PHYSICIANS FOR INFORMED CONSENT

March 9, 2022

Re: AB 2098 (doctor censorship)
Position: Oppose

Dear California Legislators,

On behalf of hundreds of physician and surgeon members of Physicians for Informed Consent (PIC) and thousands of our health-freedom members, in the interest of the health and safety of all Californians, and in allegiance to the U.S. Constitution, we oppose AB 2098—and deem it as the worst bill of the 2022 legislative session.

Without California doctors being free to speak their mind and educate the public, regarding COVID-19 or vaccination or any other controversial topic, no other public health laws will matter as legislators will not be able to obtain knowledge from a breadth of physician and surgeon opinions, and the public will not be able to obtain their doctors' honest opinion—because doctors who think and act differently from the contemporary "applicable standard of care" will fear losing their medical license. Section 2234.1 of the Business and Professions Code respects and protects doctors who think outside the box. AB 2098 blatantly proposes a new law "abridging the freedom of speech" of doctors and violating the right of doctors to "petition the Government for a redress of grievances," which violates the first amendment of the U.S. Constitution.

Public health is not achieved, and scientific knowledge does not progress, by censoring dissenting physicians and surgeons or anyone else. AB 2098 is anti-doctor, anti-public health, anti-science, and anti-free speech and we urge you to oppose it.

Sincerely,

Shira Miller, M.D.
Founder and President
Physicians for Informed Consent

Notice: If AB 2098 becomes law then PIC's enclosed "COVID-19 Vaccine Mandates: 20 Scientific Facts That Challenge the Assumptions" may effectively become banned, so we urge you to read it while you still can.

About Physicians for Informed Consent
Physicians for Informed Consent is a 501(c)(3) educational nonprofit organization focused on science and statistics. PIC delivers data on infectious diseases and vaccines, and unites doctors, scientists, healthcare professionals, attorneys, and families who support voluntary vaccination. In addition, the PIC Coalition for Informed Consent consists of over 300 U.S. and international organizations that represent millions of people. To learn more, please visit physiciansforinformedconsent.org.

COVID-19 VACCINE MANDATES: 20 Scientific Facts That Challenge the Assumptions

ASSUMPTIONS

FACTS

PIC Physicians for Informed Consent
Delivering Data on Infectious Diseases & Vaccines™

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? ASSUMPTION: The COVID-19 vaccines significantly reduce the spread of COVID-19, so high universal vaccination rates will prevent outbreaks and end the pandemic.

✓ **FACT 1:** A study of a COVID-19 outbreak in July 2021 published in *Eurosurveillance* found that "all transmissions between patients and staff occurred between masked and vaccinated individuals, as experienced in an outbreak from Finland." The authors state that the study "challenges the assumption that high universal vaccination rates will lead to herd immunity and prevent COVID-19 outbreaks."[1]

✓ **FACT 2:** A Centers for Disease Control and Prevention (CDC) study of another COVID-19 outbreak in July 2021 found that 74% of cases were fully vaccinated.[2]

✓ **FACT 3:** A Harvard study investigating COVID-19 cases across 68 countries and across 2,947 counties in the U.S. found "no significant signaling of COVID-19 cases decreasing with higher percentages of population fully vaccinated."[3]

A study of a COVID-19 outbreak in July 2021 found that all transmissions between patients and staff occurred between vaccinated individuals.

A Harvard study investigating COVID-19 cases across 68 countries and 2,947 counties in the U.S. found no decrease in cases with an increase in vaccination.

