

To Whom It May Concern:

I, a citizen and taxpayer of \_\_\_\_\_, Massachusetts, am writing to voice my opposition to any type of coercion used to force or manipulate individuals into accepting novel medical interventions that may or may not limit the transfer of the SARS-COV-2 virus and may or may not protect against covid disease.

I am firmly opposed to so-called “vaccine mandates,” “vaccine passports,” and any attempts by businesses, public or private, to coerce employees to get a medical intervention (such as an mRNA injection) in order to continue their employment. I strongly oppose all efforts by any entity, public or private, to institute such “vaccine” mandates or passports.

These coercive practices violate the fundamental principal of medical ethics, informed consent, as well as international human rights standards such as the Nuremberg Code. For most age groups, the risks of the “vaccines” are greater than the benefits. For multiple reasons outlined below, mandates, passports, and coercive practices are not based in logical reasoning and are not supported by scientific evidence.

1. The covid-19 “vaccines” do not stop transmission of the virus or grant immunity to the recipient, and their effectiveness diminishes significantly over time. On Nov. 12, Anthony Fauci stated to the New York Times that Israel, the first nation to institute a public vaccination program is “seeing a waning of immunity not only against infection but against hospitalization and to some extent death, which is starting to now involve all age groups. It isn’t just the elderly. It’s waning to the point that you’re seeing more and more people getting breakthrough infections, and more and more of those people who are getting breakthrough infections are winding up in the hospital.”
2. A new definition of the word “vaccine” was added to the Merriam Webster dictionary because the Moderna, Pfizer and J&J shots did not fit the definition of the word: “b: a preparation of genetic material (such as a strand of synthesized messenger RNA) that is used by the cells of the body to produce an antigenic substance (such as a fragment of virus spike protein).” The use of the term “vaccine” to refer to the shots is very misleading, because the new “vaccines” are novel medical interventions based on mRNA and DNA biotechnology that have never previously been approved for use in humans. Furthermore, editing dictionary definitions of words for political purposes is an example of totalitarian policies like those in George Orwell’s novel, 1984.

3. The clinical trials under which the “vaccines” were given Emergency Use Authorization only lasted several months; by December 2020, shots were already being administered on the elderly population. This means that any long term side effects appearing longer than several months could not be observed, monitored, or studied. By basic logic, it can be firmly stated that any long term side effects of these shots are unknown. Furthermore, no control group was ever established to effectively monitor the unstudied long-term side effects of the shots. The use of a control group is an underlying component of the modern scientific method and is required in all peer-reviewed research. Therefore, long-term side effects continue to be unstudied by scientifically and systemically.
4. Informed consent and autonomy have always been fundamental, underlying principles of medical ethics. The Wikipedia article for “medical ethics” states, with four references: “Medical ethics encompasses beneficence, autonomy, and justice as they relate to conflicts such as patient confidentiality, informed consent, and conflicts of interest in healthcare.” Autonomy means that “the patient has the right to refuse or choose their treatment.” Patient autonomy is clearly violated in covid vaccine mandates, passports, and employment requirements, as these coercive practices do not allow people to freely choose refusal. Patient confidentiality is also violated. Also, the principals of beneficence and autonomy together recognize a basic fact of human health: that every individual’s body and health circumstances are different. One-size-fits-all medical approaches are inherently unethical and are never supported by science.
5. Because clinical trials did not last more than several months, the technology is new, and long term side effects are unknown, the use of covid “vaccines” constitute medical experimentation. The Nuremberg code, an international human rights framework established after the Nazi’s coercive and harmful medical practices states: *“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 situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, over-reaching, 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.”* Clearly, all “vaccine” mandates and passports violate this section of the Nuremberg code, as they are based in coercion. The Nuremberg code also states: *“The experiment should be so designed and based on the results of animal experimentation and a knowledge of the natural history of the disease or other problem under study that the anticipated results will justify the performance of the experiment.”* Key animal

trials were skipped in the EUA approval, in clear violation of this section of the code. The Nuremberg code also states: *“The experiment should be so conducted as to avoid all unnecessary physical and mental suffering and injury. No experiment should be conducted where there is an a priori reason to believe that death or disabling injury will occur.”* VAERS reports and public health data from multiple nations indicate that the “vaccines” can and have caused death or disabling injuries in some people. Despite these reports, use of the “vaccines” has not not been terminated or abandoned; instead, it has been extended to include younger age groups. This is also in direct violation of the Nuremberg code, which states: *“During the course of the experiment the scientist in charge must be prepared to terminate the experiment at any stage, if he has probable cause to believe...that a continuation of the experiment is likely to result in injury, disability, or death to the experimental subject.”*

