

State of Rhode Island and Providence Plantations

HOUSE OF REPRESENTATIVES REPRESENTATIVE PATRICIA L. MORGAN, District 26

Christina Paxson, Ph.D.
Office of the President, Brown University
1 Prospect Street, Box 1860
Providence, RI 02912
Tel: (401) 863-2234

Fax: (401) 863-7737

e-mail: president@brown.edu

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Dear Dr. Paxson,

I am a Representative who champions informed consent for Rhode Island residents. My concerns, expressed below, are shared by four Rhode Island physicians who have endorsed this letter.

As the president of an educational institution that holds both a medical school and extensive research facilities, I am sure that you will agree with me that when our citizens make healthcare decisions, we are obligated to give them as much pertinent information as possible. Providing each person with thorough and complete data allows them to make informed decisions. They are, after all, the ultimate recipients of the consequences. To my knowledge, that policy of medical transparency is an expectation and imperative in our healthcare system.

Each night as I watch television, I view commercials for drugs and treatments that are accompanied by a list of possible adverse reactions, because patients deserve to have all the facts as they make their decisions. Medical mandates that are not accompanied by complete transparency based on the most up-to-date data and facts are an anathema to responsible medical practice and leadership.

It is my understanding that Brown University under your direction has mandated coronavirus vaccination for every student. Exemptions are rarely given. It has also come to my attention that you are not providing students with a complete understanding of the benefits, risks, and possible complications of vaccination. I would like to understand the reasoning behind your rejection of standard practices of medical transparency for Brown University students.

As an example, the following matter of concern was brought to my attention by a colleague, Rhode Island academic physician-epidemiologist, Andrew G. Bostom, MD, MS, whose <u>distinguished career</u> included his residency training, and faculty <u>clinical research</u>, practice, and teaching, at the Brown University Medical School, over the past 30-years.

Dr. Bostom obtained and recorded (transcript <u>here</u>; audio <u>here</u>) the testimony of a respected Rhode Island Cardiologist who was on call when a 20-year-old, male Brown University student,

in March, 2021, was admitted to The Miriam Hospital for a covid-19 mRNA vaccine-induced "myopericarditis" (i.e., a serious inflammation of the heart muscle, and its suspending sack).

The Cardiologist informant's narrative was independently corroborated by Dr. Bostom using three separate, de-identified (and <u>HIPPA compliant</u>) public sources:

- —A Vaccine Adverse Event Reporting System (VAERS) case report (elaborated here)
- —The Rhode Island Department of Health 2021 hospitalization database (elaborated here)
- —A 9/9/21 <u>publication</u> by Y. Patel, et al, of The Brown University Cardiology Division (discussed here)

I share Dr. Bostom's concern that during the 17-months which have elapsed since this serious vaccine injury, Brown University has never acknowledged it occurred, which could have readily been done while protecting the anonymity of the student victim. Moreover, the University has not shared that information (again, anonymously) with its own most at risk, healthy young male 18 to 24 year old student population. Such concealment violates the ethics of risk/benefit-based informed consent, which applies to all vaccinations, including those that are deemed mandatory.

It is not beyond possibility that the Brown University student population has also experienced specific covid-19 lung disease ("pneumonia," or "lower respiratory tract infection") resulting in undisclosed hospitalizations. If any students have experienced such serious infection, their adverse outcomes, too, should be enumerated, and presented to your students as part of an appropriate risk/benefit-based informed consent process.

Brown University's current informed consent process for COVID-19 vaccination simply refers students to templates like this.one from RIDOH. None of the following established adverse reactions conferred by covid vaccines are mentioned: anaphylaxis, thrombosis with thrombocytopenia; Bell's Palsy, Guillain-Barré syndrome, cardiac dysrhythmia (esp. atrial fibrillation), and rashes. Omission of myocarditis is particularly troubling because this illness has serious and debilitating complications, and your university has experienced the specific case of a Brown student post-covid vaccine myopericarditis that Dr. Bostom has uncovered.

My concern for complete transparency so students may make informed decisions as relates to their healthcare choices is shared by the doctors cosigning this letter. Together, we call upon Brown to belatedly acknowledge its student case of covid vaccine-induced myopericarditis from March, 2021, and set the example of true risk/benefit-based informed consent for Rhode Island, going forward.

Given both the <u>proliferation</u> of natural immunity, and <u>evolution</u> of SARS-CoV-2 into an overwhelmingly <u>upper respiratory tract</u> infection, whose serious morbidity risk to healthy students is below even the <u>minimal risk</u> posed by ancestral strains, we, the undersigned, also urge Brown University to withdraw the vaccine mandate altogether. Finally, we, the undersigned, note that both <u>The University of Rhode Island</u>, and <u>Providence College</u> here in Rhode Island previously dropped their covid-19 vaccine mandates.

Sincerely,

Catricia Morgan

Representative Patricia Morgan

Stephen Skoly, DMD

Andrew Bostom, MD, MS

Lisa Pomeroy, MD

Michelle Cretella, MD