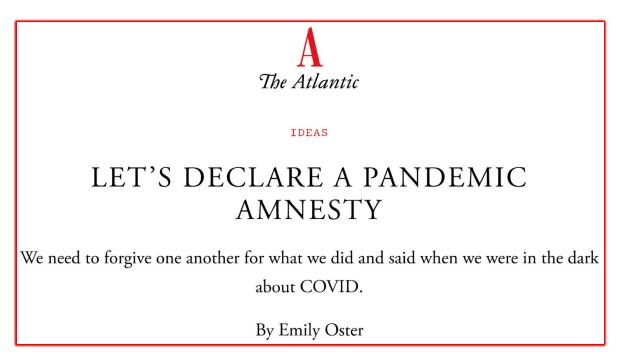
Let us review some background logistical facts regarding the recent hurried (and harried) publication of the article in *The Atlantic* magazine by Professor Emily Oster :



Oster is employed by Brown University, the source of the new Coronavirus Response Coordinator.



ProfEmilyOster ② @ProfEmilyOster

Vaccines vac

17:19 · 17.12.21 · Twitter Web App

Page 2 of 15

The Official Ivy League Request for Pardons: For Themselves and Primary COVID Co-Criminals

The president of Brown University Ms. Christina Hull Paxson, received a courtesy copy of my letter of **5 October 2022**. The primary addressees of that letter were:

Mr. Anthony Fauci (National Institute of Allergy and Infectious Diseases - NIAID

Ms. Martha Pollack (Cornell University)

Mr. Albert Bourla (CEO of Pfizer Inc.)

Mr. Donald Trump (Former president of USA)

The 5 October 2022 letter listed the following subjects/references:

Subject :	Mrs. Jummai Nache and he	er Family	
Reference 1 :	The "Fauci Effect"	Reference 2 :	The Pollack Effect
Reference 3 :	The Bourla Effect	Reference 4 :	The Trump Vaccine

On Page 8 of 92, I introduce Dr. Ashish Jha, President Biden's new Coronavirus Response Coordinator, and Pfizer's primary previous sales representative at ... Brown University !

Again . . . Professor Emily Oster is from Brown University.

The complete 5 October 2022 letter, with all attachments is available here:

https://pvsheridan.com/sheridan2fauci-9-5-october-2022.pdf

Approximately two weeks after the above logistics, on 31 October 2022, Professor Emily Oster is cajoled, most likely by Brown University administrators and lawyers, into her adolescent fairy tale entitled:

Let's Declare a Pandemic Amnesty

The Professor Oster fairy tales are available here:

https://www.theatlantic.com/ideas/archive/2022/10/covid-response-forgiveness/671879/



On that very same day, 31 October 2022, while the Professor Oster nonsense was being uploaded to *The Atlantic*, Brown University Ms. Christina Hull Paxson was one of thirteen officials (eight Ivy League presidents and five law school deans) that received **my follow-up letter of 27 October 2022.**

My follow-up is available here:

https://pvsheridan.com/sheridan2ivyleague-2-27october2022.pdf

My letter of 27 October 2022 involved the following subjects / references:

	Partic Dista	tment of the COVID-19 "Pandemic" Ivy League Criminal cipations in Denial of Religious Exemptions; Lockdowns, Social ncing, Face Mask and mRNA Mandates; Deliberate Spreading of nt Disinformation that mRNA Needle Obviated Transmissibility
Reference 1	1:	My Letter of 5 October 2022 : Mrs. Jummai Nache and her Family *
Reference 2	2:	The True Character of Mr. Albert Bourla – "The Vaccine King" Pfizer Incorporated Response to Reference 1
Reference 3	3 :	Further Subject Confirmation – European Parliament Special Committee on the COVID-19 Pandemic, Sworn Testimony of Pfizer Marketing Executive Ms. Janine Small under Examination by Parliamentarian Mr. Rob Roos – 10 October 2022

During enactment of the "COVID-19 pandemic," Brown University administrators had openly encouraged and enforced the *many prior typical and coercive* Tweets of their Professor Oster :



ProfEmilyOster @ProfEmilyOster

Shaming people who haven't gotten vaccinated is not likely to work at this point (or ever).

