

Wed 4/28/2021 10:18 AM

[Manager Name],

I have some Major Concerns over this latest COVID correspondence that I'd like to submit to you. We are at a point in this pandemic where it actually no longer meets the requirement to be defined as a pandemic. As such, many states, including our own, have rolled back COVID-19 related mandates. I believe that our "[Employer Location] COVID19 Guidelines" should be under constant revision, where stringency is alleviated with the waning threat of COVID. Instead I feel like we've doubled down by increasing the scope of the policy and imposing more stringent restrictions. My concerns are explained in more detail below:

Concern #1:

For this definition of "Fully Vaccinated" and the "COVID-19 Vaccine" information presented in "[Employer Location] COVID19 Guidelines" there are zero references.

[Employer Location] Infectious Disease Preparedness and Response Plan, Rev. 3, Date: 04-22-2021

"Fully Vaccinated – A person is fully vaccinated for COVID-19 > 2 weeks following receipt of the second dose in a 2-dose series, or > 2 weeks following receipt of one dose of a single-dose vaccine." – Page 1

"COVID-19 Vaccine

Currently authorized vaccines in the United States are highly effective at protecting vaccinated people against symptomatic and severe COVID-19. There is growing evidence that fully vaccinated people are less likely to have asymptomatic infection and potentially less likely to transmit COVID-19 to others. How long vaccine protection lasts and how much vaccines protect against emerging COVID-19 variants is still under investigation. Until more is known, and vaccination coverage increases, some preventive measures will continue to be necessary for all people, regardless of vaccination status. Fully vaccinated people are required to continue to protect themselves and others, including meeting the site requirements for wearing mask/face shield, social distancing, proper hygiene, avoiding crowds and temperature monitoring." – Page 7

I have researched this issue at length, and I don't agree that the information presented in "[Employer Location] COVID19 Guidelines" regarding the "COVID-19 Vaccine" is settled to be 100% factual, and could even be construed as coercive in nature for an experimental treatment that doesn't technically fit the definition of "Vaccine" (at least until the CDC inevitably updates the definition for "Vaccine" just as they did for "Herd Immunity"... but I digress). This experimental treatment (or Medical Device) is based on brand new mRNA technology that has EUA (Emergency Use Authorization) from the US FDA, but is not on the list of "Vaccines Licensed for Use in the United States" managed by the US FDA (See FDA - <https://www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states>). There's actually a big difference between Emergency Use Authorization and FDA Approval. The links below describe these processes, and the biggest concern for me in the difference between EUA vs. FDA Approval is the omission of the Biologics License Applications (BLA) Process where 21 CFR 601.2 also appears to be omitted from the approval process during EUA.

What's the Difference Between FDA Emergency Use Authorization and FDA Approval?

<https://vaccine.unchealthcare.org/science/vaccine-approval/whats-the-difference-between-fda-emergency-use-authorization-and-fda-approval/>

Emergency Use Authorization

<https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization>

FDA Approval - Biologics License Applications (BLA) Process (CBER)

<https://www.fda.gov/vaccines-blood-biologics/development-approval-process-cber/biologics-license-applications-bla-process-cber>

Additionally, long-term Animal Trials were bypassed in favor of short-term studies using mice, rats, hamsters, and monkeys, all while human clinical trials were performed concurrently, which is a direct violation of the Nuremberg Code (See PubMed - <https://pubmed.ncbi.nlm.nih.gov/22769234/>). Therefore, it's forthright to state that we don't understand the long-term effects of this new technology. Concerns surrounding long-term effects of the "COVID-19 Vaccine" include Antibody-dependent Enhancement (ADE) (see PubMed - <https://pubmed.ncbi.nlm.nih.gov/12725690/>), or even the potential to drive the evolution and escape of mutant variants. Where is our Questioning Attitude surrounding this issue? It appears to me to be non-existent, not just at [Company or Organization Name] but on a Global scale. There's also one GIANT piece of the puzzle missing in this discussion/guidance surrounding the "COVID-19 Vaccine" and the "Fully Vaccinated", which leads me to Concern #2 below.

Concern #2:

Let's pretend for a moment that I concur with all of the "Fully Vaccinated" and "COVID-19 Vaccine" language presented in "[Employer Location] COVID19 Guidelines". There's still one critical topic that is not mentioned, and that is Natural Immunity. There is much research surrounding Natural Immunity, and that research supports the notion that Natural Immunity is lasting years (see MIT - <https://technologyreview.com/2021/01/06/1015822/covid-19-immunity-likely-lasts-for-years/amp>) and effective against variants (see PubMed - <https://pubmed.ncbi.nlm.nih.gov/33427749/>). There's also research available showing that the "COVID-19 Vaccine" can harm individuals that have had COVID-19 and have conferred Natural Immunity (See Dr. Hooman Noorchashm - <https://noorchashm.medium.com/a-letter-of-warning-to-fda-and-pfizer-on-the-immunological-danger-of-covid-19-vaccination-in-the-7d17d037982d>). Much of the research I have done in this area has me convinced that Natural Immunity is actually better than the immunity conferred by the "COVID-19 Vaccine".

