup>245</sup>
- COVID VACCINE INJURIES.COM SUPPORT GROUP;<sup>246</sup>

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<sup>231</sup> <https://www.facebook.com/groups/vaccinescovid19> (last accessed on May 5, 2022).

<sup>232</sup> <https://www.facebook.com/groups/3615580695214871> (last accessed on May 5, 2022).

<sup>233</sup> <https://www.facebook.com/groups/696222240996803> (last accessed on May 5, 2022).

<sup>234</sup> <https://www.facebook.com/groups/451381326563679> (last accessed on May 5, 2022).

<sup>235</sup> <https://www.facebook.com/groups/332022788323851> (last accessed on May 5, 2022).

<sup>236</sup> <https://www.facebook.com/groups/753303308656863> (last accessed on May 5, 2022).

<sup>237</sup> <https://www.facebook.com/groups/covidsideeffects> (last accessed on May 5, 2022).

<sup>238</sup> <https://www.facebook.com/groups/4687960817930436> (last accessed on May 5, 2022).

<sup>239</sup> <https://www.facebook.com/groups/1603444743350938> (last accessed on May 5, 2022).

<sup>240</sup> <https://www.facebook.com/groups/covid19vaccinevictims> (last accessed on May 5, 2022).

<sup>241</sup> <https://www.facebook.com/groups/2971496323103918> (last accessed on May 5, 2022).

<sup>242</sup> <https://www.realnotrare.com> (last accessed on May 5, 2022).

<sup>243</sup> <https://www.facebook.com/groups/1483813665336739> (last accessed on May 5, 2022).

<sup>244</sup> <https://www.facebook.com/groups/133476082065159> (last accessed on May 5, 2022).

<sup>245</sup> <https://www.facebook.com/groups/442950024085956> (last accessed on May 5, 2022).

<sup>246</sup> <https://www.facebook.com/groups/916835675617539> (last accessed on May 5, 2022).

- Vaccine Adverse Reaction New Zealand (Public);<sup>247</sup>
- Covid Vaccine Victims;<sup>248</sup>
- True Stories From The Health Forum NZ;<sup>249</sup>
- Vaccine side effect Philippine support group;<sup>250</sup> and
- The website “No More Silence.”<sup>251</sup>

## V. ISSUES

Petitioners submit the following issues for the consideration of the Honorable Court:

1. Did respondents IATF, DOH, DILG, DOTr, LTFRB, and DepEd commit grave abuse of discretion amounting to lack or excess of jurisdiction when they issued IATF Resolution Nos. 148-B, 148-G, 149, 150, 155, 163, and 164, IATF Guidelines on the Nationwide Implementation of Alert Level System for COVID-19 Response dated February 27, 2022, DILG MC No. 2022-002, DILG MC No. 2022-008, DOTr DO No. 2022-001, LTFRB MC No. 2022-001, DepEd-DOH Joint Memorandum Circular No. 001, series of 2022, and DOH Department Circular No. 2022-0131 considering that:
  - a. The issuance of the foregoing regulations has no basis in law and is an undue arrogation of legislative power;
  - b. The enforcement of vaccine mandates through the foregoing regulations has no basis in the Constitution and the law;
  - c. The foregoing regulations are unconstitutional for violating the fundamental right to life, liberty, property, and due process of law;
  - d. The foregoing resolutions are unconstitutional for violating the fundamental right to equal protection of the law;

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<sup>247</sup> <https://www.facebook.com/groups/232593032279921> (last accessed on May 5, 2022).

<sup>248</sup> <https://www.covidvaccinevictims.com/> (last accessed on May 5, 2022).

<sup>249</sup> <https://www.facebook.com/True-Stories-from-The-Health-Forum-NZ-102087642445347> (last accessed on May 5, 2022).

<sup>250</sup> <https://www.facebook.com/groups/4764139186988058> (last accessed on May 5, 2022).

<sup>251</sup> <https://nomoresilence.world> (last accessed on May 5, 2022)

- e. The foregoing regulations are unconstitutional for violating the fundamental right to religious freedom;
  - f. The foregoing regulations are unconstitutional for violating the fundamental right to security of one's person and one's privacy;
  - g. The foregoing regulations are unconstitutional for violating the fundamental right to travel; and
  - h. The foregoing regulations are unconstitutional for violating Philippine obligations under international human rights law.
2. Did Respondent Makati City commit grave abuse of discretion when it enacted Makati City Ordinance 2022-005 on the following grounds:
- a. It is unconstitutional for violating the right to due process of law;
  - b. It is unconstitutional for violating the fundamental right to equal protection of the law;
  - c. It is unconstitutional for violating the fundamental right to work;
  - d. It is unconstitutional for violating the fundamental right to freedom of movement and travel;
  - e. It is unconstitutional for violating the fundamental right to freedom of conscience and exercise of religious beliefs.
3. Are Petitioners entitled to the issuance of injunctive reliefs?
4. Are Petitioners entitled to a writ of mandamus?

## **VI.**

### **GROUND S RELIED UPON FOR THE PETITION**

**A. Respondent IATF has no authority to pass Resolution 148-B.**

**B. In fact, IATF Resolution 148-B violates provisions of Republic Act No. 11525.**

- C. The assailed regulations violate the due process clause of the Constitution.**
- D. The assailed regulations are unconstitutional for violating the fundamental right to equal protection of the law in its anti-discrimination aspect.**
- E. The assailed regulations are unconstitutional for violating the fundamental right to security of one's person and one's privacy.**
- F. The assailed regulations are unconstitutional for violating the fundamental right to religious freedom.**
- G. The assailed regulations are unconstitutional for violating the fundamental right to freedom of movement and travel.**
- H. The assailed regulations violate existing treaty obligations of the Philippines.**
- I. The assailed regulations are unconstitutional for having been enacted in grave abuse of discretion amounting to lack or excess of jurisdiction.**
- J. Material invasions of rights entitle Petitioners to the issuance of injunctive relief pending the resolution of the Petition.**
- K. Respondents have a clear legal duty to ensure the protection of the people's right to health vis-a-vis the right of the people to be informed on matters related thereto, and to be informed on matters, and to be able to freely exercise their right to choose whether or not to get vaccinated. Thus, the issuance of a writ of mandamus is proper to ensure the performance of the duty through the observance of appropriate protocols in the vaccination process.**

## VII. DISCUSSION

### A. Respondent IATF has no authority to pass Resolution 148-B.

*(1) The mandatory nature of the assailed regulations is evident from a plain reading thereof.*

257. The mandatory nature of vaccination against COVID-19 is palpable from a plain reading of the provisions of the assailed regulations from IATF, DOH, DILG, DOTr, LTFRB, and DepEd.

258. IATF Resolution 148-B mandates all establishments and employers in the public and private sector, including public transportation services, to require eligible employees tasked to do on-site work to be vaccinated against COVID-19, viz:

- A. In areas where there are sufficient supplies of COVID-19 vaccines as determined by the National Vaccines Operation Center (NVOC), all establishments and employers in the public and private sector **shall require** their eligible employees who are tasked to do on-site work to **be vaccinated against COVID-19**. Eligible employees who remain to be unvaccinated may not be terminated solely by reason thereof. However, they **shall be required to undergo RT-PCR tests regularly at their own expense for purposes of on-site work**. Provided that, antigen tests may be resorted to when RT-PCR capacity is insufficient or not immediately available.
- B. As a condition for continuing their operations, public transportation services in the road, rail, maritime, and aviation sectors **shall require** all their eligible workers **to be fully vaccinated**.
- C. Public and private establishments, even if not required by the Guidelines on the Implementation of Alert Level System for COVID-19 Response in Pilot Areas to accommodate only fully vaccinated individuals, may nonetheless validly refuse entry and/or deny service to individuals who remain to be unvaccinated, or are merely partially vaccinated, despite being eligible for vaccination. Provided that frontline and emergency



services shall continue to render assistance to all persons regardless of vaccination status.

- D. Local Government Units (LGUs) are strongly enjoined to issue orders or ordinances to ramp up demand for vaccination by, among others, providing incentives for fully vaccinated individuals, and for business establishments which institute measures that promote vaccination among their employees and clients, and to the extent allowed by law, requiring proof of vaccination before individuals and/or entities may undertake or qualify for certain activities.
- E. Upon sufficient proof of a confirmed vaccination schedule, all workers to be vaccinated during work hours shall not be considered as absent during that period.
- F. In all of the foregoing, only the presentation of a medical clearance issued by a Municipal Health Office, City Health Office, and/or Provincial Health Office or birth certificate, as the case may be, shall serve as sufficient and valid proof of ineligibility for vaccination.
- G. All Government Agencies are hereby **enjoined** to implement **measures prioritizing fully vaccinated individuals availing of government programs and services.** (Emphasis and underscoring supplied.)

259. Notably, Department of Justice (DOJ) Secretary Menardo Guevarra said that in view of its language, IATF Resolution No 148-B is a government regulation that “requires mandatory compliance.” In an advisory opinion issued on January 20, 2022, he said:

“The language of paragraph A of Resolution No. 148-B clearly **requires mandatory compliance**. The intent of the said Resolution is evident – **to regulate the conduct of employers with unvaccinated eligible employees** by prescribing measures to be undertaken should the former require the latter to carry out on-site work. Also, as denoted by the word “shall,” which in its just and ordinary signification, is **imperative or mandatory**. Paragraph A issues a standard that must be followed. There should be no question, therefore, that the same is **a regulation meant to direct specific action of individuals, groups, and organizations.**”<sup>252</sup> (Emphasis and underscoring supplied.)

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<sup>252</sup> <https://www.doj.gov.ph/files/2022/Legal%20Opinion/Opinion%20No.%203%20s.%202022.pdf> (last accessed on May 5, 2022).

260. It is worth mentioning that IATF Resolution No. 148-B was further given effect in IATF Resolution No. 155 dated December 31, 2021, which states that the “Technical Working Group headed by the Metropolitan Manila Development Authority and the National Vaccination Operations Center shall formulate guidelines for **stricter measures for unvaccinated individuals** against COVID-19.”

261. This resulted in the adoption by the **MMDA Council Resolution No. 22-01**, which urged LGUs in Metro Manila to enact their respective ordinances on the “enhanced restrictions of unvaccinated individuals to their mobility in the NCR” and, thus, became the basis for the ordinances assailed in this Petition.

262. **DILG MC No. 2022-002** dated January 17, 2022<sup>253</sup> enjoins all city mayors and municipal mayors to conduct coordinated efforts toward the monitoring and restriction of movement of unvaccinated individuals. Thus:

4.0. Policy Content and Guidelines

4.1. In compliance with the pronouncement of the President, all City Mayors and Municipal Mayors are **directed** to:

4.1.1. Mobilize their Punong Barangays for the **monitoring of unvaccinated individuals** in their respective barangays, and ensure their compliance with the directives provided in Item 4.2 of this Memorandum Circular.

4.1.2. Coordinate with their respective Sanggunian for the enactment of an ordinance providing reasonable **restrictions on the movement** of unvaccinated persons, in line with the Constitution and other laws. While RA 11525 does not provide for mandatory vaccination, the provisions under Section 15, Article II of the 1987 Philippine Constitution and Section 16 of the Local Government Code may be used as legal basis to restrict the movement of unvaccinated individuals.

X X X

4.1.4. Coordinate with the local Philippine National Police (PNP) regarding the latter’s assistance in **monitoring and restraining** unvaccinated individuals within the city/municipality. Such assistance should be properly

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<sup>253</sup> Subject: Inventory of Vaccinated Population in the Barangay in line with the Pronouncement of President Rodrigo Duterte to Restrain Movement of the Unvaccinated Individuals

defined and enumerated to prevent issues arising from human rights violation and abuse of authority.

4.2. All Punong Barangays are hereby enjoined to:

4.2.1. Cause the preparation of a monthly inventory of vaccinated population in the barangay indicating their status, whether with first dose only, fully vaccinated (with two doses), or with booster dose already (see attached template). Accomplished monthly inventory form shall be in the custody of the barangay for monitoring purposes. A copy of the said report shall be submitted to the DILG Field Officer for consolidation not later than the 10<sup>th</sup> day of the ensuing month.

4.2.2. Closely **monitor the mobility** of persons yet to be vaccinated against COVID-19 and to **advise them to stay at home** to minimize the risk of COVID-19 transmission; provided that utmost respect for human rights is strictly observed. (Emphases and underscoring supplied.)

263. **DILG MC No. 2022-008** dated January 31, 2022<sup>254</sup> is an addendum to DILG Memorandum Circular No. 2022-002, which enjoins punong barangays to impose limitations to the movement of the unvaccinated. It states:

2.0. Policy Content and Guidelines

2.1. On Regulating the Movement of Unvaccinated and Partially Vaccinated Individuals

Item 4.2.2 of DILG MC No. 2022-02 **enjoins** all Punong Barangays to **closely monitor the mobility** of persons yet to be vaccinated against COVID-19 and to advise them to stay at home to minimize the risk of COVID-19 transmission, provided that utmost respect for human rights is strictly observed.

Relatedly, all Punong Barangays are **enjoined** to **impose limitations to the movement** of unvaccinated and partially vaccinated individuals in their respective barangays except for reporting for work and for obtaining essential goods and services which covers health and

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<sup>254</sup> Subject: Addendum to Memorandum Circular 2022-002 Re: Inventory of Vaccinated Population in the Barangay in Line with the Pronouncement of President Rodrigo Duterte to Restrain Movement of the Unvaccinated Individuals

social services to secure the safety and well-being of persons, such as but not limited to, food, water, medicine, medical devices, public utilities, energy, and others as may determined by the Inter-Agency for the Management of Emerging Infectious Diseases (IATF). Moreover, individual outdoor exercise shall be allowed within the general area of their residence, subject to the guidelines of their respective LGUs.

X X X

264. **DOTr DO No. 2022-001** allows only fully vaccinated individuals to travel via public transportation to, from, and within NCR, subject to certain exceptions. The relevant provisions state:

Section 2. No Vaccination, No Ride Policy. – All concerned attached agencies and sectoral offices of DOTr are directed to ensure that operators of public transportation **shall allow access or issue tickets only to “Fully Vaccinated Persons,”** as evidenced by (i) physical or digital copies of an LGU-issued vaccine card, a DOH-issued vaccine certification, or any IATF-prescribed document with (ii) a valid government-issued ID with picture and address.

X X X

Section 3. Exceptions. – The “No Vaccination, No Ride Policy” shall not apply to the following:

- a. Persons with medical conditions that prevent full COVID-19 vaccination, as evidenced by a duly signed medical certificate with name and contact details of the physician; and
- b. Persons who will procure essential goods and services, such as but not limited to food, water, medicine, medical devices, public utilities, energy, work and medical and dental necessities, as evidenced by a duly issued barangay health pass or other appropriate proof to support and justify such travel.

Section 4. Violations. – Any violation of this DO shall be penalized in accordance with the respective charters, authority, rules and regulations of the concerned attached agencies and sectoral offices of DOTr.

Any violation of this DO by operators of public transportation shall be considered **a violation of applicable general safety and health laws** under any concession or service agreements, authority or permit to operate, or other similar instruments.

(Emphases and underscoring supplied.)

265. **LTFRB MC No. 2022-001** dated January 12, 2022 operationalized DOTr DO No. 2022-001 by imposing penalties on PUV operators and drivers who fail to comply with the “No Vax, No Ride” policy.

#### I. Coverage

This Circular shall cover ALL Public Utility Vehicle (PUV) Operators of public land transportation services, including their employees/workers (such as drivers, conductors, inspectors, dispatchers, coordinators and ticket sellers in the terminals), operating within NCR and those inter-regional routes that will be entering NCR. Order No. 2014-01, without prejudice to the filing of appropriate charges as may be determined and filed by other enforcement agencies.

#### II. No Vaccination, No Ride Policy

Operators covered under this MC **shall issue** tickets or allow access to the PUV **ONLY to those “FULLY VACCINATED INDIVIDUALS”**, who can sufficiently provide and show proof of the following:

- a. Physical or digital copies of:
  - a. LGU-issued vaccine card, or
  - b. DOH-issued vaccine certification, or
  - c. Any IATF-prescribed document; and
- b. Physical copy of any valid government issued ID with picture and address. Digital copies would include photocopy, picture and scanned copy.

A person is considered fully vaccinated in the following cases:

- a. Two (2) weeks after the date when second dose was administered in a two-dose series, such as the Pfizer or Moderna vaccines; or
- b. Two (2) weeks after the date when the single-dose vaccine was administered, such as Johnson & Johnson’s Janssen vaccine.

### III. Exceptions

The “No Vaccination, No Ride Policy” shall NOT apply to the following:

- a. Persons with medical conditions that prevent full COVID-19 vaccination, as evidenced by a duly signed medical certificate with name and contact details of the physician; and
- b. Persons who will procure essential goods and services, such as but not limited to food, water, medicine, medical devices, public utilities, energy, work, and medical and dental necessities, as evidenced by a duly issued barangay health pass or other appropriate proof of support and justify such travel.

#### 1. Responsibilities of the PUV Operator

In addition to the imposed strict compliance with the existing health protocols, PUV Operators **shall also ensure** that **only fully vaccinated drivers, conductors, inspectors, dispatchers, coordinators and ticket sellers** in the terminals **shall be allowed to report for work**, for the protection of the riding public.

To facilitate the inspection of Transport Marshal on the compliance of the foregoing paragraph and assure the riding public, PUV operators shall ensure that the Vaccination Cards and ID of their drivers and conductors are conspicuously displayed inside the vehicle. For the other transport workers (inspectors, dispatchers, coordinators and ticket sellers in the terminals), they shall always wear their ID with the Vaccination Card.

#### 2. Violation and Penalties

Failure to comply with any of the provisions of this MC shall be considered as a **violation of the terms and conditions of their CPC** and appropriate penalties shall be imposed against the operator, in accordance with the provisions of Joint Administrative Order No. 2014-01, without prejudice to the **filing of appropriate charges** as may be determined and filed by other enforcement agencies.

For violation/s committed by the drivers of PUVs, the Board may recommend to the Land Transportation Office (LTO) for the **suspension of their Driver's License**, also without prejudice to the filing of appropriate charges against the said

driver, as may be determined and filed by other enforcement agencies.

(Emphases and underscoring supplied.)

266. It is, however, strange that the non-compulsory nature of COVID-19 vaccination has been openly acknowledged by Respondent agencies. For instance, the article “FAQS: VACCINES” posted at Respondent DOH’s website states: “**4. Is vaccination mandatory?**”

267. While **DILG MC No. 2022-002** admits that “RA 11525 does not provide for mandatory vaccination,” the reality on the ground is that the assailed Regulations state otherwise.

268. Several cities within Metro Manila, including Respondent Makati City, have enacted ordinances that impose punitive sanctions for violations of the aforementioned vaccine mandates.

269. Under Makati City Ordinance No. 2022-005, unvaccinated individuals are allowed to go outside only when procuring essential goods and services and doing individual outdoor exercises within the general area of their residences. They are prohibited from indoor and outdoor dining in restaurants, domestic travel via public transportation by land, sea and air and accessing local government and barangay offices and establishments except health centers. They also cannot be admitted for on-site work in Makati City without presenting a negative COVID-19 test result every two (2) weeks, which they should undergo at their own personal expense. Violation of the ordinance carries with it the following penalties: (a) fines ranging from P3,000 to P5,000, and/or (b) imprisonment of up to six (6) months, at the discretion of the court.

270. Given their punitive sanctions, these regulations and ordinances have collectively created a *de facto* mandatory vaccination regime, which effectively forces people to undergo COVID-19 vaccination.

271. Moreover, the requirement of mandatory RT-PCR testing at least every two (2) weeks creates unbearably coercive conditions that effectively force people to get vaccinated. In their respective judicial affidavits, Petitioners Poblete, Marañon, Espinoza, Nieva, and Mark Reyes attest to the extent of the coercive effect of the mandatory RT-PCR testing.

272. To reiterate, unvaccinated persons are not allowed to board PUVs without a barangay health pass or proof of procuring essential goods or services. Those who work on-site, like teachers and employees of public land transportation services, have to bear the burden of getting themselves

tested for COVID-19 every two weeks. The unvaccinated are also discriminated against when availing of government programs and services, over which fully vaccinated individuals are prioritized.

273. This *de facto* regime of mandatory vaccination has created a suspect classification of individuals: the vaccinated and the unvaccinated. For refusing to consent to vaccination on account of their religion, conscience, or thought, the unvaccinated are being oppressed and penalized, not merely with inconveniences, but impermissible derogation on their fundamental rights and freedoms.

***(2) IATF Resolution 148B has no legal basis and is an arrogation of legislative power.***

274. Pursuant to Executive Order No. 168, s. 2014, the IATF was created with Respondents DOH, DILG, DOTr, together with the Department of Foreign Affairs (DFA), Department of Justice (DOJ), Department of Tourism (DOT), and Department of Labor and Employment (DOLE), as members. The formation of the IATF was premised, among others, on the emergence of infections that were acknowledged as potential causes of public health emergencies of international concern, such as Severe Acute Respiratory Syndrome (SARS), Avian Influenza, Ebola, and the Middle East Respiratory Syndrome Coronavirus (MERS-CoV). The composition of the IATF was subsequently expanded to include other government agencies such as the Department of Education, headed by Respondent Secretary Leonor M. Briones.

275. Immunization can be considered as an effort to prevent and/or minimize the local spread of Emerging Infectious Diseases (EID) and mortality pursuant to EO 168, s. 2014. But as the President was not delegated the power to legislate vaccine mandates under the Constitution or any statute, the same authority could not be granted to the IATF. EO 168, s. 2014 does not provide for delegated legislative powers.

276. It can also be recalled that mandatory vaccination was not among the authorized powers or temporary emergency measures given to the President under Section 4 of RA 11469.

277. The procurement and administration of COVID-19 vaccines and ancillary supplies and services were legislated in RA 11525 or the “COVID-19 Vaccination Program Act of 2021” as part of an “integrated approach to health development.”<sup>255</sup> Like the other laws, RA 11525 also does not

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<sup>255</sup> Section 2, RA 11525.



provide for mandatory vaccination. It also did not delegate legislative powers to the IATF.

278. In fact, under Section 12 of RA 11525, “vaccine cards **shall not be considered as an additional mandatory requirement for educational, employment and other similar government transaction purposes.**” Thus, to require COVID-19 vaccination as a precondition for continued employment or the exercise of fundamental rights is a flagrant contravention of the law.

279. In the exercise of police power through these enactments, the President may invoke public health as a ground for limiting certain rights. However, these measures must be provided for by a national law of general application.

280. This is in keeping with the recognition of the constitutional right to due process<sup>256</sup> and the principle of legality in international human rights law,<sup>257</sup> such as the International Covenant on Civil and Political Rights (to which the Philippines is a State Party). Article 12 of the ICCPR, for instance, states:

#### Article 12

1. Everyone lawfully within the territory of a State shall, within that territory, have the right to liberty of movement and freedom to choose his residence.
2. Everyone shall be free to leave any country, including his own.
3. The above-mentioned rights shall not be subject to any restrictions except those which are **provided by law**, are necessary to protect national security, public order (“*ordre public*”), **public health** or morals or the rights and freedoms of others, and are consistent with the other rights recognized in the present Covenant.
4. No one shall be arbitrarily deprived of the right to enter his own country. (Emphases supplied.)

