



1125 Morning Star Drive, Rio Rico, AZ 85648  
AZ.ChildrensHealthDefense.org

December 9, 2022

**VIA EMAIL AND USPS CERTIFIED MAIL**

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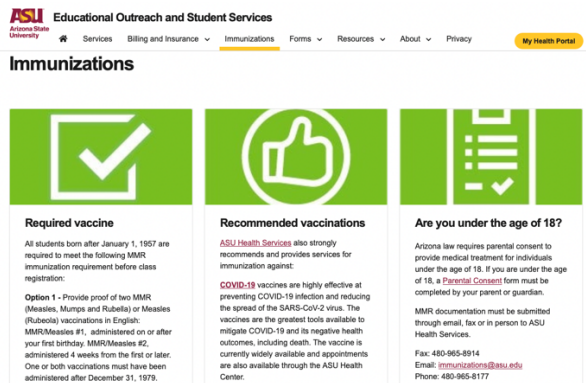
*Re: ASU Health Services COVID-19 Vaccine FAQs, recommended vaccinations*

Dear Mr. Crow, Dr. Islas, and Dr. Krasnow:

Please consider this a formal demand by Children's Health Defense – Arizona Chapter that Arizona State University (ASU), by and through ASU Educational Outreach and Student Services (ASU EOSS), remove false and misleading Covid-19 messaging from its website.

In "strongly" recommending to ASU students that they receive Covid-19 vaccinations, ASU EOSS falsely claims on its Immunizations webpage that, *inter alia*, "COVID-19 vaccines are highly effective at preventing COVID-19 infection and reducing the spread of the SARS-CoV-2 virus."


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### Immunizations



**Required vaccine**

All students born after January 1, 1957 are required to meet the following MMR immunization requirement before class registration:


**Option 1 -** Provide proof of two MMR (Measles, Mumps and Rubella) or Measles (Rubella) vaccinations in English: MMR/Measles #1, administered on or after your first birthday. MMR/Measles #2, administered 4 weeks from the first or later. One or both vaccinations must have been administered after December 31, 1979.



**Recommended vaccinations**

ASU Health Services also strongly recommends and provides services for immunization against:

COVID-19 vaccines are highly effective at preventing COVID-19 infection and reducing the spread of the SARS-CoV-2 virus. The vaccine is the greatest tool available to mitigate COVID-19 and its negative health outcomes, including death. The vaccine is currently widely available and appointments are also available through the ASU Health Center.



**Are you under the age of 18?**

Arizona law requires parental consent to provide medical treatment for individuals under the age of 18. If you are under the age of 18, a **Parental Consent** form must be completed by your parent or guardian.

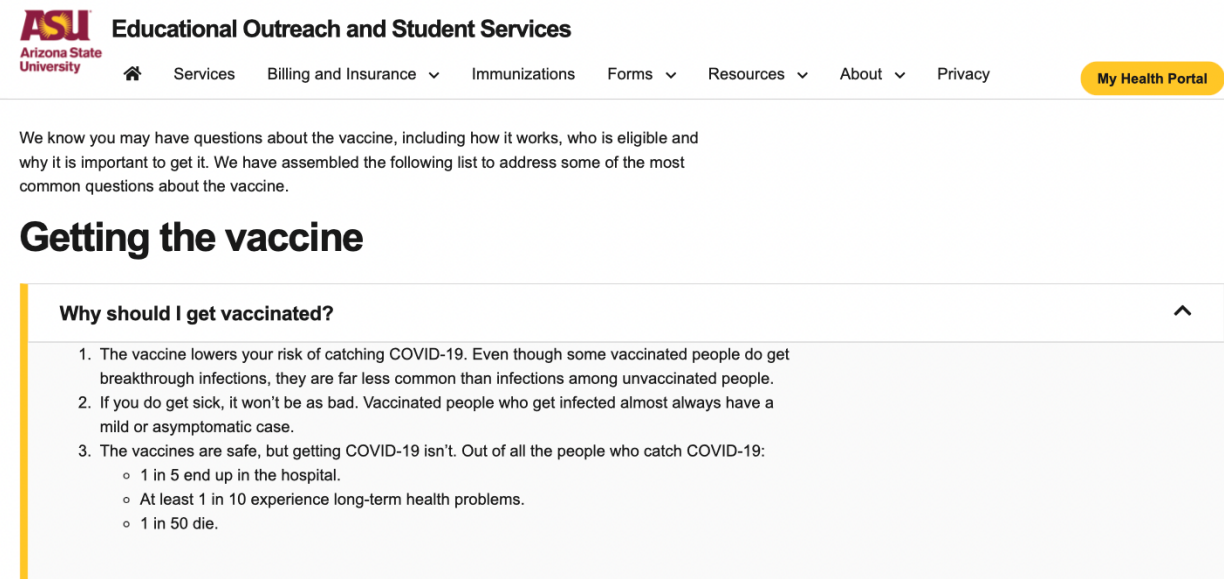
MMR documentation must be submitted through email, fax or in person to ASU Health Services.