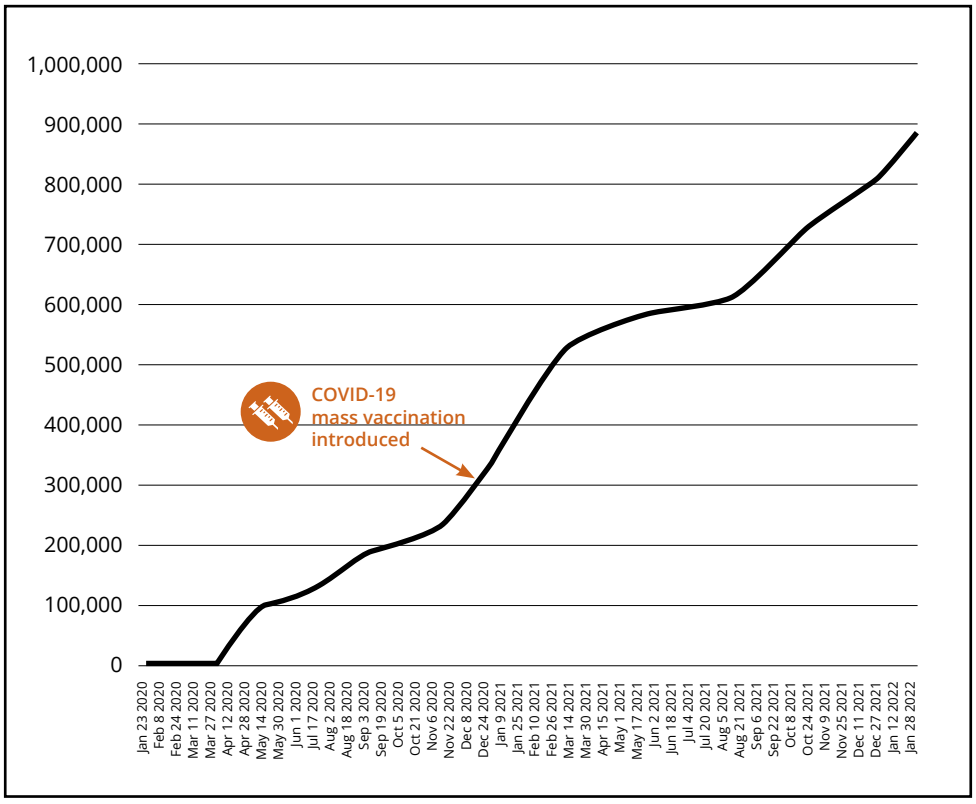
? ASSUMPTION: The COVID-19 vaccines prevent death from COVID-19.

FACT 4: There is no evidence from clinical trials that any of the vaccines prevent death because they did not have enough statistical power to measure the vaccine's ability to prevent deaths.[4-6] The U.S. Food and Drug Administration (FDA) states, "A larger number of individuals at high risk of COVID-19 and higher attack rates would be needed to confirm efficacy of the vaccine against mortality."[4-6]

FACT 5: A study of a COVID-19 outbreak in July 2021 published in *Eurosurveillance* observed that 100% of severe, critical, and fatal cases of COVID-19 occurred in vaccinated individuals.[1]

FACT 6: CDC data show mass vaccination with the COVID-19 vaccine has had no measurable impact on COVID-19 mortality in the U.S. In the nine months before the introduction of mass vaccination (April 2020 through December 2020), there were about 356,000 COVID-19 deaths. In the nine months after the introduction of mass vaccination, there were 342,000 COVID-19 deaths (January 2021 through September 2021), and 182,000 additional COVID-19 deaths occurred in the four months that followed (October 2021 through January 2022).[7]

Total COVID-19 Deaths, United States[7]



CDC data show mass vaccination with the COVID-19 vaccine has had no measurable impact on COVID-19 mortality in the U.S.

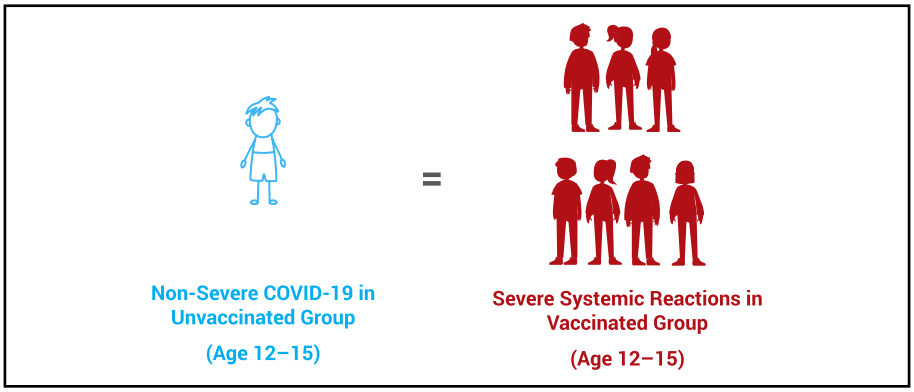
? ASSUMPTION: For children, being injected with COVID-19 vaccines is safer than being infected with SARS-CoV-2.