281. Doubtless, a law or even a regulation mandating compulsory vaccination of all residents or even just a large segment of the population is a policy question. The question of whether or not “public interest” demands the exercise of power is not one of *fact*. It is a ***purely legislative*** question

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<sup>256</sup> Section 1, Article III, 1987 Philippine Constitution.

<sup>257</sup> Signed and ratified by the Philippines on December 19, 1966 and October 23, 1986, respectively.

(**Pelaez v. Auditor General**, 15 SCRA 569, (1965). That is why the Mandatory Infants and Children Immunization Act (R.A. 10152) had to be passed by Congress in 2011, and not by administrative fiat.

282. A question that involves determination of policy issues is beyond the power of the President (**Pelaez** case). Only questions of fact can be decided by the Executive, but not questions of policy (*Ibid.*).

283. Thus, in the **Pelaez** case, an Executive Order issued by the Office of the President involving a policy issue, i.e. creation of municipalities, was invalidated by the Supreme Court.

284. While, indeed, the Bayanihan Acts (R.A. 11469 and R.A. 11519) granted the President power to adopt temporary emergency measures “to prevent or suppress further transmission and spread of Covid-19 through education, detection, protection and treatment”, such measures should not impair nor infringe on constitutionally guaranteed human rights. The existence of an emergency does not justify impairment of provisions of the Bill of Rights (**U.S. v. Ang Tang Ho**, 43 Phil. 1 (1922)), most specially fundamental freedoms involving life, liberty, and property.

285. Since the assailed Resolution No. 148-B does not provide for adequate, effective, and reasonable accommodation for persons who refuse vaccination, it is virtually mandatory. The vaccination policy is mandatory because the exceptions are unreasonably narrowly contrived for those who have a medical clearance as prescribed by the Resolution.

286. The only accommodation provided for unvaccinated employees is when the concerned employees hold a medical clearance, issued by a Municipal Health Office, City Health Office, and/or Provincial Health Office. Section F of IATF Resolution No. 148-B provides:

“In all of the foregoing, **only the presentation of a medical clearance issued by a Municipal Health Office, City Health Office or birth certificate**, as the case may be, **shall serve as sufficient and valid proof of ineligibility for vaccination.**”

287. IATF Resolution No. 148-B fails to provide clear standards as to determining eligibility for vaccination. The IATF Resolution No. 148-B fails to provide other reasonable accommodation for unvaccinated employees, such as religious accommodation and natural immunity. IATF

Resolution No. 148-B arbitrarily takes away the determination of ineligibility away from private doctor-patient relations.

288. The option for unvaccinated employees to keep their unvaccinated status provided that they submit to RT-PCR testing *at their own expense* is highly confiscatory and designed to make the employee resign himself or herself to the perceived inevitability of vaccination. This is barely an accommodation, but an indirect scheme to not only encourage vaccination, but to actively punish unvaccinated individuals from exercising their right to bodily autonomy.

289. Such an accommodation, if it even could be called as such, is a thinly veiled encroachment on the right of the Petitioners to exercise their choice. It gives the illusion of giving the Petitioners an option, however, such exercise of option is severely limited by the assailed Resolution in order to compel persons, such as the Petitioners, into choosing the most favorable option to the policy statement contained in the Resolution. Respondent IATF failed to substantially justify such infringement of security of person protected by the guarantee of the Bill of Rights against unreasonable searches and seizures. Elaborating on the nature of this freedom, the Supreme Court has ruled:

While the right to life under Article III, Section 1 guarantees essentially the right to be alive –upon which the enjoyment of all other rights is preconditioned – the right to security of person is a guarantee of the secure quality of this life, *viz.:* **"The life to which each person has a right is not a life lived in fear that his person and property may be unreasonably violated by a powerful ruler. Rather, it is a life lived with the assurance that the government he established and consented to, will protect the security of his person and property.** The ideal of security in life and property. . . pervades the whole history of man. It touches every aspect of man's existence." In a broad sense, **the right to security of person "emanates in a person's legal and uninterrupted enjoyment of his life, his limbs, his body, his health, and his reputation. It includes the right to exist, and the right to enjoyment of life while existing,** and it is invaded not only by a deprivation of life but also of those things which are necessary to the enjoyment of life according to the nature, temperament, and lawful

desires of the individual." (Sec. of National Defense v. Manalo, 568 SCRA 52)

290. It is submitted that the issuance of the assailed Resolution is actually an exercise of police power. In Calalang v. Williams, the Supreme Court defined police power as the “state authority to enact legislation that may interfere with personal liberty or property in order to promote the general welfare.” Over the years, courts recognized the power of legislature to enact police regulations on broad areas of state concern: (a) the preservation of the state itself and the unhindered execution of its legitimate functions; (b) the prevention and punishment of crime; (c) the preservation of the public peace and order; (d) the preservation of the public safety; (e) the purity and preservation of the public morals; (f) **the protection and promotion of the public health**; (g) the regulation of business, traded, or professions the conduct of which may affect one or other of the objects just enumerated; (h) the regulation of property and rights of property so far as to prevent its being used in a manner dangerous or detrimental to others; (i) the prevention of fraud, extortion, and oppression; (j) roads and streets, and their preservation and repair; and (k) the preservation of game and fish.

291. In the case of MMDA v. Bel-Air Village Association (259 SCRA 529), the Supreme Court emphasized:

It bears stressing that police power is lodged primarily in the National Legislature. **It cannot be exercised by any group or body of individuals not possessing legislative power.** The National Legislature, however, *may delegate* this power to the President and administrative boards as well as the lawmaking bodies of municipal corporations or local government units. Once delegated, the agents can exercise *only* such legislative powers as are **conferred on them by the national lawmaking body.** (emphasis supplied)

292. Legislative power is vested in the Congress, except to the extent reserved to the people by the provision on initiative and referendum<sup>258</sup> and delegated to local governments.<sup>259</sup> In Ople v. Torres,<sup>260</sup> the Supreme Court discussed the distinction between Legislative and Executive powers:

The line that delineates Legislative and Executive power is not indistinct. Legislative power is “the authority, under the Constitution, to make laws, and to alter and

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<sup>258</sup> CONST., Article VI, Section 1.

<sup>259</sup> Chapter III, RA 7160 (“Local Government Code of 1991”).

<sup>260</sup> G.R. No. 127685, July 23, 1998.

repeal them.” The Constitution, as the will of the people in their original, sovereign and unlimited capacity, has vested this power in the Congress of the Philippines. The grant of legislative power to Congress is broad, general and comprehensive. The legislative body possesses plenary power for all purposes of civil government. Any power, deemed to be legislative by usage and tradition, is necessarily possessed by Congress, unless the Constitution has lodged it elsewhere. In fine, except as limited by the Constitution, either expressly or impliedly, legislative power embraces all subjects and extends to matters of general concern or common interest.

293. The President’s power to legislate consists merely in well-defined administrative legislation under EO. 292, s. 1987 or the “Administrative Code of 1987.” These “ordinance powers” under EO 292 include the power to enact executive orders and proclamations by which the President can execute constitutional or statutory powers and declare a status or condition of public moment or interest (e.g., a state of calamity), respectively. These enactments, however, can only be made in accordance with the Executive’s duty to “ensure that the laws be faithfully executed” under Section 17, Article XVII of the Constitution.

294. The Honorable Court held in **Ople** that the National Computerized Identification Reference System is not the appropriate subject of an administrative order. For the same reasons, the vaccine mandate in this case also cannot be enacted through the assailed regulations issued by respondents as the President’s alter egos. The Court said:

It cannot be simplistically argued that A.O. No. 308 merely implements the Administrative Code of 1987. It establishes for the first time a National Computerized Identification Reference System. Such a System requires a delicate adjustment of various contending state policies — the primacy of national security, the extent of privacy interest against dossier-gathering by government, the choice of policies, etc. Indeed, the dissent of Mr. Justice Mendoza states that the A.O. No. 308 involves the all-important freedom of thought. As said administrative order **redefines the parameters of some basic rights of our citizenry vis-a-vis the State** as well as the line that separates the administrative power of the President to make rules and the legislative power of Congress, it ought to be evident that it deals with a subject that should be covered by law.

Nor is it correct to argue as the dissenters do that A.O. No. 308 is not a law because it confers no right, imposes no duty, affords no protection, and creates no office. Under A.O. No. 308, a citizen cannot transact business with government agencies delivering basic services to the people without the contemplated identification card. No citizen will refuse to get this identification card for no one can avoid dealing with government. It is thus clear as daylight that without the ID, a citizen will have difficulty exercising his rights and enjoying his privileges. Given this reality, the contention that A.O. No. 308 gives no right and imposes no duty cannot stand.

Again, with due respect, the dissenting opinions unduly expand the limits of administrative legislation and consequently erodes the plenary power of Congress to make laws. This is contrary to the established approach defining the traditional limits of administrative legislation. As well stated by Fisher: “. . . Many regulations however, bear directly on the public. It is here that administrative legislation must be restricted in its scope and application. **Regulations are not supposed to be a substitute for the general policy-making that Congress enacts in the form of a public law. Although administrative regulations are entitled to respect, the authority to prescribe rules and regulations is not an independent source of power to make laws.**”<sup>261</sup> (Emphases supplied.)

295. In the same vein, a policy of mandatory vaccination entails a “delicate adjustment” of contending considerations of public health and the extent of citizens’ rights and liberties. The assailed IATF, DOH, DILG, DOTr, LTFRB, and DepEd issuances confer an unassailable right in favor of the government to penalize those who either refuse to get vaccinated for reasons of religious belief, thought or conscience or cannot afford to avail of the exemption from COVID-19 vaccination. At the same time, the burden of surveilling and isolating the unvaccinated is imposed upon employers, punong barangays, and operators and drivers of public transportation. Clearly, such regulations cannot substitute a policy that Congress enacts in the form of a law of general application.

296. Executive acts that arrogate legislative power beyond what is necessary to discharge the Executive’s constitutional duty to faithfully execute the laws cannot be sustained for violating the principle of separation of powers in our republican government.

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<sup>261</sup> *Id.*

**B. In fact, Resolution 148-B violates provisions of R.A. No. 11525.**

Section A of IATF Resolution No. 148-B violates Section 12 of R.A. No. 11525, as amended or the “COVID-19 Vaccination Program Act of 2021”.

Section 12 of R.A. No. 11525 prohibits the imposition of vaccine cards as an additional mandatory requirement to employment.

SEC. 12. COVID-19 Vaccination Card. - Subject to the provisions of Republic Act No. 10173 or the “Data Privacy Act of 2012”, **the DOH shall issue a vaccine card to all persons vaccinated.** To fast track the process, the DOH may delegate the processing and issuance of vaccine cards to LGUs and private entities xxx

X X X

*Provided, further, **That the vaccine cards shall not be considered as an additional mandatory requirement for educational, employment** and other similar government transaction purposes.*

(emphasis and underscoring supplied)

297. A vaccine card, which is proof of vaccination is only issued to a person once the same is vaccinated. If vaccine cards are prohibited as an additional mandatory requirement for employment, necessarily vaccination cannot be an additional mandatory requirement for employment. However, Section A of IATF Resolution No. 148-B effectively imposes vaccination as an additional mandatory requirement for employment for unvaccinated workers, in violation of the due process clause of the Constitution.

**C. The assailed regulations violate the due process clause of the Constitution.**

298. Article III, Section 1 of the Bill of Rights provides that “no one shall be deprived of life, liberty, and property without due process of law.” Even assuming that Congress either expressly or impliedly authorized the IATF to establish a mandatory vaccination program and to further delegate this authority to public and private institutions, the conditions established

under the program are unreasonable, arbitrary, and oppressive in violation of the substantive aspect of the Due Process clause.

299. In **White Light Corporation V. City of Manila**, the Supreme Court clarifies the scope of due process to wit:

“x x x **The purpose of the guaranty is to prevent arbitrary governmental encroachment against the life, liberty and property of individuals.** The due process guaranty serves as a protection against arbitrary regulation or seizure. Even corporations and partnerships are protected by the guaranty insofar as their property is concerned.

If due process were confined solely to its procedural aspects, there would arise absurd situation of arbitrary government action, provided the proper formalities are followed. **Substantive due process completes the protection envisioned by the due process clause. It inquires whether the government has sufficient justification for depriving a person of life, liberty, or property.**”

300. IATF Resolution 148-B and the regulations that it has spawned are an arbitrary governmental encroachment against the life, liberty and property of individuals, thereby violating the due process clause.

***(1) The COVID-19 vaccines are still experimental and their safety is questionable.***

301. The COVID-19 vaccines that are distributed in the Philippines have not yet passed the high threshold of product registration. They are still experimental and are merely authorized under Emergency Use Authorization (EUA).

302. Philippine Food and Drug Administration (FDA) Circular No. 2020-036 defines an EUA as:

**“An authorization issued for unregistered drugs and vaccines in a public health emergency. The EUA is not a Certificate of Product Registration (CPR) or a marketing authorization.** The evaluation process of the product may be



facilitated by reliance and recognition principles, but **stricter conditions on the use and monitoring following authorization shall be imposed.**” (emphasis and underscoring supplied)

303. Because the COVID-19 vaccines have not yet been approved registration by the FDA, they are not yet covered under a Certificate of Product Registration. There is a world of difference between “emergency use authorization” and “certificate of product registration.” In the language of the FDA, “[s]tricter conditions on the use and monitoring” on the vaccines have yet to be implemented.

304. Section 34.b.2 of the Universal Health Care Act provides that the proper determination of the safety and effectiveness of vaccines requires passing *Phase IV Clinical Trial*. However, the COVID-19 vaccines have been authorized **for emergency use** only and have not yet passed *Phase III Clinical Trials*. This much is expressly admitted in Section 2(c) of R.A. No. 11525 which states:

“(c) **Recognize the experimental nature of COVID-19 vaccines** available in the market and compensate any serious adverse effects (SAEs) arising from the use of COVID-19 vaccine, experienced by people inoculated through the COVID-19 Vaccination Program;” (emphasis and underscoring supplied)

305. Section 7 of R.A. No. 11525 also recognizes that the data from the Phase III clinical trials is *preliminary*. Said provision states:

“Sec. 7. *Authority to Make Recommendations Based on Preliminary Data from Phase III Clinical Trials*. – Notwithstanding any law to the contrary, the Health Technology Assessment Council (HTAC) shall have the authority to make recommendations to the DOH on COVID-19 vaccines **based on preliminary data from Phase III clinical trials** and World Health Organization recommendations, **in the absence of completed Phase III and Phase IV clinical trials** x x x” (emphasis and underscoring supplied)

306. It is worth recalling that USec. Vergeire has said that vaccination should “purely be voluntary” and that people should not get jabbed at this stage of vaccine development since studies are not yet complete.<sup>262</sup>

307. The unavailability of good quality evidence regarding the effectiveness of the vaccines can be gleaned from the letter dated October 13, 2021, by the Health Technology Assessment Council (HTAC), an

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<sup>262</sup> *Supra* note 2.

independent advisory body created under the Republic Act 11223 or the “Universal Health Care Act,” to Respondent DOH. In recommending the administration of boosters and additional doses to healthcare workers, eligible priority groups, and immunocompromised individuals, the HTAC said:

X X X

We emphasize that these recommendations are being offered in consideration of sufficient vaccine supply and acceptable coverage for primary vaccination. The HTAC considered the **best available evidence** which is based on low to very low quality of evidence and the following criteria:

- **Effectiveness against COVID-19 variants of concern, particularly against delta variant**
- Delivery and logistics including the capacity to supply in 2021 and 2022
- Costing (cost per dose and threshold cost per dose per individual)
- Flexibility to be used in a homologous and heterologous booster vaccine strategy<sup>263</sup> (Emphases and underscoring supplied.)

308. Notably, the HTAC emphasized in the same letter that their recommendations are “interim”, with the body “actively on the watch for evidence as it is rapidly evolving.”

***(2) The effectiveness of COVID-19 vaccines is questionable.***

309. The possibility of breakthrough infections after vaccinations cannot be ignored. The WHO itself said: “Research is ongoing to understand the extent to which being vaccinated stops you from becoming infected and passing the virus on to others. More data is needed to know the extent of this protection. There is still a chance you could pass the virus on.”<sup>264</sup>

310. In a news report dated September 13, 2021, at least five doctors fully vaccinated with Sinovac vaccine in different Metro Manila hospitals were hospitalized for severe COVID-19.<sup>265</sup>

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<sup>263</sup> <https://hta.doh.gov.ph/wp-content/uploads/2021/10/Signed-by-OSEC-HTAC-Recommendations-on-Booster-and-Additional-Dose.pdf> (last accessed on May 5, 2022).

<sup>264</sup> [https://www.who.int/news-room/questions-and-answers/item/coronavirus-disease-\(covid-19\)-vaccines](https://www.who.int/news-room/questions-and-answers/item/coronavirus-disease-(covid-19)-vaccines) (last accessed on May 5, 2022).

<sup>265</sup> [https://doh.gov.ph/sites/default/files/news\\_clips/091321-017.pdf](https://doh.gov.ph/sites/default/files/news_clips/091321-017.pdf) (last accessed on May 5, 2022).

311. In the US Supreme Court case of National Federation of Independent Business, et al. v. Department of Labor, Occupational Safety, and Health Administration (“OSHA”), the Center for Medical Freedom, Virginia Delegate David LaRock, and 11 other concerned organizations filed an amicus brief in support of the application for stay of the OSHA vaccine mandates. In their amicus brief, they explain that the OSHA regulation is “predicated on a false assumption” and is “thus arbitrary and capricious.” They point out, among others, that the available COVID-19 vaccines were formulated to deal with the Delta variant and afforded very little protection against Omicron, if at all.<sup>266</sup>

312. The recent Omicron variant surge in the Philippines demonstrates that transmission may still occur even between and among the vaccinated. In January 2022, the National Capital Region and nearby regions had to be placed under Alert Level 3 and were practically shut down because of a massive surge in Omicron infections. This happened notwithstanding the fact that NCR had achieved an estimated 85%-90% vaccination rate.<sup>267</sup>

***(3) There is overwhelming evidence both domestically and internationally that the COVID-19 vaccines cause serious adverse effects.***

313. RA 11525 itself does not guarantee the safety and effectiveness of the COVID-19 vaccines. Section 2(c) of the law provides that the State recognizes the “**experimental nature** of COVID-19 vaccines available in the market and compensate any serious adverse effects (SAE) arising from the use of COVID-19 vaccine, experienced by people inoculated through the COVID-19 Vaccination Program.” For this reason, a COVID-19 National Indemnity Fund to be administered by PhilHealth to compensate persons encountering SAE was created under Section 2(d).

314. Credible and transparent investigations of numerous reports of AEFI and SAE by the Special Task Force<sup>268</sup> are dismally lacking and, hence, do not inspire confidence in the safety and effectiveness of the vaccines. On the other hand, Petitioner Arado’s ordeal is evidence that SAE is real. To make matters worse, PhilHealth refuses to acknowledge that Arado’s injury was caused by the COVID-19 vaccine, and refuses to compensate him for the injury and damages that he sustained after being vaccinated, which involve not only his serious disability but also his resulting unemployment, ostracism, and depression.

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<sup>266</sup> The *amicus curiae* brief is available at [https://www.supremecourt.gov/DocketPDF/21/21A244/206988/20211230151458044\\_NFIB%20v.%20OSHA%20amicus%20brief.pdf](https://www.supremecourt.gov/DocketPDF/21/21A244/206988/20211230151458044_NFIB%20v.%20OSHA%20amicus%20brief.pdf) (last accessed on May 5, 2022)

<sup>267</sup> This irony was pointed out by Constitutionally Compliant Businesses in their full page in the Philippine Daily Inquirer on January 20, 2022. See **Annex RR**.

<sup>268</sup> Created under Section 10, RA 11525.

315. This is especially disturbing since PFDA’s own “Reports of Suspected Adverse Reaction to COVID-19 Vaccines (01 March 2021 to 24 April 2022)” show that **PFDA has received reports of 2,196 deaths and 7,478 serious adverse events out of 98,584 reported adverse reactions.**<sup>269</sup> In his paper *Balancing Risks and Benefits: Covid-19 Vaccines*, Petitioner Quijano has argued and provided evidence that the hazards and risks of the COVID-19 vaccines far outweigh the benefits claimed by the DOH and the US Centers for Disease Control (CDC).<sup>270</sup>

316. The State is indirectly mandating experimental medical treatment on Filipinos **without any accountability**. To add insult to injury, public officials are immune from liability, under Section 8 of RA 11525. This aspect of the Resolution violates substantive due process, which inquires whether the government has sufficient justification for depriving a person of life, liberty or property (**White Light Corporation v. City of Manila**, G.R. 122846, 20 January 2009).

317. Making matters worse is the State’s interference in doctor-patient relations. Paragraph F of IATF Resolution No. 148-B states that only medical clearances issued by municipal, city, and provincial health offices “shall serve as sufficient and valid proof of ineligibility for vaccination.”

318. Petitioner Quijano points out that the government is arbitrarily encroaching on the doctors’ ability and methods to protect their patients’ fundamental human right to health and on how medical doctors practice their profession.<sup>271</sup>

319. Dr. Allan Landrito, who works with the City Health Office of Muntinlupa and has issued medical certificates to more than a thousand patients in his private capacity, says:

“This physician-patient relationship is a sacred trust that transcends any laws instituted by man should these endanger the health and life of the patients which the physician should uphold by all means within the jurisdiction of his medical practice. Paragraph F of the Resolution of limiting validity to only medical certificates issued by government-employed doctors is unjust, unreasonable, insensible and totally against fundamental medical principles. Nowhere in the history of medical practice in our country has a medical certificate been bereft of validity simply because it was issued by a non-government employed physician.”<sup>272</sup>

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<sup>269</sup> <https://www.fda.gov.ph/wp-content/uploads/2022/04/Reports-of-suspected-adverse-reaction-to-COVID-19-vaccines-as-of-24-April-2022.pdf> (last accessed on May 5, 2022)

<sup>270</sup> See Annex C of Dr. Romeo Quijano’s Judicial Affidavit (**Annex T**).

<sup>271</sup> See Judicial Affidavit of Dr. Romeo Quijano, *supra*.

<sup>272</sup> See Judicial Affidavit of Dr. Allan A. Landrito, M.D. (**Annex HH**)

320. This is a gross violation of the duty of the government to protect individual rights. The Supreme Court ruled in the **Manalo** case:

**“Third, the right to security of person is a guarantee of protection of one's rights by the government. In the context of the writ of *Amparo*, this right is built into the guarantees of the right to life and liberty under Article III, Section 1 of the 1987 Constitution and the right to security of person (as freedom from threat and guarantee of bodily and psychological integrity) under Article III, Section 2. The right to security of person in this third sense is a corollary of the policy that the State "guarantees full respect for human rights" under Article II, Section 11 of the 1987 Constitution. As the government is the chief guarantor of order and security, the Constitutional guarantee of the rights to life, liberty and security of person is rendered ineffective if government does not afford protection to these rights especially when they are under threat.”**

***(3) The assailed regulations deprive Filipinos of their right to property, specifically their right to work and to spend their wages freely.***

321. The Resolution deprives Filipinos of liberty and property (as “property” is defined under the 1987 Constitution, a ‘welfare state’ constitution, which includes statutory entitlements to government benefits, jobs, or licenses).