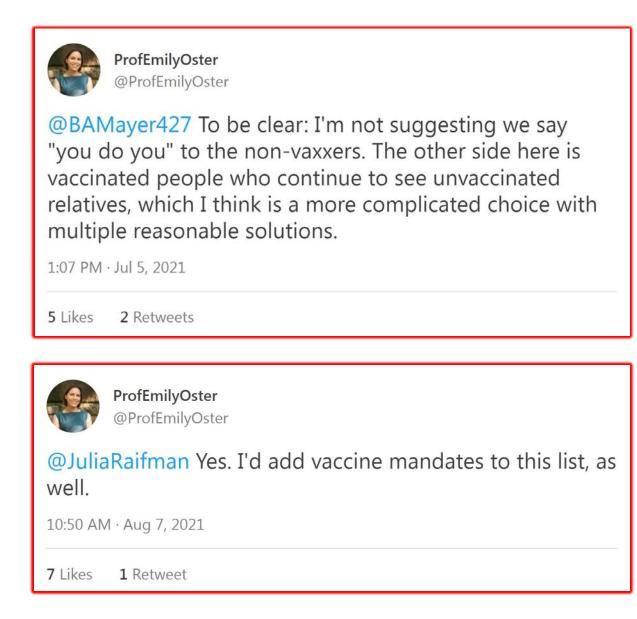
What will?

Individual family pressure: Maybe Vaccine requirements for things you want to do (domestic air/train travel, work, sports events): Yes.

We can have these without shame.

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11:14 AM · Dec 22, 2021
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550 Likes 75 Retweets



The Encyclopedia Britannia makes a precise distinction; a distinction that my letters to the lvy League openly declare, but one that they and Ms. Oster have schemed to divert you from:

"Technically, however, an amnesty differs from a general pardon in that the latter simply relieves from punishment whereas the former declares innocence or abolishes the crime." <u>https://www.britannica.com/topic/amnesty</u>

Ms. Oster and her Ivy League superiors have fooled no one. But the underbelly to these COVID machinations openly affirms an appropriate jurisdiction / adjudication of the Racketeer Influenced and Corrupt Organizations Act (RICO) . . .

Increasingly, the intended beneficiaries of Professor Oster types of diversions are clear.

This focus, further affirmed by *The Atlantic* article, is personal and unfortunate/burdensome. The focus broadly ensnares the now morally compromised, **if not fatally wounded**, Ivy League universities, especially my alma mater Cornell University:



Genesis Prize Award Ceremony 2022 - Honoring Dr. Albert Bourla

HINT: I will be forcefully announcing to the Cornell University Board of Trustees (Mr. Kraig H. Kayser, Class of 1984, presiding), my adamant aversion and formal opposition to any monies / donations received from Pfizer, Inc., *direct or indirect.* And specifically, my morally and ethically premised opposition to any plans that Ms. Martha Pollack may have for erecting a "Bourla Hall" upon the campus of my esteemed alma mater, Cornell University.

MEMO: While this essay was in-draft, Dr. Paul E. Alexander uploaded it and my 27 October 2022 letter to his SubStack :

https://palexander.substack.com/p/enactment-of-the-covid-19-pandemic

Preliminary Conclusion : They Wish to Just Walk Away ?!

For the benefit of innocent global peoples, we must <u>not</u> allow lvy League administrators to just walk away . . . they deployed/abused those universities as the institutional SEED for other universities/schools to follow . . . a SEED for monkey-see-monkey-do machinations that led to everything from the suicide of 16 year old Spencer Smith to the amputation horrors of Mrs. Jummai Nache . . . and so much more.