Fax: 480-965-6914  
 Email: [immunizations@asu.edu](mailto:immunizations@asu.edu)  
 Phone: 480-965-6177

See <https://eoss.asu.edu/health/parents/immunization>.

ASU EOSS goes on to make the unfounded assertion that Covid-19 vaccines “are the greatest tools available to mitigate COVID-19 and its negative health outcomes, including death.” See *id*.

The ASU EOSS Immunizations webpage contains a link to a department COVID-19 FAQs page, which again falsely asserts that Covid-19 vaccines significantly lower infection rates.



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We know you may have questions about the vaccine, including how it works, who is eligible and why it is important to get it. We have assembled the following list to address some of the most common questions about the vaccine.

## Getting the vaccine

**Why should I get vaccinated?**

1. The vaccine lowers your risk of catching COVID-19. Even though some vaccinated people do get breakthrough infections, they are far less common than infections among unvaccinated people.
2. If you do get sick, it won't be as bad. Vaccinated people who get infected almost always have a mild or asymptomatic case.
3. The vaccines are safe, but getting COVID-19 isn't. Out of all the people who catch COVID-19:
  - o 1 in 5 end up in the hospital.
  - o At least 1 in 10 experience long-term health problems.
  - o 1 in 50 die.

See [https://eoss.asu.edu/health/announcements/coronavirus/vaccine-faqs#all\\_faqs](https://eoss.asu.edu/health/announcements/coronavirus/vaccine-faqs#all_faqs).

The same FAQs page publishes patently false statistics that grossly overstate Covid-19 mortality, asserting, *inter alia*, that 20% of infected persons are hospitalized and 2% die from the infection, itself. *See id.*

Perhaps most disturbing of all, however, is ASU EOSS' disinformation surrounding the alleged safety of Covid-19 vaccines. Although ASU EOSS admits that Covid-19 vaccines can and do cause "allergic reactions, blood clots...myocarditis and pericarditis," it falsely claims that these "more severe side effects" are "extremely rare."

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### What are the side effects of the vaccines?

Common side effects of the COVID-19 vaccines include fever, chills, fatigue, headache, and pain and swelling at the injection site. But those side effects are short-lived and not cause for concern.

"That's a great sign. Symptoms show that your body is creating an immune response to COVID," says Heather Ross, a clinical assistant professor in ASU's Edson College of Nursing and Health Innovation and School for the Future of Innovation in Society. She participated in the Moderna vaccine clinical trial in summer 2020.

"After the first dose, my arm was pretty sore and I had a headache, but not anything serious. After my second dose, about eight hours after the shot I had a fever, I felt super tired and pretty grumpy for about 30 hours. And then I was fine," she says.

"I do tell people, vaccination symptoms are a hell of a lot better than getting sick with COVID. I have students, healthy young people, who are still getting short of breath when they try to exert themselves, months after recovering. It can be really, really disabling. We've seen people getting strokes after the fact from having COVID. It's really scary stuff."

There have been some extremely rare, more severe side effects from the vaccines. These include allergic reactions, blood clots after the Johnson & Johnson vaccine, and myocarditis and pericarditis in adolescents/young adults after the mRNA vaccines. [Get up-to-date information about reported side effects here.](#)

It is important to remember that your risk of catching and dying from COVID-19 is far higher than the risk of any of these side effects.

*See id.*

ASU EOSS then doubles down on its push for students to undergo Covid-19 vaccination, saying "your risk of catching and dying from COVID-19 is far higher than the risk of any of these side effects." *See id.*

Finally, ASU EOSS boldly disinforms students about the risks associated with Covid-19 vaccination, falsely stating, *inter alia*, that there are "no known long-term effects from the COVID-19 vaccines used in the U.S." and that "the CDC, Food and Drug Administration and other federal agencies...have not found any long-term problems caused by the COVID-19 vaccines."

## Are there any long-term effects of COVID-19 vaccines?

No. There are no known long-term effects from the COVID-19 vaccines used in the U.S.

More than 356 million doses have been given under the most intense safety monitoring in our country's history. Anyone can report reactions through the [Vaccine Adverse Events Reporting System](#). The CDC, Food and Drug Administration and other federal agencies investigate these reports thoroughly. They have not found any long-term problems caused by the COVID-19 vaccines.

This matches what we know about vaccines in general.

"The overwhelming majority of vaccine side effects show up within two months," says Anna Muldoon, who holds a master's degree in public health and is a PhD student in the School for the Future of Innovation and Society. "People don't get weird effects from a vaccine 10 years later. The body doesn't work like that."

"I don't worry so much about long-term negative consequences, because we know they are really nonexistent in vaccines. And there's no reason to believe that this vaccine is going to be different from any others," adds Bertram Jacobs, a professor of virology with the School of Life Sciences and a researcher in the Biodesign Center for Immunotherapy, Vaccines and Virotherapy.

On the other hand, COVID-19 is known to have serious, long-term health risks.