322. “The right of a person to his labor is deemed to be property within the meaning of constitutional guarantees” (*Philippine Movie Pictures Workers Asso. v. Premiere Productions*, 92 Phil. 843 (1953)).

323. The regime of mandatory vaccination includes a workplace vaccine mandate for employees across all sectors, which transgresses prevailing labor standards respecting the right to work under domestic and international law. The pertinent portions of the assailed regulations and ordinance are quoted hereunder:

- **IATF Resolution No. 148-B**

1. In areas where there are sufficient supplies of COVID-19 vaccines as determined by the National Vaccines Operation Center (NVOC), all establishments and employers in the public and private sector **shall require their eligible employees who are tasked to do on-site work to be vaccinated against COVID-19.** Eligible employees who remain to be unvaccinated may not be terminated solely by reason thereof. **However, they shall be required to undergo RT-PCR tests regularly at their own expense for purposes of on-site work.** Provided that, antigen tests may be resorted to when RT-PCR capacity is insufficient or not immediately available.
2. As a **condition for continuing their operations**, public transportation services in the road, rail, maritime, and aviation sectors **shall require all their eligible workers to be fully vaccinated.** (Emphasis and underscoring supplied.)

- **LTFRB MC No. 2022-001**

IV. Responsibilities of the PUV Operator

In addition to the imposed strict compliance with the existing health protocols, PUV Operators **shall also ensure** that **only fully vaccinated** drivers, conductors, inspectors, dispatchers, coordinators and ticket sellers in the terminals shall be **allowed to report for work**, for the protection of the riding public.

V. Violation and Penalties

Failure to comply with any of the provisions of this MC shall be considered as a violation of the terms and conditions of their CPC and appropriate penalties shall be imposed against the operator, in accordance with the provisions of Joint Administrative Order No. 2014-01, without prejudice to the filing of appropriate charges as may be determined and filed by other enforcement agencies.

For violation/s committed by the drivers of PUVs, the Board may recommend to the Land Transportation Office (LTO) for the suspension of their Driver's License, also without prejudice to the filing of appropriate charges against the said driver, as may be determined and filed by other enforcement agencies. (Emphasis and underscoring supplied.)

- **DepEd-DOH Joint Memorandum Circular No. 001**

6.2.2. COVID-19 vaccination requirement for DepEd teachers and personnel shall follow the latest national guidelines. However, **only vaccinated teachers and school personnel shall be allowed to interact with learners.** Unvaccinated teachers and school personnel may report on-site **provided that they will not interact with learners.**

- **Makati City Ordinance No. 2022-005**

Section 4. Restrictions to Unvaccinated Individuals. Unvaccinated individuals in the City of Makati shall:

d) Be required to undergo a Reverse Transcription Polymerase Chain Reaction (RT PCR) test every two (2) weeks at their personal expense and present a COVID-19 negative result prior to being admitted for work onsite consistent with the guidelines, rules, and regulations issued by competent authorities; Provided, however, that in the event that the RT PCR test and/or result is/are not immediately available, a Rapid Antigen Test may be utilized in lieu thereof.

324. According to these workplace vaccine mandates, employees working in “areas where there are sufficient supplies of COVID-19 vaccines as determined by the National Vaccines Operation Center (NVOC)”<sup>273</sup> in both public and private sectors are required to present a negative COVID-19 test as a condition of admittance to onsite work.

325. Ordering the unvaccinated to undergo biweekly COVID-19 testing at their own expense is egregiously discriminatory. It contravenes the

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<sup>273</sup> IATF Resolution No. 148-B, paragraph A.

constitutional guarantee in favor of labor under the Social Justice provisions of the 1987 Philippine Constitution. Section 3, Article XIII thereof is clear: “(t)he State shall afford **full protection to labor**, local and overseas, organized and unorganized, and **promote full employment and equality of employment opportunities** for all.”

326. These protections are judicially enforceable and were adopted as the basic policy of affording protection to labor, promoting full employment, ensuring equal work opportunities regardless of sex, race or creed and regulating the relations between workers and employers under Presidential Decree No. 442 or the “Labor Code of the Philippines.”<sup>274</sup>

327. In addition, Section 2(3), Article IX-B of the Constitution further states that “(n)o officer or employee of the civil service shall be removed or suspended except for cause provided by law.”

328. Discriminating against unvaccinated workers in the manner sanctioned by the assailed regulations and ordinances is a violation of the International Labor Organization Conventions ratified by the Philippines, including all fundamental Conventions covered by the 1998 Declaration on Fundamental Principles and Rights at Work and its Follow-up. It offends, in particular, Convention No. 111 on Discrimination, which was ratified by the Philippines on November 17, 1960 and continues to be in force to this day, viz:

#### Article 1

1. For the purpose of this Convention the term discrimination includes —
  - (a) any distinction, exclusion or preference made on the basis of race, colour, sex, religion, political opinion, national extraction or social origin, which has the **effect of nullifying or impairing equality of opportunity or treatment in employment or occupation**;
  - (b) such other distinction, exclusion or preference which has the effect of nullifying or impairing equality of opportunity or treatment in employment or occupation as may be determined by the Member concerned after consultation with representative employers’ and workers’ organisations, where such exist, and with other appropriate bodies. (Emphasis supplied.)

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<sup>274</sup> Article 3, PD No. 442.



329. The workplace vaccine mandates are also repugnant to the human right “to work, to free choice of employment, to just and favorable conditions of work, and to protection against unemployment” and “to just and favorable remuneration ensuring for [themselves] and [their families] an existence worthy of human dignity, and supplemented, if necessary, by other means of social protection” under Article 23 of the Universal Declaration of Human Rights.

330. Notably, the workplace vaccine mandates are dissonant with prevailing laws. They violate the clear mandate of Section 12 of RA 11525, which provides that “the vaccine cards shall not be considered as an additional mandatory requirement for educational, employment and other similar government transaction purposes.”

331. They are further at war with the rule against discrimination or termination under DOLE Labor Advisory No. 3, Series of 2021, entitled “Guidelines on the Administration of COVID-19 Vaccines in the Workplaces,” to wit:

I. No Discrimination or Termination

Covered establishments and employers shall endeavor to encourage their employees to get vaccinated. **However, any employee who refuses or fails to the vaccinated shall not be discriminated against in terms of tenure, promotion, training, pay, and other benefits, among others, or terminated from employment. No vaccine, no work policy shall not be allowed.** (Emphases and underscoring supplied.)

332. On the other hand, the Civil Service Commission (CSC) has not issued a clear and categorical policy of mandatory vaccination, yet the same is already being imposed on the ground, as illustrated by the experience of Petitioner Montano with the ATI-Regional Training Center.<sup>275</sup>

***Imposition of conditions that are prejudicial to unvaccinated workers***

***(a) Mandatory RT-PCR testing even if asymptomatic***

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<sup>275</sup> The lack of legal basis for such policy and practice among government personnel is patent from this interesting exchange in the CSC Online Forum: <http://www.csc.gov.ph/forum/forum/disciplinary-cases/4189-mandatory-vaccination-of-government-employees> (last accessed May 5, 2022).

333. The consequences of refusing the requirement under the assailed regulations and ordinances are too severe to be presumed to be voluntary. They cannot be avoided by any unvaccinated worker without undue burden, not least of which is the unconscionable expense of undergoing RT-PCR or rapid antigen testing every three (3) days or two (2) weeks before reporting for onsite work, as the case may be.

334. The Honorable Court may take judicial notice of the fact that the costs of these tests are exorbitant, even for the middle class. In fact, Respondent DOH has set the following price caps for RT-PCR and rapid antigen testing to address price hikes from laboratories and distributors who were taking advantage of the high demand:

- Price cap for cost of procedure (RT-PCR):<sup>276</sup>

	Plate-Based	GenExpert (Cartridge-Based)
Public	P2,800.00	P2,450.00
Private	P3,360.00	P2,940.00

- Price cap for offsite services (RT-PCR):<sup>277</sup>

	Plate-Based	GenExpert (Cartridge-Based)
Price Cap for Home Service	P1,000.00	P1,000.00
Price Cap for Off-site Services	P1,000.00	P1,000.00

- Price cap for SARS-CoV-2 Antigen Rapid Diagnostic Test Kit:<sup>278</sup>

Cost Component	Price
One (1) test inclusive of materials and accessories for the procedure	P350.00

- Price cap for COVID-19 Antigen Rapid Diagnostic Testing Service:

Cost Components	Price
SARS-CoV-2 Antigen Rapid	P350.00

<sup>276</sup> DOH Department Circular No. 2021-0374-A, January 11, 2022.

<sup>277</sup> *Id.*

<sup>278</sup> DOH Department Circular No. 2021-033-B, January 28, 2022

Diagnostic Test Kit	
Operational Cost (Other Related Laboratory Supplies and Overheads)	250.00
10% Allowable Mark-up	60.00

- Price cap for Self-Administered SARS-CoV-2 Antigen Rapid Diagnostic Test Kit:

Cost Component	Price
One (1) test inclusive of materials and accessories for the procedure	P350.00

335. The amount of at least Three Hundred Pesos (P350.00) to at most Two Thousand Nine Hundred Forty Pesos (P2,940.00) to be spent every two weeks is confiscatory, especially for minimum wage earners, contractual laborers and casual employees who would otherwise devote such sums for more important basic necessities.

336. As the Turn-Around Time (TAT) of free COVID-19 testing provided by certain public health facilities is notoriously slow, unvaccinated employees are forced to get tested in licensed private laboratories at their own expense. In fact, private providers took advantage of the situation by charging costly markups for “express” results, prompting Respondent DOH to mandate a 24-48 hours laboratory TAT of laboratory results from receipt of specimens to release to clients for no additional charge.<sup>279</sup>

337. It must be pointed out that the mandatory RT-PCR testing requirement under IATF Resolution 148-B is directly contradicted by DOH Department Memorandum No. 2022-0013 issued on January 14, 2022 which expressly states:

4. Testing shall be optional for other groups not stated above, including for community level actions wherein case management of probable and confirmed cases remain the same. Specifically:
  - a. Testing shall NOT be recommended for asymptomatic close contacts. Instead, symptom monitoring is recommended. Should testing still be used, testing should be done at least 5 days from the day of last exposure.

<sup>279</sup> DOH Department Circular No. 2021-0374-A, January 11, 2022.

- b. Testing shall NOT be recommended for screening asymptomatic individuals.  
(underscoring reproduced from original text)

338. To require unvaccinated individuals to get tested for COVID-19 absent any symptoms indicating ill health or disease is illogical, unreasonable, and confiscatory.

***(b) Prejudicial working conditions***

339. The workplace vaccine mandates do not only make unvaccinated workers poorer; the latter are further placed at risk of being less preferred in terms of work detail especially at a time when onsite work is not always available or stable due to vacillating quarantine measures or alert levels. The experience of Petitioner Montano, who is supposed to be an Authorized Person Outside Residence (APOR), is a case in point. Also, not all jobs are capable of being performed under a work-from-home arrangement, which has been encouraged across all industries since the Philippines was placed in a State of Calamity.

340. Unvaccinated workers are also susceptible of being placed on floating status. DOLE DO 215 amended Section 12 of the Omnibus Rules Implementing Rules of the PD 442 by allowing employers to temporarily suspend the employer-employee relationship for a period not exceeding six months. This status, also known as temporary lay-off, temporary off-detail or temporary retrenchment, simply means no earnings and hardship.

***(c) Threat of administrative cases***

341. In addition, unvaccinated workers who are unable to undergo mandatory vaccination or, in lieu thereof, biweekly mandatory COVID-19 testing, are being threatened with serious misconduct or willful disobedience of the lawful orders of the employer in connection with work, which are grounds for termination of employment under Article 182 of PD 442.

342. For government employees such as Petitioner Marañon and public schoolteachers such as Petitioners Poblete and Daos, failure to comply with the workplace vaccine mandates may be construed as refusal to perform official duties, gross insubordination, or conduct prejudicial to the best interest of the service, which are punishable by suspension of six (6) months and one (1) day to one (1) year for the first offense and dismissal from the service for the second offense.<sup>280</sup>

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<sup>280</sup> Section 46 (B), Rule 10, Revised Rules on Administrative Cases in the Civil Service

343. Notably, as no law provides for non-compliance with vaccination as a valid cause of dismissal from the civil service, there is no basis for treating government employees' labor rights differently. Thus, the ATI, Petitioner Montano's employer, was incorrect in saying that employees governed by the CSC are absolutely required to comply with the workplace vaccine mandates.<sup>281</sup>

### *Absence of exceptions*

344. The workplace vaccine mandates admit of no exceptions. The issuances impose the same onus on all unvaccinated persons, including those who cannot afford pre-screening of their medical conditions and those who do not work in non-medical settings. Because equal access to healthcare and free mass testing are lacking in the country, there are no real options for unvaccinated individuals who elect not to get vaccinated or are ineligible for the COVID-19 vaccines. As already pointed out, even the cheaper rapid antigen testing still entails considerable expense for the working class.

345. For fear of losing their jobs and having nothing to feed their families, unvaccinated workers are practically forced to get vaccinated. The alternative is to face credible threat of prosecution for violation of the ordinances, for which they (and their employers as well) may incur equally punitive fines and imprisonment. Surely, to be punished for one's exercise of bodily autonomy, religious beliefs, or medical ineligibility is inhumane. Thus, the said penalties also violate Section 19, Article III of the Constitution, which prohibits the imposition of excessive fines and the infliction of cruel, degrading or inhuman punishment.

346. The workplace vaccine mandates do not involve a public right or interest that can override the unvaccinated workers' right to labor and that allow the former to take precedence over the latter. Worse, they violate the unvaccinated workers' right to "pursue both their material well-being and spiritual development in conditions of freedom and dignity, of economic security and equal opportunity,"<sup>282</sup> which belongs in equal measure to all human beings — vaccinated or not.

### **D. The assailed regulations are unconstitutional for violating the fundamental right to equal protection of the law in its anti-discrimination aspect.**

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<sup>281</sup> See Memorandum M22-01-33 issued by the ATI on January 26, 2022 (Re Response to the Letter on Refusal to be Vaccinated Against COVID-19), attached as Annex A to **Annex S** (Judicial Affidavit of Petitioner Montano).

<sup>282</sup> ILO Convention No. 111, Preamble.

347. Petitioners further assail the subject regulations and ordinance under the aegis of the equal protection clause.

348. In **Biraogo v. Truth Commission**, the Supreme Court reiterated the scope of the equal protection clause in its traditional sense, to wit:

“The equal protection clause is **aimed at all official state actions**, not just those of the legislature. **Its inhibitions cover** all the departments of the government including the political and **executive departments**, and extend to all actions of a state denying equal protection of the laws, through whatever agency or whatever guise is taken.

It, however, does not require the universal application of the laws to all persons or things without distinction. **What it simply requires is equality among equals as determined according to a valid classification.** Indeed, the equal protection clause permits classification. Such classification, however, to be valid must pass the test of *reasonableness*. The test has four requisites: (1) The classification rests on substantial distinctions; (2) it is germane to the purpose of the law; (3) it is not limited to existing conditions only, and (4) it applies equally to all members of the same class. “Superficial differences do not make for a valid classification.”

***No real or substantial distinctions between the vaccinated and unvaccinated***

349. IATF Resolution No. 148-B invidiously discriminates against the unvaccinated. It distinguishes between vaccinated and unvaccinated employees (“vaccinated/unvaccinated distinction”). Between unvaccinated employees, the governmental measure distinguishes between “eligible” and “ineligible” unvaccinated employees (“eligible/ineligible distinction”).

350. The “vaccinated/unvaccinated distinction” fails to pass the test of reasonableness since the classification does not rest on substantial distinctions. In order to justify this distinction, IATF Resolution 148-B must

assume that being unvaccinated makes one or predisposes one to be a carrier of the COVID-19 virus. However, COVID-19 vaccination does not guarantee immunity from the disease. Neither does it guarantee non-transmission. The science also does not support the distinction made in IATF Resolution 148-B.<sup>283</sup>

351. It must be noted that this is not a reason stated in the WHEREAS clauses of the IATF Resolution 148-B. Neither is such view supported by the established literature. COVID-19 vaccination does not guarantee immunity from the disease. Neither does it guarantee non-transmission of the disease.

352. Under the regime of mandatory vaccination, the classification of individuals as either vaccinated or unvaccinated is not based on real or substantial differences. This is based on the following facts:

- Breakthrough infections can occur among the vaccinated especially in areas where prevalence of the virus is high (as demonstrated by the latest Omicron surge in Metro Manila);
- There is no official data showing that the vaccinated with breakthrough infections carry less viral loads compared to the unvaccinated and hence have less potential of spreading the coronavirus to other people, and;
- The longevity and extent of protection afforded by COVID-19 vaccines, given their waning effects, are highly variable and undetermined.

### ***Eligible/ineligible distinction***

353. With respect to the eligible/ineligible distinction, only those unvaccinated employees who are considered “ineligible” as prescribed by IATF Resolution No. 148-B are exempted from getting vaccinated as well as exempted from paying for regular RT-PCR testing at their own expense. This distinction does not take into account accommodations based on religious grounds and on conscientious objection.

### ***Onsite/non-onsite work distinction***

354. With respect to onsite work/non-onsite work distinction, this does not take into consideration whether the onsite work is done or can be done in non-enclosed spaces.

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<sup>283</sup> See paragraph 422.

355. IATF Resolution 148-B does not provide effective, adequate and reasonable accommodation or alternative treatments to persons who fail or refuse to be vaccinated.

***Vaccination is not automatic immunity***

356. It bears noting that to date, there is no official declaration by the Department of Health that individuals vaccinated against COVID-19 are considered “immune”. Corollary to this, Section 12 of RA 11525 provides:

“[I]ndividuals vaccinated against COVID -19 as indicated in the vaccine card shall not be considered immune from COVID-19, unless otherwise declared by the DOH based on reliable scientific evidence and consensus.”

356.1 The scientific evidence of waning immunity has been extensively discussed in Section E.1 of the Statement of Facts. Moreover, the DOH has **publicly admitted** that **vaccinated people could still contract COVID-19**.<sup>284</sup>

357. In terms of the enacted legislation, there is no meaningful distinction between vaccinated and unvaccinated workers that would justify a discrimination, requiring the latter to submit to an RT-PCR before one could report for onsite work. This distinction does not consider natural immunity, as well as the on-site work that is not required to be or is not performed in enclosed spaces.

358. Moreover, if an establishment is really intent on allowing only COVID-free workers to report for work, it should require both the vaccinated and unvaccinated to undergo mandatory COVID-19 testing. Both classes of workers are susceptible of hosting the coronavirus and infecting others of the same, so that the presence of both in the workplace may equally be regarded as an occupational hazard or a risk to occupational safety and health.

359. The scientific uncertainties around the COVID-19 vaccines are, in no way, similar to the lack of “purely theoretical or scientific uniformity” that the Honorable Court found to be acceptable in upholding the classification between non-motorized vehicles and motorized vehicles as the mode of traveling along limited access highways in **Mirasol v. Department**

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<sup>284</sup> See paragraph 76, Statement of Facts.



**of Public Works and Highways.**<sup>285</sup> Such a classification was based merely on “practical convenience and common knowledge” of road safety, while the present controversy involves the exercise of preferred rights over matters affecting life and limb.

***Non-recognition of natural immunity  
of COVID-19 survivors***

360. IATF Resolution 148-B assumes the immunity of the vaccinated but does not recognize the natural immunity of those who have survived a COVID-19 infection. If there is a valid distinction that can be made that can validly meet the tests of the Equal Protection Clause, it would be the classification between those who have contracted COVID-19 and those who have not.

361. Petitioner Castillo has repeatedly written about this in his column for the Philippine Daily Inquirer where he has been a health columnist for the past 20 years.

362. There are authoritative studies that indicate that natural immunity is more robust and durable than vaccine-induced immunity. On April 5, 2022, the *Clinical Infectious Diseases*, an official publication of the Infectious Diseases Society of America and published by Oxford Academic, released a study with the title, " SARS-CoV-2 Naturally Acquired Immunity vs. Vaccine-induced Immunity, Reinfections versus Breakthrough Infections: a Retrospective Cohort Study". The comparative large-scale study involved 124,500 persons in Israel and was done by scientists connected with Tel Aviv University and other medical institutions. It "compared two groups: (1) SARS-CoV-2-naïve individuals who received a two-dose regimen of the BioNTech/Pfizer mRNA BNT162b2 vaccine, and (2) previously infected individuals who have not been vaccinated."<sup>286</sup>

363. The study concludes that: **"SARS-CoV-2-naïve vaccinees had a 13.06-fold (95% CI, 8.08-21.11) increased risk for breakthrough infection with the Delta variant compared to unvaccinated-previously-infected individuals,...."**<sup>287</sup> This means that the vaccinated has a 1306% statistically significant greater risk of reinfection with SARS-CoV-2 as compared with the unvaccinated.

364. The scientists stated further: **"Naturally acquired immunity confers stronger protection against infection and symptomatic disease**

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<sup>285</sup> G.R. No. 158793, June 8, 2006.

<sup>286</sup> <https://pubmed.ncbi.nlm.nih.gov/35380632/> (last accessed on May 5, 2022)

<sup>287</sup> *Id.*

caused by the Delta variant of SARS-CoV-2, compared to the BNT162b2 two-dose vaccine-induced immunity."<sup>288</sup>

### *Existing conditions*

365. The classification in this case, although germane to the purpose of increasing vaccine intake and encouraging the administration of “additional protection” from COVID-19 applies only to existing conditions. The eventual development of natural immunity against the COVID-19 will render the need for vaccination completely needless in the near future. Thus, the discrimination engendered by the vaccine mandates may outlive the objective sought to be achieved by the assailed governmental acts.

366. As this Honorable Court held in **Ichong v. Hernandez**,<sup>289</sup> the equal protection clause is “against undue favor and individual or class privilege, as well as hostile discrimination or the oppression of inequality.” This is precisely the anomalous situation obtaining in this case.

367. The unvaccinated do not demand absolute equality under the equal protection clause; they merely “require that all persons be treated alike under like circumstances both as to privileges conferred and liabilities enforced.”<sup>290</sup> Again, given the facts, the unvaccinated are not a public menace that can be condemned, like legal nuisances, into a life of isolation and discrimination.

368. Placing the unvaccinated under heightened surveillance and social isolation for an indefinite period of time is tantamount to institutional segregation and public shaming (reminiscent of the legal discrimination sanctioned by Jim Crow laws in the United States). The unvaccinated are locked down in their homes and cast away as pariahs in their communities where they are stripped of the liberty to *physically* participate in socio-civic affairs, organize unions or support an advocacy or cause. They are barred from reporting for on-site work without negative COVID-19 test results or boarding public transportation. Such has been the ordeal of Petitioners Espinoza, Montano, Mendoza, Resus-Oebanda and Reyes.