FACT 7: In the Pfizer clinical trial, there were zero cases of severe COVID-19 in children who did not receive the vaccine.[8,9] In contrast, for children 5 years or older, the Pfizer COVID-19 vaccine clinical trial found that the vaccine causes severe (grade 3) systemic reactions that include fever greater than 102.1° F; vomiting that requires IV hydration; diarrhea of six or more loose stools in 24 hours; and severe fatigue, severe headache, severe muscle pain, or severe joint pain that prevents daily activity.[9-12]

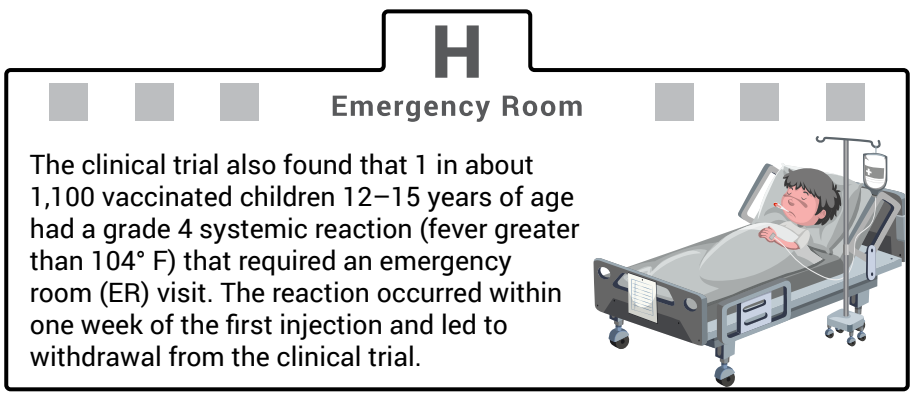
FACT 8: In the clinical trial, a range of 1 in 59 to 1 in 143 vaccinated children 5 to 11 years of age suffered severe systemic reactions within seven days of the second dose. There were 3 to 8 cases of severe systemic reactions observed in the vaccinated group for every 10 cases of non-severe COVID-19 in the unvaccinated group.[9]

FACT 9: In the clinical trial, 1 in 9 vaccinated adolescents 12 to 15 years of age suffered severe systemic reactions within seven days of receiving the second dose. There were 7 times more severe systemic reactions observed in the vaccinated group than non-severe COVID-19 cases in the unvaccinated group.[10-12]

FACT 10: The clinical trial also found that 1 in about 1,100 vaccinated children 12 to 15 years of age had a grade 4 systemic reaction (fever greater than 104° F) after the first dose that required an emergency room (ER) visit and withdrawal from the study.[10,13]



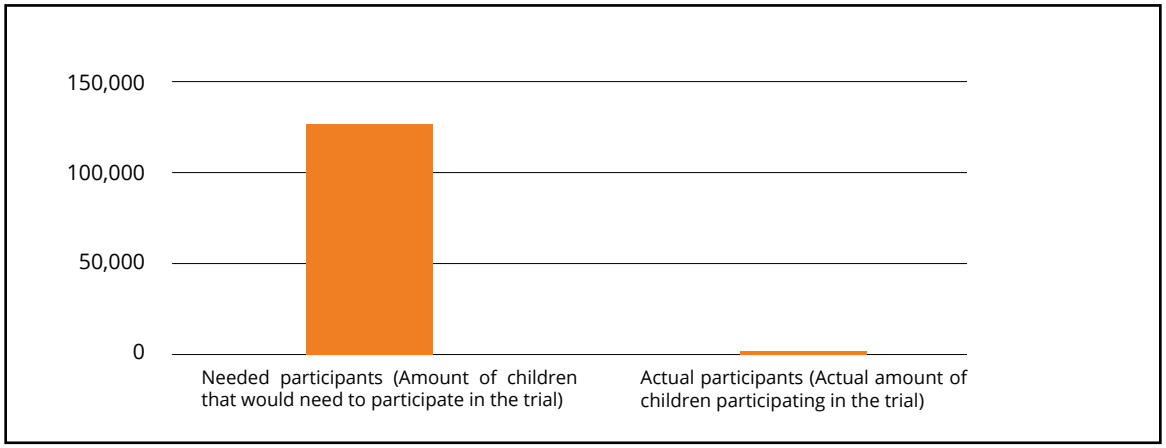
In the Pfizer COVID-19 vaccine clinical trial, zero unvaccinated adolescents 12 to 15 years of age suffered a severe case of COVID-19. In contrast, for every 1 case of non-severe COVID-19 in the unvaccinated group, there were 7 cases of severe (grade 3) systemic reactions in the vaccinated group.



