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California Faculty Association (CFA)

To whom it may concern:

I was horrified by the top-down announcement from the University of California and California State University administrations that mandatory vaccination will be required for anyone coming onto campus starting Fall 2021.

Have you read the vaccination form subjects must sign? It completely indemnifies the manufacturers, absolving them of any liability for harm! Pregnant women give up all their maternal fetal rights. Forcing people to sign this form to be able to come onto campus and keep their jobs is deeply immoral.

Will the Union defend the most precious, inalienable human right to one's own bodily integrity and the right refuse an experimental medical treatment? Isn't one of the main points of the union to protect against discrimination on the basis of race or medical condition? If not, what kind of a union is this?

I sincerely hope that the union will withdraw its meek acquiescence to the top-down decree of mandatory vaccination and will also defend the rights and livelihood of those who will refuse forced medical treatment.

Finally, here is an excellent letter from Paul M. Kempen, M.D., Ph.D, the president of the Association of American Physicians and Surgeons, that makes many of the same points:

Open letter from Physicians to Universities: Allow students back without COVID vaccine mandate:
<https://aapsonline.org/open-letter-from-physicians-to-universities-reverse-covid-vaccine-mandates/>

I have included more scientific and historical detail on the following pages.

Sincerely yours,
Professor Martin I. Sereno

Martin I Sereno

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I am a senior biological scientist with a deep understanding of organismal and molecular biology. Here is some background scientific and historical context for the never-before-seen forced worldwide roll-out of these problematic, experimental, untested, and dangerous vaccines.

(1) There are currently about 4,200 vaccine-related deaths reported to the Vaccine Adverse Event Reporting System (VAERS), which is a *voluntary* adverse-events reporting system (N.B.: the system is running behind, so the latest reports being added are still a few months old). Here is an open source tool to more conveniently search the database:

<https://www.openvaers.com/openvaers>

All the reports on VAERS are entered by health care workers, who are often risking their jobs to file a report, for fear of being accused by hospital management of aiding 'vaccine hesitancy'. A \$1 million dollar 2007-2010 Harvard study on 376,452 patients given 1.4 million doses of 45 different vaccines showed that VAERS only captured about 1% of of adverse events, including deaths, actually experienced by those same patients:

<https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>

This suggests that the real death tolls from the covid vaccine are considerably higher than the large totals reported reported to VAERS, and *much* higher than reported by the heavily censored media and social media. To get an idea of the risk relative to the flu vaccine, a comparison between VAERS-reported deaths from the flu vaccine and the covid vaccines suggests that the covid vaccines are at least 50x more lethal. Almost *half* of the total vaccine-related deaths reported to VAERS *since its inception in 1990* have come from the covid vaccines, all over the past few months! 99% of vaccine-associated deaths in 2021 have come from the covid vaccines. In any sane world, this staggering level of harm would have long ago caused the Emergency Use Authorized covid vaccines to be pulled.

Instead, media companies and government agencies formed a "Trusted News Initiative", announced Dec 10, 2020, in order to coordinate censorship of any negative comments about the covid vaccine. Twitter and Facebook have censored or cancelled millions of accounts for merely posting links to peer-reviewed scientific papers that are not sufficiently pro-covid-vaccine. This level of censorship reminds me of the old Pravda; or of the dreadful chapter of Lysenkoism in Stalinist Russia, in which real scientists were muzzled, imprisoned, and many executed for not supporting Lysenko's Larmarckism. Scientific genetic research in Russia was destroyed for decades. The result was a catastrophic decline in agricultural yields.

(2) Big pharma vaccine companies are completely protected from liability for any vaccine-caused injuries since 1986. Few people know this. Any compensation for damages stingily doled out by the secret 'vaccine court' (\$4 billion so far) are paid for by a \$0.75 tax on every vaccine dose (!). Big pharma thus has no profit motive to accurately monitor for injury (the VAERS system is voluntary!) or even minimize injury. Obviously, mass death would scare people away; but delayed bad effects (e.g., the 2,000 cases of lifelong narcolepsy caused by the 2009 GlaxoSmithKline Pandemrix flu vaccine) are 'no problem'. In the case of the covid vaccines, there are heart-breaking stories of frontline health care workers who were severely injured by vaccines, and were then literally discarded by the health care system, told that their severe injuries were psychosomatic, having lost their jobs, having been denied health care, and even unemployment benefits.