"Between 15% to 60% of people have long-term side effects of the virus, even people who had mild or asymptomatic infections," says Josh LaBaer, MD, executive director of the Biodesign Institute at ASU. "Brain fog, memory problems, respiratory problems, gastrointestinal problems — these are showing up more and more. We now know in no uncertain terms that this virus gets into the brain."

"If you're worried about long-term side effects, there's much more case for having them from the virus than from the vaccine. It's naive to assume that when you get over the virus you're done with it," he adds.

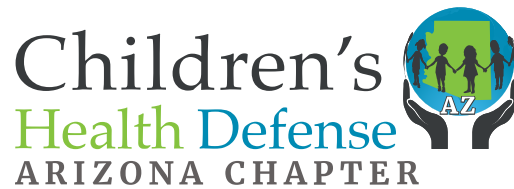
*See id.*

Children's Health Defense – Arizona Chapter demands that you remove these false claims and issue a correction forthwith. Failure to do so may result in a lawsuit against you seeking an injunction against this conduct.

### A. ASU EOSS' Immunizations and COVID-19 FAQs Pages Grossly Misrepresent Covid-19 Vaccine Efficacy Against Transmission and Infection

Upon issuing emergency use authorization for the Pfizer-BioNTech COVID-19 vaccine in December of 2020, the Food and Drug Administration (FDA) clearly stated there was **no evidence** "that the vaccine prevents transmission of SARS-CoV-2 from person to person."<sup>1</sup> Approximately seven months later, in July of 2021, the Centers for Disease Control and Prevention (CDC) published a study suggesting vaccinated persons with so-called "breakthrough infections" were not only capable of transmitting SARS-CoV-2 to others, but also that they had a "**similar tendency**

<sup>1</sup> Food and Drug Administration. (2020, December 11). *FDA Takes Key Action in Fight Against COVID-19 By Issuing Emergency Use Authorization for First COVID-19 Vaccine* [Press release]. <https://www.fda.gov/news-events/press-announcements/fda-takes-key-action-fight-against-covid-19-issuing-emergency-use-authorization-first-covid-19>



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**to spread the virus” when compared with unvaccinated persons.**<sup>2</sup> In an official statement, CDC Director Rochelle Walensky cited these findings as “a pivotal discovery” prompting updated masking guidance “to ensure the vaccinated public would not unknowingly transmit virus to others.”<sup>3</sup> That same day, Dir. Walensky reaffirmed in a CNN interview with Wolf Blitzer that COVID-19 vaccines “can’t...prevent transmission.”<sup>4</sup>

Subsequent CDC data collected from millions of Americans May through November of 2021 further laid to rest the notion that COVID-19 is in any way a “pandemic of the unvaccinated,” providing official evidence that vaccinated individuals are in fact at greater risk of infection than unvaccinated persons who had previously recovered from the illness.<sup>5</sup> In particular, the CDC statistics showed vaccinated Californians with no prior COVID-19 infection were **three times more likely to develop COVID** than those who had prior immunity and were unvaccinated.<sup>6</sup>

These government findings are in stark contrast to ASU’s representation that COVID-19 vaccines are “highly effective” at preventing transmission, and they directly contradict its claim that COVID-19 infections are “far less common” in vaccinated persons than in “unvaccinated people.” Being that ASU fails to cite any scientific sources in connection with its claims concerning transmission and infection on its COVID-19 FAQs page, it remains unclear exactly whence it’s getting such inaccurate information.

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<sup>2</sup> Brown et al. (2021). Outbreak of SARS-CoV-2 Infections, Including COVID-19 Vaccine Breakthrough Infections, Associated with Large Public Gatherings — Barnstable County, Massachusetts, July 2021. *Morbidity and Mortality Weekly Report*, 70(31), 1059-1062.

[https://www.cdc.gov/mmwr/volumes/70/wr/mm7031e2.htm?s\\_cid=mm7031e2\\_w](https://www.cdc.gov/mmwr/volumes/70/wr/mm7031e2.htm?s_cid=mm7031e2_w) [Emphasis added]. According to the authors, the CDC study revealed evidence that “vaccinated and unvaccinated persons infected with SARS-CoV-2” carried a “similar” “viral load.” Id. Notably, nearly 80% of infected vaccinees were symptomatic.” Id.

<sup>3</sup> Centers for Disease Control and Prevention. (2021, July 30). *Statement from CDC Director Rochelle P. Walensky, MD, MPH on Today’s MMWR* [Press release]. <https://www.cdc.gov/media/releases/2021/s0730-mmwr-covid-19.html>

<sup>4</sup> Holcombe, M. and Maxouris, C. (2021, August 6). Fully vaccinated people who get a Covid-19 breakthrough infection can transmit the virus, CDC chief says. *CNN*. Retrieved from <https://www.cnn.com/2021/08/05/health/us-coronavirus-thursday/index.html> on November 19, 2022.

<sup>5</sup> See León et al. (2022). COVID-19 Cases and Hospitalizations by COVID-19 Vaccination Status and Previous COVID-19 Diagnosis — California and New York, May–November 2021. *Morbidity and Mortality Weekly Report*, 71(4); 125–131. <https://www.cdc.gov/mmwr/volumes/71/wr/mm7104e1.htm>

<sup>6</sup> See Leon, 2022. According to Table 1 of the report, 15.5% of vaccinated Californians with no prior COVID-19 diagnosis contracted a laboratory-confirmed case during the study, whereas only 5% of those with a previous COVID-19 infection did.