369. The only alternative to getting vaccinated against their will is to be seized of property, livelihood and liberty — penalties which the unvaccinated may suffer for exercising their decisional privacy, freedom of movement, and religious freedom. Therefore, it is patent that “a spirit of

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<sup>288</sup> *Id.*

<sup>289</sup> G.R. No. L-7995, May 31, 1957.

<sup>290</sup> *Id.*

hostility, or at the very least, discrimination that finds no support in reason”<sup>291</sup> prompted the subject classification.

370. It goes without saying that this scheme of hostile, discriminatory and unreasonable classification severely infringes upon the unvaccinated’s fundamental right to equal protection of the law.

### *Anti-subordination aspect*

371. Likewise, the Resolution violates the **anti-subordination aspect** of the equal protection clause under the 1987 Constitution. The Supreme Court has now adopted a broader definition of the equal protection clause under the Constitution to protect groups suffering social, political, and legal disadvantage in society, to which the 1987 Constitution extends special protection.

Thus, in the **Serrano** case, the Supreme Court held:

“Equality is one ideal which cries out for bold attention and action in the Constitution. The Preamble proclaims "equality" as an ideal precisely in protest against crushing inequities in Philippine society. The command to promote social justice in Article II, Section 10, in "all phases of national development," further explicitated in Article XIII, are clear commands to the State to take affirmative action in the direction of greater equality. x x x [T]here is thus in the Philippine Constitution no lack of doctrinal support for a more vigorous state effort towards achieving a reasonable measure of equality.

*Our present Constitution has gone further in guaranteeing vital social and economic rights to marginalized groups of society, including labor. Under the policy of social justice, the law bends over backward to accommodate the interests of the working class on the humane justification that those with less privilege in life should have more in law. And the obligation to afford protection to labor is incumbent not only on the legislative and executive branches but also on the judiciary to translate this pledge into a living reality. Social justice calls for the humanization of laws and the*

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<sup>291</sup> *Bautista v. Juinio*, G.R. No. L-50908, January 31, 1984.

*equalization of social and economic forces by the State so that justice in its rational and objectively secular conception may at least be approximated.*

*x x x x”*

**(Serrano v. Gallant Marine Services, Inc.,  
582 SCRA 254, at 301)**

372. From that premise, the Supreme Court then laid down the test for judicial scrutiny, as follows:

“Under most circumstances, the Court will exercise judicial restraint in deciding questions of constitutionality, recognizing the broad discretion given to Congress in exercising its legislative power. Judicial scrutiny would be based on the "rational basis" test, and the legislative discretion would be given deferential treatment.

“But if the challenge to the statute is premised on the denial of a fundamental right, or **the perpetuation of prejudice against persons favored by the Constitution with special protection, judicial scrutiny ought to be more strict.** A weak and watered down view would call for the abdication of this Court’s solemn duty to strike down any law repugnant to the Constitution and the rights it enshrines. This is true whether the actor committing the unconstitutional act is a private person or the government itself or one of its instrumentalities. Oppressive acts will be struck down regardless of the character or nature of the actor.”

***The proper standard here is  
the test of strict scrutiny.***

373. The Supreme Court, in employing strict scrutiny, in the **Serrano** case, emphasized the relationship between Article XIII, Section 3 on affording full protection to labor and the Equal Protection Clause under Article III, Section 1, as follows:

“It must be stressed that Section 3, Article XIII does not directly bestow on the working class any actual enforceable right, but merely clothes it with

the status of a sector for whom the Constitution urges protection through executive or legislative action and *judicial recognition*. Its utility is best limited to being an impetus not just for the executive and legislative departments, but for the judiciary as well, to protect the welfare of the working class. And it was in fact consistent with that constitutional agenda that the Court in *Central Bank (now Bangko Sentral ng Pilipinas) Employee Association, Inc. v. Bangko Sentral ng Pilipinas*, penned by then Associate Justice, now Chief Justice Reynato S. Puno, formulated the *judicial precept that when the challenge to a statute is premised on the perpetuation of prejudice against persons favored by the Constitution with special protection - such as the working class or a section thereof - the Court may recognize the existence of a suspect classification and subject the same to strict judicial scrutiny*. (Italics in original)

“The Court then subjected the assailed Section 10 to strict scrutiny. For it to hurdle strict scrutiny, the government must show that the assailed classification serves a compelling state interest and that it is the least restrictive means to advance this interest. In applying strict scrutiny, the Court stated:

‘There being a suspect classification involving a vulnerable sector protected by the Constitution, the Court now subjects the classification to a strict judicial scrutiny, and determines whether it serves a compelling state interest though the least restrictive means.’”

### *No compelling state interest*

374. As Petitioners are invoking infringements of their fundamental rights, the appropriate standard to be applied is strict scrutiny. Under this test, the validity of a governmental act which “either **interferes with the exercise of fundamental rights**, including the basic liberties guaranteed under the Constitution, or **burdens suspect classes**,” is tested by determining the presence of (1) a compelling state interest and (2) the least restrictive means for effecting the invoked interest.<sup>292</sup>

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<sup>292</sup> *Samahan ng mga Progresibong Kabataan v. Quezon City*, G.R. No. 225442, August 8, 2017.

375. It would appear that the State interest lies in the promotion and protection of public health, in general. The mention of Article II, Section 15 of the Constitution in the first Whereas clause of IATF Resolution 148-B gives the initial impression that this is the compelling State interest behind its issuance. Respondent Makati City invokes the duty of the State under Article II, Section 15 of the Philippine Constitution to “promote the right to health of the people” and its mandate under Republic Act No. 7854, the Charter of the City of Makati, “to protect the inhabitants of the city from the harmful effects of natural disasters and calamities.”

376. If public health was the genuine intention behind IATF Resolution 148-B, one would reasonably expect further reference to scientific factors such as: (a) prevalence, incidence, and severity of the contagious disease, (b) mode of transmission, (c) safety and effectiveness (not mere efficacy) of the vaccines in preventing the transmission, and (d) the nature of the available treatments. These matters, however, were **not cited at all** in IATF Resolution 148-B.

377. The 4<sup>th</sup> Whereas clause goes on to declare that:

“WHEREAS, COVID-19 vaccines that have been granted with EUA by the Philippine FDA **are considered safe and effective, and, based on current available evidence, have been shown to (1) prevent symptomatic infection (2) prevent severe infection and (3) prevent transmission.**”

378. These are bold claims. To claim that the COVID-19 vaccines have been shown to have prevented infection and transmission is to assume three things: (1) that variables like vaccine supply, logistics and distribution were not an issue; (2) that the non-vaccination of the unvaccinated are not attributable to these factors; and (3) that the incidence of SAE among the vaccinated has been determined and found to be negligible. **These are not mentioned at all.**

379. The 7<sup>th</sup> and 8<sup>th</sup> Whereas clauses reveal the **real motive** behind the assailed Resolution. They state:

“WHEREAS, as of 04 November 2021, the country already received a total of 108.9 million doses of COVID-19 vaccines with additional shipments until the end of the year. These doses of vaccines shall cover the target of vaccinating 54 million Filipinos with one dose by the end of November 2021 and 54

million Filipinos fully vaccinated by the end of December 2021.”

“WHEREAS, President Rodrigo Roa Duterte has given new directives for a whole-of-government solution to **increase the demand for COVID-19 vaccination, regardless of brand**, for a healthier and resilient Philippines;”

380. The widespread incidence of discrimination, coercion, and oppression resulting from IATF Resolution 148-B appears to be wholly senseless and irrational if the State’s interest is the promotion of public health. It makes total sense however if considered in light of the State’s apparent intent to **compel forced vaccination at the expense of Constitutional rights and fundamental freedoms**. This cannot, by any stretch of the imagination, be deemed as compelling state interest.

### *Vaccination is not the least restrictive means*

381. Assuming, for the sake of argument, that the Respondent IATF can justify Resolution 148-B as prompted by compelling state interest, is the means adopted “the least restrictive means” to protect such interest?

382. Mandatory vaccination is clearly not the least restrictive means as there are known highly successful early and late-stage treatments for COVID-19. This is a point that Covid Call to Humanity and CDC Ph have been telling the government and the general public from the very beginning.

383. The use of Ivermectin is a case in point. There are now over 80 scientifically designed studies that show the power of Ivermectin to treat COVID-19.<sup>293</sup> Japan uses Ivermectin extensively due mostly to the fact that the largest medical association in Tokyo advocated for the use of Ivermectin.<sup>294</sup> The very large region of Uttar Pradesh in India, with a population of over 240 million people, has coped better with COVID-19 than all the Covid vaccines. Their government provided the public with millions of Ivermectin pills.<sup>295</sup> These are not surprising results given that FOI documents released by the US Department of Defense showed that Ivermectin and hydroxychloroquine are the *de facto* antidotes to COVID-19.<sup>296</sup>

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<sup>293</sup> <https://ivmmeta.com/> (last accessed on May 5, 2022)

<sup>294</sup> <https://covidcalltohumanity.org/2021/09/03/tokyo-metropolitan-medical-association-chairman-now-is-the-time-to-use-ivermectin/> (last accessed on May 5, 2022) and <https://covidcalltohumanity.org/wp-content/uploads/2021/09/Yomiuri-Now-is-the-time-to-use-Ivermectin.pdf> (last accessed on May 5, 2022)

<sup>295</sup> <https://www.hindustantimes.com/cities/lucknow-news/33-districts-in-uttar-pradesh-are-now-covid-free-state-govt-101631267966925.html> (last accessed on May 5, 2022)

<sup>296</sup> <https://www.projectveritas.com/news/military-documents-about-gain-of-function-contradict-fauci-testimony-under/> (last accessed on May 5, 2022)

384. Dr. Landrito has successfully treated more than 100,000 patients using Ivermectin, intravenous Vitamin C, hydroxychloroquine.<sup>297</sup> Petitioner Quijano has also written about the numerous alternatives which are already used and recommended by numerous independent doctors and experts, which have much better scientific and empirical evidence of safety and efficacy compared to the COVID-19 vaccines.<sup>298</sup>

385. Furthermore, the Great Barrington Declaration, signed by over 50,000 medical scientists and doctors, plus over 900,000 concerned citizens around the world, showed a scientific way to end the lockdowns and the pandemic even without the use of vaccines.<sup>299</sup>

386. A statement of NEDA Director General and Socio-Economic Planning Secretary, Karl Kendrick Chua, highlighted the **importance of proportionality** in balancing valid but competing interest. He proposed treating COVID-19 as “endemic” because: “**If there are 20,000 cases but if 95% are mild, then we may be reacting too much.**”<sup>300</sup> He then cited countries such as the US, UK, South Korea, Singapore, Portugal and Thailand that are planning to manage COVID-19 endemic to the nation, just like the case of the flu.<sup>301</sup> Secretary Chua had earlier presented views to the public calling for a balanced approach. In a presentation he gave in 2020, he said that the National Economic Development Authority (NEDA) figures reveal that the lockdowns increased unemployment by 2.3 million, poverty by 4.5 million, and hunger by 23.7 million.<sup>302</sup>

387. The continuing observance of standard minimum health protocols such as wearing of face masks, frequent handwashing and social distancing even after getting vaccinated is still being mandated. These protocols remain in place as part of the PDITR+ strategies. In Respondent DOH’s AO No. 2021-0043 dated August 31, 2021<sup>303</sup> Respondent DOH promulgated guidelines for “the safe reopening of the Philippine economy” consisting of preventive strategies, detection strategies, isolation/quarantine strategies, treatment strategies, and reintegration strategies. The safe reopening across all settings entails a “risk-based approach,” which allows the reopening of communities and sectors where the risk is low or minimal, or if appropriate safeguards are met. These are:

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<sup>297</sup> See full details in Dr. Landrito’s judicial affidavit, **Annex HH**.

<sup>298</sup> See Annex C of Dr. Quijano’s judicial affidavit, **Annex T**.

<sup>299</sup> <https://gbdeclaration.org/> (last accessed on May 5, 2022)

<sup>300</sup> <https://newsinfo.inquirer.net/1523144/neda-chief-pushes-new-metrics-mindset-treat-covid-as-endemic> (last accessed on May 5, 2022)

<sup>301</sup> *Id.*

<sup>302</sup> Karl Kendrick T. Chua, Action Socio-Economic Planning Secretary, “Impact of COVID-19 on the economy and the people and the need to manage risk”. NEDA, 21 October 2020, p. 39.

<sup>303</sup> <https://dmas.doh.gov.ph:8083/Rest/GetFile?id=692037> (last accessed on May 5, 2022).



- Evidence that COVID-19 transmission is controlled, based on the incidence and growth rate of cases, prevalence and transmission rate in the community;
- Minimum public health standards and capacities are in place to prevent, detect, isolate, treat and reintegrate cases and close contacts;
- Outbreak risks are minimized in high-vulnerability settings, particularly in homes for senior citizens, mental health facilities, crowded places, residences, or based on the nature of the work; and,
- Stakeholders involved are consulted, aware, engaged, and participating in the preparation for the gradual reopening/transition.

It must be noted that vaccination rate was not among the components of safe reopening.

388. Petitioner Marañon points out in her judicial affidavit that in their region, they were able to safely reopen schools and conduct face-to-face classes without any resulting COVID-19 cases, much less an outbreak or surge. This was well before the issuance of IATF Resolution 148-B and the government’s aggressive push towards mandatory vaccination of both teachers and learners.<sup>304</sup>

389. Because these alternatives exist, and a more precise surgical approach to solving the challenge of COVID-19, people should not be forced to accept the mandatory vaccine regime, which the science has shown to be plagued with breakthrough cases that can lead to emergency hospitalization and, in some cases, to death.

390. For these reasons, the workplace vaccine mandates are not narrowly tailored to the avowed government purpose, which, in the first place, is nowhere near compelling.

391. To reiterate, the degree of protection that the vaccinated attains from getting inoculated with the COVID-19 vaccines is unknown, given that vaccine effectiveness wanes over time and can only be regarded as “additional protection.” The COVID-19 vaccines themselves bear concomitant risks of SAE. At the same time, the observance of minimum health standards toward the safe reopening of institutions, together with the

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<sup>304</sup> See full details in Marañon’s judicial affidavit, **Annex Z**.

rest of the PDITR+ strategies, renders the workplace vaccine mandates a needless burden to workers across all sectors.

392. The workplace vaccine mandates, therefore, do not involve a public right or interest that can override the unvaccinated workers' right to labor and that allow the former to take precedence over the latter. Worse, they violate the unvaccinated workers' right to "pursue both their material well-being and spiritual development in conditions of freedom and dignity, of economic security and equal opportunity,"<sup>305</sup> which belongs in equal measure to all human beings — vaccinated or not.

393. Thus, the workplace vaccine mandates in the assailed regulations and ordinances are unconstitutional for violating the Equal Protection clause in its anti-subordination aspect, as discussed by the Honorable Court in **Serrano v. Gallant** as well as the constitutional mandate of affording full protection to labor and promoting equal employment opportunities for all, as expressed in the principle of non-discrimination under PD 442, RA 11525, and DOLE Labor Advisory No. 3, among others.

**E. The assailed regulations are unconstitutional for violating the right to security of one's person and one's privacy.**

At stake in this Petition is the right to privacy.

394. **DILG MC No. 2022-002** directs city and municipal mayors to mobilize their punong barangays to monitor unvaccinated individuals and to coordinate with the local PNP in **monitoring** the latter's mobility within the city or municipality. Punong barangays are moreover enjoined to advise the unvaccinated to stay at home. This directive to place the unvaccinated under surveillance was reiterated in **DILG MC No. 2022-008**.

395. Under these regulations, punong barangays have the power to compel their unvaccinated constituents to disclose their **whereabouts** and accordingly restrict their movement within their respective barangays. The duration and effectivity of these regulations in relation to prevailing alert levels are not specified; thus, both regulations are deemed in force indefinitely. Petitioner Reyes's experience of being prevented from leaving his house pursuant to "barangay regulations" demonstrates how the foregoing DILG issuances mandates the surveillance of the unvaccinated within their communities.

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<sup>305</sup> ILO Convention No. 111, Preamble.

396. **DOTr No. 2022-001** and **LTFRB MC No. 2022-01** require operators and drivers of PUVs plying routes within and into NCR to admit only the vaccinated and the unvaccinated who are either exempt from the vaccines or are procuring essential goods and services. For this purpose, the vaccinated need to present both physical or digital copies of their **vaccine cards**, vaccine certification, or any IATF-prescribed document, together with physical copies of their **government-issued ID with pictures and addresses**. The unvaccinated, on the other hand, are required to show proof of their medical ineligibility or purpose of travel in the form of **medical certificates or barangay health passes**. Both regulations are effective while the alert level in NCR is Alert Level 3 or higher. LTFRB MC No. 2022-01 further states:

#### IV. Responsibilities of the PUV Operator

In addition to the imposed strict compliance with the existing health protocols, PUV Operators shall also ensure that only fully vaccinated drivers, conductors, inspectors, dispatchers, coordinators and ticket sellers in the terminals shall be allowed to report for work, for the protection of the riding public.

To facilitate the inspection of Transport Marshal on the compliance of the foregoing paragraph and assure the riding public, PUV operators shall ensure that the Vaccination Cards and ID of their drivers and conductors are **conspicuously displayed inside the vehicle**. For the other transport workers (inspectors, dispatchers, coordinators and ticket sellers in the terminals), they shall always wear their **ID with the Vaccination Card**. (Emphases supplied.)

397. Thus, both vaccinated and unvaccinated individuals bear the burden of proving their vaccination status or purpose of travel whenever their area is placed under Alert Level 3 or higher. Unvaccinated individuals who are medically eligible for the vaccines or have no proof of their ineligibility from a physician, as well as those traveling for purposes other than obtaining essential goods and services, can be refused to board PUVs. This has led to incidents where unvaccinated jeepney and bus commuters were forced to walk for miles as they could not afford private transportation or transport network vehicles services (TNVS), as in the case of Dianne, the partially vaccinated commuter who was not allowed to board the EDSA carousel bus. Operators and drivers who fail to comply with these regulations may be charged administratively and penalized with, among others, suspension of driver's license.

398. These regulations and ordinance show that imposing limitations on the movement of the unvaccinated cannot be made without invading their privacy. In all of the regulations and ordinances discussed above, the unvaccinated are being deprived of autonomy and segregated from the vaccinated in a manner that disproportionately encroaches upon their privacy.

***Impact on decisional privacy, bodily autonomy, and security of one's person***

399. The unvaccinated are being deprived of the decisional privacy or the right to independence in making certain important decisions,<sup>306</sup> such as what foreign substances to introduce into their bodies.

400. Pursuant to the two-fold test in **Disini**,<sup>307</sup> Petitioners are entitled to the right to decisional privacy. Under the subjective test, the unvaccinated have an actual and legitimate expectation of privacy over their personal health and physical integrity, which intersects with their freedom of conscience, belief, and religion. Under the objective test, a reasonable expectation of privacy over vaccination, both as a preventive measure against COVID-19 and a matter affecting a person's bodily autonomy, is acceptable to community norms, in view of the social stigma attached to the new infectious disease. The WHO has noted that:

The level of stigma associated with COVID-19 is based on three main factors: 1) it is a disease that's new and for which there are still many unknowns; 2) we are often afraid of the unknown; and 3) it is easy to associate that fear with 'others'.<sup>308</sup>

401. A penumbra of decisional privacy is bodily autonomy, which is synonymous with self-determination and refers to a person's right to make independent decisions involving their bodies. It is interweaved with the "right to bodily integrity, where people can live free from physical acts to which they do not consent."<sup>309</sup> Needless to add, these values must be preserved if every person's human dignity and personal integrity are to be truly respected and protected.

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<sup>306</sup> *Whalen v. Roe*, 429 U.S. 589 (1977), cited by *Ople v. Torres*, G.R. No. 127685, 293 SCRA 143, Jul. 23, 1998).

<sup>307</sup> G.R. No. 203335, February 11, 2014.

<sup>308</sup> See Social stigma associated with COVID-19, <https://www.who.int/publications/i/item/social-stigma-associated-with-covid-19> (last accessed on May 5, 2022).

<sup>309</sup> "What is Bodily Autonomy," *My Body is My Own: Claiming the right to autonomy and self-determination*, the 2021 State of World Population Report, United Nations Population Fund, [UNFPA My Body is My Own](https://www.unfpa.org/sowp-2021/autonomy), <https://www.unfpa.org/sowp-2021/autonomy> (last accessed on May 5, 2022).

402. The decisional privacy right of the unvaccinated to exercise bodily autonomy rests on their **right to free and informed consent** and the converse **right not to give such consent** to a medical procedure. This right was expressly recognized in the Nuremberg Code,<sup>310</sup> a landmark document on medical ethics which was adopted in the aftermath of the Nazis' horrifying human experimentations during World War II.<sup>311</sup> The first principle of this Code states:

1. **The voluntary consent of the human subject is absolutely essential.** This means that the person involved should have legal capacity to give consent; should be so situated as to be **able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision.** This latter element requires that before the acceptance of an affirmative decision by the experimental subject there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonably to be expected; and the effects upon his health or person which may possibly come from his participation in the experiment. The duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs, or engages in the experiment. It is a personal duty and responsibility which may not be delegated to another with impunity. (Emphases supplied.)

403. The World Medical Association Declaration of Lisbon on the Rights of the Patient<sup>312</sup> articulates bodily autonomy as the right to self-determination, which includes the right “to make free decisions regarding himself/herself,” and the right to “refuse to participate in research or the teaching of medicine.”

404. Respect for bodily autonomy is also espoused in the 2005 Universal Declaration on Bioethics and Human Rights, a universal framework of principles that address ethical issues related to medicine, life

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<sup>310</sup> <https://www.hhs.gov/ohrp/international/ethical-codes-and-research-standards/index.html> (last accessed on May 5, 2022).

<sup>311</sup> The Nuremberg Code came into existence in the aftermath of horrific human experimentations by the Nazis during World War II.

<sup>312</sup> [https://www.med.or.jp/dl-med/wma/lisbon\\_e.pdf](https://www.med.or.jp/dl-med/wma/lisbon_e.pdf) (last accessed on May 5, 2022)

sciences and associated technologies as applied to human beings, including vaccines. It states:

### **Article 5 – Autonomy and individual responsibility**

The autonomy of persons to make decisions, while taking responsibility for those decisions and respecting the autonomy of others, is to be respected. For persons who are not capable of exercising autonomy, special measures are to be taken to protect their rights and interests.

### **Article 6 – Consent**

1. Any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information. The consent should, where appropriate, be express and may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice.

2. Scientific research should only be carried out with the prior, free, express and informed consent of the person concerned. The information should be adequate, provided in a comprehensible form and should include modalities for withdrawal of consent. Consent may be withdrawn by the person concerned at any time and for any reason without any disadvantage or prejudice. Exceptions to this principle should be made only in accordance with ethical and legal standards adopted by States, consistent with the principles and provisions set out in this Declaration, in particular in Article 27, and international human rights law.