(3) Why should relatively non-vulnerable members of the population such as younger people, older people who are healthy without comorbidities (like myself), or people who have recovered from covid, need to be vaccinated when the risk-benefit ratio is unfavorable for them? Many studies have

suggested that the infection-fatality ratio for covid is the worst for old, extremely unhealthy people (higher than for the flu), but actually *lower* than the infection-fatality ratio for the flu for younger people and healthy older people.

(4) If the vaccine works, why should healthy people be forced to take it? Humans have an inalienable right over their bodily integrity and should never be submitted to a forced medical treatment. There is a good reason the Nuremberg Principles were adopted. It was to stop medical abuse by an overreaching government.

(5) The experimental vaccines were only approved under an Emergency Use Authorization (EUA), which required that there were *no* other available treatments. That there actually *were* no other effective treatments has been hotly contested. For example, see this excellent interview with the unimpeachable Dr. Peter McCullough for the facts:

<https://rumble.com/vgjw85>

That issue aside, the current Phase 3 trials of these experimental vaccines aren't due to end until the end of 2022 at the earliest. But even when the vaccines end up getting FDA approval (e.g., by some big-pharma-driven 'Warp speed' approval process at big-pharma-compromised FDA, *long* before the Phase 3 trials even finish!), the human right to refuse a forced medical treatment will *not* end.

(6) The mainstream media, aided by a \$4.5 billion dollar (!) advertising blitz just funded by congress, one of the largest advertising campaigns in human history, is now developing the idea that unvaccinated people should have less human rights than vaccinated people. And an apartheid system for the unvaccinated has already been put into place in Israel, of all places. The idea that the unvaccinated are dirty or less human or that they should be shunned is frighteningly similar to a well known social disaster from the 20th century. Will the union defend the rights of the unvaccinated?

(7) The administration of a vaccine can actually cause a subsequent infection by the agent the vaccine is supposed to protect against to instead be *more* severe and *more* deadly. This is called "antibody-dependent enhancement" (of disease) or "ADE". This was well documented with animal studies in the case of all laboratory vaccines previously created against SARS-CoV-1, a coronavirus closely related to Sars-CoV-2. See, for example:

<https://www.ncbi.nlm.nih.gov/pubmed/22536382>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3209347/>

<https://www.ncbi.nlm.nih.gov/pubmed/18941225>

Another example of ADE occurred in 2009, where persons getting the 'seasonal flu' vaccine had a more serious disease upon infection with the 'pandemic flu'. This was verified with experiments on ferrets:

<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0086555>

Another example of vaccine-induced increased disease severity occurred with Dengvaxia, the dengue fever vaccine, which motivated the WHO to paradoxically suggest administration of the Dengvaxia vaccine only to people who has already gotten dengue fever (!):

<https://www.globalresearch.ca/dengvaxia-disaster-twenty-years-making-what-will-happen-rushed-covid-19-vaccine/5710949>

Yet another example of this occurred decades ago with respiratory syncytial virus (RSV).

The bottom line is, getting a vaccine sometimes makes the disease it is intended to protect against *more* deadly. Amazingly, there are no studies on whether the SARS-CoV-2 vaccines demonstrate this effect! Given this history, what sane person would take this vaccine before it has been tested for ADE? This is why it normally takes a long time to produce a safe vaccine. What is happening is not normal.

(9) Finally, every self-respecting molecular biologist on campus knows that the cycle threshold (ct) for the covid PCR tests has been set way too high, *especially* when these tests are widely used on asymptomatic people. Below is an annotated a graph from a landmark study that attempted to culture live virus from thousands of patients with PCR tests that went positive at different numbers of amplification cycles ('ct', the cycle threshold, on the x-axis). Shamefully, the testing companies do not report the 'ct' number, but instead run the amplification cycles up to a ridiculously high number (typically 40-45) and then report 'positive' if the test goes positive even on the last amplification cycle. Equally shamefully, public health officials have not demanded that this critical number is reported. As is obvious from the graph, a test that goes 'positive' around 35 cycles is already 100% false positive as assessed by whether live virus can be cultured from the sample.