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## **B. ASU EOSS' Claim That COVID-19 Vaccines Are the Most Effective Way to Reduce COVID-19 Adverse Health Outcomes and Death Is Clearly False**

Data from the six-month clinical trial for America's most widely administered COVID-19 vaccine, Pfizer-BioNTech, showed the mRNA drug was – at most – capable of preventing **one COVID death** in every **22,000 vaccine recipients**.<sup>7</sup> This means the increase in protection against death from COVID among those vaccinated with Pfizer's emergency-use COVID-19 vaccine has been **negligible** at best. On the other hand, **early intervention** with **hydroxychloroquine, azithromycin, ivermectin, zinc** and other therapeutics with a proven track record<sup>8</sup> for safety has been shown through government and independent research to offer remarkable efficacy in preventing both hospitalization and death due to COVID-19.<sup>9</sup> In the case of hydroxychloroquine, for example, **thirty-one peer-reviewed studies** on early outpatient treatment published as of October 11, 2021 showed a **59-96% reduction in mortality** versus the control group.<sup>10</sup> Similarly, **seven meta-analyses** of ivermectin's effect on COVID-19 mortality, including one sponsored by the **World Health Organization**, have shown the Nobel-Prize-winning drug's ability to reduce deaths by **57-83%**.<sup>11</sup>

Again, in light of this and other readily verifiable information on COVID-19 vaccine efficacy relative to that of cheaper, safer<sup>12</sup> therapies, including over-the-counter supplements and repurposed drugs, one has to wonder how ASU can be so dubiously detached from reality in its COVID-19 messaging to students and the greater ASU community.

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<sup>7</sup> Kennedy Jr., R. F. (2021). *The Real Anthony Fauci: Bill Gates, Big Pharma, and the Global War on Democracy and Public Health*. Skyhorse Publishing.

<sup>8</sup> Two Merck scientists were awarded the Nobel Prize in 2015 for developing ivermectin, which the Nobel Foundation described as being "highly effective against a range of parasites" with "limited side effects." See The Nobel Prize in Physiology or Medicine 2015. (2015, October 5). *The Nobel Prize* [Press release]. <https://www.nobelprize.org/prizes/medicine/2015/press-release/>. In announcing the coveted award, the Nobel Organisation further praised the "freely available" drug, declaring that "[t]he importance of Ivermectin for improving the health and wellbeing of millions of individuals...is immeasurable." *Id.* Hydroxychloroquine, which has been widely used for over fifty years, has a similar safety profile. See Risch, H. (2020). Early Outpatient Treatment of Symptomatic, High-Risk COVID-19 Patients That Should Be Ramped Up Immediately as Key to the Pandemic Crisis. *American Journal of Epidemiology*, 189(11), 1218-1226. <https://doi.org/10.1093/aje/kwaa093>

<sup>9</sup> Kennedy Jr, 2021.

<sup>10</sup> Kennedy Jr, 2021.

<sup>11</sup> Kennedy Jr, 2021.

<sup>12</sup> Unlike with COVID-19 vaccines, as discussed below, "fatal arrhythmia outcomes" with hydroxychloroquine, for example, "are so rare that they are of much lesser clinical significance than the hospitalization and mortality that the drugs prevent." See Risch, 2020.

### C. ASU EOSS' COVID-19 FAQs Page Greatly Overstates Covid-19 Hospitalization and Mortality, Particularly for Young Adults

As recounted in the aforementioned CDC study comparing natural to vaccine-induced immunity, by November 30, 2021, one sixth of all U.S. deaths from COVID-19 had occurred in either California or New York.<sup>13</sup> Notwithstanding such disproportionately high mortality rates, official data from these states revealed a mere **.3%** of cases among persons with a prior COVID-19 diagnosis resulted in hospitalization, regardless of the person's vaccination status.<sup>14</sup> As one would expect, the official COVID-19 fatality rate is even lower, averaging a miniscule .26% across all age groups at the supposed "height" of the pandemic.<sup>15</sup> **Only .1% of these deaths were among persons aged 18-24**, i.e., college-aged adults.<sup>16</sup> As of March 19, 2021, the CDC's "best estimate" for the infection fatality rate among persons aged 18-49 was a tiny fraction of that, at .0005%, or 1 in 2000 infections.<sup>17</sup> That is 40 times lower than the frightening "1 in 50" statistic published by ASU.

As statistically insignificant as these numbers are, however, it is well established that financial incentives,<sup>18</sup> institutional malpractice<sup>19</sup> and industry-serving government policies have greatly inflated official tallies for both COVID-19 hospitalization and death from the beginning.

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<sup>13</sup> Leon, 2022.

<sup>14</sup> Leon, 2022.

