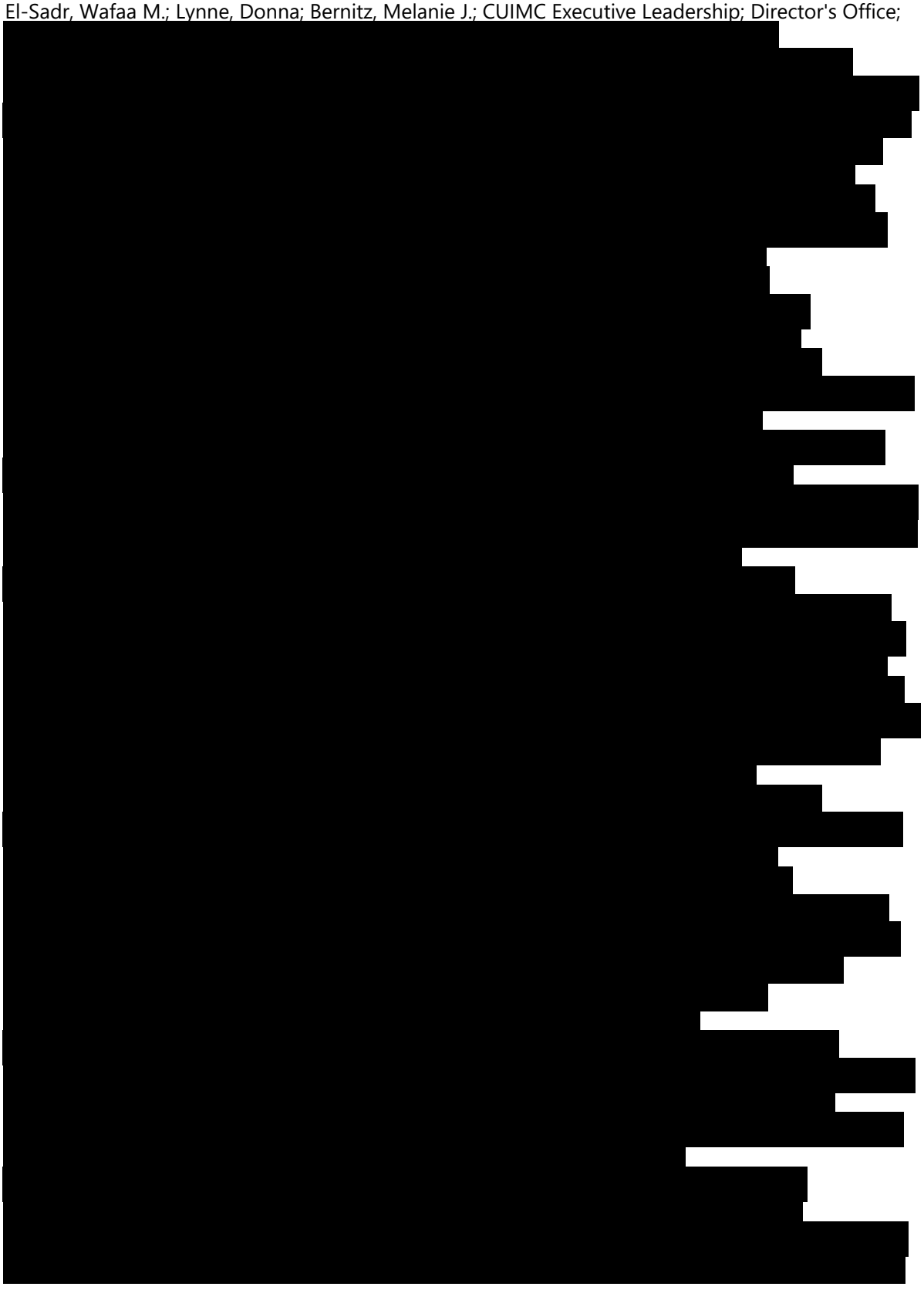
Pantazatos, Spiro P.