The diversionary sputum in *The Atlantic* by Professor Emily Oster seeks, among other schemes, to *just walk away.*' Many have suggested that receipt of my recent letters by her superior, Brown University President Christina Paxson, **instigated this attempt at legalistic preemption.** But it is too late for that servile exodus of the current lvy administrators.

■ How many Ivy League students and staff, and their medical school staffs were given the opportunity to exercise "true informed consent" regarding LIABILITY IMMUNITY ? **ZERO!**

■ How many times does Brown University Professor Emily Oster discuss "amnesty," and therefore expose the criminal conspiracy that led to LIABILITY IMMUNITY? **ZERO!**



The above interview here: <u>https://rumble.com/vqpxyf-beyond-willful-misconduct-bioweapon-victims-demand-shutdown-of-vaxx-program.html</u>

Paul V. Sheridan

Attachments

The Atlantic article of 31 October 2022, Let's Declare a Pandemic Amnesty (Pages 8 - 12).

The 22 August 2022 letter to Brown University President Christina Hull Paxson, from Rhode Island State Representative Ms. Patricia Morgan (Pages 13 - 15).



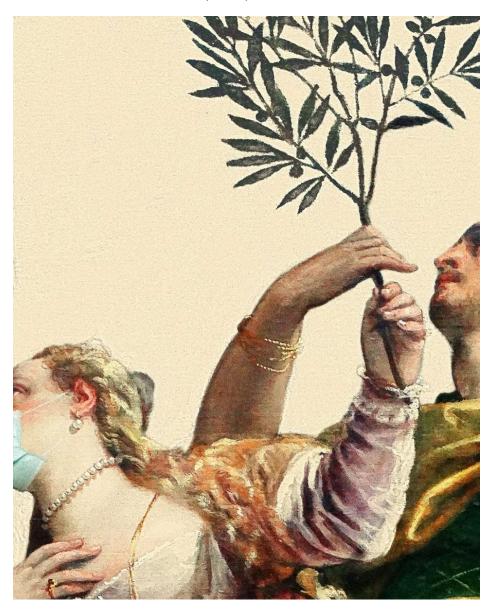


IDEAS

LET'S DECLARE A PANDEMIC Amnesty

We need to forgive one another for what we did and said when we were in the dark about COVID.

By Emily Oster



Katie Martin / The Atlantic; Paolo Veronese; Getty

ADVERTISEMENT

In April 2020, with nothing else to do, my family took an enormous number of hikes. We all wore cloth masks that I had made myself. We had a family hand signal, which the person in the front would use if someone was approaching on the trail and we needed to put on our masks. Once, when another child got too close to my then-4year-old son on a bridge, he yelled at her "SOCIAL DISTANCING!"

These precautions were totally misguided. In April 2020, no one got the coronavirus from passing someone else hiking. Outdoor transmission was vanishingly rare. Our cloth masks made out of old bandanas wouldn't have done anything, anyway. But the thing is: *We didn't know*.

I have been reflecting on this lack of knowledge thanks to a class I'm co-teaching at Brown University on COVID. We've spent several lectures reliving the first year of the pandemic, discussing the many important choices we had to make under conditions of tremendous uncertainty.

Some of these choices turned out better than others. To take an example close to my own work, there is an emerging (if not universal) consensus that schools in the U.S. were closed for too long: The health risks of in-school spread were relatively low, whereas the costs to students' well-being and educational progress were high. The latest figures on learning loss are <u>alarming</u>. But in spring and summer 2020, we had only glimmers of information. Reasonable people—people who cared about children and teachers—advocated on both sides of the reopening debate.

Derek Thompson: School closures were a failed policy

Another example: When the vaccines came out, we lacked definitive data on the relative efficacies of the Johnson & Johnson shot versus the mRNA options from Pfizer and Moderna. The mRNA vaccines have <u>won out</u>. But at the time, many people in public health were either neutral or expressed a J&J preference. This misstep wasn't nefarious. It was the result of uncertainty.