The result has been that the number of 'covid cases' has been vastly overstated. The result is also to have falsely inflated the number of 'covid deaths' in a way that will be almost impossible to correct *post hoc*.

COVID tests all run with too many amplification cycles! **HOW TO fix: turn down max cycles or report cycle number when test went positive**

Jaafar et al., *Clin Infect Dis*, ciaa1491, <https://doi.org/10.1093/cid/> (Sep 2020)

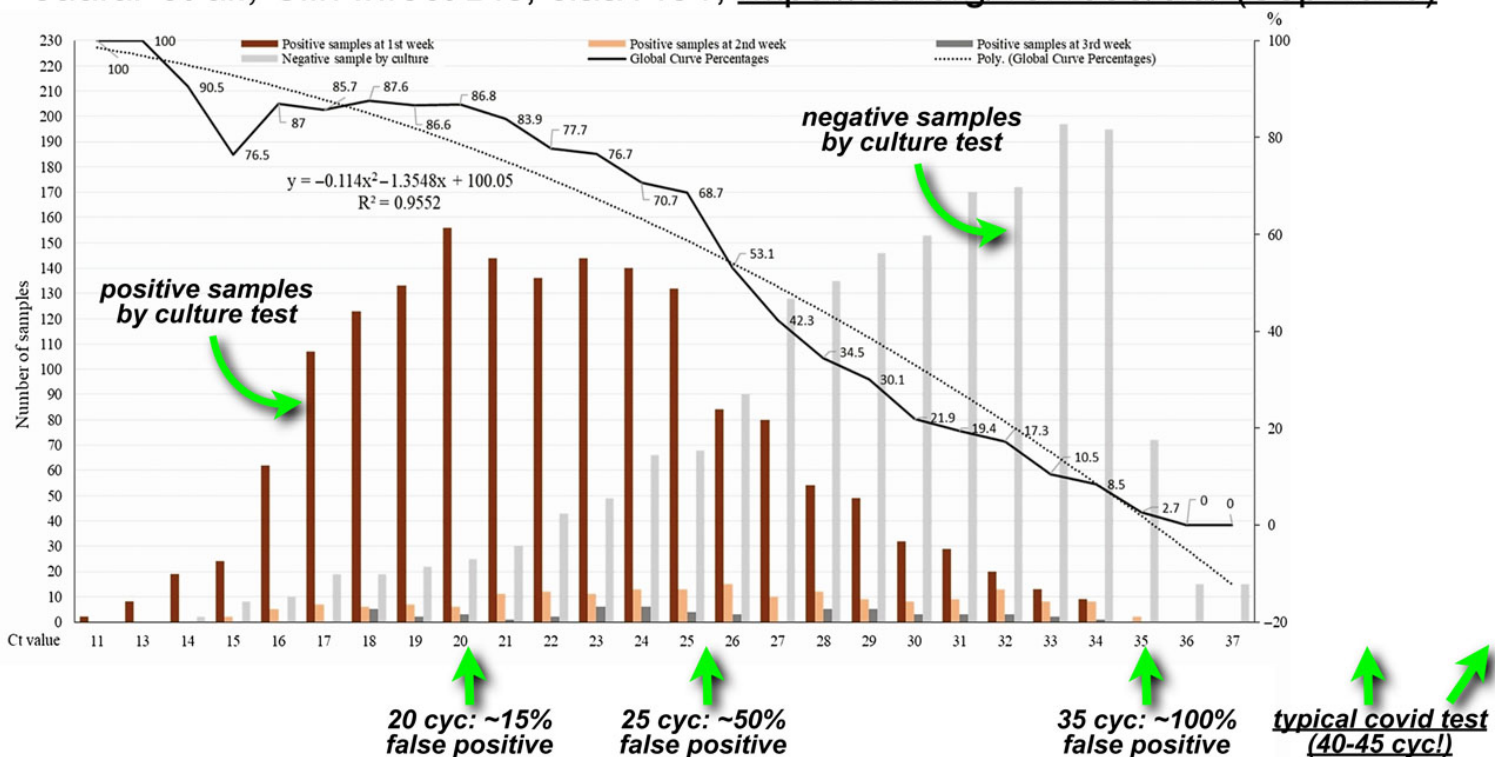


Figure 1: Percentage positive viral cultures as function of cycle threshold (Ct) when PCR test went positive