From: Pantazatos, Spiro P.
Sent: Monday, September 5, 2022 4:19 AM
To: Gerald M Rosberg
Cc: El-Sadr, Wafaa M.; Lynne, Donna; Bernitz, Melanie J.; CUIMC Executive Leadership; Director's Office;



Cc: [redacted]

Subject: RE: Your letter to the Office of the President

Dear Vice President Rosberg,

Thank you again for your message dated August 4th acknowledging receipt of our printed letter on August 2nd, and for stating you would bring it to the attention of the CU COVID vaccine policy decision making body. I did not hear back from you after my follow-up message on August 5th requesting feedback from the committee and requesting to present and discuss the contents of the letter in real-time to the CU policy decision making body, but I did receive and appreciate your email on Friday, September 2nd requesting a conversation with me later this week. Before scheduling our conversation, I wanted to communicate the below information as it could help inform an agenda for our conversation in light of the fact that boosters will be released this week and thus deciding CU recommendations, guidance and policies regarding the boosters is time sensitive.

I indicated I would collect additional signatures in our August 2nd printed copy that was sent to your office. In mid-August I began circulating a digital version of the letter to gather additional signatures from CU members who favor discontinuing CU's vaccine and booster mandates. I CC here the subset of petition signers who indicated they would like to be kept in the loop on follow up communications regarding this effort. As of August 31st, 2022, the petition has garnered over 250 CU signatories, including signatures from junior faculty as well as from more established and distinguished professors in medicine, infectious disease, virology, immunology and microbiology, as well as in the fields of business and risk management, finance, math, physics, engineering, and earth and environmental sciences. The latter disciplines are also very relevant to COVID policy decisions because COVID vaccine risk-benefit analyses often use computer modeling and simulations to predict vaccine benefits (i.e. averted COVID-associated hospitalizations per 1M vaccines doses) and the underlying models and mathematics are often very similar regardless of their (domain-specific) applications. You can peruse the list of signatories on page 4 and after the references section of the letter.

Dr. Vincent Racaniello, a virology expert at CU, communicated to me that he signed our petition because there is virtually no human clinical data indicating the upcoming fall boosters will be effective against current and future omicron sub variants. In addition, all if not >99.9% of the CU community already has enough protection against severe disease due to previous vaccine- and/or infection-derived immunity. Dr. Paul Offit, a vaccinologist who sits on the FDA advisory board, voted against recommending the 1st booster dose for all adults as well as the upcoming bivalent booster being released this fall for the above reasons and has also expressed some concern about the myocarditis risk in young males and the theoretical risk of "original antigenic sin" in all age groups. Vincent is CC'd on this email in case he has additional points to add.

1. Given the above paragraph as well as the additional reasons in our letter, will you be able to commit to not mandating another booster this academic year?
2. Will you also consider circulating a CU-wide email and publishing a CU media article that recommends against the bivalent boosters this fall, quoting Dr. Racaniello and Dr. Offit's reasons?

IF your answers to the above questions are no, then I propose we use our conversation time next week to further discuss and debate what CU policy/guidance on the next booster should be. Perhaps we can have a Zoom call open to all faculty and staff CC'd on this email, in the form of a "data blitz" symposium, with 5 minutes for presentations from 2 or 3 faculty members on both sides of the debate regarding the upcoming

booster and plenty of time allotted for a moderated discussion and debate? My own brief presentation would focus on a critical evaluation of the population level risk-benefit modeling that has been used to guide FDA and CDC recommendations thus far and why we cannot rely on them when making decisions regarding CU vaccine policy (see Appendix below for a brief preview).

IF you have already decided against mandating the fall booster, and agree to circulate a CU-wide email and CU media article along the lines discussed in Point #2 above, then perhaps we can use our conversation time to discuss the other issue raised in your Friday email to me regarding my recent mass emails.

Please note a primary purpose of my emails was to notify fellow CU members about recent data on vaccine benefits and risks and give them an opportunity to have a voice in CU-wide COVID policy decisions by signing our petition letter.

As you may already know, several recipients reported my mass email to CUIT as spam, and I had to spend all day last Thursday on the phone with CUIT just to unblock my email account so that I could send outgoing emails again. According to Cisco (the network security company whose apps are used by CU), spam email is defined as below:

> Spam email is unsolicited and unwanted junk email sent out in bulk to an indiscriminate recipient list. Typically, spam is sent for commercial purposes. It can be sent in massive volume by botnets, networks of infected computers.

