

Date

ATTN:  
College  
Address  
Email

Dear Administrators,

Re: College/University Mandate for COVID-19 Boosters

I write to you as a student at **NAME OF COLLEGE OR UNIVERSITY** who is being required to receive the COVID-19 booster prior to returning to campus for the upcoming academic year. While the health and safety for all members of your community is paramount, your goal of preventing outbreaks of COVID-19 is unattainable.<sup>1</sup> On July 22, 2022, former White House COVID-19 response coordinator, Deborah Birx, admitted during an interview, “*I knew these vaccines were not going to protect against infection. And I think we overplayed the vaccines.*”<sup>2</sup> On July 13, 2022, Dr. Anthony Fauci, Director of the National Institute of Allergy and Infectious Disease at the National Institute of Health stated in a televised interview that “[v]accines . . . don’t protect overly well . . . against infection . . . .”<sup>3</sup> The Centers for Disease Control and Prevention (CDC) has acknowledged on its own website that people who have been vaccinated may contract and spread COVID-19 to others and has gone even further to say, “[v]accine breakthrough infections are expected.”<sup>4</sup> (emphasis added). In other words, any impression that vaccinated individuals cannot spread the virus is false; they can and do spread the virus. Moreover, over time, COVID-19 vaccination appears to *increase* the risk of contracting other variants, rendering individuals who have taken additional booster doses *more* likely to spread the virus.<sup>5</sup> Thus, there is no legitimate basis in science or public health for mandating COVID-19 boosters.

**After over a year and a half of experience with COVID-19 vaccines, it’s time to follow the science.** In December 2020, given the level of fear and unknown risks of COVID, perhaps there was a rational basis for initiating a COVID-19 vaccine campaign. However, with the science that has accumulated over the past 28 months, we now know for certain that the COVID-19 vaccines neither stop infection nor transmission of SARS-CoV-2.<sup>6</sup> We also know that

---

<sup>1</sup> [Vaccine Breakthrough Infections: The Possibility of Getting COVID-19 after Getting Vaccinated \(cdc.gov\)](#)

<sup>2</sup> [Dr. Deborah Birx says she 'knew' COVID vaccines would not 'protect against infection' | Fox News](#)

<sup>3</sup> [Fauci admits that COVID-19 vaccines do not protect 'overly well' against infection | Fox News](#)

<sup>4</sup> [Vaccine Breakthrough Infections: The Possibility of Getting COVID-19 after Getting Vaccinated \(cdc.gov\)](#)

<sup>5</sup> *BMJ* 2022;377:o1506; [Covid-19: Omicron sub variants driving new wave of infections in UK | The BMJ](#)

<sup>6</sup> The CDC’s VAERS data released on July 15, 2022, show **1,350,950 reports of adverse events** from all age groups following COVID-19 vaccines, including **29,635 deaths** and **246,676 serious injuries** between December 14, 2020,

the COVID-19 vaccines can and do cause serious injury and death.<sup>7</sup> According to the CDC's Vaccine Adverse Events Reporting System (VAERS), adverse events include anaphylaxis, paralysis, neurological damage, myocarditis, pericarditis, blood clots, Guillain-Barre syndrome, Bell's Palsy, miscarriages, and even death.<sup>8</sup>

**COVID-19 poses a minimal risk to children, adolescents, and young adults.** The scientific literature makes it abundantly clear that COVID-19 poses infinitesimal risk to children, adolescents, and young adults' health.<sup>9</sup> According to scientific studies, these young individuals who contract COVID-19 have a recovery rate of 99.995%.<sup>10</sup> In fact, the risk of death to a healthy young individual is statistically zero.<sup>11</sup> Furthermore, the medical literature shows that healthy young individuals are able to recover and heal from COVID-19 more easily than mature adults.<sup>12</sup> Additionally, the CDC's own data shows that at least 75% of all young individuals have *already* acquired natural immunity to COVID-19 and that natural immunity provides a broader spectrum<sup>13</sup> and more durable immunity than vaccine-induced immunity.<sup>14</sup> Thus there is no benefit, and only potential harm, to the majority of children and young adults.