<sup>15</sup> Chitguppi, R. (2020, May 24). New estimate by CDC reduces COVID-19 death rate to just 0.26% (IFR) from WHO's 3.4% (CFR). *Dental Tribune South Asia*. Retrieved from <https://in.dental-tribune.com/news/new-estimate-by-the-cdc-brings-down-the-covid-19-death-rate-to-just-0-26-as-against-whos-3-4/> on November 25, 2022.

<sup>16</sup> Desai, S. (2020, July 28). On My Mind: They Blinded Us from Science. *Beyond Bulls & Bears U.S. Edition*. Retrieved from <https://us.beyondbullsandbears.com/2020/07/28/on-my-mind-they-blinded-us-from-science/> on November 25, 2022

<sup>17</sup> Centers for Disease Control and Prevention. (2021, March 19). *COVID-19 Pandemic Planning Scenarios*. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/planning-scenarios.html#five-scenarios>

<sup>18</sup> When asked at a July 2020 congressional hearing about "perverse incentives" to misdiagnose and mistreat COVID-19, former CDC director Robert Redfield acknowledged "greater reimbursement" could influence hospitals' COVID-19 death counts. See Miller, A. (2020, August 1). CDC director acknowledges hospitals have a monetary incentive to overcount coronavirus deaths. *The Washington Examiner*. Retrieved from <https://www.washingtonexaminer.com/news/cdc-director-acknowledges-hospitals-have-a-monetary-incentive-to-overcount-coronavirus-deaths> on November 20, 2022.

<sup>19</sup> The unnecessary and lethal use of ventilators in COVID-19 patients is a well-publicized example of the medical malpractice that contributed to many of the country's "COVID deaths" early on. See Baker, S. (2020, April 9). 80% of NYC's coronavirus patients who are put on ventilators ultimately die, and some doctors are trying to stop using them. *Insider*. Retrieved from <https://www.businessinsider.com/coronavirus-ventilators-some-doctors-try-reduce-use-new-york-death-rate-2020-4> on November 25, 2022.



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For example, in March of 2020, the National Center for Health Statistics (NCHS) conveniently loosened the rules for completing death certificates in the context of COVID-19, only, advising medical providers they could list COVID-19 as an “assumed” or “probable” cause of death.<sup>20</sup> NCHS assured certifiers, who were receiving government kickbacks for COVID-19 diagnosis and treatment<sup>21</sup>, that the agency would “not likely...follow up” to confirm the validity of such “uncertain” data.<sup>22</sup> Perhaps unsurprisingly, the CDC later revealed a mere **6%** of all “COVID deaths” were due to the infection, itself, with **94%** of the remaining deaths involving an average of **2.6 contributory comorbidities**.<sup>23</sup> Since then, the average number of “additional conditions or causes” of COVID-related deaths has risen to **four**.<sup>24</sup>

These official numbers are wholly inconsistent with ASU’s alarmist propaganda that suggests COVID-19 poses a serious threat to student health. Such disinformation only serves to confuse

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<sup>20</sup> National Vital Statistics System. (2020, March 24). COVID-19 Alert No. 2: New ICD code introduced for COVID-19 deaths. <https://www.cdc.gov/nchs/data/nvss/coronavirus/Alert-2-New-ICD-code-introduced-for-COVID-19-deaths.pdf>

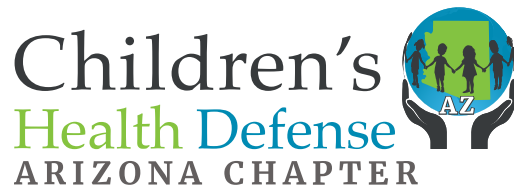
<sup>21</sup> Under the CARES Act, for example, hospitals are to receive a 20% “add-on payment” for each COVID-19 discharge diagnosis over the course of the COVID-19 “public health emergency.” See Centers for Medicare and Medicaid Services. (2020, November 6). Additional Policy and Regulatory Revisions in Response to the COVID– 19 Public Health Emergency. <https://www.govinfo.gov/content/pkg/FR-2020-11-06/pdf/2020-24332.pdf>. Beginning November 2, 2020, the Centers for Medicare and Medicaid Services further incentivized COVID-19 treatment with “certain new products,” including the failed ebola drug, remdesivir, by providing an “enhanced payment for eligible inpatient cases.” See Centers for Medicare and Medicaid Services. New COVID-19 Treatments Add-On Payment (NCTAP). <https://www.cms.gov/medicare/covid-19/new-covid-19-treatments-add-payment-nctap>. See also Yan, V. C., and Muller, F. L. (2021). Why Remdesivir Failed: Preclinical Assumptions Overestimate the Clinical Efficacy of Remdesivir for COVID-19 and Ebola. *Antimicrobial Agents Chemother*, 65(10), e01117-21. <https://journals.asm.org/doi/10.1128/AAC.01117-21>

<sup>22</sup> National Vital Statistics System, 2020. Notably, the CDC adopted a definition of “probable COVID-19” in April of 2020 that permitted diagnoses based on exposure and symptoms alone. See National Vital Statistics System. (2020, April). Vital Statistics Reporting Guidance Report No. 3: Guidance for Certifying Deaths Due to Coronavirus Disease 2019 (COVID–19). <https://www.cdc.gov/nchs/data/nvss/vsrg/vsrg03-508.pdf>

<sup>23</sup> See Woods, A. (2020, August 31). 94% of Americans who died from COVID-19 had contributing conditions: CDC. *New York Post*. Retrieved from <https://nypost.com/2020/08/31/94-of-americans-who-died-from-covid-19-had-contributing-conditions/> on November 25, 2022.