While some recipients replied and said they did not want to receive my email, they were outnumbered by respondents who appreciated and welcomed the email. If an email being unwanted by a few people is the only condition necessary for an email to be classified as spam, then my inbox is filled with spam emails from fellow CU members. Do I have a right to report those emails as spam and then have those faculty members' CUMC account blocked from sending outgoing emails? No, of course not. If I don't agree with the content of an email I simply ignore it, or I reply to the sender and ask that my email address be removed from their list.

Since the CU COVID vaccine policies and recommendations affect every CU member, every CU member has a right to be notified of all the information they need in order to make an informed decision about the fall booster. Blocking such information amounts to preventing (true) informed consent about the next booster. Until and unless we are granted permission to distribute the petition letter via existing CU-wide listservs, mass emails are the only way that CU members can be notified of our efforts and given the opportunity to review all necessary information they will need to make an informed decision about the boosters.

On a related note, my department COO/administrator (Amy Friedman) surreptitiously removed my CU faculty page on 8/24 (it is now only accessible on the web archive). I found out a few days later and emailed her and her superiors on Tuesday 8/30 requesting why she did not notify me of this decision and her reasons for it. As of 9/5 I still have not received a reply. *Should CU administrators have a right to censor or remove the public profile page of any faculty member they wish, on a whim, without having to provide any explanation or forewarning?*

I personally have found her actions and her refusal to explain her reasons for them to be an unacceptable abuse of power and an example of administrative overreach that threatens the core of academic freedom and the stated mission of this institution. If this type of behavior by administrators is allowed to go unchecked, then faculty will never again feel comfortable communicating and debating the conclusions reached from their own research and scholarly method for fear it contradicts the opinions and beliefs held by their departmental administrators. I do not believe that this is the direction we want Columbia University to take as it will taint its legacy and reputation as a bastion of open inquiry and beacon of academic freedom in the service of the public good.

I look forward to your response and to our conversation this week. Regardless of the agenda and who else attends, I can meet anytime Wednesday after 11 am, Thursday after 3 pm, or Friday any time.

Kind regards,
Spiro

Appendix

To understand that mandating COVID vaccines for college students is misguided does not necessarily require expertise in a specific subject. All that is necessary is an open mind, a solid grasp of basic math, and time and attention to devote to critical reading and thinking.

Consider that the FDA's own recommendations regarding the first homologous Pfizer booster dose in teenagers 16-17 yrs old presents data that indicates the 2nd dose of mRNA vaccine (and the booster) will cause *more* cases of myocarditis than *prevent* cases of 'COVID-19 associated hospitalizations' (https://www.fda.gov/media/154869/download).

The document includes a table summarizing Pfizer's own risk-benefit analysis that they submitted to the FDA:

> *"Summarizing the analysis that the sponsor conducted: predictions per million booster doses administered were calculated using conservative assumptions for hospitalizations:*

Table 1. Pfizer's Benefit Risk Analysis

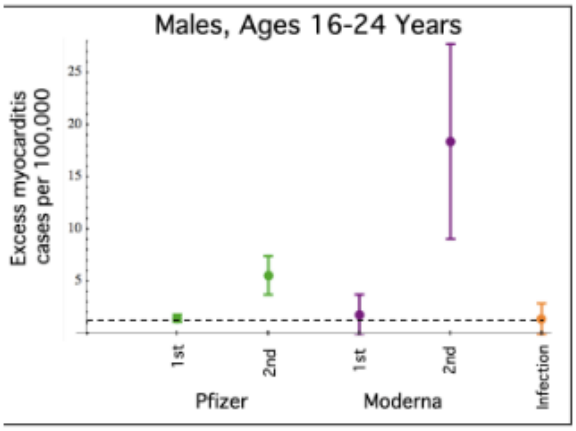
Age Range	**Age 16-17 years**
COVID-19 cases averted	13,843–43,143
Hospitalizations averted	29 to 69
Post-vaccination myocarditis	11-54 (among all 16-17 year olds) 23-69 (among male 16-17 year olds)

Notice anything peculiar? Pfizer's own risk benefit analysis shows no benefit of the booster!