**COVID-19 vaccines pose a significant threat to children, adolescents, and young adults' health.** While COVID-19 vaccines are unnecessary for this age group, they pose

---

and July 1, 2022. Of the 29,273 reported deaths, 19,150 cases are attributed to Pfizer's COVID-19 vaccine, 7,850 cases to Moderna, and 2,577 cases to Johnson & Johnson (J&J). Of the total 13,705 reported deaths in the U.S. as of July 15th, 7% occurred within 24 hours of vaccination, 15% occurred within 48 hours of vaccination, and 54% occurred in people who experienced an onset of symptoms within 48 hours of vaccination. Notably, it is well documented that fewer than 1% of all adverse events are ever reported to the CDC's VAERS, which means that the number of those individuals who have been injured or have died is even greater. See [Search Results from the VAERS Database \(medalerts.org\): Harvard-Vaccine-Injury-Study-Page-6-Reveals-1-Percent-Rate](#) [about:blank \(study link is embedded in the Substack\); Electronic Support for Public Health–Vaccine Adverse Event Reporting System \(ESP:VAERS\) \(ahrq.gov\)](#)

<sup>7</sup> [Breakthrough deaths comprise increasing proportion of those who died from COVID-19 - ABC News \(go.com\)](#)

<sup>8</sup> [Serious Adverse Events of Special Interest Following mRNA Vaccination in Randomized Trials by Joseph Fraiman, Juan Erviti, Mark Jones, Sander Greenland, Patrick Whelan, Robert M. Kaplan, Peter Doshi :: SSRN](#)

<sup>9</sup> [Search Results from the VAERS Database \(medalerts.org\)](#)

<sup>10</sup> [Covid-19 — Navigating the Uncharted \(nejm.org\); Marty Makari, \*The Flimsy Evidence Behind the CDC's Push to Vaccinate Children\*, Wall St. J., Jul. 19, 2021; Smith, C. et al., Deaths in children and young people in England after SARS-CoV-2 infection during the first pandemic year, Nat Med 28 \(2022\):185–192.; \*Variation in the COVID-19 infection-fatality ratio by age, time, and geography during the pre-vaccine era: a systematic analysis\*, The Lancet, v. 399, Issue 10334 \(February 24, 2022\).](#)

<sup>11</sup> [Risk of Hospitalization, severe disease, and mortality due to COVID-19 and PIMS-TS in children with SARS-CoV-2 infection in Germany | medRxiv; White Paper: Risk Factors for COVID-19 Mortality among Privately Insured Patients, p. 10; Variation in the COVID-19 infection-fatality ratio by age, time, and geography during the pre-vaccine era: a systematic analysis |The Lancet; \*Deaths in children and young people in England after SARS-CoV-2 infection during the first pandemic year\*, Nature medicine 28, 185-192 \(2022\);](#)

<sup>12</sup> [Systems serology detects functionally distinct coronavirus antibody features in children and elderly | Nature Communications; Children develop robust and sustained cross-reactive spike-specific immune responses to SARS-CoV-2 infection | Nature Immunology](#)

<sup>13</sup> [Ridgway JP, Tideman S, Wright B, Robicsek A. Rates of COVID-19 Among Unvaccinated Adults With Prior COVID-19. JAMA Netw Open. 2022;5\(4\):e227650. doi:10.1001/jamanetworkopen.2022.7650; Rates of COVID-19 Among Unvaccinated Adults With Prior COVID-19 | Infectious Diseases | JAMA Network Open | JAMA Network](#)

<sup>14</sup> [Seroprevalence of Infection-Induced SARS-CoV-2 Antibodies – United States, September 2021- February 2022, CDC, April 29, 2022. See also \*Pediatric Infection-Induced SARS-CoV-2 Seroprevalence Estimation Using Commercial Laboratory Specimens: How Representative Is It of the General U.S. Pediatric Population?\* CDC, May 4, 2022.](#)

tremendous risks.<sup>15</sup> Since the vaccines were authorized in record time and the pre-release vaccine clinical trials were far too small to quantify risk, no one knows the full long-term medical risks of COVID-19 vaccination.<sup>16</sup> As the U.S. Food and Drug Administration (FDA) advisor Dr. Eric Rubin shockingly admitted, “We’re never going to learn about how safe the vaccine is until we start giving it. That’s just the way it goes.”<sup>17</sup> In other words, vulnerable individuals are experimental subjects, without their full knowledge or consent.

