

June 18, 2022
Christina Paxson
President
Brown University

Dear President Paxson,

I hope this finds you well and in the midst of an enjoyable summer holiday with your family. Pardon the intrusion, but I write to voice my dismay at the University's recent announcement of COVID vaccine requirements for 2022-23. Having learned that specific Rhode Island colleges (University of Rhode Island and Providence College) will no longer mandate these vaccines, I was hopeful that Brown would institute a similar abandonment of an imprudent policy, as this seems sensible on account of the vaccine's diminishing efficacy against new variants, as well as the potential health risks to students who are highly unlikely to suffer severe symptoms.

Brown has vigilantly tracked COVID data from 2020 to early 2022. However, there are no published details on hospitalizations from COVID pneumonia among students over the course of the pandemic, rather only the number of infections. Why is this information not tracked on the COVID portal? Surely this would help parents and students perform their own risk assessment as to whether or not to continue the booster program for their children. I suspect the number of serious infections among students has been very low. **The norms of informed consent demand transparency of information in order to provide rationale for such restrictive policies.**

Data on the number of students with severe outcomes from the virus — of course on an anonymized basis — should be available to the Brown community, as should information on any known serious vaccination side-effects. Which leads me to my next question: Why are Brown parents and students not apprised of reported occurrences of adverse side-effects attributable to the vaccine? For instance, I have learned through a very reliable source in the medical field that a Brown student who received the vaccine relatively early due to his decision to volunteer at a Rhode Island hospital, suffered from **covid-19 mRNA vaccine-induced myocarditis** and was hospitalized. Incidentally, CDC's Vaccine Adverse Event Reporting System (VAERS; link here: <https://wonder.cdc.gov/vaers.html>) database appears to corroborate what I've been told about the timing of the Brown student's myocarditis.

Rhode Island first made Covid-19 vaccine available to the public for 16+ year-olds on 4/19/21, with only "limited supply," <https://www.browndailyherald.com/article/2021/03/r-i-to-open-vaccine-eligibility-to-adults-16-april-19-but-supply-is-still-limited>, and Brown's initial campus Covid-19 vaccine clinic/drive wasn't until May 17, 2021 <https://www.browndailyherald.com/article/2021/05/u-hosts-first-on-campus-covid-19-vaccination-clinic-for-students-faculty-staff>. The VAERS report of a 20 year old male indicates he got his 1st covid-19 vaccine dose on Feb. 26th 2021—almost 2-months **before** the vaccine was just beginning to become available in his age group in Rhode Island.

I have included a screen shot of the VAERS case report below, and you can look the case up [here](#), yourself by VAERS ID#: 1347752-1.

VAERS Event Details

Details for VAERS ID: 1347752-1

Event Information			
Patient Age	20.00	Sex	Male
State / Territory	Rhode Island	Date Report Completed	2021-05-25
Date Vaccinated	2021-03-18	Date Report Received	2021-05-25
Date of Onset	2021-03-20	Date Died	
Days to onset	2		
Vaccine Administered By	Private	Vaccine Purchased By	Not Applicable *
Mfr/Imm Project Number	NONE	Report Form Version	2
Recovered	Yes	Serious	Yes

* VAERS 2.0 Report Form Only
 ** VAERS-1 Report Form Only
 "Not Applicable" will appear when information is not available on this report form version.

Event Categories	
Death	No
Life Threatening	No
Permanent Disability	No
Congenital Anomaly / Birth Defect *	No
Hospitalized	Yes
Days in Hospital	3
Existing Hospitalization Prolonged	No
Emergency Room / Office Visit **	N/A
Emergency Room *	No
Office Visit *	No

* VAERS 2.0 Report Form Only
 ** VAERS-1 Report Form Only
 "N/A" will appear when information is not available on this report form version.

Vaccine Type	Vaccine	Manufacturer	Lot	Dose	Route	Site
COVID19 VACCINE	COVID19 (COVID19 (PFIZER-BIONTECH))	PFIZER\BIONTECH	NONE	2	IM	LA
COVID19 VACCINE	COVID19 (COVID19 (PFIZER-BIONTECH))	PFIZER\BIONTECH	NONE	1	IM	

Adverse Event Description

Patient rec'd Pfizer COVID vaccine dose 1 on 2/26/21; dose 2 on 3/18/21. He began to have substernal chest pain on 3/20/21, took Tums with partial relief. He had additional episodes of chest pain over the next 2 days and came to the ED on 3/22/21. EKG was abnormal and troponin was elevated, so he was admitted with a diagnosis of myopericarditis .