3. In appropriate cases of research carried out on a group of persons or a community, additional agreement of the legal representatives of the group or community concerned may be sought. In no case should a collective community agreement or the consent of a community leader or other authority substitute for an individual's informed consent.

405. Based on the foregoing international standards, medical interventions, including preventive medical treatments, must be accompanied by the patient's informed consent. The Code of Ethics of the Philippine Medical Association follows the same dictum, stating that one of

the duties of physicians to their patients, who have the right to refuse medical treatment, is to obtain their “voluntary informed consent.”<sup>313</sup>

406. Bodily autonomy is negated by mandatory vaccination, since the subject has no choice but to undergo the procedure in order to avoid being penalized with fines, imprisonment, house arrest, ban from public transportation, expenses of compulsory COVID-19 testing as a precondition for continuing employment, and broad restrictions on movement. The Implementing Rules and Regulations of RA 11525, in fact, states:

J. COVID-19 Vaccine Card

In the implementation of the vaccination program following relevant provisions in the Philippine National Deployment and Vaccination Plan, **no vaccine shall be administered to anyone who has not submitted a signed informed consent form**, pursuant to existing guidelines in DOH DM No. 2021-0099 or the “Interim Omnibus Guidelines for the Implementation of the National Vaccine Deployment Plan for COVID-19.” A standardized COVID-19 vaccine card shall be issued to vaccine recipients to ensure completion of the required doses by documenting details of their vaccination. (Emphasis and underscoring supplied.)

407. Furthermore, under Section 6 (g) of RA 11332, “[a]ll personnel of Respondent DOH and its local counterparts, and all other individuals or entities involved in conducting disease surveillance and response activities shall **respect, to the fullest extent possible, the rights of people to liberty, bodily integrity, and privacy** while maintaining and preserving public health and security.” Respect for the right to physical integrity is thus recognized and protected in the performance of Respondent DOH’s disease surveillance and response functions.

408. This protected sphere of privacy deserves “recognition independently of its identification with liberty” as it is “in itself fully deserving of constitutional protection.”<sup>314</sup> As will further be discussed, encroachments upon this right to be let alone cannot be casually made and will be sustained only if they pass constitutional muster.

***Impact on informational privacy***

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<sup>313</sup> Section 5, Article II, Code of Ethics of the Philippine Medical Association.

<sup>314</sup> *Morfe v. Mutuc*, G.R. No. L-20387, January 31, 1968.

409. The vaccinated and the unvaccinated are both entitled to the constitutional right to informational privacy. This facet of the right to privacy has two aspects: the right not to have private information disclosed, and the right to live freely without surveillance and intrusion. Both are guaranteed in Section 2, Article III of the Constitution, which states that “the right of the people to be secure in their persons, houses, papers, and effects against unreasonable searches and seizures of whatever nature and for any purpose shall be inviolable.”

410. Applying the subjective test of privacy in **Disini v. Secretary of Justice**<sup>315</sup>, all persons have an actual and legitimate expectation of privacy over their status as a vaccinated or an unvaccinated individual as well as the information stated in their vaccine cards, vaccine certificates or, for those unfit for the COVID-19 vaccines, medical records showing such ineligibility. Under the objective test, such an expectation of privacy is one that society is prepared to accept as objectively reasonable, considering that the said health-related information, is considered sensitive personal information under Section 3(1) of RA 10173 or the “Data Privacy Act of 2012.”

411. It is for this reason that the National Privacy Commission (NPC) has issued several bulletins<sup>316</sup> to help ensure that the right to informational privacy is respected amid the pandemic, where the accomplishment of contact tracing and health declaration forms has become the norm in both public and private establishments. This has entailed compulsory disclosures of personal information such as name, address, contact number, and history of COVID-19 exposure or infection and has exposed such private data to unscrupulous activities like “smishing” (sending of unsolicited SMS messages that lead to fraudulent sites).<sup>317</sup>

412. Under the assailed regulations and ordinance, both the vaccinated and unvaccinated are data subjects whose sensitive personal information is subject to processing by punong barangays, drivers and operators of PUVs, employees of government offices, and owners of business establishments in NCR. PUV employees such as transport workers, inspectors, dispatchers, coordinators, and ticket sellers are also required to waive their privacy right over their sensitive personal information as they are directed to display their vaccination cards and IDs in full view of the riding public at all times.

413. Acting on concerns regarding the collection of vaccination information by barangays, particularly the submission of lists of

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<sup>315</sup> G.R. No. 203335, February 11, 2014.

<sup>316</sup> See List of NPC Issuances Related to COVID-19, <https://www.privacy.gov.ph/list-of-npc-issuances-related-to-covid-19/> (last accessed on May 5, 2022).

<sup>317</sup> See NPC PHE Bulletin No. 21 Preventive Data Privacy Practices Against Smishing, <https://www.privacy.gov.ph/2021/10/npc-phe-bulletin-no-21-preventive-data-privacy-practices-against-smishing/> (last accessed on May 5, 2022).



unvaccinated residents, the NPC issued NPC PHE Bulletin No. 22 “Processing of Household Vaccination Information by Local Government Units” on January 17, 2022. While here, the NPC said that this processing activity is not based on the consent of the data subjects, it also noted that the barangay mandate to make such inventories relates to the “initiative to further encourage everyone eligible to be vaccinated against COVID-19 and to promote booster uptake.” The NPC said:

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With this, we remind the DILG and all LGUs of their obligations under the Data Privacy Act of 2012 (DPA) as personal information controllers (PICs).

PICs should not collect any unnecessary personal data from the residents, in keeping with the principle of proportionality. **Only those personal data which are relevant to the purpose of having an accurate inventory of unvaccinated residents should be collected**, in relation to the recent directives of the government to regulate mobility of unvaccinated persons.

These lists of vaccinated and unvaccinated individuals, including those who already received booster shots, contain **sensitive personal information** which shall be processed only for the **declared and specified purpose** as mentioned above, in line with the response to the public health emergency.

These lists shall not be further processed for any incompatible purpose. Further processing is **incompatible** when:

- a. It would be **very different from the original purpose** of responding to public health emergencies as part of public health measures or there is no clear and reasonable link between such original purpose and the purposes of the intended further processing;
- b. It would result in an **unjustified consequence on the rights and freedoms** of the individual;
- c. It would not be reasonably expected by the individual considering the context in which the personal data has been collected.

Processing for unauthorized purpose/s is punishable with imprisonment of up to seven years and a fine of up to two million pesos under the DPA.

The DILG and the LGUs shall implement **safeguards** to protect these lists against accidental, unauthorized, or otherwise unlawful use or access. The following and other similar actions are prohibited:

- a. unauthorized copying and distribution of the lists;
- b. posting of the lists, whether physically or online;
- c. taking photos of the same;
- d. live streaming the actual collection of information done by the barangay personnel.

These information should only be accessible and disclosed to specific authorized persons. Such authority should be documented either in an official written policy or written authority identifying them by name or by their position or designation. Any unauthorized disclosure shall be punishable under the DPA and other applicable laws.

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For transparency, the DILG and/or the LGUs should prepare a **privacy notice** specific to this processing activity which they should provide to the residents during the interview and post on their official websites or social media platforms. It is recommended that the privacy notice be translated to either Filipino or another language or dialect so that it will be better understood by the data subjects in the locality. The privacy notice should sufficiently inform the residents of the details of the processing of their vaccination status, their rights as data subjects, among other necessary information.

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We maintain that privacy rights and public health requirements are not in conflict with each other. The rights and principles of data privacy are fully compatible with the tasks necessary to address the pandemic. (Emphases and underscoring supplied.)

414. The NPC also noted that this “masterlisting” by barangays relates to the Philippine National Deployment and Vaccination Plan for COVID-19

Vaccines (Plan); DOH Department DM No. 2021 – 0099 or the Interim Omnibus Guidelines for the Implementation of the National Vaccine Deployment Plan for COVID-19; RA 11525, and; the Implementing Rules and Regulations (IRR) of RA No. 11525 issued by the DOH and the National Task Force Against COVID-19 through Joint Administrative Order (JAO) No. 2021-0001.<sup>318</sup>

415. The NPC has not issued a bulletin addressing privacy concerns about the collection of information on unvaccinated residents' *location* for purposes of monitoring or tracking them down. Nonetheless, it is clear that further processing of information pertaining to their whereabouts is incompatible with the objectives of maintaining an accurate inventory, i.e., to encourage vaccination and to boost vaccine uptake. Rather, the unwarranted enforcement of these regulations beyond their intended purpose has resulted in unjustified consequences to the unvaccinated's freedom of movement.

416. But more than being violative of RA 10173, the assailed regulations and ordinances do not pass constitutional muster as an administrative legislation.

***Failure to pass the test of strict scrutiny***

417. The right to privacy is a fundamental right.<sup>319</sup> Any intrusions of this right will be considered valid only if it passes the crucible of strict scrutiny.

418. The State has no compelling State interest to enforce a regime of mandatory vaccination that penalizes and segregates the unvaccinated. Petitioners replead their arguments under Part D of this Petition in further contending that in the absence of a compelling interest, the inalienable right to decisional privacy of the unvaccinated who are otherwise eligible for the COVID-19 vaccines, which they are exercising by refusing to submit to vaccination is being infringed upon without basis.

419. Furthermore, **surveillance as a measure under Detection Strategies means disease surveillance within the meaning of RA 11332 and not surveillance of unvaccinated persons.** Disease surveillance is defined as: "the ongoing systematic collection, analysis, interpretation, and

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<sup>318</sup> NPC PHE Bulletin No. 19: Personal data processing for the COVID-19 vaccination program, May 21, 2021, <https://www.privacy.gov.ph/2021/05/npc-phe-bulletin-no-19-personal-data-processing-for-the-covid-19-vaccination-program/> (last accessed on May 5, 2022).

<sup>319</sup> *White Light Corp. v. City of Manila*, G.R. No. 122846, January 20, 2009.

dissemination of outcome-specific data for use in the planning, implementation, and evaluation of public health practice. A disease surveillance system includes the functional capacity for data analysis as well as the timely dissemination of these data to persons who can undertake effective prevention and control activities.”<sup>320</sup>

420. The sole objective of this activity is to inform the planning, implementation and evaluation of public health practice, to which the mandatory reporting of notifiable diseases and health events of public concern is essential. It does not, in any way, involve the tracking and accounting of an unvaccinated individual’s whereabouts, as provided for in the assailed DILG issuances.

421. Other than being patently oppressive, depriving the unvaccinated of their choice not to get vaccinated and placing them under a surveillance state has not been shown to be effective in preventing the transmission of COVID-19. Again, in addition to the “scientific uncertainties” regarding the effectiveness of the COVID-19 vaccines, particularly as against certain variants, such measures do not, in the first place, determine whether the unvaccinated are infected with COVID-19 or, if infected, will exhibit symptoms or suffer from severe cases.

422. To assume that the unvaccinated are carriers of the virus finds no support in fact and in law. On November 20, 2020, one of the two world’s top scientific journals, *Nature Communications* published a very important article. Its title was “**Post-lockdown SARS-CoV-2 nucleic acid screening in nearly ten million residents of Wuhan, China**”. (Emphasis supplied.) The study proved early on **that asymptomatic unvaccinated people did not spread COVID-19**. It concluded: “All city residents aged six years or older were eligible and 9,899,828 (92.9%) participated. No new symptomatic cases and 300 asymptomatic cases ... were identified. **There were no positive tests amongst 1,174 close contacts of asymptomatic cases.**”<sup>321</sup> (Emphasis supplied.)

423. Thus, Respondents are confusing prevention and detection by unduly coercing unvaccinated persons placed under surveillance into isolation or quarantine. Pursuant to the vaccine mandates, the unvaccinated are virtually kept under lockdown, isolation or quarantine for an indeterminate period of time.

424. As such, the surveillance of the unvaccinated under the assailed DILG issuances violates the facet of the right to privacy that protects all

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<sup>320</sup> Section 3(f), RA 11332.

<sup>321</sup> <https://www.nature.com/articles/s41467-020-19802-w> (last accessed on May 5, 2022)

citizens from unwanted surveillance and intrusion under Section 2, Article III of the Constitution.

425. Worse, the indiscriminate exposure of private data as a consequence of justifying one's presence outside his or her residence has resulted in the use and exploitation of such data for fraudulent purposes. The integrity of both the vaccinated and unvaccinated's personal data will, thus, be at the mercy of virtually any entity that gains possession of their sensitive personal information. This risk, yet again, does not outweigh the declared objective, not to mention that it violates the principles of necessity and proportionality in the lawful processing of data under RA 10173.

426. All of these premises do not excuse the assailed intrusions to the unvaccinated's zones of privacy—the right to be let alone in their choice not to be vaccinated and to enjoy freedom of movement **within reasonable limits already being imposed under the prevailing Alert Level Classification**. As already discussed, the unvaccinated did not lose their reasonable expectation of privacy just because the law sanctions the inventory of populations for purposes of administering COVID-19 vaccines. The encroachments, therefore, are impermissible.

427. Uninhibited access to the vaccinated and unvaccinated's sensitive personal information, as well as the monitoring of the unvaccinated's whereabouts for an objective that cannot be regarded as compelling and narrowly tailored, are, therefore, unconstitutional. The assailed regulations and ordinances that sanction such draconian intrusions of privacy must be invalidated.

**F. The assailed regulations are unconstitutional for violating the fundamental right to religious freedom.**

428. Among unvaccinated individuals are those who refuse or object to vaccination on account of religion. There is, thus, a tension between the State's objective of preventing the transmission of COVID-19 and the right to freedom of religion.

429. Petitioner Miguel, a member of the United Church of Christ in the Philippines, has been subjected several restrictions because he objects to vaccination on religious grounds. He is no longer allowed to worship inside his Church, no longer allowed to conduct Bible study and care group sessions, or to attend weddings, baptisms church seminars, and trainings due to his vaccination status

430. Petitioner Miguel became a born-again Christian at the age of 13, and believes in the Bible. Central to his belief is that mandatory vaccination and the vaccination passport is the mark of the Beast and the Anti-Christ, as found in the Book of Revelation, Chapter 13, verses 16-18, which says:

“16. It also forced all people, great and small, rich and poor, free and slave, to receive a mark on their right hands or on their foreheads,

17. **so that they could not buy or sell unless they had the mark**, which is the name of the beast or the number of its name,

18. This calls for wisdom. Let the person who has insight calculate the number of the beast, for it is the number of man. That number is 666.”<sup>322</sup>

431. Petitioner Miguel humbly invokes religious freedom to declare the assailed Resolutions unconstitutional.

432. Petitioner Patiño is in a similar situation. She is a Pastor of New Life Ministries in Davao City. She believes in the Bible that considers the body is a temple for the Holy Spirit, that she is fearfully and wonderfully made in the image of God, and her need to keep her body which is indwelt by the Holy Spirit.

433. Petitioner Patiño sincerely believes that it is a God-given responsibility to protect the physical integrity of her body against unclean food, medications and procedures, including injections. She believes that the mandated vaccines, with their numerous additives, are the equivalent of “unclean food” prohibited by the Bible.

434. The above-named religious and conscientious objectors rely on their religious freedom and freedom of beliefs.

435. The Constitution guarantees freedom of religion and separation of church and state. This Honorable court has laid down in a landmark ruling that this guarantee boils down to the concept of benevolent neutrality, which protects religion, not the state.<sup>323</sup>

436. Thus, this Honorable Court clarified the concept of benevolent neutrality:

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<sup>322</sup> See Judicial Affidavit of Petitioner Miguel, Annex W.

<sup>323</sup> Estrada v. Escritor, 408 SCRA 1 (2003).

“Taken together, the religion clauses can be read most plausibly as warding off two equal and opposite threats to religious freedom — government action that promotes the (political) majority's favored brand of religion and government action that impedes religious practices not favored by the majority. The substantive end in view is the preservation of the autonomy of religious life and not just the formal process value of ensuring that government does not act on the basis of religious bias.”

(Estrada v. Escritor, 408 SCRA 1, p. 15).

437. In light of the above, Petitioners Miguel and Patiño respectfully submit that the provisions of the assailed Resolutions violate their freedom of religion and freedom of conscience because, as stated in their Judicial Affidavits, they are strongly against any form of abortion. They know that “Fetal Cell Lines” were used in developing COVID-19 vaccines that were taken from murdered babies.

438. This is against their religious belief against abortion. It is with great moral conviction and their religious conscience that getting inoculated with a vaccine that uses Fetal Cell Lines from aborted babies shall deliberately violate their moral and spiritual principles to protect the sanctity of the life of the unborn child.

439. The herein Petitioners are similarly situated as that of the petitioners in the case of Imbong v. Ochoa<sup>324</sup> where this Honorable Court invalidated provisions of the Reproductive Health Act (R.A. 10354) which imposed a duty of healthcare providers to render pro bono reproductive health service or program to a patient.<sup>325</sup> The Court ruled:

“With the constitutional guarantee of religious freedom follows the protection that should be afforded to individuals in communicating their beliefs to others as well as the protection for simply being silent. The Bill of Rights guarantees the liberty of the individual to utter what is in his mind and the liberty not to utter what is not in his mind. **While the RH Law seeks to provide freedom of choice through informed consent, freedom of choice guarantees the liberty of the**

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<sup>324</sup> 721 SCRA 146 (2014).

<sup>325</sup> Secs. 7, 23, and 17, R.A. 10354.

**religious conscience and prohibits any degree of compulsion or burden, whether direct or indirect, in the practice of one's religion.”<sup>326</sup>**

440. The primacy of religious freedom is well-enshrined. The Honorable Court has held that freedom of religion was given preferred status by the framers of the Constitution “to protect the **broadest possible liberty of conscience**, to allow each man to believe as his conscience directs, **to profess his beliefs, and to live as he believes he ought to live**, consistent with the liberty of others and with the common good.”<sup>327</sup>

441. The guarantee of religious freedom under the Constitution not only comprises the freedom to believe, but also the freedom to act on one’s belief. In **Estrada v. Escritor**,<sup>328</sup> it was held that in case of conflict between the free exercise of religion and the State, as in this case, the courts adopt the *benevolent neutrality accommodation*, where accommodation of religion is allowed with respect to governmental actions, “not to promote the government’s favored form of religion, but to allow individuals and groups to exercise their religion without hindrance.”

442. Thus, where the free exercise of religion is burdened by governmental acts, the presence of a compelling State interest behind the said acts must be determined in line with the doctrine of benevolent neutrality in **Escritor**. The Honorable Court did this in **Imbong v. Ochoa**,<sup>329</sup> where it upheld the conscientious objector’s claim to religious freedom under Sections 7, 23, and 24 of RA 10354 or the “Responsible Parenthood and Reproductive Health Act of 2012 (RH Law)” and thereby struck down the said provisions for encroaching upon religious freedom.

443. Parenthetically, it bears noting that pursuant to **Imbong**, Respondent DOH issued Administrative Order No. 2015-0027 dated June 22, 2015 (“Guidelines on the Registration and Mapping of Conscientious Objectors and Exempt Health Facilities Pursuant to the Responsible Parenthood and Reproductive Health Act”) allowing skilled health professionals to be conscientious objectors provided that the said objection is due to his or her ethical or religious convictions. The same recognition can be granted to the unvaccinated who are invoking the free exercise of their religious beliefs.

444. Indeed, unvaccinated individuals who are refusing vaccination due to their religious beliefs are the conscientious objectors in this case.

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<sup>326</sup> *Imbong*, 721 SCRA at 336 (Citations omitted; emphasis supplied).

<sup>327</sup> *Islamic Da'wah Council of the Philippines, Inc. v. Office of the Executive Secretary*, 453 Phil. 440 (2003).

<sup>328</sup> A.M. No. P-02-1651, August 4, 2003.

<sup>329</sup> G.R. No. 204819, April 8, 2014.



Notions of bodily autonomy tied to spiritual purity and personal accountability to a higher sovereign — a supreme being greater than the State — lie within the penumbra of religious freedom. Petitioner Espinoza, for instance, believes that introducing foreign substances such as vaccines to one’s body destroys its sacredness as a temple of God.

445. Hence, the unvaccinated conscientious objectors’ plea for exemption from the assailed regulations and ordinances deserves no less than strict scrutiny. As applied in **Escritor**, the first inquiry in this test centers on whether a conscientious objector’s right to freedom of religion is being burdened.

446. The situation in the case at bar is reminiscent of the “intense tug-of-war” in **Escritor** and **Imbong**: “One side coaxes him into obedience to the law and the abandonment of his religious beliefs, while the other entices him to a clean conscience yet under the pain of penalty.”<sup>330</sup> Here, compliance with the assailed regulations and ordinances, no matter how grudging, is a betrayal of the unvaccinated’s religious beliefs. But choosing to stand by these religious beliefs will subject the unvaccinated to a host of penalties.

447. The conscience of unvaccinated conscientious objectors is immediately burdened the moment they undergo vaccination against the will, as this compels them to perform an act against their religious beliefs and conviction. The inviolability of the unvaccinated’s human conscience, which is the basis of the free exercise clause,<sup>331</sup> is, thus, disrespected.

448. As in **Imbong**, the penalties provided in the assailed regulations and ordinance set out to ensure regulation of compliance from the unvaccinated. But “when what is bartered for an effective implementation of a law is a constitutionally-protected right,” the Court should not hesitate to stamp its disapproval.<sup>332</sup> The punishment of an unvaccinated individual, who fails and/or refuses to undergo vaccination with the COVID-19 vaccines because of incompatible religious beliefs, is a clear and impermissible violation of a constitutional guarantee.

449. The second inquiry looks into whether there is a sufficiently compelling interest to justify this infringement of religious liberty.<sup>333</sup>

450. As argued several times in this Petition, eradicating COVID-19 through vaccination, although legitimate, is not a scientific certainty and,

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<sup>330</sup> *Id.*

<sup>331</sup> *Id.*, citing Joaquin A. Bernas, *The 1987 Constitution*, 2009 Ed., p. 330.

<sup>332</sup> *Id.*

<sup>333</sup> *Estrada vs. Escritor*, *supra*.

thus, fails to rise to the level of compelling, compared to the infringement of religious liberty.

451. Exempting the unvaccinated from the policy of vaccination on religious grounds will not undermine public health, given that the safety and effectiveness of the COVID-19 vaccines for considerable periods have not been established and that both the unvaccinated and the vaccinated can still be infected and transmit the coronavirus. Under the circumstances, secular interest in vaccination will not be offended or impaired by an exemption for religious practice.

452. The third inquiry relates to whether the State, in achieving its legitimate purpose, uses the least intrusive means possible so that the free exercise of religion is infringed any more than necessary to achieve the objective.

453. In this regard, petitioners submit, yet again, that the means espoused by the assailed regulations and ordinance are not narrowly tailored to the purported goals. The vaccine mandates are rather blanket in this case, as none allows exemption from the policy on religious grounds.<sup>334</sup>

454. Petitioners Perlas, Quijano, Castillo, and Landrito have also emphasized that there are other ways by which COVID-19 infections can be prevented and mitigated, if not totally eliminated, using a combination of strategies that makes no singular reliance on vaccination. Hence, the broad and indiscriminate means chosen to achieve the State purpose bear a heavy imposition on religious liberty.