Although the long-term risks and complications remain unknown, it is abundantly clear even in the short term that the risks of COVID-19 vaccination to young individuals outweigh any purported benefit.<sup>18</sup> The FDA has acknowledged that the existing data show “*known serious risks of myocarditis*”—a potentially fatal heart condition—from the COVID vaccines,<sup>19</sup> and the CDC’s own data show that this risk of myocarditis is increased significantly in young males following COVID-19 vaccination.<sup>20</sup> Myocarditis is a serious heart condition, and far from a minor inconvenience.<sup>21</sup> In a peer-reviewed scientific article published on June 25, 2022, researchers confirmed, “The largest associations are observed for myocarditis following mRNA-1273 vaccination in persons aged 18 to 24 years. Estimates of excess cases attributable to vaccination also reveal a substantial burden of both myocarditis and pericarditis across other age groups and in both males and females.”<sup>22</sup> And in an unprecedented response to an 80% increase in athletes who have died suddenly over the past year with no prior history of heart disease, the European

---

<sup>15</sup> Cooper, Leslie T Jr. “Myocarditis.” *The New England journal of medicine* vol. 360,15 (2009): 1526-38. doi:10.1056/NEJMra0800028; See also [Age and sex-specific risks of myocarditis and pericarditis following Covid-19 messenger RNA vaccines | Nature Communications](#)

<sup>16</sup> Indeed, the booster trial included a mere 140 participants! <https://www.pfizer.com/news/press-release/press-release-detail/pfizer-and-biontech-announce-data-demonstrating-high-immune>

<sup>17</sup> [See remarks on video](#). Indeed, the [FDA’s licensing letter to Pfizer/BioNTech authorizing the Comirnaty vaccine requires postmarketing analysis until 2027 to fully assess the risks of myocarditis and pericarditis](#).

<sup>18</sup> [Myocarditis following mRNA Covid-19 vaccination: A pooled analysis - PMC \(nih.gov\)](#); See [COVID-19 and All-Cause Mortality Data by Age Group Reveals Risk of COVID Vaccine-Induced Fatality is Equal to or Greater than the Risk of a COVID death for all Age Groups Under 80 Years Old as of 6 February 2022, independent analysis](#) by Kathy Dopp, MS and Stephanie Seneff, PhD.

<sup>19</sup> FDA. Letter to Pfizer Inc., Aug. 23, 2021, p. 6.

<sup>20</sup> [CDC Awardee COVID-19 Vaccination Planning Meeting; Epidemiology of Acute Myocarditis/Pericarditis in Hong Kong Adolescents Following Comirnaty Vaccination | Clinical Infectious Diseases | Oxford Academic \(oup.com\)](#); [Risk of Myopericarditis following COVID-19 mRNA vaccination in a Large Integrated Health System: A Comparison of Completeness and Timeliness of Two Methods | medRxiv](#). See also [Children’s Hospital at the University of Washington’s Report on their findings of 35 cases of myocarditis in children within one week after receiving the second dose of the Pfizer mRNA vaccine](#); [FDA briefing document for VRBAC meeting on Moderna’s EUA request for use of COVID-19 vaccine in children 6 months through 17 years of age, at pp. 19-20 \(discussing 26 studies showing vaccine increases risk of myocarditis/pericarditis in young males\) 178-179 \(acknowledging risks\)](#).

<sup>21</sup> Katie A. Sharff, et al., Risk of Myopericarditis following COVID-19 mRNA vaccination in a Large integrated Health System: A Comparison of Completeness and Timeliness of two Methods, medRxiv 2021.12.21268209; DOI: <https://doi.org/10.1101/2021.12.21.21268209>; [Risk of Myopericarditis following COVID-19 mRNA vaccination in a Large Integrated Health System: A Comparison of Completeness and Timeliness of Two Methods | medRxiv](#) See also [Age and sex-specific risks of myocarditis and pericarditis following Covid-19 messenger RNA vaccines | Nature Communications](#)

<sup>22</sup> Le Vu, S., Bertrand, M., Jabagi, MJ. *et al.* Age and sex-specific risks of myocarditis and pericarditis following Covid-19 messenger RNA vaccines. *Nat Commun* **13**, 3633 (2022); [Age and sex-specific risks of myocarditis and pericarditis following Covid-19 messenger RNA vaccines | Nature Communications](#) <https://doi.org/10.1038/s41467-022-31401-5>

Society of Cardiology issued recommendations on June 17, 2022, to prevent and monitor sudden cardiac death in athletes.<sup>23</sup> In short, these problems are severe and may be permanent.<sup>24</sup>