<sup>24</sup> See National Center for Health Statistics. (2022, November 11). Weekly Updates by Select Demographic and Geographic Characteristics. [https://www.cdc.gov/nchs/nvss/vsrr/covid\\_weekly/index.htm](https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm)





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and terrify<sup>25</sup> young people, inducing irrational decision-making and paranoia<sup>26</sup> that has already put many of them in true danger.<sup>27</sup> In light of the substantial funding ASU receives from captured federal agencies<sup>28</sup> and the pharmaceutical industry<sup>29</sup>, one has to ask whether its blatant disregard for the truth is due to an unfathomable incompetence or, more realistically, represents a

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<sup>25</sup> An analysis of U.S. health insurance claim records from March and April of 2020, when sensationalized, round-the-clock media coverage of COVID-19 first began, found the “pandemic” had a “profound impact on mental health,” particularly for “young people.” According to the study, mental health claims among 19-22-year-olds rose by 67-75% relative to data from the same months a year prior. See FAIR Health. (2021). The Impact of COVID-19 on Pediatric Mental Health [White paper]. FAIR Health, Inc.

<https://s3.amazonaws.com/media2.fairhealth.org/whitepaper/asset/The%20Impact%20of%20COVID-19%20on%20Pediatric%20Mental%20Health%20-%20A%20Study%20of%20Private%20Healthcare%20Claims%20-%20A%20FAIR%20Health%20White%20Paper.pdf>

<sup>26</sup> Despite accounting for a mere tenth of a percent of all COVID deaths, *over half* of the college-aged respondents to a July 2020 Franklin Templeton-Gallup poll said they feared *significant* personal health consequences from potential infection with COVID-19. See Desai, 2020.

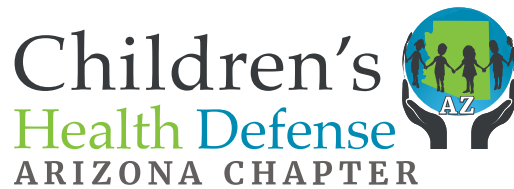
<sup>27</sup> CDC data from a 12-month period ending in October of 2021 show excess deaths increased by more than 40% among Americans aged 18-49, the majority of which were unrelated to COVID. See Hancock, S. (2022, January 20). 40% Rise Nationwide in Excess Deaths Among 18- to 49-Year-Olds, CDC Data Show. *The Defender*. Retrieved from <https://childrenshealthdefense.org/defender/rise-nationwide-excess-deaths-18-to-49-year-olds/> on November 25, 2022. CDC statistics from the summer and fall of 2021, when COVID-19 vaccine mandates were sweeping the nation, further show a shocking 61,000 excess deaths among Millennials aged 25 to 44. This figure far exceeds COVID-19 excess mortality prior to the vaccine rollout, with some comparing the carnage suffered by this demographic to that of American troops during the 20-year Vietnam War. See Mercola, J. (2022, September 9). What Is the Cause of Increased Mortality Rates? *The Defender*. Retrieved from <https://childrenshealthdefense.org/defender/increased-mortality-rates-cola/> on November 25, 2022.

<sup>28</sup> As one small example, ASU received nearly \$5 million in COVID-19 funding from the National Institutes of Health (NIH) in 2020 “to administer 29,000 saliva tests in minority communities throughout the state.” Media Relations and Strategic Communications. (2020, October 1). *Arizona State University researchers awarded \$4.7M by NIH to expand COVID-19 testing in underserved Arizona communities*

[Press release]. <https://newsroom.asu.edu/press/arizona-state-university-researchers-awarded-47m-nih-expand-covid-19-testing-underserved>. The NIH, itself a co-owner of Moderna’s COVID-19 vaccine patent, is far from a disinterested sponsor, profiting from the very pharmaceutical drugs its charged with regulating. See, e.g., Tin, A. (2021, November 15). Moderna offers NIH co-ownership of COVID vaccine patent amid dispute with government. *CBS News*. Retrieved

from <https://www.cbsnews.com/news/moderna-covid-vaccine-patent-dispute-national-institutes-health/> on November 26, 2022.

<sup>29</sup> ASU also receives millions of dollars in grants each year from the Bill and Melinda Gates Foundation, a “philanthrocapitalist” organization that funds vaccine research and development while profiting from investments in vaccine manufacturers like Merck and Pfizer. See Research Development. Grant Opportunities from the Gates Foundation and Partners. <https://funding.asu.edu/articles/grant-opportunities-gates-foundation-and-partners>. See also Schwab, T. (2020, March 17). Bill Gates’s Charity Paradox: A Nation investigation illustrates the moral hazards surrounding the Gates Foundation’s \$50 billion charitable enterprise. *The Nation*. Retrieved from <https://www.thenation.com/article/society/bill-gates-foundation-philanthropy/> on November 26, 2022.



