Regarding Mandatory Vaccines for health care workers

As around half the population has received injections permitted under an Emergency Use Authorization (EUA), which by federal law cannot be coerced, variant strains of SARS-CoV-2 have been proliferating, and hospitalizations and deaths are increasing, not diminishing as one would expect in an effective vaccination campaign. Both vaccinated and unvaccinated persons are succumbing. Reports of post-injection death or long-term disability to the Vaccine Adverse Event Reporting System (VAERS) are reaching unprecedented levels.

Medical interventions are rarely completely safe or effective, and risks and benefits differ in individual patients and differing circumstances. Achieving a premature stamp of approval from the Food and Drug Administration (FDA)—premature because studies are not scheduled to be complete until the end of 2022—does not confer safety or effectiveness. FDA-approved products have frequently been withdrawn in the past.

Long-term effects of these novel, genetically engineered products cannot possibly be known at this point. These could include autoimmune disorders, antibody-enhanced disease, infertility, cancer, or birth defects.

The benefit to the public of mass vaccination is purely hypothetical. Uninfected persons cannot transmit infection just because they are unvaccinated. Vaccinated persons can still infect others. Many individuals already have natural immunity, and mandated shots impose risks with little or no benefit, yet there is no provision to exempt them.

I favor insistence on fully informed, truly voluntary consent for all medical interventions. This includes full disclosure of all risks, and a diligent effort to identify and track risks. Otherwise, we are being conscripted into a mass experiment, one which would not be approved by an Institutional Review Board on both ethical and scientific grounds: no consent; no disclosure of the experimenters' conflicts of interest; no control group; no follow-up of subjects for COVID status, immune parameters, or adverse effects; no provision for medical care of the subjects; and no criteria for stopping the experiment if subjects are being harmed. See HHS "Common Rule," Subpart A of 45 CFR Part 46.

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