**The development, authorization, and approval processes of the COVID-19 vaccines were compromised.** By way of this letter, I urge you to read the science, conduct your own investigation, and learn the truth so that **NAME OF COLLEGE/UNIVERSITY** can take steps to prevent unnecessary injury and death. According to Pfizer’s own documents<sup>25</sup> (which Pfizer tried to withhold from the public for 75 years), both Pfizer and the FDA had knowledge that the COVID-19 vaccines would cause devastating adverse events, including death.<sup>26</sup> Further, there is a substantial likelihood that Pfizer and the FDA perpetrated a fraud in the development and distribution of Pfizer’s COVID-19 vaccine.<sup>27</sup> Here is a small sampling of what has been discovered so far:

- As early as November 2020, both Pfizer and FDA knew that Pfizer’s COVID-19 vaccines “waned in efficacy” and represented “vaccine failure.”
- Pfizer clinical trials for COVID-19 vaccine found that the all-cause mortality rate in the vaccinated group was 25% higher than in the unvaccinated control group.<sup>28</sup>
- In January 2021, an employee-turned-whistleblower sued Pfizer alleging that the pharmaceutical giant falsified data, unblinded patients, failed to report protocol deviations, failed to store vaccines at proper temperatures, failed to properly label specimens, employed inadequately trained vaccinators, and lacked timely follow up to serious adverse events reported during Phase III clinical trials.<sup>29</sup>
- By May 2021, Pfizer and the FDA knew that the COVID-19 vaccines caused sudden cardiac arrest and heart damage in young individuals, yet both remained silent when the FDA approved the COVID-19 vaccines for children and adolescents and failed to disclose the risk of heart damage until 3 months after the fact.
- In October 2021, a report released by Public Citizen, a consumer rights advocacy group that had gained access to leaked, unredacted Pfizer contracts with governments around the globe, revealed how Pfizer, already enjoying a complete liability shield, had silenced governments in order to “shift risk and maximize profits.”<sup>30</sup>
- In response to the whistleblower’s complaint filed in January 2021, on July 5, 2022, Pfizer has asked the court to dismiss the lawsuit. In its Motion to Dismiss, Pfizer did not deny the wrongdoing alleged in the complaint. Rather, it claimed as its defense that the

---

<sup>23</sup> Silvia Castelletti, et al., “Indication and utility of cardiac genetic testing in athletes,” 16 June 2022, European Journal of Preventative Cardiology DOI: 10/1093/eurjpc/zwac080; [Up to 80% of athletes who die suddenly had no | EurekAlert! 5-fold increase in sudden cardiac and unexplained deaths among FIFA athletes in 2021 – America’s Frontline Doctors \(americasfrontlinedoctors.org\)](#)

<sup>24</sup> [1204 Athlete Cardiac Arrests, Serious Issues, 804 Dead, After COVID Injection - Real Science \(goodsciencings.com\)](#)

<sup>25</sup> <https://phmp.org/pfizers-documents/>

<sup>26</sup> [Covid-19: Researcher blows the whistle on data integrity issues in Pfizer’s vaccine trial | The BMJ](#)

<sup>27</sup> [UNITED STATES OF AMERICA \(documentcloud.org\)](#)

<sup>28</sup> [November 8, 2021 Summary Basis for Regulatory Action - Comirnaty \(fda.gov\)](#)

<sup>29</sup> [Brook Jackson Lawsuit - DocumentCloud](#)

<sup>30</sup> [Pfizer-power-Oct-19-final-web \(2\).pdf](#)

U.S. government knew about the fraud but turned a blind eye to the wrongdoing, thus making the wrongdoing “immaterial.”<sup>31</sup>

This is merely a sampling of the information already available to the public based upon Pfizer’s own documents. Given that **NAME OF COLLEGE/UNIVERSITY** has mandated COVID-19 vaccination, including boosters for its students as a condition of enrollment, it is imperative that your administration take action to prevent needless injury and death. If willful misconduct, including fraud, is proven in connection with COVID-19 vaccines, the manufacturers and *those involved in the mandating* or distribution of the vaccines may lose immunity from liability under the PREP Act.<sup>32</sup> Simply stated, should any student or staff member suffer injury or death due to coercive vaccine mandates, **NAME OF COLLEGE/UNIVERSITY** may be held accountable. Recognizing that COVID-19 vaccines have failed the most rudimentary criteria for safety and efficacy, I hope that your institution will reconsider its misguided policy. The safety of your students and the reputation of your institution depend upon it.

Sincerely yours,

---

---

<sup>31</sup> [UNITED STATES OF AMERICA \(justthenews.com\)](https://www.justthenews.com)

<sup>32</sup> See 42 U.S.C. 247-6d(d) (outlining “willful misconduct” exception to PREP Act immunity).