My question then becomes: What are we doing to incorporate Natural Immunity into our "[Employer Location] COVID19 Guidelines", and any other COVID-related [Company or Organization Name] Policies and Procedures for that matter? This could be perceived as a form of discrimination if it continues to be blatantly ignored, and it could also become a liability if the company continues to promote the "COVID-19 Vaccine" when it is known to cause harm to those who have had COVID-19, recovered, and conferred Natural Immunity.

Concern #3:

The Ct (or cycle threshold) on the RT-PCR COVID test is still not being disclosed, and the Rapid COVID test is no longer acceptable. I find it absolutely ludicrous that we are increasing the return to work restriction (among other restrictions) by removing one of the readily available and approved test methods (note that the Rapid COVID test is preferred and recommended over the RT-PCR test by many physicians) without disclosing the Ct at which the RT-PCR COVID test is being run, and without disclosing the fact that the RT-PCR test has many flaws at the

higher cycle thresholds that are being utilized for most testing using this method. Specifically, the RT-PCR test has been acknowledged (by Dr. Anthony Fauci himself) to detect very small viral loads and/or remnants of dead virus in upper Ct ranges (35 and above), and has a propensity to yield false positives (patients that are not contagious) in these upper Ct ranges.

Concern #4:

Why are we allowing a single individual (with a single reviewer) to have so much authority over the response of an entire facility/company? There is so much at stake here pertaining to individual wellbeing, and not just the wellbeing of *[Company or Organization Name]*. Should we not have the ability to make decisions surrounding our own health, and not be dictated to by our employer? I understand that I work for *[Company or Organization Name]*, so they get to make the rules. However, those rules should be evidence based in order for us to stand on a strong foundation together. As of right now, we are relying on the judgement of a single individual (two at best). At the very least there should be a committee evaluating the decisions surrounding our response to the pandemic, as they have the potential to impact each one of us in different ways. For this reason, I believe the proposed committee should be made up of individuals that represent all of *[Company or Organization Name]*.

I understand that this COVID-19 pandemic has presented us with unprecedented challenges, and we have implemented guidance based on the CDC and other governmental agencies that we should be able to trust. However, we are ALL human, even our government agencies. There is much to be said about the psychological state associated with being in a pandemic, and I believe that the scenario of EUA vs. FDA Approval of the "COVID-19 Vaccine" perfectly illustrates the psychological state that we all find ourselves in. Our heightened emotional state put us in a mode of desperation where we justified that it was okay to bypass or omit our ability to critically think (with a questioning attitude) in order to allay our fears of death and our own mortality. We wrote off the long-term implications of our actions for an immediate solution.

Do we so wish for these measures to protect us, that we are unable to remove our bias? Might we have invoked more harm upon ourselves by the measures that we have imposed via our own shortsightedness? Have we lost the true meaning of science, where all problems are approached with an abundance of skepticism in order to remove our bias?

Surely, given the work that we do here at *[Company or Organization Name]*, these principles of critical thinking, questioning attitude, and the scientific method are not lost on us.

Sincerely,

Brent S. Jeffcoat

From: *[Company or Organization Name]*

Sent: Tuesday, April 27, 2021 8:35 AM

To: *[All Employees]*

Subject: *[Employer Location]* COVID-19 UPDATE



Managers are REQUIRED to share this message with employees who do not have email access.

COVID-19 UPDATE

April 27, 2021

To All Employees:

[Employer Location] continues to be in Phase 1 of COVID with plans to transition to Phase 2 the end of May. We continue to update our COVID guidelines based on Center for Disease Control (CDC) and *[Local Hospital System]* Health guidelines. The *[Employer Location]* COVID-19 Guidelines have been revised to include some of the following changes:

- The Indirect and Critical Visitor Access Forms are no longer required. Staff Managers are expected to control access of Mobile and Remote employees and Critical Visitors to ensure we continue to maintain social distancing and limit the number of personnel onsite to business-critical personnel. Personnel are required to continue to meet the Site Access Requirements, wear mask, social distance and maintain effective hygiene.
- Information has been included on Vaccinations and how it impacts travel and return to work requirements for COVID symptoms and 1st degree exposures (Attachment 6).
- A RT-PCR COVID test is required for return to work, a rapid COVID test is not accepted.
- Updated the Customer access requirements (Attachment 12).

Employees are asked to continue following the *[Employer Location]* safety guidelines, which includes wearing masks, maintaining social distance, washing your hands, and disinfecting your areas. We will continue communicating our action plans towards safeguarding your health. These precautions help maintain the safety of all employees and their families!

Sincerely,

[Management Name]