455. For failing to satisfy all three prongs of the strict scrutiny test vis-à-vis the free exercise clause, the assailed regulations and ordinance must be invalidated for being grievous breaches of the fundamental right to religious freedom.

**G. The assailed regulations are unconstitutional for violating the fundamental right to freedom of movement and travel.**

456. The assailed regulations and ordinances severely limits the unvaccinated's freedom of movement. This is patent from a perusal of the pertinent provisions in each one (1), viz:

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<sup>334</sup> Pasig City is the only LGU which recognizes religious freedom insofar as the workplace vaccine mandates are concerned.

- **IATF Resolution No. 148-B**

C. Public and private establishments, even if not required by the Guidelines on the Implementation of Alert Levels System for COVID-19 Response in Pilot Areas to accommodate only fully vaccinated individuals, may nonetheless validly refuse entry and/or deny service to individuals who remain to be unvaccinated, or are merely partially vaccinated, despite being eligible for vaccination. Provided that frontline and emergency services shall continue to render assistance to all persons regardless of vaccination status.

- **DILG MC No. 2022-008**

Policy Content and Guidelines

2.1. On Regulating the Movement of Unvaccinated and Partially Vaccinated Individuals

Item 4.2.2 of DILG MC No. 2022-02 **enjoins** all Punong Barangays to **closely monitor the mobility** of persons yet to be vaccinated against COVID-19 and to advise them to stay at home to minimize the risk of COVID-19 transmission, provided that utmost respect for human rights is strictly observed.

Relatedly, all Punong Barangays are **enjoined** to **impose limitations to the movement** of unvaccinated and partially vaccinated individuals in their respective barangays except for reporting for work and for obtaining essential goods and services which covers health and social services to secure the safety and well-being of persons, such as but not limited to, food, water, medicine, medical devices, public utilities, energy, and others as may be determined by the Inter-Agency Task Force for the Management of Emerging Infectious Diseases (IATF). Moreover, individual outdoor exercise shall be allowed within the general area of their residence, subject to the guidelines of their respective LGUs.

Furthermore, all Punong Barangays are reminded that no fees or charges shall be collected for the issuance of barangay certification for COVID-19

related purposes such as what is being required by the Department of Transportation (DOTr) in its Department Order No. 2022-001 or the “no vaccination, no ride” policy.

Said DOTr policy exempts persons who will procure essential goods and services, such as but not limited to food, water, medicine, medical devices, public utilities, energy, work, and medical and dental necessities, as evidenced by a duly issued barangay health pass or a barangay certificate that would support and justify such travel.

- **DOTr DO No. 2022-001**

“Section 2. No Vaccination, No Ride Policy. – All concerned attached agencies and sectoral offices of DOTr are directed to ensure that operators of public transportation **shall allow access or issue tickets only to “Fully Vaccinated Persons,”** as evidenced by (i) physical or digital copies of an LGU-issued vaccine card, a DOH-issued vaccine certification, or any IATF-prescribed document with (ii) a valid government-issued ID with picture and address.

X X X

Section 3. Exceptions. – The “No Vaccination, No Ride Policy” shall not apply to the following:

- a. Persons with medical conditions that prevent full COVID-19 vaccination, as evidenced by a duly signed medical certificate with name and contact details of the physician; and
- b. Persons who will procure essential goods and services, such as but not limited to food, water, medicine, medical devices, public utilities, energy, work and medical and dental necessities, as evidenced by a duly issued barangay health pass or other appropriate proof to support and justify such travel.

Section 4. Violations. – Any violation of this DO shall be penalized in accordance with the respective charters, authority, rules and regulations of the concerned attached agencies and sectoral offices of DOTr.

Any violation of this DO by operators of public transportation shall be considered a **violation of applicable general safety and health laws** under any concession or service agreements, authority or permit to operate, or other similar instruments. (Emphases and underscoring supplied.)

- **LTFRB MC No. 2022-001**

I. Coverage

This Circular shall cover ALL Public Utility Vehicle (PUV) Operators of public land transportation services, including their employees/workers (such as drivers, conductors, inspectors, dispatchers, coordinators and ticket sellers in the terminals), operating within NCR and those inter-regional routes that will be entering NCR.

No Vaccination, No Ride Policy

Operators covered under this MC shall issue tickets or allow access to the PUV ONLY to those “FULLY VACCINATED INDIVIDUALS”, who can sufficiently provide and show proof of the following:

- a) Physical or digital copies of: (i) LGU-issued vaccine card, or (ii) DOH-issued vaccine certification, or (iii) Any IATF-prescribed document; and
- b) Physical copy of any valid government issued ID with picture and address. Digital copies would include photocopy, picture and scanned copy.

A person is considered fully vaccinated in the following cases:

- (a) Two (2) weeks after the date when second dose was administered in a two-dose series, such as the Pfizer or Moderna vaccines; or
- (b) Two (2) weeks after the date when the single-dose vaccine was administered, such as Johnson & Johnson’s Janssen vaccine.

## II. Exceptions

The “No Vaccination, No Ride Policy” shall NOT apply to the following:

- (a) Persons with medical conditions that prevent full COVID-19 vaccination, as evidenced by a duly signed medical certificate with name and contact details of the physician; and
- (b) Persons who will procure essential goods and services, such as but not limited to food, water, medicine, medical devices, public utilities, energy, work, and medical and dental necessities, as evidenced by a duly issued barangay health pass or other appropriate proof of support and justify such travel.

## III. Responsibilities of the PUV Operator

In addition to the imposed strict compliance with the existing health protocols, PUV Operators shall also ensure that only fully vaccinated drivers, conductors, inspectors, dispatchers, coordinators and ticket sellers in the terminals shall be allowed to report for work, for the protection of the riding public.

To facilitate the inspection of Transport Marshal on the compliance of the foregoing paragraph and assure the riding public, PUV operators shall ensure that the Vaccination Cards and ID of their drivers and conductors are conspicuously displayed inside the vehicle. For the other transport workers (inspectors, dispatchers, coordinators and ticket sellers in the terminals), they shall always wear their ID with the Vaccination Card.

## IV. Violation and Penalties

Failure to comply with any of the provisions of this MC shall be considered as a violation of the terms and conditions of their CPC and appropriate penalties shall be imposed against the operator, in accordance with the provisions of Joint Administrative Order No. 2014-01, without prejudice to the filing of appropriate charges as

may be determined and filed by other enforcement agencies.

For violation/s committed by the drivers of PUVs, the Board may recommend to the Land Transportation Office (LTO) for the suspension of their Driver's License, also without prejudice to the filing of appropriate charges against the said driver, as may be determined and filed by other enforcement agencies.

- **Makati City Ordinance No. 2022-005**

“Section 4. Restrictions to Unvaccinated Individuals. Unvaccinated individuals in the City of Makati shall:

- a) Remain in their residences at all times except for the procurement of essential goods and services such as, but not limited to, food, water, medicine, medical devices, public utilities, energy, work, and medical and dental necessities; Provided, however, that individual outdoor exercise shall be allowed within the general area of their residence, e.g., within the barangay, purok, subdivision, or village subject to the guidelines that may be issued by competent authorities;
- c) Be prohibited in domestic travel via public transportation by land, sea, and air except for the procurement of essential goods and services such as, but not limited to, food, water, medicine, medical devices, public utilities, energy, work, and medical and dental necessities subject to the production of “proof to support and justify such travel,”

457. The right to travel is a fundamental right. In **Samahan ng mga Progresibong Kabataan (SPARK) v. Quezon City**,<sup>335</sup> this Honorable Court said that this right is “embraced within the general concept of liberty.”<sup>336</sup>

458. Petitioners are aware that the freedom to move from one place to another is not an absolute right. Section 6, Article III of the Constitution provides that the State, which pertains to executive officers or administrative authorities like Respondents, may impose limitations on this right,<sup>337</sup>

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<sup>335</sup> SPARK v. Quezon City, *supra*.

<sup>336</sup> *Id.*

<sup>337</sup> *Santiago v. Vasquez*, G.R. Nos. 99289-90, January 27, 1993, 217 SCRA 633, 651.

provided that the same **(1) serve the interest of national security, public safety, or public health;** and that they **(2) are provided by law.** As held in **Silverio v. Court of Appeals:**<sup>338</sup>

Article III, Section 6 of the 1987 Constitution should be interpreted to mean that while the liberty of travel may be impaired even without court order, the appropriate executive officers or administrative authorities are not armed with arbitrary discretion to impose limitations. They can impose limits only on the basis of “national security, public safety, or public health” and “as may be provided by law,” a limitative phrase which did not appear in the 1973 text (The Constitution, Bernas, Joaquin G., S.J., Vol. I, First Edition, 1987, p. 263). Apparently, the phraseology in the 1987 Constitution was a reaction to the ban on international travel imposed under the previous regime when there was a Travel Processing Center, which issued certificates of eligibility to travel upon application of an interested party (See *Salonga v. Hermoso & Travel Processing Center*, No. L-53622, 25 April 1980, 97 SCRA 121).

459. In **SPARK**, the Honorable Court said: “When it is possible for governmental regulations to be more narrowly drawn to avoid conflicts with constitutional rights, then they must be so narrowly drawn.”<sup>339</sup> Thus, for a curtailment of this right to be valid, the same should pass the standard of strict scrutiny.

460. Petitioners re-plead their contention that the State has no compelling interest in infringing their freedom of movement in order to prevent the transmission of COVID-19. To reiterate, this overkill cannot be justified in view of the following:

- To date there is no sufficient scientific data proving that the COVID-19 vaccines are effective at eradicating the disease, as demonstrated by the transmissibility of the Delta and Omicron variants even between and among the vaccinated;
- Variables that are not health-based like logistical issues causing the uneven rollout of the vaccines should have been weighed in assessing vaccine safety and effectiveness;
- Even if COVID-19 vaccines appear to have reduced and prevented the severity and development of symptoms among

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<sup>338</sup> *Id.*

<sup>339</sup> *SPARK v. Quezon City, supra.*



the vaccinated, the duration of these effects have been scientifically shown to be short-term and waning. We have extensively documented this in our Statement of Facts.

- Reports of unvaccinated individuals dying and overburdening the healthcare system are inaccurate and lack basis;
- Concerns about safety cannot be dismissed in the absence of equal access to healthcare, which can otherwise equip people with the necessary information in deciding whether to undergo vaccination; and,
- That the known and potential risks of the COVID-19 vaccines are outweighed by the known and potential benefits remains to be seen, given that transparent and credible investigations of reported SAE, like the one suffered by Petitioner Arado, are lacking.<sup>340</sup>

461. Furthermore, even the DOH has admitted that any protective immunity that vaccines may give is not long lasting.<sup>341</sup> This is the reason why DOH has been promoting boosters, which, by its very name, means the need to boost the protection of vaccines that are subject to waning. As of April 24, 2022, the DOH has administered 12,939,274 booster shots!<sup>342</sup> Why boost a vaccine if it is effective, durable and does not wane?

462. The second requirement is likewise lacking. It arises from “the fundamental premise that citizens should not be hampered from pursuing legitimate activities in the exercise of their constitutional rights.”<sup>343</sup> Thus, the Honorable Court has held that while rights may be restricted, these limitations must be “minimal or only to the extent necessary to achieve the purpose or to address the State's compelling interest.”<sup>344</sup>

463. The assailed regulations and ordinances are not narrowly drawn as the exceptions therein are insufficient and, hence, overly restrict the unvaccinated persons’ fundamental right to travel.

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<sup>340</sup> It must be pointed out that Petitioner Arado’s diagnosed adverse event “retinal vein occlusion” is specifically listed in page 8 of the Pfizer List of Adverse Events of Special Interest, **Annex KK**.

<sup>341</sup> <https://mb.com.ph/2022/03/02/govt-to-intensify-covid-19-vaccination-efforts-under-alert-level-1-4th-natl-vax-drive-eyed-by-march-10/> (last accessed on May 5, 2022); <https://hta.doh.gov.ph/2021/11/15/htac-recommends-covid-19-vaccine-booster-and-additional-dose-guidance-and-conditions-on-implementation/> (last accessed on May 5, 2022). DOH’S HTAC cites “evidence on waning immunity” as one reason for recommending booster shots.

<sup>342</sup> <https://www.fda.gov.ph/wp-content/uploads/2022/04/Reports-of-suspected-adverse-reaction-to-COVID-19-vaccines-as-of-24-April-2022.pdf> (last accessed on May 5, 2022)

<sup>343</sup> SPARK v. Quezon City, *supra*.

<sup>344</sup> *Id.*

464. To reiterate, the general rule in the disputed issuances is that *all* unvaccinated individuals, whether or not ineligible for the COVID-19 vaccines, are enjoined to stay at home. The things they are allowed to do are (1) the procurement of essential goods and services like food, water, utilities, work (which is subject to a separate burden, as will later be discussed), medical devices, medical and dental necessities, and (2) individual outdoor exercise within the general area of their residence.

465. The unvaccinated are prohibited ingress and egress to many places. Under the Makati City Ordinance, the unvaccinated are also prohibited from entering government offices, religious establishments, and other similar public areas and from procuring essential goods from stores located inside malls.

466. It must also be observed that the assailed ordinances further narrow down the coverage of persons allowed to travel via public transportation under the DOTr and LTFRB issuances. The exemption of persons who are disqualified to be vaccinated with the COVID-19 vaccines for health reasons and are able to present medical certificates showing such ineligibility is conspicuously absent in the ordinances. Thus, the said class of unvaccinated persons cannot go outside their residences for purposes other than procuring essential goods and services.

467. By curtailing their right to travel, the questioned acts also prohibit the unvaccinated from accessing and exercising their other rights, such as the right to free expression, assembly, association, and religion. These freedoms are undoubtedly interrelated with the right to travel, as discussed by the Honorable Court in **SPARK**. Thus:

Liberty—a birthright of every person—includes the power of locomotion and the right of citizens to be free to use their faculties in lawful ways and to live and work where they desire or where they can best pursue the ends of life.

The right to travel is essential as it enables individuals to access and exercise their other rights, such as the rights to education, free expression, assembly, association, and religion. The inter-relation of the right to travel with other fundamental rights was briefly rationalized in *City of Maquoketa v. Russell*, as follows:

Whenever the First Amendment rights of freedom of religion, speech, assembly, and association require one to move about, such movement must necessarily be protected under the First Amendment.

**Restricting movement in those circumstances to the extent that First Amendment Rights cannot be exercised without violating the law is equivalent to a denial of those rights.** One court has eloquently pointed this out:

**We would not deny the relatedness of the rights guaranteed by the First Amendment to freedom of travel and movement.** If, for any reason, people cannot walk or drive to their church, their freedom to worship is impaired. If, for any reason, people cannot walk or drive to the meeting hall, freedom of assembly is effectively blocked. If, for any reason, people cannot safely walk the sidewalks or drive the streets of a community, opportunities for freedom of speech are sharply limited. **Freedom of movement is inextricably involved with freedoms set forth in the First Amendment.** (Emphases in the original; citations omitted.)

468. These freedoms are not suspended just because there is an existing public health emergency. All citizens are still entitled to attend religious gatherings, political rallies, and organizational activities, to the extent allowed by the prevailing Alert Level classification and subject to the observance of reasonable health protocols. By allowing the unvaccinated only to procure essential goods and services outside their residences, the assailed regulations and ordinances fail to account for these other freedoms, which are essential to the enjoyment of a life lived with dignity.

469. The proscriptions against the unvaccinated's freedom of movement and travel via public transportation do not serve the purpose of reducing the risk of transmission, considering that both the unvaccinated and the vaccinated may be asymptomatic carriers of COVID-19.

#### **H. The assailed regulations violate existing treaty obligations of the Philippines.**

470. As mentioned above, IATF Resolution No. 148-B imposes a forced vaccination policy. In addition to violating the Constitution and being contrary to enacted legislation, the implemented forced vaccination scheme violates non-derogable rights recognized under the International Covenant on Civil and Political Rights ("ICCPR") to which the Philippines is a Contracting State.

471. The ICCPR provides for, among others, the right to life (Article 6), the right to freely consent to medical experimentation (Article 7), the right to thought, conscience and religion, (Article 18), as follows:

***“Article 6***

1. Every human has the inherent right to life. This right shall be protected by law. No one shall be arbitrarily deprived of his life.

X X X

***Article 7***

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

X X X

***Article 9***

1. Everyone has the right to liberty and **security of person**. No one shall be subjected to arbitrary arrest or detention. No one shall be deprived of his liberty except on such grounds and in accordance with such procedure as are established by law. (emphasis supplied)

472. Under this article of the ICCPR, our Supreme Court quoted with approval the ruling of the ICC as follows:

“The first sentence of article 9 does not stand as a separate paragraph. Its location as a part of paragraph one could lead to the view that the right to security arises only in the context of arrest and detention. The *travaux préparatoires* indicate that the discussions of the first sentence did indeed focus on matters dealt with in the other provisions of article 9. **The Universal Declaration of Human Rights, in article 3, refers to the right to life, the right to liberty and the right to security of the person.** These elements have been dealt with in separate clauses in the Covenant. Although in the Covenant the only reference to the right of

security of person is to be found in article 9, there is no evidence that it was intended to narrow the concept of the right to security only to situations of formal deprivation of liberty. At the same time, States parties have undertaken to guarantee the rights enshrined in the Covenant. **It cannot be the case that, as a matter of law, States can ignore known threats to the life of persons under their jurisdiction, just because he or she is not arrested or otherwise detained. States parties are under an obligation to take reasonable and appropriate measures to protect them. An interpretation of article 9 which would allow a State party to ignore threats to the personal security of non-detained persons within its jurisdiction would render totally ineffective the guarantees of the Covenant.**”(emphasis supplied)

### *Article 18*

2. **Everyone shall have the right to freedom of thought, conscience and religion.** This right shall include freedom to have or to adopt a religion or belief of his choice, and freedom, either individually or in community with others and in public or private, to manifest his religion or belief in worship, observance, practice and teaching.

3. **No one shall be subject to coercion which would impair his freedom to have or to adopt a religion or belief of his choice.**” (emphasis and underscoring supplied)

473. The ICCPR allows for the conditions under which the rights thereunder may be derogated:

### *“Article 4*

1. In time of public emergency which threatens the life of the nation and the existence of which is officially proclaimed, the States Parties to the present Covenant may take measures derogating from their obligations under the present Covenant to the extent strictly required by the exigencies of the situation, provided that such measures are not inconsistent with their other obligations under

international law and do not involve discrimination solely on the ground of race, colour, sex, language, religion or social origin.

2. **No derogation from articles 6, 7, 8** (paragraphs 1 and 2), 11, 15, 16, and **18** may be made under this provision.”

(emphasis and underscoring supplied)

474. By virtue of Article 4, it is clear that the right to life (Article 6), the right to free consent to medical experimentation (Article 7), the right to thought, conscience and religion (Article 18) cannot be derogated by reason of, or under the pretext of a “public emergency”. Accordingly, the declaration of a public emergency because of the COVID-19 pandemic **cannot derogate the mentioned rights.**

475. *First.* IATF Resolution 148-B undermines the right to life guaranteed under Article 6 of the ICCPR. Death is a recognized side-effect of the vaccine. Without providing the unvaccinated employee a genuine choice to choose to take the inherent risk of death that accompanies the use of the vaccine, IATF Resolution 148-B undermines the right to life.

476. *Second.* IATF Resolution 148-B violates the right to freely consent to medical experimentation under Article 7 of the ICCPR. As mentioned above, the COVID-19 vaccines are in experimental use. By compelling the unvaccinated employee to get vaccinated on the pain of confiscatory measures in the form of payment of RT-PCR testing, non-payment for no work and eventual dismissal, the unvaccinated employee is **forced with an impossible choice** to take the job or keep his or her job.

477. Clearly, the affected employee is not situated as to be able to exercise free power of choice, without the intervention of any element of force, duress, overreaching or other ulterior form of constraint or coercion. IATF Resolution No. 148-B provides for illusory options as to render nugatory the right to freely consent to medical experimentation.

**I. The assailed regulations are unconstitutional for having been enacted in grave abuse of discretion, amounting to excess or lack of jurisdiction.**

478. Respondents have committed grave abuse of discretion amounting to excess or lack of jurisdiction through the following acts:

- (a) Arrogating unto themselves the power to legislate, which belongs to Congress;
- (b) Promulgating issuances and resolutions which are patently unconstitutional;
- (c) Adopting COVID-19 vaccination as the sole solution to the pandemic, ignoring other available alternatives that are safe, effective, and less restrictive of Constitutional rights and fundamental freedoms;
- (d) Unilaterally declaring the COVID-19 vaccines as safe and effective despite the fact that they are still experimental and have not completed Phase IV clinical trials;
- (e) Not recognizing prior infection from COVID-19 as a source of natural immunity that is comparable and even superior to vaccine-induced immunity;
- (f) Encroaching on the practice of medicine by private doctors by recognizing only medical exemptions issued by provincial, municipal, and city health officers;
- (g) Automatically deeming the unvaccinated as sick and the vaccinated as healthy;
- (h) Exempting the vaccinated from the requirement of RT-PCR testing despite the fact that the vaccinated can be infected with and transmit COVID-19;
- (i) Requiring healthy unvaccinated individuals to submit themselves to RT-PCR testing even in the absence of COVID-19 symptoms;
- (j) Dismissing reports of injury and deaths relating to the COVID-19 vaccines;
- (k) Continuing with the mass vaccination drives and booster shots with reckless abandon without investigating: (1) the serious adverse events, injuries, and deaths resulting from the COVID-19 vaccines, and (2) the unusually high death rates and low birth rates that have coincided with the rollout of the vaccines;

- (l) Ignoring reasonable proposals, concerns, and warnings that have been repeatedly raised by Petitioners throughout this pandemic.

**J. Material invasions of Petitioners' rights entitle them to the issuance of injunctive reliefs.**

479. Petitioners pray for the strong arm of equity in the form of a Writ of Preliminary Injunction or a Temporary Restraining Order. The requisites for the issuance of these injunctive reliefs are present in this case.

480. First, Petitioners have demonstrated their clear and unmistakable rights that must be protected under the prevailing regime of mandatory vaccination. These rights *in esse* consist in their right to decisional and informational privacy, right to religious freedom, right to travel, and right to work.

481. Second, material and substantial invasions of the foregoing rights are continuing as the assailed regulations and ordinances remain to be in effect even after Alert Level 3 has been lifted in NCR. For instance, Petitioners Espinoza, Mendoza, Montano, Poblete, Marañon, and Daos continue to be discriminated at work and reporting for onsite duty without negative RT-PCR test results. The full force of the vaccine mandates will be unleashed once the country is placed under Alert Level 3 or higher.

482. Third, there is an urgent need to prevent irreparable injury to Petitioners and the rest of the unvaccinated population who are refusing to be vaccinated. The enforcement of the vaccine mandates practically deprives them of their right to decisional privacy, particularly by withholding informed consent as an attribute of bodily autonomy, or their right to religious freedom. Under Alert Level 3, they are prohibited from exercising their constitutional freedoms of association, speech and religion through locomotion, as travel within these places is restricted to the procurement of essential goods and services. The unvaccinated also continue the unconscionable burden of undergoing biweekly COVID-19 testing just so they could report for onsite work.