? ASSUMPTION: The COVID-19 vaccine clinical trial was large enough to show safety in children.

FACT 11: The Pfizer clinical trial did not have enough statistical power to show the vaccine is safe in children under 18 years of age, as the study did not include enough subjects to establish safety (i.e., the clinical trial only included about 2,600 vaccinated children aged 5 to 15).[9,14] In comparison, it is known that COVID-19 fatalities are rare in children. As of Nov. 3, 2021, the chance of a child 17 years or younger contracting SARS-CoV-2 and dying from COVID-19 was 1 in 126,000 or 0.0008%.[15]

The COVID-19 Vaccine Clinical Trial Is Inadequate to Show Safety in Children



Because the chance of a child contracting SARS-CoV-2 and dying from COVID-19 is 0.0008% or 1 in 126,000, at least 126,000 children are needed to detect one death from COVID-19. Therefore, there must be at least 126,000 vaccinated participants enrolled in the clinical trial to compare the risk of death from COVID-19 to the risk of death from the vaccine. However, only about 2,600 vaccinated children participated in the clinical trial.

? ASSUMPTION: It's known that COVID-19 vaccines have no long-term side effects.

FACT 12: Because all subjects in clinical trials were observed for only two to six months, the long-term safety of COVID-19 vaccines for any age group is not known. Per the FDA, there are currently insufficient data to make conclusions about the safety of Pfizer, Moderna and Johnson & Johnson vaccines in subpopulations such as pregnant and lactating individuals, and immunocompromised individuals.[4,8,16] Per Pfizer, the vaccine "has not been evaluated for the potential to cause carcinogenicity, genotoxicity, or impairment of male fertility."[17]

FACT 13: Safety surveillance reports have identified serious risks of myocarditis and pericarditis in subjects under age 40, within seven days of vaccination. In boys aged 16 or 17, the FDA has reported an excess risk of myocarditis or pericarditis of 1 in 5,000 after the second dose of the Pfizer COVID-19 vaccine.[18] And in boys aged 12 to 17, also after a second dose of the Pfizer COVID-19 vaccine, a Hong Kong study found an excess risk of myocarditis or pericarditis of 1 in 2,700.[19]

? ASSUMPTION: Booster shots will solve the problem of waning vaccine immunity.

FACT 14: The clinical trials detected that vaccine immunity wanes significantly over a short period of time. For example, the Pfizer vaccine efficacy decreased by 8% to 18% within only six months, and the Johnson & Johnson vaccine efficacy decreased by 25% to 29% within only six months.[20,21] Additionally, the efficacy measured in the clinical trials was against the original Wuhan strain, not the new variants.

FACT 15: In clinical trials, a third dose of Pfizer or Moderna vaccine or a second dose of Johnson & Johnson vaccine has not been evaluated for efficacy against disease, but rather antibody counts were observed in a small number of vaccinated subjects for only one month.[18,21,22]

? ASSUMPTION: There are no known effective treatment or prevention options for COVID-19 except vaccines.