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deliberate attempt to manipulate and exploit unsuspecting students in furtherance of its conflicting pecuniary interests.

#### **D. ASU EOSS' COVID-19 FAQs Page Dangerously Understates Serious Risks Associated with Covid-19 Vaccination, Particularly for Young Adults**

A study funded by the U.S. Dept. of Health and Human Services found that the federal Vaccine Adverse Event Reporting System (VAERS)<sup>30</sup>, the country's primary surveillance system for vaccine safety monitoring, **captures less than 1% of all vaccine injury** occurring in the United States.<sup>31</sup> Notwithstanding this vast underreporting, as of November 11, 2022, there have been **over 1.4 million COVID-vaccine adverse events** captured by VAERS.<sup>32</sup> This astounding figure includes over **32,000 deaths** and over **183,000 hospitalizations** related to federally authorized or approved COVID-19 vaccines.<sup>33</sup>

Data from VAERS<sup>34</sup> show there was a statistically significant link between mRNA COVID-19 vaccines and myocarditis as early as February of 2021.<sup>35</sup> Despite this, the CDC waited until May 27 of that year – after 50% of eligible Americans had received at least one COVID-19 injection – to publicly acknowledge the connection.<sup>36</sup> The following month, in June of 2021, the FDA added a warning to the literature accompanying Pfizer's and Moderna's mRNA COVID-19 vaccines indicating an increased risk of myocarditis.<sup>37</sup> At that time, the CDC disclosed it was aware of 475

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<sup>30</sup> VAERS is jointly managed by the CDC and FDA. See Vaccine Adverse Event Reporting System. About VAERS: Background and Public Health Importance. <https://vaers.hhs.gov/about.html>

<sup>31</sup> Lazarus et al. (2009). Electronic Support for Public Health: validated case finding and reporting for notifiable diseases using electronic medical data. *J Am Med Inform Assoc*, 16(1), 18-24. <https://pubmed.ncbi.nlm.nih.gov/18952940/>. The peer-reviewed, published study found that adverse reactions to vaccines are "common" and "underreported," and that this serious shortcoming inhibits proper regulation of pharmaceuticals that "endanger public health." (Lazarus, 2009).

<sup>32</sup> OpenVAERS. (2022, November 18). Reports of Vaccine Adverse Events in VAERS. <https://openvaers.com>

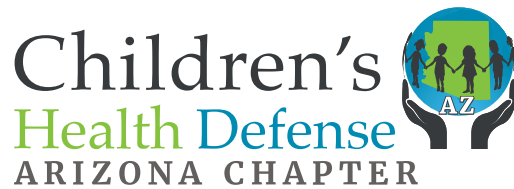
<sup>33</sup> OpenVAERS, 2022.

<sup>34</sup> See Burdick, S. (2022, October 25). 'Criminal Neglect': CDC Knew COVID Vaccine Could Cause Myocarditis in Young Males Months Before Telling the Public. *The Defender*. Retrieved from <https://childrenshealthdefense.org/defender/cnn-gallup-misunderstanding-risk-dying-covid-19/> on November 25, 2022.

<sup>35</sup> See Burdick, 2022. The signal was particularly strong for males aged 8-21 years of age. (Burdick, 2022).

<sup>36</sup> Burdick, 2022.

<sup>37</sup> See Redshaw, M. (2021, October 19). <https://childrenshealthdefense.org/defender/fda-moderna-pfizer-covid-vaccine-teens-myocarditis/>. *The Defender*. Retrieved from <https://childrenshealthdefense.org/defender/fda-moderna-pfizer-covid-vaccine-teens-myocarditis/> on November 25, 2022.



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cases of myocarditis and pericarditis in patients 30 years of age and younger.<sup>38</sup> The CDC has since acknowledged “**male adolescents and young adults**” are most at risk<sup>39</sup>, with researchers from Harvard, Johns Hopkins and other top universities concluding further vaccination of this demographic “may cause a net expected harm.”<sup>40</sup>

According to the Mayo Clinic, myocarditis – i.e., inflammation of the heart muscle – can cause **long-term** heart damage<sup>41</sup> and may require **emergency** medical attention.<sup>42</sup> Despite this clear and present danger posed by COVID-19 vaccines to young adults and the broader public, the CDC dragged its feet until September of this year to finally “investigate” the long-term effects of vaccine-induced myocarditis.<sup>43</sup> One has to wonder whether the CDC’s sudden interest in public health had anything to do with a court-ordered<sup>44</sup> release of its **V-Safe data** that same month,

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<sup>38</sup> See Vaccines and Related Biological Products Advisory Committee (VRBPAC). (2021, June 10). COVID-19 Vaccine Safety Updates. <https://www.fda.gov/media/150054/download>