Obviously *some* people intended to mislead and made wildly irresponsible claims. Remember when the public-health community had to spend a lot of time and resources urging Americans not to inject themselves with bleach? That was bad. Misinformation was, and remains, a huge problem. But most errors were made by people who were working in earnest for the good of society.

Given the amount of uncertainty, almost every position was taken on every topic. And on every topic, someone was eventually proved right, and someone else was proved wrong. In some instances, the right people were right for the wrong reasons. In other instances, they had a prescient understanding of the available information.

The people who got it right, for whatever reason, may want to gloat. Those who got it wrong, for whatever reason, may feel defensive and retrench into a position that doesn't accord with the facts. All of this gloating and defensiveness continues to gobble up a lot of social energy and to drive the culture wars, especially on the internet. These discussions are heated, unpleasant and, ultimately, unproductive. In the face of so much uncertainty, getting something right had a hefty element of luck. And, similarly, getting something wrong wasn't a moral failing. Treating pandemic choices as a scorecard on which some people racked up more points than others is preventing us from moving forward.

Read: You were right about COVID, and then you weren't

We have to put these fights aside and declare a pandemic amnesty. We can leave out the willful purveyors of actual misinformation while forgiving the hard calls that people had no choice but to make with imperfect knowledge. Los Angeles County <u>closed</u> its beaches in summer 2020. Ex post facto, this makes no more sense than my family's masked hiking trips. But we need to learn from our mistakes and then let them go. We need to forgive the attacks, too. Because I thought schools should reopen and argued that kids as a group were not at high risk, I was called a "teacher killer" and a "*génocidaire*." It wasn't pleasant, but feelings were high. And I certainly don't need to dissect and rehash that time for the rest of my days.

Moving on is crucial now, because the pandemic created many problems that we still need to solve.

Student test scores have shown <u>historic declines</u>, more so <u>in math than in reading</u>, and more so for students who were disadvantaged at the start. We need to collect data, experiment, and invest. Is high-dosage tutoring more or less cost-effective than extended school years? Why have some states recovered faster than others? We should focus on questions like these, because answering them is how we will help our children recover.

Many people have neglected their health care over the past several years. Notably, routine vaccination rates for children (for measles, pertussis, etc.) are <u>way down</u>. Rather than debating the role that messaging about COVID vaccines had in this decline, we need to put all our energy into bringing these rates back up. Pediatricians and public-health officials will need to work together on community outreach, and politicians will need to consider school mandates. The standard saying is that those who forget history are doomed to repeat it. But dwelling on the mistakes of history can lead to a repetitive doom loop as well. Let's acknowledge that we made complicated choices in the face of deep uncertainty, and then try to work together to build back and move forward.

Emily Oster is an economist at Brown University. She is the author of <u>The Family</u> <u>Firm: A Data-Driven Guide to Better Decision Making in the Early School Years</u> and <u>Expecting Better: Why the Conventional Pregnancy Wisdom Is Wrong—and What You</u> <u>Really Need to Know</u>.

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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: <u>president@brown.edu</u>

August 22, 2022

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

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 <u>most at risk</u>, 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 <u>deemed mandatory</u>.

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 <u>this one</u> from RIDOH. None of the following established adverse reactions *conferred* by covid vaccines are mentioned: <u>anaphylaxis, myocarditis/pericarditis;</u> thrombosis with thrombocytopenia; Bell's Palsy, Guillain-Barré syndrome, cardiac dysrhythmia (esp. <u>atrial fibrillation</u>), and <u>rashes</u>. 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,

tucia Morgan)

Representative Patricia Morgan

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Stephen Skoly, DMD

Andrew Bostom, MD, MS

"retelland

Michelle Cretella, MD

Lisa Pomeroy, MD