

Official Ivy League Request for COVID-19 Amnesty

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

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

Ms. Martha Pollack, Cornell University (SEE PAGE 7 AND 8 BELOW)

Mr. Albert Bourla, CEO of Pfizer Inc. (SEE PAGE 7 BELOW)

Mr. Donald Trump, former president, current candidate for president



Ms. Christina Hull Paxson shown with Brown University graduate United States Treasury Department Secretary Ms. Janet Yellen.

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After above photograph (2021), with the US Treasury department having no connection to health “guidance,” Yellen added a **modRNA needle promo ad** to her home page (?!) :



My 5 October 2022** letter discussed the following subject / references :

Subject : Mrs. Jummai Nache and her Family

Reference 1 : The “Fauci Effect”

Reference 2 : The Pollack Effect

Reference 3 : The Bourla Effect

Reference 4 : The Trump Vaccine

That letter discussed Dr. Ashish Jha, Biden’s latest Coronavirus Response Coordinator. Jha was the previous Pfizer sales rep at an Ivy League school . . . Brown University.

Professor Emily Oster, author of *The Atlantic* article (***Let’s Declare a Pandemic Amnesty***), is employed by Brown University, one of eight members of the Ivy League.

** The 5 October 2022 letter with all attachments :

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

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Approximately two weeks after receipt of my 5 October 2022 letter, Professor Emily Oster authored her adolescent “amnesty” article :

Let’s Declare a Pandemic Amnesty

Published on 31 October 2022, her fairy tale is here (also attached at Page 10 below) :

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



On that same day, 31 October 2022, Ms. Hull Paxson was one of thirteen Ivy League administrators that received my **follow-up letter** of 27 October 2022 :

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

SEE MEMO #2, PAGE 7 BELOW.

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My follow-up letter of 27 October 2022 discussed the following :

- Subject :** **Enactment of the COVID-19 “Pandemic” Ivy League Criminal Participations in Denial of Religious Exemptions; Lockdowns, Social Distancing, Face Mask and mRNA Mandates; Deliberate Spreading of Blatant Disinformation that mRNA Needle Obviated Transmissibility**
- Reference 1 :** **My Letter of 5 October 2022 : Mrs. Jummai Nache and her Family ***
- Reference 2 :** **The True Character of Mr. Albert Bourla – “The Vaccine King” Pfizer Incorporated Response to Reference 1**
- Reference 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 orchestration of the "COVID-19 pandemic," Ivy League administrators endorsed the **many libelous and threat-laced** 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.

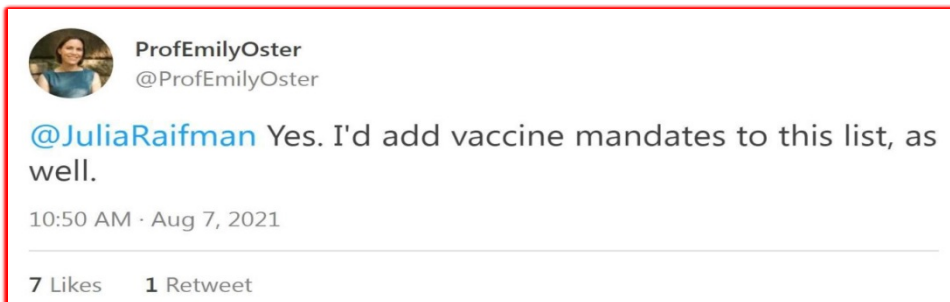
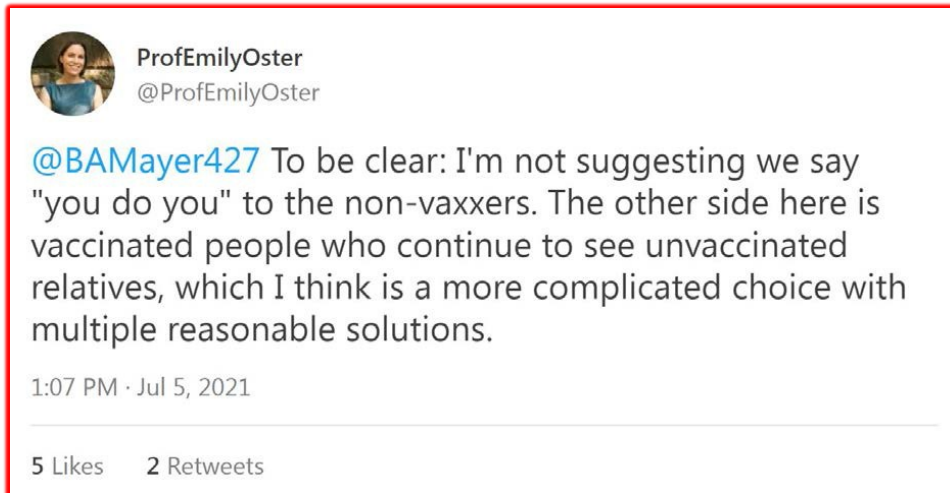
We can have these without shame.

