

Serious Health Risks of Covid-19 Vaccines: Open Letter to Cornell University Board of Trustees and President Martha Pollack

By [Cornell University Community](#)
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Dear President Pollack and Cornell Board of Trustees,

We are students, parents, alumni, faculty, and staff of Cornell University. We are grateful for Cornell’s efforts at keeping students and the Ithaca community safe during this pandemic. As concerned members of the global Big Red family, we write this open letter to express our strong opposition to Cornell’s Covid-19 booster mandate. In light of new data available about both the vaccine and the virus, we urge you to change the “mandate” to a “recommendation” based on the factors outlined below.

We appreciate that the booster mandate and new procedures for the spring term stem from the good intention to prevent severe illness. But as with any public health policy, many factors — scientific, ethical, and legal — must be considered and weighed. We are concerned that Cornell, in issuing this booster mandate, has overlooked recent and evolving scientific data regarding the vaccine and the virus that makes a booster mandate inappropriate and unnecessary, raising serious ethical and legal questions.

In December 2021, Cornell identified over 1,600 Covid-19 positive cases with “every case of the Omicron variant to date [being] found in fully vaccinated students, a portion of whom had also received a booster shot.” Cornell’s own data highlights that vaccination, even with the booster, has very limited capability in stopping virus transmission. A similar conclusion has been reached by [CDC’s research](#): vaccinated people seem to transmit Covid-19 similarly to unvaccinated people. The virus will continue to be transmitted among our highly vaccinated campuses. In a recent campus-wide email, Cornell explicitly acknowledged the impossibility of containing or eliminating Omicron, the flu, or other respiratory illnesses, which is why it will “shift from counting positive cases.” Cornell is fully aware that vaccines and booster injections cannot stop the spread of Covid-19.

As so many students test positive, they are, in essence, receiving a natural booster based

on the very latest variants of the virus. And yet, Cornell is ignoring the natural immunity in these students and mandating a booster injection based on older variants, which Cornell knows is ineffective at stopping the spread of Covid-19 in the Cornell community. This decision is counter to science and seems like it was made less to promote students' health and more to achieve some other unstated goal of the administration. Otherwise, why require a booster injection that is ineffective, and potentially dangerous, for students who are naturally contracting and fighting off a virus that many scientists believe is becoming more endemic than pandemic?

Mounting evidence points to serious risks from exposure to the Covid-19 vaccines. The latest scientific research shows that Covid-19 vaccine side effects such as myocarditis, thrombosis with thrombocytopenia syndrome, and pericarditis are more common in young people than we think (see references 1-5 listed below). Recently, an [Oxford-conducted](#) study of men under the age of 40 demonstrated that the risk of myocarditis after one dose mRNA exceeds the risk of myocarditis from an actual Covid-19 infection. Even more alarmingly, the CDC's Vaccine Adverse Event Reporting System (VAERS) indicates that there were over 15,000 Covid-19 vaccine related death cases in 2021, compared with the previous average of 158 vaccine related deaths per year (Pre-Covid-19), in the context of a yearly total of 280 million injections and 70 different vaccines. This data shows that, compared to other vaccines, Covid-19 injections carry around 100 times the risk of death.

Why force such risks on our students when the rate of severe Covid-19 illness in the 16 to 40 year age group is exceedingly low? Newer variants appear to pose a near-zero risk of death for college students. Data now shows that the vaccine itself can pose more risk to young people than the virus itself, and repeated injections only increase those risks without any discernible reduction in the spread of the virus.

All students are individuals, each someone's child with unique medical, psychological, and emotional needs. Indeed, [as the CDC has recognized](#), "people aged 18-64 years who are at increased risk for COVID-19 exposure and transmission because of occupational or institutional setting may receive a booster shot of Pfizer-BioNTech's COVID-19 vaccine at least 6 months after their Pfizer-BioNTech primary series, based on their individual benefits and risks" (emphasis added). With its blanket mandate, Cornell seems to be interpreting eligibility as a directive, ignoring both the science and CDC's own guidance regarding individual benefits and risks.

The power differential between the university and students, which Cornell briefly acknowledged last year, raises serious ethical issues. In addition to the risk of side effects and death, Cornell's injection mandate can trigger generational trauma in some students from intrusive, experimental, and other medically questionable procedures. For many students, the coercive nature of a third injection, after being told that they needed only two injections to attend Cornell, is contributing to psychological distress and emotional disorientation about future academic, social, and professional potential. We are seeing staggering mental health problems on campus and beyond. At this point in the pandemic, after nearly two years of following constantly changing rules, we would do right by our students to give them control over whether they receive additional doses of the Covid-19 vaccine.

That is why we believe that the question of whether a student should receive a third (or fourth or fifth) booster must be answered individually by each student, in consultation with a

medical professional or doctor, rather than by school administrators.

Considering new data on the virus and the vaccine, the university may very well cause disability or death by imposing further vaccine requirements, and it will have to bear the responsibility. Please do the right thing, and end this unnecessary and unethical mandate.

Members of the Cornell community, please sign [HERE](#) or click [this link](#).

Add your name [here](#), and we will update the list with your name and affiliation.

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Sources

1. Intravenous injection of COVID-19 mRNA vaccine can induce acute myopericarditis in mouse model ([Clin Infect Dis 2021 https://pubmed.ncbi.nlm.nih.gov/34406358](#))
2. The S1 protein of SARS-CoV-2 crosses the blood-brain barrier in mice (Nature Neuroscience 24, 368-378.)
3. SARS-CoV-2 spike impairs DNA damage repair and inhibits V(D)J recombination in vitro (Viruses 2021, 13 (10), 2056; <https://doi.org/10.3390/v13102056>)
4. Be aware of SARS-CoV-2 spike protein: There is more than meets the eyes (J Biol Regul Homeost Agents May-Jun 2021)
5. Risks of myocarditis, pericarditis, and cardiac arrhythmias associated with COVID-19 vaccination or SARS-CoV-2 infection (Nature Medicine 2021 <https://www.nature.com/articles/s41591-021-01630-0.pdf>)

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