6. For almost a year, scientists have been petitioning Pfizer and the FDA to release the clinical trial data upon which the FDA based its decision to grant an Emergency Use Authorization to its product. Despite a Freedom of Information Act request, lawyers for the FDA are saying that the data from this trial will not be released for over 55 years, at which time all of the people involved in the decision will be deceased. Hiding data goes against the principle of informed consent, and means that fraud or scientific errors cannot be adequately identified.
7. The Pfizer and Moderna injections include artificial mRNA code, protected in a nanolipid drug delivery coat, that instructs cell mitochondria to create a synthetic version of a spike protein (or peplomer) similar, but not identical, to that on the SARS-COV-2 virus the way it was initially sequenced. The mRNA code has not been updated since various variants with different peplomer genetic sequences have spread. Established science in virology shows that triggering a specific immune response to the older version of a virus can potentially cause antibody-dependent enhancement (ADE) when a person encounters a new variant of the virus in their future environment, potentially increasing the abilities of the virus to enter cells and worsening COVID disease. Conclusive evidence shows that ADE has been directly caused by experimental COVID virus vaccines in the past. Because key animal and long-term human trials were skipped during clinical trials, ADE has the potential to occur in the future in individuals receiving the injections.
8. Pfizer and Moderna shots contain synthetic mRNA (or modRNA) that codes for the COVID spike protein. Many spike proteins are created within the body. There is significant evidence that these spike proteins are toxic to the body. Initially, scientists thought that the COVID spike protein has a “proline lock,”

so it would not be able to bond to ACE2 receptors on its own. However, there is significant scientific evidence that the spike protein alone can bond to ACE2 receptors, as well as to other types of cells in the body, potentially leading to harm throughout the body, including the brain and the ovaries. An article in Science Daily from October 29, 2020 is titled “SARS-CoV-2 spike proteins disrupt blood-brain barrier, new research shows.” Many other scientific papers document that the S1 and S2 subunits on the spike protein can harm cardiac cells. Spike protein damage to heart tissue is a plausible biological mechanism that explains the highly inflated rates of myocarditis and pericarditis in young men who have received the shots.

9. For most age groups, The Infection Fatality Rate for covid is so low, that a vaccine does not make sense. According to NHS (UK) data, there were only 1408 deaths in the 45-49 age bracket between July 2020 and July 2021, giving a 99.963% chance of survival. When, all vaccines present risks, why is a vaccine even necessary? Furthermore, a high percentage of the the deaths were in individuals with additional confounding conditions.
10. The FDA decision to extend the use of the covid-19 shots to children as young as 5 shows that important public health decisions are not being made based on a utilitarian risk-benefit analysis, but rather because some parents want to inject their children out of irrational fears, political views, or severely misguided ethics. All data clearly shows that children themselves are not at risk from covid disease; the numbers of children who have died from it are statistically insignificant when compared with the multitude of other health risks to children. Furthermore, children do not transmit the virus to others. Thus, children are being injected with mRNA for no benefit to them; the perceived benefit is that it will reduce the number of elderly dying from covid-19 disease. The risks are unknown, as admitted by an FDA expert during the 5-11 year old emergency use authorization, who stated that we do not know the side effects are in children, we will just have do it and “see what sticks.”
11. From a utilitarian ethical perspective, it does not make sense to subject children to any risk when they do not themselves benefit. Children have decades of potential healthy live-years ahead of them; elderly individuals only have a few years of potential health. Additionally, basic human moral principles extending across diverse cultures state that the lives of children are more valuable than those of adults. In emergency situations, the notion that “pregnant women and children should be first to leave” has always been universally agreed upon and accepted. There is no rational reason why covid should change this.