Moreover, the author of the document points out that FDA's own myocarditis risk assessment using a large healthcare system data estimates up to 200 myocarditis cases per million 2nd Pfizer doses in males 16-17 years old. Pfizer's estimate underreports myocarditis risk because they used reports based on passive surveillance and only considered myocarditis cases within 7 days post-injection, and thus excludes the cases that occur during and after the 2nd week post-injection.

Why did Pfizer compare (model-predicted) COVID-associated hospitalizations to myocarditis cases? Isn't that like comparing apples to oranges? Well, yes it is. It would have been more straightforward to compare cases of myocarditis following vaccination to cases of myocarditis following infection. Pfizer probably did not do this because they wanted to put the 2nd dose and booster in the best light possible.

The below graph shows results from a large peer-review study published in JAMA Cardiology earlier this year. It shows more cases of myocarditis were caused by the vaccine than by infection in young adult males.



The cure may be worse than the disease. Among 23,122,522 Nordic residents (81% vaccinated by study end; 50.2% female), 1,077 incident myocarditis events and 1,149 incident pericarditis events were identified (Karlstad et al, https://doi.org/10.1001/jamacardio.2022.0583). Among males 16 to 24 years of age, adjusted incident rate ratios (IRRs) were 5.31 (95% CI, 3.68-7.68) for a second dose of BNT162b2 and 13.83 (95% CI, 8.08-23.68) for a second dose of mRNA-1273, and numbers of excess events were 5.55 (95% CI, 3.70-7.39) events per 100,000 vaccinees after the second dose of BNT162b2 and 18.39 (9.05-27.72) events per 100,000 vaccinees after the second dose of mRNA-1273. Estimates for pericarditis were similar. For reference, dashed line indicates estimated excess cases of myocarditis following infection. Figure credit: Paul Bourdon, Professor of Mathematics, General Faculty at the University of Virginia (Retired).

From: Pantazatos, Spiro P.
Sent: Friday, August 5, 2022 2:28 AM
To: Gerald M Rosberg <Gerry.Rosberg@columbia.edu>
Cc: kevin@mermigislaw.com; Eric Urban <urban@math.columbia.edu>; cmvacher307@gmail.com; papioann@protonmail.com; Scully, Brian E. <bs4@cumc.columbia.edu>
Subject: RE: Your letter to the Office of the President

Dear Vice President Rosberg,

I greatly appreciate your response. I am happy to hear that the letter indeed arrived. I had sent multiple copies since I was concerned the previous letter would not arrive this week because I did not address it as per instructions on the CU mail services website[1]. There will probably be another one (slightly updated to include a link to my interview with Perspectives on the Pandemic in the first footnote) that arrives tomorrow.

Please do keep us informed about the committee's overall response to the letter and how amenable you are to our suggested action plan after they have a chance to read and respond to the document. I am happy and would appreciate an opportunity to prepare and give a presentation and receive feedback in real-time (including healthy criticism, disagreement, and debate) from the committee at one of their next meetings to discuss CU policy implications. Please let me know if this is at all possible to arrange? Thank you so much for your consideration of this important request.

Kindest regards,
Spiro

1 The website https://mailservices.columbia.edu/content/receiving-administrative-mail says "The mail code must be written above the street address; including it elsewhere in the address may result in a misread by USPS scanning equipment and possible delays in delivery."

From: Gerald M Rosberg <Gerry.Rosberg@columbia.edu>
Sent: Thursday, August 4, 2022 6:08 PM
To: Pantazatos, Spiro P. <spp2101@cumc.columbia.edu>
Cc: kevin@mermigislaw.com
Subject: Your letter to the Office of the President

Dear Dr. Pantazatos: This is in response to your letter received by the Office of the President on Tuesday, August 2 (copy attached). Please know that questions of the type you are raising have been considered repeatedly over many months

by those who set University policy in these areas. That group includes some of the leading public health experts not only in the University but in the world. I know they are continuing to look at all of these questions, taking account of new evidence as it becomes available, and consulting with others who have proven expertise on these subjects. We appreciate your taking the time to lay out your analysis, which I will bring to their attention.

Sincerely,

Gerry Rosberg

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