483. Finally, no other ordinary, speedy and adequate remedy exists to prevent the infliction of irreparable injury. No recourse is available to Petitioners. At the same time, without the injunctive reliefs, the discrimination of the unvaccinated will run rife.



484. Thus, it is prayed of the Honorable Court that a Writ of Preliminary Injunction and/or Temporary Restraining Order against Respondents be issued pending the resolution of the instant Petition.

**K. Through a writ of mandamus, Respondents must be enjoined to fulfill their positive legal duty to fulfill the people's right to information as is essential to their exercise of informed consent with regard to COVID-19 vaccination.**

485. Petitioners seek to direct Respondents, through a writ of *mandamus*, to ensure that persons who submit for vaccination do so freely, voluntarily, and intelligently. This can only be done if the vaccine recipients are provided with adequate information of the health risks associated with COVID-19 vaccines.

Section 3, Rule 65 of the Rules of Court states:

Rule 65. Sec. 3. Petition for *mandamus*. When any tribunal, corporation, board, officer or person **unlawfully neglects the performance of an act which the law specifically enjoins as a duty resulting from an office**, trust, or station, or unlawfully excludes another from the use and enjoyment of a right or office to which such other is entitled, and there is no other plain, speedy and adequate remedy in the ordinary course of law, the person aggrieved thereby may file a verified petition in the proper court, alleging the facts with certainty and praying that judgment be rendered commanding the respondent, immediately or at some other time to be specified by the court, to do the act required to be done to protect the rights of the petitioner, and to pay the damages sustained by the petitioner by reason of the wrongful acts of the respondent. (Emphasis supplied.)

486. In the case of **Eng vs. Lee**,<sup>345</sup> the Honorable Court said that the writ of *mandamus* is a proper recourse for citizens who seek to enforce a public right and to compel the performance of a public duty, most especially when the public right involved is mandated by the Constitution.

487. Under Section 15, Article II of the Constitution, it is the policy of the State to protect and promote the right to health of the people. The

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<sup>345</sup> G.R. No. 176831, January 15, 2010.

fulfillment of the right to health is further provided in Article XIII of the Constitution, viz:

Section 11. The State shall adopt an **integrated and comprehensive approach to health development** which shall endeavor to make essential goods, health and other social services available to all the people at affordable cost. There shall be priority for the needs of the underprivileged, sick, elderly, disabled, women, and children. The State shall endeavor to provide free medical care to paupers.

Section 12. The State shall establish and maintain an **effective food and drug regulatory system** and undertake appropriate health, manpower development, and research, **responsive to the country's health needs and problems.** (Emphases supplied.)

488. Furthermore, the people's right to information on matters of public concern is recognized under Section 7, Article III of the Constitution. Needless to state, as the COVID-19 vaccines directly affect the health and well-being of the recipients, matters surrounding their safety and effectiveness are imbued with public interest and must, therefore be provided with full transparency.

489. It is evident from the case of Petitioner Arado that Respondent DOH has been negligent in fulfilling its duties by failing to ensure that persons who submit for vaccination do so freely, voluntarily, and intelligently, that is, after accomplishing a written acknowledgment that they have been advised of all the possible side effects of the vaccines on their health and of their full understanding thereof. Respondents have moreover neglected to provide full disclosure of all the adverse events that the COVID-19 vaccines may cause.

490. As already discussed, RA 11525 and the relevant DOH and PFDA issuances in relation to the deployment and administration of the COVID-19 vaccines all provide for a clear legal duty on the part of Respondents to ensure that vaccine recipients are able to exercise their **informed consent** prior to inoculation.

491. Respondents IATF, DOH, and LGUs are mandated to ensure that informed consent is obtained from the vaccine recipient prior to vaccination. Section 4, paragraph 2 of RA 11525 states that "(i)f the procurement of the vaccine is funded by the National Government, the LGU shall comply with the science and evidence-based terms and conditions of deployment." Paragraph 3 of the same provision states that "for LGU-funded

vaccines, the inoculation order must, at all times, be science and evidence-based.”

492. Thus, the Health Education component of the Vaccination Process in DOH Department Memorandum No. 2021-0099 (“Interim Omnibus Guidelines for the Implementation of the National Vaccine Deployment Plan for COVID-19”) dated June 18, 2021 states that following information, among others, must be included in the informed consent form: (1) statement specifying that the vaccine recipient understands that the vaccine is an **investigational drug** and that they were shown the **fact sheet of the EUA** and (2) statement declaring that the vaccine recipients were assessed using the health screening form to ensure that those who are at risk will be managed and referred appropriately. **Vaccine Information Statements (VIS) or EUA forms** must also be provided to the recipient, if the latter so requires.

493. However, the informed consent forms of all the COVID-19 vaccines with EUA in the Philippines, which may be downloaded from the website of Respondent DOH, do not mention all adverse events that merit consideration when exercising informed consent.

493.1 For instance, Paragraph 5 of the informed consent form for the Pfizer-BioNTech vaccine states that: “I understand that while most side effects are minor and resolve on their own, there is a small risk of severe adverse reactions, **such as, but not limited to allergies**, xxx.” This is rather misleading, considering that Pfizer has released a list of 1,291 different adverse events following vaccination.

493.2 Paragraph 5 of the informed consent form for the AstraZeneca vaccine states: “I understand that while **most side effects are minor and resolve on their own**, there is a **small risk of severe adverse reactions**, such as, but not limited to **allergies and blood clots** associated with low platelet counts (vaccine-induced thrombotic thrombocytopenia).” Such disclaimer does not mention the effect of the AstraZeneca COVID-19 vaccine on Petitioner Arado, which was Central Retinal Vein Occlusion with Macular Edema Retinal Vasculitis, Vaccine Drug Adverse Reaction.

494. The relevant DOH issuances and informational materials released by the DOH in print and audiovisual format that supposedly seek to provide essential information on COVID-19 vaccines all claim that they are safe and effective.

495. Petitioners also seek to direct Respondents to make public all the officially recognized side effects of the vaccines. This clear legal duty on the part of Respondents, which is part and parcel of the constitutional duty of

the State to protect and promote the right to health of the people, is mandated in the following provision of EO 121, s. 2020:

Sec. 7. Post-Authorization Monitoring. The Food and Drug Administration, together with other concerned offices of the DOH, shall conduct **post-authorization monitoring** to track product deployment, additional relevant information, and the status from the manufacturer concerning full-product life-cycle. (Emphasis supplied.)

496. Pursuant to this, the EUA issued by the PFDA to the Pfizer-BioNTech vaccine requires the vaccine provider to **report adverse events** following immunization with the said vaccine.

497. Amid reports of disclosure by Pfizer of SAEs following immunization with the Pfizer-BioNTech vaccines, which include acute kidney injury, acute flaccid myelitis, anti-sperm antibody positive, brain stem embolism, brain stem thrombosis, cardiac arrest, cardiac failure, cardiac ventricular thrombosis, cardiogenic shock, central nervous system vasculitis, death neonatal, among others, the PFDA, together with the concerned offices of the Respondent DOH shall disclose these adverse events to the public and disseminate the same across various platforms, offline and online.

498. Notably, such information is not excluded by law from the constitutional guarantee of the people's right to information as it does not cover national security matters, intelligence information, trade secrets and banking transactions and criminal matters. They also do not involve diplomatic correspondence, closed-door Cabinet meetings and executive sessions of either house of Congress as well as internal deliberations of this Court. Neither does it relate to privileged information under the separation of powers such as Presidential conversations or correspondences.<sup>346</sup>

499. In the case of **Eng**,<sup>347</sup> the Court also said that an important principle followed in the issuance of the writ is that there should be no plain, speedy and adequate remedy in the ordinary course of law other than the remedy of mandamus being invoked. In other words, *mandamus* can be issued only in cases where the usual modes of procedure and remedies are powerless to afford effective relief.

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<sup>346</sup> *Sereno v. Committee on Trade and Related Matters of the National Economic and Development Authority*, G.R. No. 175210, February 1, 2016.

<sup>347</sup> *Eng vs. Lee, supra*

500. Here, there is no other plain, speedy and adequate remedy in the ordinary course of law because there is no existing law or rule that the citizens can resort to in order to compel Respondent DOH to disseminate complete informed consent forms and to make public reports of SAE due to COVID-19 vaccination in all platforms.

501. Finally, the Honorable Court has held that rules of procedure may be relaxed in order to protect substantive rights and prevent manifest injustice to a party. In **PAGODA Philippines vs. Universal Canning, Inc.**<sup>348</sup> it was ruled that while, ordinarily, mandamus will not prosper to compel a discretionary act, “the writ shall issue in instances of **gross abuse of discretion, manifest injustice or palpable excess of authority, equivalent to denial of a settled right to which petitioner is entitled**, and when there is no other plain, speedy and adequate remedy.”

502. Petitioners, therefore, are likewise entitled to the issuance of a writ of *mandamus* to enjoin Respondents to provide timely, adequate and transparent information on the risks of COVID-19 vaccination, including reports of SAE, as is necessary to enable and facilitate the meaningful exercise of informed consent.

## VIII. CONCLUSION

503. Clear and unequivocal breaches of the Constitution are present in the assailed regulations and ordinances. By collectively enacting vaccine mandates in the absence of a law of general application, Respondents arrogated legislative power upon themselves. Notably, these vaccine mandates contravene Section 12 of RA 11525, which provides that vaccine cards “shall not be considered as an additional mandatory requirement for educational, employment, and government transaction purposes.”

504. Respondents may have a legitimate interest in improving vaccine uptake for the purposes of preventing the transmission of COVID-19, but without sufficient, credible and transparent evidence of vaccine safety and effectiveness, the said objective cannot be considered compelling. RA 11525 itself recognizes the experimental nature of the COVID-19 vaccines and does not guarantee immunity from the disease to the vaccinated.

505. After the assailed regulations and ordinances were weighed and found wanting, they were further subjected to second prong of the strict scrutiny test view. The vaccine mandates unnecessarily encroach upon protected freedoms, in excess of what is required to achieve the State

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<sup>348</sup> G.R. No. 160966, October 11, 2005, citing *First Philippine Holdings Corporation v. Sandiganbayan*, 323 Phil. 36, 55.

interest. The unvaccinated, especially the poor, are coaxed to abandon legitimate health concerns, bodily autonomy or religious beliefs under pain of penalty — without being provided viable means of exercising informed consent through free mass testing and equal access to healthcare.

506. In the absence of a compelling State interest and narrowly tailored means of accomplishing the same, the regime of mandatory vaccination is unconstitutional insofar as its provisions offend constitutional precepts respecting the fundamental right to privacy, right to travel, right to work, religious freedom, and equal protection of the law. The regulations and ordinances constituting such oppressive regime were issued with grave abuse of discretion amounting to lack or excess of jurisdiction.

## **IX. RELIEFS SOUGHT**

WHEREFORE, premises considered, Petitioners respectfully pray that:

1. The following regulations and ordinances be held NULL and VOID for being UNCONSTITUTIONAL:

- a. IATF Resolution No. 148-B, s. 2021 dated November 11, 2021;
- b. IATF Resolution No. 148-G dated November 17, 2021;
- c. IATF Resolution No. 149 dated November 18, 2021;
- d. IATF Resolution No. 150 dated November 25, 2021;
- e. IATF Resolution No. 155 dated December 31, 2021;
- f. IATF Resolution No. 163 dated February 24, 2022;
- g. IATF Resolution No. 164 dated March 11, 2022;
- h. IATF Guidelines on the Nationwide Implementation of Alert Level System for COVID-19 Response as of February 27, 2022 dated February 27, 2022;
- i. DILG Memorandum Circular No. 2022-002 dated January 18, 2022;
- j. DILG Memorandum Circular No. 2022-008 dated January 31, 2022;

- k. DOTr Department Order No. 2022-001 dated January 11, 2022;
- l. LTFRB Memorandum Circular No. 2022-001 dated January 12, 2022;
- m. MMDA Resolution No. 22-01, series of 2022;
- n. DepED-DOH Joint Memorandum Circular No. 001, series of 2022 issued on April 6, 2022;
- o. DOH Department Memorandum No. 2022-0013;
- p. DOH Department Circular No. 2022-0131;
- q. Makati City Ordinance No. 2022-005 enacted on January 12, 2022.

2. A WRIT OF PRELIMINARY INJUNCTION or TEMPORARY RESTRAINING ORDER be issued to enjoin the implementation of the foregoing regulations and ordinances pending the resolution of this Petition;

3. A WRIT OF PROHIBITION be issued permanently enjoining respondents from implementing the assailed regulations and ordinances; and,

- 4. A WRIT OF MANDAMUS be issued directing respondents to:
  - a. Ensure that persons who submit for vaccination do so freely, voluntarily, and intelligently, after a written acknowledgment that they have been advised of all the possible side effects of the vaccines on their health and of their full understanding thereof;
  - b. Make public all the officially recognized side effects of the vaccines and all adverse events reported after vaccination, and to ensure that such information is widely disseminated through various forms of media.

Other just and equitable reliefs are likewise prayed for.

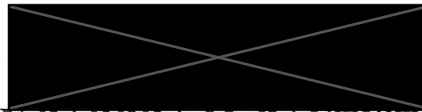
Makati City for the City of Manila, May 5, 2022.

**AGABIN VERZOLA & LAYAOEN**  
**LAW OFFICES**  
*Counsel for Petitioners*  
 26<sup>th</sup> Floor, Pacific Star Building  
 Gil Puyat Ave. cor. Makati Avenue, Makati City  
 Tel. No.: (+632) 8817-7717  
 E-mail: [averheldlaw@yahoo.com.ph](mailto:averheldlaw@yahoo.com.ph)

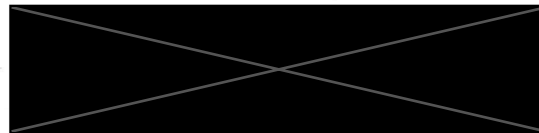
By:



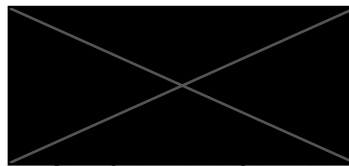
**PACIFICO A. AGABIN**  
Roll of Attorneys No. 16609  
IBP Lifetime Member No. 251  
PTR No. 8864477MJ/January 14, 2022/Makati City  
MCLE Exempt



**KRISTIN BARBRA M. BAUTISTA-BELLO**  
Roll of Attorneys No. 43081  
IBP Lifetime No. 07028/PPLM  
PTR No. 4148795/January 13, 2022/Muntinlupa City  
MCLE Compliance No. VII-0007262  
Valid until April 14, 2025



**JOHN EVAN C. MIGUEL**  
Roll of Attorneys No. 63202  
IBP No. 168094, December 12, 2021/Manila 3  
PTR No. MLA-01244845; January 5, 2022 City of Manila.  
MCLE No. VI-0020844, April 14, 2022 (extended 2023)  
Completed MCLE - VII Compliance and waiting for the Certificate



**AARON C. SOGUILON**  
Roll of Attorney No. 68619  
IBP Lifetime Membership No. 01638/QC  
PTR No. 2050130/ Or. Mindoro  
MCLE No. VI-0022965, validity extended up to April 2023  
Completed MCLE - VII Compliance waiting for the Certificate



REPUBLIC OF THE PHILIPPINES)  
[REDACTED] ) S.S.  
X-----X

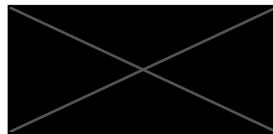
**VERIFICATION AND  
CERTIFICATION AGAINST FORUM SHOPPING**

I, **NICANOR JESUS P. PERLAS III**, after having been duly sworn in accordance with law, depose and state that:

1. I am a Petitioner in the above-entitled case.
2. I caused the preparation of the foregoing Petition.
3. The statements contained therein are true and correct based on my own knowledge and based on existing authentic documents.
4. This Petition is not filed to harass, cause unnecessary delay, or needlessly increase the cost of litigation.
5. The factual allegations therein have evidentiary support or if specifically, so identified, will likewise have evidentiary support after a reasonable opportunity for discovery.

I further certify that:

6. I have not commenced any action or filed any claim involving the same issues in any court, tribunal or quasi-judicial agency and to the best of my knowledge, no similar action or proceedings is pending therein.
7. Should I learn that the same or a similar action or proceeding has been filed or is pending before any court, tribunal or agency, including the Supreme Court and the Court of Appeals, or any of their respective divisions, I hereby undertake to notify this Honorable Court within five (5) days from such notice.



**NICANOR JESUS P. PERLAS III**  
Affiant

**SUBSCRIBED AND SWORN** to before me on this MAY 06 2022 day of May 2022, [REDACTED] exhibited his [REDACTED] issued on 06/22/20 at Iloilo City containing therein affiant's photograph and signature as competent proof of identity.

Doc. No. 26 ;  
Page No. 07 ;  
Book No. VIII ;  
Series of 2022.

**ATTY. LORELIE M. SANTOS**  
Notary Public for the Province of Bulacan  
Comm. No. PNC-41-MB-2020 until 12/31/2022  
JSE Bldg. Gen. Alejo Santos Highway  
Poblacion, Norzagaray, Bulacan  
Roll of Attorneys No. 74950  
MCLE Comp. No. VII-0008679 until 04-14-2025  
IBP No. 168888/ 12-31-2021/ Bulacan  
PTR No. 8314851/ 01-03-2022/ Bulacan

REPUBLIC OF THE PHILIPPINES)  
[REDACTED] ) S.S.  
X-----X

**VERIFICATION AND  
CERTIFICATION AGAINST FORUM SHOPPING**

I, **JHON KEVIN G. ARADO**, after having been duly sworn in accordance with law, depose and state that:

1. I am a Petitioner in the above-entitled case.
2. I caused the preparation of the foregoing Petition.
3. The statements contained therein are true and correct based on my own knowledge and based on existing authentic documents.
4. This Petition is not filed to harass, cause unnecessary delay, or needlessly increase the cost of litigation.
5. The factual allegations therein have evidentiary support or if specifically, so identified, will likewise have evidentiary support after a reasonable opportunity for discovery.

I further certify that:

6. I have not commenced any action or filed any claim involving the same issues in any court, tribunal or quasi-judicial agency and to the best of my knowledge, no similar action or proceedings is pending therein.
7. Should I learn that the same or a similar action or proceeding has been filed or is pending before any court, tribunal or agency, including the Supreme Court and the Court of Appeals, or any of their respective divisions, I hereby undertake to notify this Honorable Court within five (5) days from such notice.

[REDACTED]  
**JHON KEVIN G. ARADO**  
Affiant

SUBSCRIBED AND SWORN to before me on 04 MAY 2022 and place above-mentioned, affiant exhibiting his/her [REDACTED] issued on [REDACTED] Surigao del Sur.

Doc. No. 95 ;  
Page No. 104 ;  
Book No. 406 ;  
Series of 2022.

**ATTY. ANTONIO C. AZARCON**  
Notarial Commission Serial No. SDS-06-2020  
Extended until June 30, 2022  
Pursuant to Supreme Court OCA  
Circular No. 131-2021  
PTR No. 9495029 January 4, 2022  
IBP No. 165764 - 10/14/2021  
Roll No. 27757  
MCLE Compliance No. VI-0007744



REPUBLIC OF THE PHILIPPINES)

S.S.

X-----X

**VERIFICATION AND  
CERTIFICATION AGAINST FORUM SHOPPING**


I, **ROMEO F. QUIJANO**, after having been duly sworn in accordance with law, depose and state that:

1. I am a Petitioner in the above-entitled case.
2. I caused the preparation of the foregoing Petition.
3. The statements contained therein are true and correct based on my own knowledge and based on existing authentic documents.
4. This Petition is not filed to harass, cause unnecessary delay, or needlessly increase the cost of litigation.
5. The factual allegations therein have evidentiary support or if specifically so identified, will likewise have evidentiary support after a reasonable opportunity for discovery.

I further certify that:

6. I have not commenced any action or filed any claim involving the same issues in any court, tribunal or quasi-judicial agency and to the best of my knowledge, no similar action or proceedings is pending therein.
7. Should I learn that the same or a similar action or proceeding has been filed or is pending before any court, tribunal or agency, including the Supreme Court and the Court of Appeals, or any of their respective divisions, I hereby undertake to notify this Honorable Court within five (5) days from such notice.

  
**ROMEO F. QUIJANO**

SUBSCRIBED AND SWORN to before this MAY 04 2022 day of May 2022, affiant exhibiting to me his 

Doc No. 108 ;  
Page No. 33 ;  
Book No. 274  
Series of 2022.

  
**ATTY. GEORGE DAVID D. SITON**

NOTARY PUBLIC FOR MAKATI CITY  
APPT. NO. M-061 - UNTIL DEC. 31, 2023  
ROLL NO. 68402 / MCLE COMPLIANCE NO. VII-0010136/2-15-2022  
IBP O.R. No. 002262-LIFETIME MEMBER MAY 5, 2017  
PTR No. 8852066- JAN 03, 2022-MAKATI CITY  
EXECUTIVE BLDG. CENTER MAKATI AVE., COR. JUPITER ST., MAKATI CITY

REPUBLIC OF THE PHILIPPINES)

) S.S.

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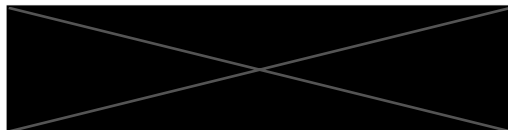
**VERIFICATION AND**  
**CERTIFICATION AGAINST FORUM SHOPPING**

I, **RAFAEL R. CASTILLO**, after having been duly sworn in accordance with law, depose and state that:




1. I am a Petitioner in the above-entitled case.
2. I caused the preparation of the foregoing Petition.
3. The statements contained therein are true and correct based on my own knowledge and based on existing authentic documents.
4. This Petition is not filed to harass, cause unnecessary delay, or needlessly increase the cost of litigation.
5. The factual allegations therein have evidentiary support or if specifically, so identified, will likewise have evidentiary support after a reasonable opportunity for discovery.

I further certify that:


6. I have not commenced any action or filed any claim involving the same issues in any court, tribunal or quasi-judicial agency and to the best of my knowledge, no similar action or proceedings is pending therein.
7. Should I learn that the same or a similar action or proceeding has been filed or is pending before any court, tribunal or agency, including the Supreme Court and the Court of Appeals, or any of their respective divisions, I hereby undertake to notify this Honorable Court within five (5) days from such notice.



**RAFAEL R. CASTILLO**

**SUBSCRIBED AND SWORN** to before me on this 04 MAY 2022 day of May 2022 at Makati City. Affiant exhibited his   
 issued on  containing therein affiant's photograph and signature as competent proof of identity.

Doc. No. 482;  
Page No. 93;  
Book No. 278;  
Series of 2022.

  
**ATTY. GEORGE DAVID D. SITON**  
NOTARY PUBLIC FOR MAKATI CITY  
APPT. NO. M-061 - UNTIL DEC. 31, 2023  
ROLL NO. 68402 / MCLE COMPLIANCE NO. VII-0010136/2-15-2022  
IBP O.R No. 002282-LIFETIME MEMBER MAY 5, 2017  
PTR No. 8852066- JAN 03, 2022-MAKATI CITY  
EXECUTIVE BLDG. CENTER MAKATI AVE., COR. JUPITER ST., MAKATI CITY

REPUBLIC OF THE PHILIPPINES)

) S.S.