FACT 16: Treatments for COVID-19 have improved significantly since the pandemic began in early 2020, resulting in improved survival rates in hospitalized cases.[23,24] Indeed, for people not living in a nursing home, the overall survival rate of COVID-19 is 99.8% in the U.S., and 99.999% for children specifically.[25,26]

FACT 17: Hundreds of studies have observed the effectiveness of various treatments, the most studied being ivermectin, vitamin D, hydroxychloroquine (HCQ), and monoclonal antibodies.[27-30] These treatments may also be beneficial for prophylaxis (i.e., pre-exposure or post-exposure prevention of symptomatic COVID-19 infections).[31-35]

Treatments for COVID-19 have improved significantly since the pandemic began in early 2020, resulting in improved survival rates in hospitalized cases.

For people not living in a nursing home, the overall survival rate of COVID-19 is 99.8%, and 99.999% for children specifically.

? ASSUMPTION: People who were previously infected with SARS-CoV-2 need to get vaccinated because natural immunity is insufficient.

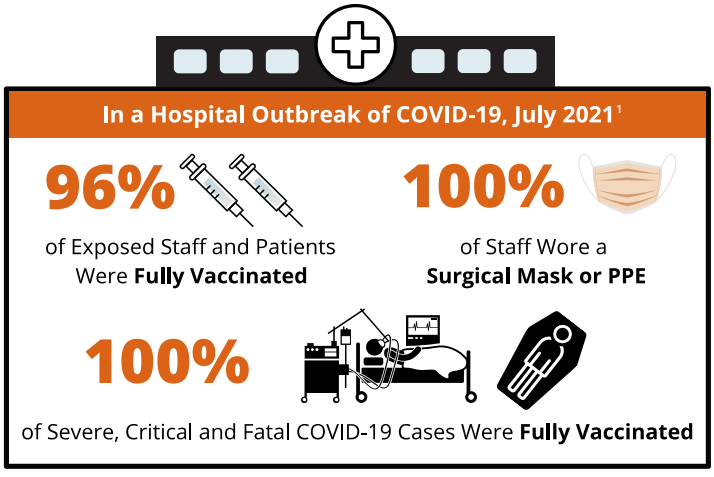
FACT 18: There is evidence that previous SARS-CoV-2 infection is more effective at preventing SARS-CoV-2 infection than COVID-19 vaccines. The Johnson & Johnson COVID-19 vaccine clinical trial included over 2,000 subjects who had contracted SARS-CoV-2 before the study. The trial, which tested unvaccinated and vaccinated people uniformly, recorded the incidence of COVID-19 in that unvaccinated group at least 28 days after the vaccination of the other subjects in the study. The COVID-19 incidence of the unvaccinated group with prior SARS-CoV-2 infection was 0.1% (2/2,021), whereas the COVID-19 incidence of vaccinated subjects was 0.59% (113/19,306). These data suggest that there are 6 times more cases of COVID-19 in vaccinated subjects than in unvaccinated subjects previously infected with SARS-CoV-2.[36]

FACT 19: Data from the Johnson & Johnson clinical trial also indicate that an unvaccinated person previously infected with SARS-CoV-2 has a 99.9% chance of being protected from a repeat infection. Of note, as of July 1, 2021, there have been 177.4 million SARS-CoV-2 infections in the U.S., which is 53.8% of the U.S. population.[26,36]

The Johnson & Johnson vaccine clinical trial found there are 6 times more cases of COVID-19 in vaccinated subjects than in unvaccinated subjects previously infected with SARS-CoV-2.

? ASSUMPTION: Vaccine mandates have been proven to create a safer environment.

FACT 20: Infection and transmission of SARS-CoV-2 occur at high rates in fully vaccinated populations, and a significant proportion of severe, critical and fatal COVID-19 cases occur in fully vaccinated individuals. CDC data show mass vaccination with the COVID-19 vaccine has had no measurable impact on COVID-19 mortality in the U.S. In addition, short-term clinical trial data indicate that 1 in 6 to 1 in 9 people 12–55 years of age who receive mRNA COVID-19 vaccines suffer severe (grade 3) systemic reactions, and long-term safety studies have not been conducted.[13,37] Thus, the scientific data demonstrate that vaccine mandates have not been proven to create a safer environment.



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These statements are intended for informational purposes only and should not be construed as personal medical advice.