<sup>39</sup> See Centers for Disease Control and Prevention. (2022, November 21). Selected Adverse Events Reported after COVID-19 Vaccination. <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/adverse-events.html>. The CDC appears to base this conclusion, at least in part, on a review of VAERS data published in the Journal of American Medicine that found “the risk of myocarditis after receiving mRNA-based COVID-19 vaccines was increased across multiple age and sex strata and was highest after the second vaccination dose in adolescent males and young men.” See Oster et al. (2022). Myocarditis Cases Reported After mRNA-Based COVID-19 Vaccination in the US From December 2020 to August 2021. *JAMA*, 327(4), 331-340. <https://jamanetwork.com/journals/jama/fullarticle/2788346>. See also Towey, R. (2021, October 15). Risk of mRNA Covid booster causing heart inflammation in young adults continues to worry scientists, Dr. Ofer Levy says. *CNBC*. Retrieved from <https://www.cnn.com/2021/10/15/heart-inflammation-risk-in-young-adults-caused-by-mrna-covid-booster-continues-to-worry-scientists-dr-levy-says.html> on November 25, 2022.

<sup>40</sup> Bardosh, K. et al. (2022). COVID-19 Vaccine Boosters for Young Adults: A Risk-Benefit Assessment and Five Ethical Arguments against Mandates at Universities. SSRN. [https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=4206070](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4206070). “Using CDC and sponsor-reported adverse event data,” the authors determined COVID-19 “boosters” could cause “18 to 98 serious adverse events” for every COVID-19 hospitalization “prevented” among young adults. The authors further note the risk-benefit ratio is even less favorable for persons with “post-infection immunity,” the prevalence of which they note is “high.”

<sup>41</sup> Mayo Clinic. Myocarditis: Diagnosis. Retrieved from <https://www.mayoclinic.org/diseases-conditions/myocarditis/diagnosis-treatment/drc-20352544> on November 25, 2022.

<sup>42</sup> Mayo Clinic. Myocarditis: Overview, Symptoms. Retrieved from <https://www.mayoclinic.org/diseases-conditions/myocarditis/symptoms-causes/syc-20352539#:~:text=Severe%20myocarditis%20can%20permanently%20damage,device%20or%20a%20heart%20transplant> on November 25, 2022.

<sup>43</sup> See Centers for Disease Control and Prevention. (2022, September 23). Investigating Long-Term Effects of Myocarditis: How CDC Is Investigating Myocarditis Health Effects after COVID-19 Vaccination. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/myo-outcomes.html> on November 25, 2022.

<sup>44</sup> The CDC withheld this information for more than 15 months before a federal court in Texas ordered its release. See Nevradakis, M. (2022, September 26). CDC Has 4 Days to Release Data on COVID Vaccine Injuries Collected via

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which showed, among other unflattering statistics, that nearly **one in twelve** vaccinated individuals using the “voluntary” reporting app **required medical care** following COVID-19 vaccination<sup>45</sup>. Needless to say, the agency’s track record of willful blindness is no substitute for science, yet ASU seems to expect the public to rely on this dereliction of duty and outright fraud<sup>46</sup> as evidence that no long-term effects from COVID-19 vaccines exist.

You are hereby notified to remove all instances of the aforesaid false representations from ASU’s websites, including the referenced EOSS webpages, and any other official ASU information outlet, including newsletters, email-services and social media accounts, and to issue an appropriate retraction forthwith. Failure to do so may result in a lawsuit on behalf of Children’s Health Defense – Arizona Chapter, seeking an injunction to force your compliance.

**Please note that a copy of this letter has been provided to our national legal team.** We thank you in advance for your prompt attention to this matter.

Respectfully,



Ursula Conway

President, Children’s Health Defense – Arizona Chapter

CC: Mary Holland, Esq., Children’s Health Defense

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V-safe App, Court Rules. *The Defender*. Retrieved from <https://childrenshealthdefense.org/defender/cdc-data-covid-vaccine-injuries-vsaf-app/> on November 25, 2022.

<sup>45</sup>See Mercola, J. (2022, October 18). ‘Shocking’ V-Safe Data Confirm COVID Vaccines ‘Dangerous in the Extreme’. *The Defender*. Retrieved from <https://childrenshealthdefense.org/defender/v-safe-data-cdc-covid-vaccines-dangerous-cola/> on November 25, 2022.

<sup>46</sup>Another instance of CDC deception is its “proportional reporting ratio” (PRR), which Joshua Mitteldorf, Ph.D., describes as a “fraudulent measure of vaccine harm designed by the CDC expressly for the new COVID-19 vaccines to disguise the devastation the vaccines are causing.” As Dr. Mitteldorf explains, PRR measures the pattern of different vaccine side effects, but it is indifferent to the number of people reporting those side effects,” providing a “convenient cover for ‘business as usual.’” See Mitteldorf, J. (2022, September 23). How the CDC Uses Math to Hide COVID Vaccine Harm. *The Defender*. Retrieved from <https://childrenshealthdefense.org/defender/cdc-proportional-reporting-ratio-covid-vaccine-harm/> on November 25, 2022.