12. Basic scientific methods necessitate that in order to for the results of a clinical trial to apply to in the real world, the same conditions must exist in real-world practice as in the clinical trials. However, fundamental conditions that existed in clinical trials are severely inconsistent with real-world practices. One example is that during clinical trials the “vaccines” were refrigerated at very low temperatures. Another example is that in the trials they were administered by medical professionals rather than in parking lots or pop-up locations by individuals with limited medical training. A final example is that “mixing and matching” two or more does between different manufacturers (one Pfizer and one Moderna, for example) did not occur during trials, but is commonly occurring in the real world, untested.
13. Under United States federal law, vaccine manufacturers cannot be sued for their products causing injury or death. The purpose of the 1986 National Childhood Vaccine Injury Act (NCVIA) was to eliminate any potential financial liability on the part of vaccine manufacturers due to vaccine injury claims. Under the NCVIA, the National Vaccine Injury Compensation Program (NVICP) was created to provide a federal no-fault system for compensating vaccine-related injuries or death involving the United States Court of Federal Claims and special masters. Informed consent requires those receiving the covid shots knowing this information about immunity from lawsuits, but it is often not disclosed.
14. Also under the NCVIA, the Vaccine Adverse Events Recording System (VAERS) was set up in 1990 as a system to report adverse events. In less than one year, through November 12, 2021, there have been 894,143 VAERS reports related to the covid shots, including 18,853 reports of death. About a third of these deaths were within 0-3 days of the shot. VAERS (through 11/12/21) also shows 94,537 hospitalizations, 11,229 cases of Bell’s Palsy, 8,082 cases of anaphylaxis, 9,332 heart attacks, 13,237 cases of heart malfunction (myocarditis and pericarditis), and 30,010 people permanently disabled. Despite disagreement regarding the percentage of injuries reported to VAERS, these data clearly show a statistically significant correlation between the administration of covid shots and multiple serious medical conditions. By law, VAERS is supposed to ascertain whether the risk–benefit ratio is high enough to justify continued use of any particular vaccine. This is not happening with the covid “vaccines.” Instead, propaganda campaigns and coercive tactics for their expanded use continue, in direct violation of the NCVIA.
15. Real-world data do not support the idea that “vaccinating” 100% of the population will stop or reduce covid. Gibraltar has vaccinated 100% of its population, including visitors, and is currently experiencing a spike in covid,

even canceling Christmas celebrations. Vermont is the the most highly “vaccinated” US state, at 95%, and according to NBC News, “health officials are confused as to why Vermont has such high covid rates.”

16. Official scientific data from nearby region from the “Public Health Canada Weekly Surveillance Summary: Adverse Events Following Immunization (AEFIs) for Covid-19 in Ontario: December 13, 2020 to October 24, 2021” lists 464 reports of myocarditis or pericarditis. These heart diseases are very severe inflammatory conditions that can result in death or shortened life expectancy. Numbers from the report give rates of 1 in 5770 young males ages 18-24 (after the second shot), and 1 in 6817 in boys and young males ages 12-24. This demographic group is highly unlikely to be at any risk from the corona virus or covid disease.
17. Medical privacy is an essential civil right and personal freedom. Vaccine passports and employer mandates violate existing medical privacy laws and regulations. Currently, many legal groups are challenging vaccine mandates and passports in court on these grounds. Medical privacy violations should not be condoned and there is no legal way to institute a “vaccine passport” system without violating medical privacy.

In conclusion, I, along with many others in my community, reject and oppose any “covid vaccine” mandates, requirements, or coercive practices manipulating individuals into taking the “covid vaccines” or genetic products made by Pfizer, Moderna, Johnson & Johnson, AZ, or any other manufacturer. Individuals possess the basic human rights to their own bodies. Medical ethics requires informed consent, medical privacy, and the right to opt out. Everyone’s body is different. Please oppose any and all mandates, laws, recommendations or policies involving mandatory, forced or coerced shots or injections.

Sincerely,