Lab Data	Current Illness	Adverse Events After Prior Vaccinations

der.cdc.gov/controller/datarequest/D8;jsessionid=F9C2375C3CB2EC14F2A2FABC5510

06 AM

VAERS Event Details

<p>EKG (3/21/21): NSR, HR 100, elevated ST in v4-6 TTE (3/22/21): LVEF 51% Left ventricular systolic function is low normal (LVEF 51%). Normal diastolic function and filling pressures. - Normal right ventricular size and function. - Minimal mitral leaflet thickening with trace-mild MR. - Pulmonary pressure estimate is normal. - Aortic root, ascending aorta and arch are normal in caliber. - No previous echo available for comparison. Cardiac MRI w wo (3/22/21): 1. Low normal or mildly reduced global LV function with ejection fraction 53%. Normal RV function. 2. No evidence of myocardial infarction. Extensive subepicardial and mid wall enhancement throughout the LV free wall as described above. The appearance is consistent with myocarditis in the appropriate clinical context. 3. Partially visualized bulky left axillary adenopathy. This has been described in ipsilateral arm COVID-19 vaccination. Advise clinical correlation. PCRs: RPP incl SARS CoV-2 NP PCR (3/21/21): all neg Adenovirus PCR blood (3/21/21) : neg Parvovirus B19 PCR blood (3/21/21): neg Serologies: CMV IgM: < 2 HIV 1/2 Ag/Ab: neg Mycoplasma IgM: 1.19 (pos > 1.10) Lyme EIA Ab: .3 ASO: < 50 Cocksackie A Ab, 6 serotypes: all < 1:8 Cocksackie B Ab, 6 serotypes: all < 1:8 Echovirus Ab, 5 serotypes: all < 1:8 SARS CoV-2 IgG (3/22/21): neg (detects Ab to nucleocapsid, would be positive if wild type infection occurred) SARS CoV-2 Total Ab (3/22/21): positive (detects Ab to receptor binding domain on spike protein, is positive post-vaccination Urine tox screen (3/22/21): neg</p>	None	
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Medications At Time Of Vaccination	History/Allergies
None	None, Peanut, tree nut

Is the University aware of any other cases of myocarditis or any other severe vaccine related illnesses among its highly vaccinated student population? I ask because a team of academic Cardiologists and Radiologists at Rhode Island Hospital just published (online June 9, 2022) a report in the flagship *Radiology* journal series, *Radiology: Cardiothoracic Imaging* documenting 14 cases of young Rhode Island men, all \leq ~30 years old, hospitalized between January and September 2021 for covid-19 mRNA vaccine-induced myocarditis (The report can be downloaded here: <https://pubs.rsna.org/doi/10.1148/ryct.220008>). **Regardless, even the one apparent case of a Brown male student who was hospitalized with covid-19 vaccine-induced myocarditis should have been reported (of course anonymously) to the student community, especially its young men, for an honest, open, evidence-based discussion of vaccination benefit/risk considerations. This case could then be juxtaposed to hospitalizations of (anonymized) Brown students, particularly unvaccinated Brown students, if any, before and after the vaccine became available. That's how frank discussion of benefit/risk, by axiom, is supposed to take place on an Ivy League university campus.**

President Paxson, you should know that when I wrote to you last year apprising you of my petition for both religious and medical exemptions for my son XX, he received only a religious exemption, even though I had produced a signed statement from his medical doctor requesting dispensation for medical reasons. Against my better advice, and on account of Brown's punitive policy of separating him from his friend group, XX received the vaccine and the booster required this past spring semester. He has since contracted COVID (for the second time). You should also know that I am not against the vaccine or safe efficacious vaccines. We live with my 89 year old mother who is vaccinated and boosted. You should also know that within my family and extended family, there were adverse effects from the vaccine (diagnosed and attributed to the vaccine by medical doctors). Consequently these family members have been advised to forego additional boosters.

Considering the risks of myocarditis alone, one may reasonably conclude that the vaccine is more risky than severe infection to Brown students. But this decision should be left to the individual and not unethically mandated by a bureaucratic institution.

I ask that you consider my opinion, and that of many other parents, that Brown's policy of requiring boosters is at a minimum unnecessarily coercive, and that it neglects to consider individuals who have good reason —be it medical or religious — to be reluctant to take the vaccine. Furthermore, we are only beginning to learn of the longer term effects of this new medical intervention. While it may be a godsend in high risk settings such as nursing homes, it should be carefully considered, and certainly not mandated, for our children.

Yours sincerely,

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