11:14 AM · Dec 22, 2021

550 Likes 75 Retweets

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My COVID-19 letters, including those to the Ivy League, emphasized that crimes were committed. Crimes are acts connected to the term **amnesty**. The Encyclopedia Britannica states :

“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.” <https://www.britannica.com/topic/amnesty>

I thank Ms. Oster and her Ivy League overlords for their conscious use of the word **amnesty**; **that specificity confirms awareness of their criminality**:

As I have written many times, the Ivy League “pandemic response” (campus shut downs, face masks, social distancing, and especially modRNA mandates) had little to do with health. Their “new normal” was nothing more than a marketing scheme in service to their *quid pro quo* partners of the COVID-19 Crime Syndicate; **specifically its financial beneficiaries, (Pfizer)**. The coercive operatives of the “pandemic response” was motivated-by and directly connected to their **US-Treasury-draining vaccine mandates**. *Quid pro quo* was obvious, and affirms criminal adjudication under **Racketeer Influenced and Corrupt Organizations Act (RICO)**.

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Preliminary Conclusion : The Ivy League Wants to *Just Walk Away* ?! The Racketeer Influenced and Corrupt Organizations Act (RICO)

Beneficiaries of the Ivy League modRNA vaccine mandates; constituents of a *quid pro quo*



Genesis Prize Award Ceremony 2022 – Honoring Dr. Albert Bourla – Jerusalem June 29 2022

Feigning ignorance and innocence (as the COVID-19 Crime Syndicate was increasingly exposed) Ivy League rats were compelled to scurry. Farcically, Brown University Professor Emily Oster was deployed to beg the court-of-public-opinion for “**amnesty.**” (*The Atlantic* article is attached.)

MEMO #1 : I will formally announce to the Cornell Board of Trustees (Mr. Kraig H. Kayser), my opposition to any remuneration from Pfizer, Inc. I will submit aversion to plans that Ms. Martha Pollack or the Board may have for accepting reciprocation of a *quid pro quo*. SEE PAGE 8 BELOW.

MEMO #2 : Dr. Paul E. Alexander uploaded my 27 October 2022 letter to his SubStack :

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

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During the 2020 presidential campaign, Biden offered his promise to BigPharna to mandate their modRNA needles. In lockstep, Cornell administrators coerced all students, faculty, and staff to be injected with that “vaccine” . . . **funded by a Defense Department contract with Pfizer.**

Cornell employee Ms. Martha Pollack covers before the truth that major global employers (Marriott International) did **not** mandate modRNA poisons upon employees.



Next, **“Promote the vaccination” ?!** Owing to her inaccuracy, Ms. Pollack equated “promotion” with threats of **dismissal and expulsion.** Religious exemptions affirmed by Pollack : **ZERO!**

Vaccination requirement for employees

Oct. 6, 2021

Dear Colleagues,

Our efforts to promote the vaccination of the Cornell community have led to the full vaccination of an overwhelming percentage of our students, staff, and faculty. President Biden’s recent [executive order](#), however, requires that **all** employees of certain contractors that do business with the federal government be vaccinated, unless exempt for medical or religious reasons. The university has numerous federal contracts that are covered by the provisions in the executive order. Because of the scope of the executive order, the university will **require all employees, whether they work on campus in Ithaca, Geneva, New York City, or any other location, to be fully vaccinated against COVID-19 by December 8, or to have obtained a university-approved medical or religious exemption.** After December 8, anyone who fails to comply will be removed from our payroll.

