

From: Poppas, Athena MD
Sent: Monday, August 1, 2022 3:06 PM
To: Andy <abostom@xxx>
Cc: Risk Management TMH <TMHRiskManagement@Lifespan.org>; Adler, Paul J. <Pedro, Rita D
Subject: RE: Further deidentified corroboration/elaboration of a case

Andy

Please do not contact fellows or faculty about this. I am copying risk management as they have been involved.

Thanks

Athena

Athena Poppas, MD MACC FASE FAHA
Past President, American College of Cardiology
Chief, Cardiology Division
Director, Lifespan Cardiovascular Institute
Rhode Island, Miriam and Newport Hospitals
Professor of Medicine, Brown University

From: Andy < >
Sent: Monday, August 01, 2022 11:35 AM
To: Poppas, Athena MD < >

Subject: Further deidentified corroboration/elaboration of a case

Dear Athena,

I am writing to you at the suggestion of both Barry & Mike, who are copied on this email.

During early July, The Brownstone Institute (which has no relationship to Brown University) [published](#) my long essay on an apparent post-covid-19 mRNA vaccine-induced myopericarditis in a Brown University student. According to my informant, who I can tell you was [Cardiologist] XX, the student was volunteering at The Miriam Hospital during March, 2021, and was hospitalized (with a whopping troponin, chest pain, ECG changes, and MR findings consistent with the diagnosis; see the matching public VAERS report [here](#)), when X was taking call from home.

In confidence Athena, since she does not wish to be identified, and believes, hope against hope, she can still “dialogue” with Brown University President Dr. Paxson, I have attached a plaintive letter to Dr. Paxson written by a dear friend who is a Brown graduate herself, and also has a son who is studying engineering at Brown. Dr. Paxson’s cold, dismissive “response” speaks for itself. I also wrote a letter to Brown University’s “covid czar,” Mr. Russell Carey which you can read [here](#) since it is public. Mr. Carey did not respond at all.

Going forward, near term, I would like to corroborate the Cardiologist’s account by speaking with both the Cardiology fellow in hospital when the young man was admitted, the Cardiology attending(s) who took care of him in hospital (the public access VAERS database lists the date of hospital admission as March 22, 2021, with a 3-day length of stay, so March 22-25, 2021), and possible any Cardiology Physicians’ Assistant(s) involved in his care. Can you help me identify who those persons were, based upon Cardiology Division scheduling?

I would also like to speak with whomever filed the quite thorough VAERS report to CDC, and anyone who can provide information on the young man’s condition on follow-up since discharge. Was he perhaps one of the 9 of 14 follow-ups Dr. Patel mentioned in an email included in a paper apparently in submission, which I believe describes serial MRI findings? Also, the de-identified Rhode Island Hospital database for all state hospitalizations includes a hospitalization that matches this case exactly, with an additional discharge diagnosis of ventricular tachycardia. Was that just a brief non-sustained run, or something more serious, and is that no longer an issue? (Or perhaps it never was an issue?).

As best I can glean, none of these queries violates HIPPA regulations the 18 "[information identifiers](#)," that when conjoined to health information, "become PHI (personal health information)."

Why do I want this corroborative information?

As a person with decades of public health experience, I find Brown's concealment of this case from its own student body, completely unacceptable, especially while the University continues to insist upon mandatory vaccination to this day, for incoming 2022-23 freshmen. Brown (and they are hardly alone, among universities, especially Ivy League universities) thus steadfastly refuses to engage in risk/benefit-based informed consent for covid-19 vaccination.

Many, including the Cardiology Division, may not wish to engage Brown University in this debate. I certainly understand that reluctance, given how broaching, no matter how rationally, the issue of mandatory covid-19 vaccination, even in extraordinarily low to zero covid-19 serious morbidity risk populations, engenders scurrilous charges of being an "anti-vaxxer."

However, I am not reluctant in the least. But I wish to confront Brown University, again, armed with the ironclad confirmation of X's account, that the Cardiology Division, uniquely, can supply.

Sincerely,

Andy Bostom
Cellphone: 401-XXX