

# COVID-19 Booster Mandates in Light of Emerging Evidence of Viral Transmission and Severe Harm. Letter to University Administrators

By [Children's Health Defense](#)

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*Dear University Administrators:*

*We are writing to demand that you immediately rescind your recent, ill-advised mandate that all students receive a COVID-19 "booster" as a condition to returning to or remaining on campus for Spring Semester.*

The university may have originally believed that mandating a COVID-19 vaccine product at the start of the Fall Semester was the most reasonable and effective measure to protect the university community against viral transmission and infection; however, now that we possess more global data regarding the lack of safety and effectiveness of these products, your university is under a legal, ethical, and moral obligation to discontinue its forced vaccination policy.

## COVID-19 Vaccines Do Not Prevent Infection or Transmission

It is clear at this point that there is no scientific or public health justification to mandate COVID-19 injections. We now know that none of the available COVID-19 injections are capable of stopping the spread of the virus, especially with respect to the now-dominant variant, Omicron.[i] In fact, credible and alarming statistical evidence from places like Israel, Iceland and Gibraltar – several of the most highly vaccinated jurisdictions in the world – demonstrate that COVID-19 vaccination rates are highly correlated to massive increases in both Delta and Omicron cases.[ii] Similarly, recent data out of Germany indicates that 96% of their reported Omicron cases were fully vaccinated individuals, including almost 30% who had received at least one booster, as well.[iii]

Conversely, we have data from some of the least vaccinated jurisdictions in the world, particularly sub-Saharan Africa, indicating that these are some of the least impacted jurisdictions by both the Delta and Omicron variants.[iv] This data further indicates that

Omicron appears to be completely resistant to vaccination, and may even be more prevalent among the fully vaccinated. Indeed, with the number of nearly fully-vaccinated university populations across the United States now experiencing widespread COVID-19 outbreaks,[v] it is no longer credible to claim that any of these COVID-19 vaccine products serve a useful purpose in helping to stop outbreaks on your campus.

### Mandating Boosters for a Clearly Failing Product Is Unscientific, Illegal, and is Likely to Cause Irreparable Harms

Given the evident ineffectiveness of the original COVID-19 injections, it is unclear how mandating “boosters” of the same failing products would solve the problem of campus infection or spread. In fact, emerging data appears to show that booster effectiveness is even worse. For example, a December 2021 UK National Statistics survey indicates that those who have received three doses of experimental vaccine are 4.45 times more likely than those who had received none to develop a case of Omicron.[vi] The CDC’s own data now indicates that vaccination, even with a booster, has very limited capacity to stop viral transmission, and that vaccinated individuals transmit the virus just as much as unvaccinated individuals[vii] As a result, any university booster requirement to attend or continue attending school for Spring Semester makes no common sense and is not supported by “the science” or medicine. It also raises serious legal and ethical concerns, as more evidence emerges of COVID-19 injection harms.

The CDC’s/FDA’s own vaccine adverse event reporting system (“VAERS”) currently shows over 21,000 deaths closely following COVID-19 injection, with other less severe, but still significant, harms reported in the hundreds of thousands.[viii] Adverse effects such as myocarditis, pericarditis, and thrombocytopenia are admittedly now occurring far more often than originally expected.[ix] Relevant to your own vaccination policies, a number of studies now show that the risk of myocarditis from a COVID-19 injection in young men ages 18-25 is far more likely than the risk of myocarditis from the disease itself.[x] In addition, while originally dismissed as female hysteria or unreliable anecdotal evidence, emerging studies now confirm that women are experiencing significant changes to their menstrual cycles following COVID-19 injection, which could affect ovarian reserve in women and impair fertility long-term.[xi] Students suffering harms like this due to their involuntary compliance with your illegal university vaccine mandate will certainly expose the university to numerous viable legal claims,[xii] but even worse is how tragic it will be when your university’s own hastily-imposed, ill-advised COVID-19 mandates, including a booster requirement, is the cause of significant, irreversible damage to your students’ hearts, lungs, and other vital organs, and impairs their reproductive abilities.

### Adding an Unnecessary New Booster Requirement Mid-Year is Unethical

Requiring young adults who are at little risk of severe COVID-19 to take an experimental vaccine violates a core principle of medical bioethics – medical necessity for the treatment.[xiii] Adding a senseless booster requirement in the middle of an ongoing academic year after students and their parents believed that compliance with the university’s original vaccine mandate would be sufficient raises numerous other ethical concerns. First, adding a new vaccine burden mid- year shamelessly utilizes unequal power dynamics and direct threats to a student’s ongoing academic progress to achieve unstated university goals that clearly have nothing to do with stopping viral transmission. Adding it just after accepting students’ Spring Semester tuition and fees also casts the university

administration in a staggeringly unflattering light. The additional fact that this booster requirement is being imposed while these already vaccinated students are now literally catching and transmitting the virus themselves, without the university also offering an exemption due to these students' post-infection immunity, is already causing significant psychological distress among students and parents, as well as a complete loss of trust in the university's intentions.[xiv]

Deciding whether or not to take a medical intervention should always be an individual's personal choice,[xv] even more so when the proffered medical intervention is still in the clinical trial stages.[xvi] Requiring your students to take emergency use vaccine products that are still not fully FDA approved in order to be entitled to an in-person university education was always illegal and unethical on your part, even if you had the best of intentions at the onset. Now, however, where it is glaringly obvious that these injections are neither safe nor effective at stopping transmission, infection, hospitalization, or death and might actually cause and heighten these harms, proceeding with a mandatory injection and/or booster policy is not only unscientific and illegal, but increasingly corrupt and sinister.