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Official Ivy League Request for Amnesty : For Themselves and the COVID-19 Crime Syndicate

In my letter of 21 April 2023; hard-copy sent to *all twenty* Ivy League administrators, I stated :

Of the many institutions embedded in the global COVID-19 crime syndicate, none are more insidious than Big Academia. **Of the latter, none are more grotesque, and DIRECTLY culpable, than the Ivy League especially the current administrators of Cornell University:**

If just one Ivy League University had unmasked the criminal character, purpose, and culprits of the so-called COVID-19 pandemic, that entire scheme would have collapsed; and millions of lives and livelihoods would have been spared . . . **This is especially true if it had been my alma mater, Cornell University.**

I anticipated that the Ivy League would scheme to just walk away. Such is partially evidenced by *The Atlantic* article. It has been suggested that my many letters **instigated their attempt at the attached public relations rehabilitation . . . and its legalistic preemption.**

To avoid future PREP Act “pandemics,” **we must not allow the criminals of BigAcademia to be ‘let off the hook.’** Their unstated *quid pro quos* with Big Government are not new. But by enthusiastically cooperating with the COVID-19 Crime Syndicate, the Ivy League insinuated a mimicking by sister institutions. Referencing the operative of the red box above, the sister institutions in-turn justified their **quid pro quos** . . . such as the University of Minnesota?

Directly connectable to Ivy League “leadership,” note the modRNA horrors inflicted upon a perfectly healthy Medical Assistant, Mrs. Jummai Nache; the result of a criminal mandate coerced by Big Academia employer: University of Minnesota. **Amnesty!? (SEE EXHIBIT 3).**

Paul V. Sheridan

INSTANT ATTACHMENTS

The Atlantic article of 31 October 2022, **Let’s Declare a Pandemic Amnesty** by Brown University Professor Emily Oster (Pages 10 – 14).

The 22 August 2022 letter to Brown University President Christina Hull Paxson, from Rhode Island State Representative Ms. Patricia Morgan (Pages 15 – 17).

A

The Atlantic

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

In April 2020, with nothing else to do, my family took an enormous number of hikes. We all wore doth 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-4-year-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 doth 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 alarming. 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 ThomP-son: School closures were a failed P-OlicY-

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 won out. 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 closed 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 "*genocidaire*." 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 historic declines, more so in math than in reading, 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 way- down. 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 *The Family Firm: A Data-Driven Guide to Better Decision Making in the Early School Years* and *Expecting Better: Why the Conventional Pregnancy Wisdom Is Wrong and What You Really Need to Know*.

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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 [distinguished career](#) included his residency training, and faculty [clinical research](#), practice, and teaching, at the Brown University Medical School, over the past 30-years.

Dr. Bostom obtained and recorded (transcript [here](#); audio [here](#)) 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 [HIPPA compliant](#)) public sources:

- A Vaccine Adverse Event Reporting System (VAERS) [case report](#) (elaborated [here](#))
- The Rhode Island Department of Health 2021 [hospitalization database](#) (elaborated [here](#))
- A 9/9/21 [publication](#) by Y. Patel, et al, of The Brown University Cardiology Division (discussed [here](#))

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 [most at risk](#), 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 [deemed mandatory](#).

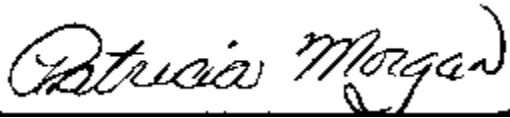
It is not beyond possibility that the Brown University student population has also experienced specific covid-19 lung disease (“pneumonia,” or “lower respiratory tract infection”) resulting in undisclosed hospitalizations. If any students have experienced such serious infection, their adverse outcomes, 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 [this one](#) from RIDOH. None of the following established adverse reactions **conferred** by covid vaccines are mentioned: [anaphylaxis](#), [myocarditis/pericarditis](#); [thrombosis with thrombocytopenia](#); [Bell’s Palsy](#), [Guillain-Barré syndrome](#), cardiac dysrhythmia (esp. [atrial fibrillation](#)), and [rashes](#). 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 [proliferation](#) of natural immunity, and [evolution](#) of SARS-CoV-2 into an overwhelmingly [upper respiratory tract](#) infection, whose serious morbidity risk to healthy students is below even the [minimal risk](#) posed by ancestral strains, we, the undersigned, also urge Brown University to withdraw the vaccine mandate altogether. Finally, we, the undersigned, note that both [The University of Rhode Island](#), and [Providence College](#) here in Rhode Island previously dropped their covid-19 vaccine mandates.

Sincerely,

A handwritten signature in cursive script that reads "Patricia Morgan". The signature is written in black ink and is positioned above a horizontal line.

Representative Patricia Morgan

A handwritten signature in cursive script that reads "A. Bostom". The signature is written in black ink.

Andrew Bostom, MD, MS

A handwritten signature in cursive script that reads "Michelle Cretella". The signature is written in black ink.

Michelle Cretella, MD