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**VERIFICATION AND**  
**CERTIFICATION AGAINST FORUM SHOPPING**

I, **ALCHERIE P. PATINO**, after having been duly sworn in accordance with law, depose and state that:

1. I am a Petitioner in the above-entitled case.
2. I caused the preparation of the foregoing Petition.
3. The statements contained therein are true and correct based on my own knowledge and based on existing authentic documents.
4. This Petition is not filed to harass, cause unnecessary delay, or needlessly increase the cost of litigation.
5. The factual allegations therein have evidentiary support or if specifically, so identified, will likewise have evidentiary support after a reasonable opportunity for discovery.

I further certify that:


6. I have not commenced any action or filed any claim involving the same issues in any court, tribunal or quasi-judicial agency and to the best of my knowledge, no similar action or proceedings is pending therein.
7. Should I learn that the same or a similar action or proceeding has been filed or is pending before any court, tribunal or agency, including the Supreme Court and the Court of Appeals, or any of their respective divisions, I hereby undertake to notify this Honorable Court within five (5) days from such notice.

  
**ALCHERIE P. PATINO**

**10 MAY 2022**

SUBSCRIBED AND SWORN to before this \_\_\_\_\_ day of May 2022,  
affiant exhibiting to me her \_\_\_\_\_ expiring  
on \_\_\_\_\_

Doc No.: 478  
Page No.: 97  
Book No.: 132  
Series of 2022

  
**DENNIS G. DAGOHAY**  
*Notary Public for and in the City of Davao*  
Until December 31, 2023  
Suite 202, 2<sup>nd</sup> Floor, JMS Bldg.,  
No. 88 Maya St., Ecoland, Davao City  
Serial No. 2022-067-2023; Roll No. 38726  
PTR No. 6356954; 01-03-2022; Davao City  
IBP No. 191128; 01-07-2022; Davao City



REPUBLIC OF THE PHILIPPINES)

) S.S.

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**VERIFICATION AND  
CERTIFICATION AGAINST FORUM SHOPPING**

I, **JOHN EVAN C. MIGUEL**, after having been duly sworn in accordance with law, depose and state that:

1. I am a Petitioner in the above-entitled case.
2. I caused the preparation of the foregoing Petition.
3. The statements contained therein are true and correct based on my own knowledge and based on existing authentic documents.
4. This Petition is not filed to harass, cause unnecessary delay, or needlessly increase the cost of litigation.
5. The factual allegations therein have evidentiary support or if specifically, so identified, will likewise have evidentiary support after a reasonable opportunity for discovery.

I further certify that:

6. I have not commenced any action or filed any claim involving the same issues in any court, tribunal or quasi-judicial agency and to the best of my knowledge, no similar action or proceedings is pending therein.
7. Should I learn that the same or a similar action or proceeding has been filed or is pending before any court, tribunal or agency, including the Supreme Court and the Court of Appeals, or any of their respective divisions, I hereby undertake to notify this Honorable Court within five (5) days from such notice.

  
**JOHN EVAN C. MIGUEL**

**MAY 04 2022**

SUBSCRIBED AND SWORN to before this \_\_\_\_\_ day of May 2022,  
affiant exhibiting to me his 

Doc No. 160  
Page No. 33  
Book No. 249  
Series of 2022

**ATTY. GEORGE DAVID D. SITON**  
NOTARY PUBLIC FOR MAKATI CITY  
APPT. NO. M-261 - UNTIL DEC. 31, 2024  
ROLL NO. 68402 / MCLE COMPLIANCE NO. VII-0010136/2-15-2022  
IBP O.R. No. 002102-LIFETIME MEMBER MAY 5, 2017  
PTR No. 8851066- JAN 03, 2022-MAKATI CITY  
EXECUTIVE BLDG. CENTER MAKATI AVE., COR. JUPITER ST., MAKATI CITY

REPUBLIC OF THE PHILIPPINES)  
 ) S.S.

X-----X

**VERIFICATION AND  
CERTIFICATION AGAINST FORUM SHOPPING**

I, **JENNY LOU CORNEL ESPINOZA**, after having been duly sworn in accordance with law, depose and state that:

1. I am a Petitioner in the above-entitled case.
2. I caused the preparation of the foregoing Petition.
3. The statements contained therein are true and correct based on my own knowledge and based on existing authentic documents.
4. This Petition is not filed to harass, cause unnecessary delay, or needlessly increase the cost of litigation.
5. The factual allegations therein have evidentiary support or if specifically, so identified, will likewise have evidentiary support after a reasonable opportunity for discovery.

I further certify that:

6. I have not commenced any action or filed any claim involving the same issues in any court, tribunal or quasi-judicial agency and to the best of my knowledge, no similar action or proceedings is pending therein.
7. Should I learn that the same or a similar action or proceeding has been filed or is pending before any court, tribunal or agency, including the Supreme Court and the Court of Appeals, or any of their respective divisions, I hereby undertake to notify this Honorable Court within five (5) days from such notice.

**JENNY LOU CORNEL ESPINOZA**  
Affiant

04 MAY 2022

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of May 2022  
in \_\_\_\_\_ after the affiant exhibited to me her \_\_\_\_\_  
\_\_\_\_\_ which is valid until  
\_\_\_\_\_ as competent evidence of her identity/

Doc. No. 346 ;  
Page No. 74 ;  
Book No. XVI ;  
Series of 2022.

**ATTY. JOEL R. MARQUEZ**  
NOTARY PUBLIC  
ROLL NO. 52377

WITHIN THE JURISDICTION OF RTC VIGAN CITY, ILOCOS SUR  
PTR NO. 5769415/JANUARY 3, 2022  
IBP NO. 143975/FEBRUARY 3, 2021  
MCLE COMPLIANCE NO. 0018737/APRIL 14, 2022  
BM NO. 3795 EXTENDED UNTIL JUNE 30, 2022

REPUBLIC OF THE PHILIPPINES)

) S.S.

X-----X

**VERIFICATION AND**  
**CERTIFICATION AGAINST FORUM SHOPPING**



I, **CIELO GRACE M. POBLETE**, after having been duly sworn in accordance with law, depose and state that:

1. I am a Petitioner in the above-entitled case.
2. I caused the preparation of the foregoing Petition.
3. The statements contained therein are true and correct based on my own knowledge and based on existing authentic documents.
4. This Petition is not filed to harass, cause unnecessary delay, or needlessly increase the cost of litigation.
5. The factual allegations therein have evidentiary support or if specifically so identified, will likewise have evidentiary support after a reasonable opportunity for discovery.

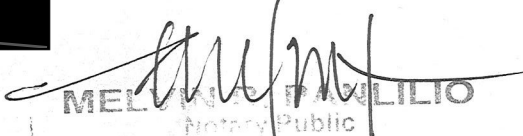
I further certify that:

6. I have not commenced any action or filed any claim involving the same issues in any court, tribunal or quasi-judicial agency and to the best of my knowledge, no similar action or proceedings is pending therein.
7. Should I learn that the same or a similar action or proceeding has been filed or is pending before any court, tribunal or agency, including the Supreme Court and the Court of Appeals, or any of their respective divisions, I hereby undertake to notify this Honorable Court within five (5) days from such notice.

  
**CIELO GRACE M. POBLETE**

SUBSCRIBED AND SWORN to before this **MAY 03 2022** day of May 2022, affiant exhibiting to me exhibiting her  issued on 

Doc No. 275 ;  
Page No. 95 ;  
Book No. XXIX ;  
Series of 2022

  
**MELVIN P. LILIO**  
Notary Public  
Until June 30, 2022  
Notarial Commission No. 2020-823  
PTR No. 1752568 / 01-05-2022 A.C.  
IBP No. 171078 / 12-21-2021 / Pampanga  
Roll of Attorneys No. 42290  
Unit 305 Oceana Commercial Complex  
MacArthur Highway, Balibago, Angeles City



REPUBLIC OF THE PHILIPPINES)

) S.S.

X-----X

**VERIFICATION AND**  
**CERTIFICATION AGAINST FORUM SHOPPING**

I, JOSEFINA M. MARAÑON, after having been duly sworn in accordance with law, depose and state that:

1. I am a Petitioner in the above-entitled case.
2. I caused the preparation of the foregoing Petition.
3. The statements contained therein are true and correct based on my own knowledge and based on existing authentic documents.
4. This Petition is not filed to harass, cause unnecessary delay, or needlessly increase the cost of litigation.
5. The factual allegations therein have evidentiary support or if specifically so identified, will likewise have evidentiary support after a reasonable opportunity for discovery.

I further certify that:

6. I have not commenced any action or filed any claim involving the same issues in any court, tribunal or quasi-judicial agency and to the best of my knowledge, no similar action or proceedings is pending therein.


7. Should I learn that the same or a similar action or proceeding has been filed or is pending before any court, tribunal or agency, including the Supreme Court and the Court of Appeals, or any of their respective divisions, I hereby undertake to notify this Honorable Court within five (5) days from such notice.

  
JOSEFINA M. MARANON

MAY 03 2022

SUBSCRIBED AND SWORN to before this \_\_\_\_\_ day of May 2022,  
affiant exhibiting to me exhibiting her \_\_\_\_\_ issued on \_\_\_\_\_ at \_\_\_\_\_

Doc No. 238 ;  
Page No. 95 ;  
Book No. XXIX ;  
Series of 2022

  
**MELVIN R. PANLILIO**  
Notary Public  
Until June 30, 2022  
Notarial Commission No. 2020-823  
PTR No. 1752568 / 01-05-2022 A.C.  
IBP No. 171078 / 12-21-2021 / Pampanga  
Roll of Attorneys No. 42290  
Unit 305 Oceana Commercial Complex  
MacArthur Highway, Balibago, Angeles City

REPUBLIC OF THE PHILIPPINES)

) S.S.

X-----X

**VERIFICATION AND**  
**CERTIFICATION AGAINST FORUM SHOPPING**



I, **MELLANY DE PADUA DAOS**, after having been duly sworn in accordance with law, depose and state that:

1. I am a Petitioner in the above-entitled case.
2. I caused the preparation of the foregoing Petition.
3. The statements contained therein are true and correct based on my own knowledge and based on existing authentic documents.
4. This Petition is not filed to harass, cause unnecessary delay, or needlessly increase the cost of litigation.
5. The factual allegations therein have evidentiary support or if specifically so identified, will likewise have evidentiary support after a reasonable opportunity for discovery.

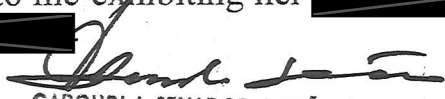
I further certify that:

6. I have not commenced any action or filed any claim involving the same issues in any court, tribunal or quasi-judicial agency and to the best of my knowledge, no similar action or proceedings is pending therein.
7. Should I learn that the same or a similar action or proceeding has been filed or is pending before any court, tribunal or agency, including the Supreme Court and the Court of Appeals, or any of their respective divisions, I hereby undertake to notify this Honorable Court within five (5) days from such notice.

  
**MELLANY DE PADUA DAOS**

SUBSCRIBED AND SWORN to before this MAY 04 2022 day of May 2022, affiant exhibiting to me exhibiting her  issued on 

Doc No. 24 ;  
Page No. 6 ;  
Book No. XV ;  
Series of 2022

  
**CAROLYN J. SENADOR-FARIÑAS**  
Notary Public  
City of Olongapo and in the Province of Zambales  
Appl. No. 2021-03, valid until December 31, 2022  
2284 Rizal Ave., East Bagac-Bagac, Olongapo City  
Roll of Attorney's No. 37817  
MCLE Exemption No. VII 356 valid until April 14, 2025  
PTR No. Z11344159; Jan. 03, 2022; San Felipe, Zambales  
IBP No. 190849; Jan. 3, 2022; Pasig City

REPUBLIC OF THE PHILIPPINES)  
DAGUPAN CITY ) S.S.  
X-----X

**VERIFICATION AND  
CERTIFICATION AGAINST FORUM SHOPPING**

I, **ALMERA MAYO MONTANO**, after having been duly sworn in accordance with law, depose and state that:

1. I am a Petitioner in the above-entitled case.
2. I caused the preparation of the foregoing Petition.
3. The statements contained therein are true and correct based on my own knowledge and based on existing authentic documents.
4. This Petition is not filed to harass, cause unnecessary delay, or needlessly increase the cost of litigation.
5. The factual allegations therein have evidentiary support or if specifically, so identified, will likewise have evidentiary support after a reasonable opportunity for discovery.

I further certify that:

6. I have not commenced any action or filed any claim involving the same issues in any court, tribunal or quasi-judicial agency and to the best of my knowledge, no similar action or proceedings is pending therein.
7. Should I learn that the same or a similar action or proceeding has been filed or is pending before any court, tribunal or agency, including the Supreme Court and the Court of Appeals, or any of their respective divisions, I hereby undertake to notify this Honorable Court within five (5) days from such notice.

**ALMERA MAYO MONTANO**  
Affiant

SUBSCRIBED AND SWORN to before me on this MAY 05 2022 day of May 2022 at Dagupan City, after the affiant exhibited to me her [REDACTED] as [REDACTED] competent evidence of her identity.

Doc. No. 64 ;  
Page No. 14 ;  
Book No. V ;  
Series of 2022.

ATTY. BUTCH CARDINAL N. TORIO  
Notary Public  
Until December 31, 2022  
SNC-NP-15-2021  
PTR No. 1356139 Issued on 1-03-2022  
MCLE NO. VII-0005494 Issued on 10-26-2021  
IBP LIFE NO. 04564 / ROLL NO. 45841  
A.B. FERNANDEZ AVE. DAG. CITY, PANGASINAN



REPUBLIC OF THE PHILIPPINES)  
[REDACTED] ) S.S.  
X-----X

**VERIFICATION AND**  
**CERTIFICATION AGAINST FORUM SHOPPING**

I, **ESPERANZA RESUS-OEBANDA**, after having been duly sworn in accordance with law, depose and state that:

1. I am a Petitioner in the above-entitled case.
2. I caused the preparation of the foregoing Petition.
3. The statements contained therein are true and correct based on my own knowledge and based on existing authentic documents.
4. This Petition is not filed to harass, cause unnecessary delay, or needlessly increase the cost of litigation.
5. The factual allegations therein have evidentiary support or if specifically, so identified, will likewise have evidentiary support after a reasonable opportunity for discovery.


I further certify that:

6. I have not commenced any action or filed any claim involving the same issues in any court, tribunal or quasi-judicial agency and to the best of my knowledge, no similar action or proceedings is pending therein.
7. Should I learn that the same or a similar action or proceeding has been filed or is pending before any court, tribunal or agency, including the Supreme Court and the Court of Appeals, or any of their respective divisions, I hereby undertake to notify this Honorable Court within five (5) days from such notice.

[REDACTED]  
**ESPERANZA RESUS-OEBANDA**  
Affiant

SUBSCRIBED AND SWORN to before me this MAY 05 2022 day of May 2022 in Bulacan after affiant exhibited to me her [REDACTED]  
[REDACTED]

Doc. No. 13 ;  
Page No. 04 ;  
Book No. 05 ;  
Series of 2022.

  
**MARIO M. VILLEGAS**  
MY COMMISSION EXPIRES ON DEC. 31, 2022  
COMMISSION NO. CMC-45-MB-2020  
PTR NO. 2645044-1/3/2022  
CITY OF SAN JOSE DEL MONTE BULACAN  
MCLE COMP. NO. 12-207332-4/14/2022

REPUBLIC OF THE PHILIPPINES)

) S.S.

X-----X

**VERIFICATION AND**  
**CERTIFICATION AGAINST FORUM SHOPPING**

I, **RICHARD M. NIEVA**, after having been duly sworn in accordance with law, depose and state that:

1. I am a Petitioner in the above-entitled case.
2. I caused the preparation of the foregoing Petition.
3. The statements contained therein are true and correct based on my own knowledge and based on existing authentic documents.
4. This Petition is not filed to harass, cause unnecessary delay, or needlessly increase the cost of litigation.
5. The factual allegations therein have evidentiary support or if specifically so identified, will likewise have evidentiary support after a reasonable opportunity for discovery.

I further certify that:

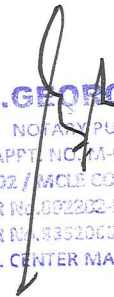
6. I have not commenced any action or filed any claim involving the same issues in any court, tribunal or quasi-judicial agency and to the best of my knowledge, no similar action or proceedings is pending therein.
7. Should I learn that the same or a similar action or proceeding has been filed or is pending before any court, tribunal or agency, including the Supreme Court and the Court of Appeals, or any of their respective divisions, I hereby undertake to notify this Honorable Court within five (5) days from such notice.



**RICHARD M. NIEVA**

SUBSCRIBED AND SWORN to before this **MAY 04 2022** day of May 2022, affiant exhibiting to me his 

Doc No. 115 ;  
Page No. 32 ;  
Book No. 274 ;  
Series of 2022.

  
**ATTY. GEORGE DAVID D. SITON**  
NOTARY PUBLIC FOR MAKATI CITY  
APPT. NO. MA-061 - UNTIL DEC. 31, 2024  
ROLL NO. 68402 / MCLE COMPLIANCE NO. VII-0010136/2-15-2022  
IDP O.R. NO. 002202-LIFETIME MEMBER MAY 5, 2017  
PTR ID. 9361000- JAN 03, 2022-MAKATI CITY  
EXECUTIVE BLDG. CENTER MAKATI AVE., COR. JUPITER ST., MAKATI CITY

REPUBLIC OF THE PHILIPPINES)

) S.S.

X-----X

**VERIFICATION AND  
CERTIFICATION AGAINST FORUM SHOPPING**

I, **MARK ANTHONY L. REYES**, after having been duly sworn in accordance with law, depose and state that:

1. I am a Petitioner in the above-entitled case.
2. I caused the preparation of the foregoing Petition.
3. The statements contained therein are true and correct based on my own knowledge and based on existing authentic documents.
4. This Petition is not filed to harass, cause unnecessary delay, or needlessly increase the cost of litigation.
5. The factual allegations therein have evidentiary support or if specifically so identified, will likewise have evidentiary support after a reasonable opportunity for discovery.

I further certify that:

6. I have not commenced any action or filed any claim involving the same issues in any court, tribunal or quasi-judicial agency and to the best of my knowledge, no similar action or proceedings is pending therein.
7. Should I learn that the same or a similar action or proceeding has been filed or is pending before any court, tribunal or agency, including the Supreme Court and the Court of Appeals, or any of their respective divisions, I hereby undertake to notify this Honorable Court within five (5) days from such notice.

  
**MARK ANTHONY L. REYES**

SUBSCRIBED AND SWORN to before this **MAY 04 2022** day of May 2022, affiant exhibiting to me his 

Doc No. 116 ;  
Page No. 23 ;  
Book No. 744 ;  
Series of 2022.

  
**ATTY. GEORGE DAVID D. SITON**  
NOTARY PUBLIC FOR MAKATI CITY  
APPT. NO. M-061 - UNTIL DEC. 31, 2024  
ROLL NO. 68402 / MCLE COMPLIANCE NO. VII-0010136/2-15-2022  
IBP O.R. NO. 002002-LIFETIME MEMBER MAY 5, 2017  
PTR NO. 8851066- JAN 05, 2022-MAKATI CITY  
EXECUTIVE BLDG. CENTER MAKATI AVE., COR. JUPITER ST., MAKATI CITY



REPUBLIC OF THE PHILIPPINES)

) S.S.

X-----X

**VERIFICATION AND  
CERTIFICATION AGAINST FORUM SHOPPING**

I, **MARIO ANTONIO VIRIGILIO MEDINA REYES**, after having been duly sworn in accordance with law, depose and state that:

1. I am a Petitioner in the above-entitled case.
2. I caused the preparation of the foregoing Petition.
3. The statements contained therein are true and correct based on my own knowledge and based on existing authentic documents.
4. This Petition is not filed to harass, cause unnecessary delay, or needlessly increase the cost of litigation.
5. The factual allegations therein have evidentiary support or if specifically, so identified, will likewise have evidentiary support after a reasonable opportunity for discovery.

I further certify that:

6. I have not commenced any action or filed any claim involving the same issues in any court, tribunal or quasi-judicial agency and to the best of my knowledge, no similar action or proceedings is pending therein.
7. Should I learn that the same or a similar action or proceeding has been filed or is pending before any court, tribunal or agency, including the Supreme Court and the Court of Appeals, or any of their respective divisions, I hereby undertake to notify this Honorable Court within five (5) days from such notice.

**MARIO ANTONIO VIRIGILIO MEDINA REYES**

Affiant

**MAY 05 2022**

SUBSCRIBED AND SWORN to before me this \_\_\_\_ day of May 2022  
in the \_\_\_\_\_ after affiant exhibited to me his \_\_\_\_\_ which is

valid until 11/08/2022.

Doc. No. 164 ;

Page No. 24 ;

Book No. CX ;

Series of 2022.

**ATTY. CARLOS M. CARLOS**  
NOTARY PUBLIC - PARAÑAQUE CITY  
COMM. NO. 242 - EXT. UNTIL 05-30-2022-B.M. NO. 3795  
ROLL NO. 43869  
IBP NO. 03068 - LIFETIME MEMBER  
PTR NO. 2906352 - 01/03/2022, PARAÑAQUE CITY  
MCLE VI 0024256 - 08/20/2020  
UNIT 153, VALLEY 1, BRGY SAN ANTONIO  
SUCAT, PARAÑAQUE CITY

*Copy furnished by registered mail:*

**INTER-AGENCY TASK FORCE FOR THE MANAGEMENT  
OF EMERGING INFECTIOUS DISEASES**

DOH Main Office, San Lazaro Compound  
Tayuman, Sta. Cruz, Manila  
1003 Metro Manila

**SECRETARY FRANCISCO T. DUQUE III**

DOH Main Office, San Lazaro Compound  
Tayuman, Sta. Cruz, Manila  
1003 Metro Manila

**SECRETARY SALVADOR C. MEDIALDEA**

Office of the Executive Secretary  
Ground Floor, Premier Guest House  
Malacañang, J.P. Laurel St., San Miguel, Manila  
1000 Metro Manila

**SECRETARY EDUARDO M. AÑO**

DILG NAPOLCOM Center  
EDSA corner Quezon Avenue, Quezon City  
1104 Metro Manila

**SECRETARY ARTHUR P. TUGADE**

Department of Transportation  
Apo Court, Sergio Osmeña Sr. Zone,  
Clark Freeport, Mabalacat, 2009 Pampanga

**LEONOR M. BRIONES**

Secretary of the Department of Education (DepEd)  
Department of Education Main Office  
DepEd Complex, Meralco Avenue,  
Pasig City, Metro Manila

**Mayor MAR-LEN ABIGAIL S. BINAY**

Office of the Mayor  
Makati City Hall, JP Rizal Street,  
Brgy. Olympia, Makati City, Metro Manila