We demand that you return critical medical decisions to students and their families, and make any COVID-19 vaccination policy, including booster policies, voluntary — before any further damage is done to your community.

Sincerely,

Legal Team,  
Children's Health Defense

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## Notes

i See e.g., CDC Director Walensky stating "what [the COVID-19 vaccines] can't do anymore is prevent transmission." <https://twitter.com/CNNSitRoom/status/1423422301882748929>. See also <https://www.cdc.gov/mmwr/volumes/70/wr/mm7031e2.htm> (74% of those infected were fully vaccinated for Covid-19); [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8481107/pdf/10654\\_2021\\_Article\\_808.pdf](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8481107/pdf/10654_2021_Article_808.pdf) ("Increases in Covid-19 are unrelated to levels of vaccination across 68 countries and 2947 counties in the United States"); <https://pubmed.ncbi.nlm.nih.gov/34596015/> ("high transmissibility of the SARS-CoV-2 delta variant among twice vaccinated and masked individuals").

ii <https://www.medrxiv.org/content/10.1101/2021.08.19.21262111v1>.

iii <https://stevekirsch.substack.com/p/new-study-shows-vaccines-must-be>; see also <https://www.skirsch.com/covid/GermanAnalysis.pdf>

iv <https://www.medrxiv.org/content/10.1101/2021.03.26.21254377v1>

v

<https://cornelliansagainstboostermandate.wordpress.com/2022/01/08/open-letter-to-cornell-university-board-of-trustees-and-president-martha-pollack/>.

vi

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/adhoc/14114>

coronaviruscovid19infectionsurveyukcharacteristicsrelatedtohavinganomicroncompatible result in those with the most positive for covid 19 23 december 2021

vii <https://www.cdc.gov/media/releases/2021/s0730-mmwr-covid-19.html>; see also supra, note i.

viii <https://openvaers.com>; see also

<https://palexander.substack.com/p/21-x-higher-death-rate-covid-vaccination>;

<https://palexander.substack.com/p/so-you-say-dr-alexander-you-keep> (list of studies showing harms).

ix <https://pubmed.ncbi.nlm.nih.gov/34406358>; <https://www.nature.com/articles/s41591-021-01630-0.pdf>

x <https://www.ahajournals.org/doi/10.1161/CIRCULATIONAHA.121.056583>; see also

<https://www.medrxiv.org/content/10.1101/2021.08.30.21262866v1>.

xi

<https://www.nih.gov/news-events/news-releases/covid-19-vaccination-associated-small-temporary-increase-menstrual-cycle-length-suggests-nih-funded-study>; see also

[https://www.canadiancovidcarealliance.org/wp-content/uploads/2021/06/2021-06-15-children\\_and\\_covid-19\\_vaccines\\_full\\_guide.pdf](https://www.canadiancovidcarealliance.org/wp-content/uploads/2021/06/2021-06-15-children_and_covid-19_vaccines_full_guide.pdf) (fertility concerns); .

<https://www.sciencedirect.com/science/article/pii/S2213333X21003929> (thromboembolism in women after vaccine).

xii Causes of actions may include civil claims for negligence, intentional and negligent infliction of emotional distress, assault, and battery. It may also expose the university to criminal charges as well.

xiii Persons in this age range are at a statistically zero risk of death from COVID-19, and near zero risk of severe illness.

xiv <https://palexander.substack.com/p/breaking-news-while-vaccines-fail>; See

<https://noorchashm.medium.com/a-letter-of-warning-to-fda-and-pfizer-on-the-immunological-danger-of-covid-19-vaccination-in-the-7d17d037982d>.

xv See e.g., The Nuremberg Code (1947), 313 BMJ 1448 (1996) (“The voluntary consent of the human subject is absolutely essential. This means that the person...[is] able to exercise free power of choice, without the intervention of any element of...coercion.”); see also UNESCO Universal Declaration on Bioethics and Human Rights, Article 6(1).

xvi To date, the only “FDA approved” COVID-19 vaccine is the Biontech “Comirnaty” vaccine, which is not available to anyone in the United States. Accordingly, all COVID-19 vaccine products are currently only available under emergency use authorization (“EUA”). Under federal law, all EUA products require informed consent and the right to refuse the product. See 21 U.S.C. Sec 360bbb-3(e)(1)(A)(ii)(III).

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