

LETTER FOR A HOSPITAL WORKER WHO WISHES TO DECLINE COVID TESTING AND VACCINATION

Dear Sirs,

I am writing to you in regards to the current coronavirus situation, and the potential advent of regular coronavirus testing and vaccinations. I do not wish to receive either of these interventions, and would like my concerns and wishes acknowledged in writing, for my own peace of mind and to ensure there is no ambiguity going forward.

In the first instance, I do not wish to receive any further coronavirus testing. My reasons for declining this test are two-fold; firstly, the test currently being deployed to detect COVID-19 infection is the Polymerase Chain Reaction (PCR) test. This test, however, was not developed for and is not a reliable indicator of the presence of infectious disease. The Nobel-Prize winning inventor of the test, Kary B. Mullis, is quoted as stating: "PCR tests cannot detect free infectious viruses at all" (1). They can detect genetic sequences of viruses, but not viruses themselves. PCR test technology relies on amplifying results many times over. If they are amplified less than about 35 times, no-one will test positive. If they are amplified 60 times, everyone will test positive. So to be clear - a positive PCR test result is not evidence that a person is either unwell with any infection, or in any way infectious to others.

It is important to recognise that inappropriate use of PCR tests to misdiagnose infectious disease is not a new phenomenon; in 2007, the presence of positive PCR tests led staff at Dartmouth-Hitchcock Medical Center in the USA to falsely believe they were in the midst of a pertussis epidemic. Nearly 1,000 health care workers at the hospital in Lebanon, N.H., were given a preliminary test and furloughed from work until their results were in; 142 people were told they appeared to have the disease; and thousands were given antibiotics and a vaccine for protection. Hospital beds were taken out of commission, including some in intensive care.

However, nearly a year later, the entire episode was declared a false alarm, since not a single case of whooping cough was confirmed with the definitive test, growing the bacterium, *Bordetella pertussis*, in the laboratory. Instead, it appears the healthcare workers were probably afflicted with ordinary respiratory diseases like the common cold. According to epidemiologists and infectious disease specialists, this episode occurred because too much faith was placed in a quick and highly sensitive molecular test - the PCR test - that led them astray.

Reflecting on the situation, Dr. Cathy A. Petti, an infectious disease specialist at the University of Utah, said the story had one clear lesson.

"The big message is that every lab is vulnerable to having false positives," Dr. Petti said. "No single test result is absolute and that is even more important with a test result based on PCR." (2)

Given the above, I do not feel it is advisable or necessary for me to receive a PCR test for COVID-19, as the test is not fit for purpose when it comes to diagnosing the presence of active infection.

Further, I do not believe this test is adequately safe. The intranasal nature of the PCR test represents a highly invasive experience that is not only potentially extremely distressing, but it also carries with it risks to health. Media reports have detailed cases of the nasal swab penetrating the blood-brain barrier and causing brain fluid to leak (3), and there are also reports of the tests being contaminated due to inadequate quality controls (4).

Given the above, I will not be volunteering my consent for a COVID-19 test, and I would very much appreciate your prompt acknowledgement that my decision to decline this test will be fully accepted by the hospital and that it will not negatively impinge upon my professional progress.

I also do not wish to receive any coronavirus vaccinations. This is because multiple, eminent health authorities from all across the world have warned against the safety and efficacy of coronavirus vaccines, including Dr. Peter Hotez (5), UK scientist Hilda Bastian (6), and former Vice President of vaccine-manufacturer, Pfizer, Dr. Michael Yeadon (7).

Vaccine development usually takes many years or decades, whereas the coronavirus vaccine has been manufactured in less than 12 months. I am not comfortable with receiving a "fast-tracked" product, as by definition, fast-tracking a product means there is no data on long-term safety.

Statistics clearly show that coronavirus does not represent a serious threat to people of my demographic, and, were I to contract it, I would be overwhelmingly likely to have mild or no symptoms and make a full recovery, so it is not something I feel I need a medical intervention, which comes with risks (as all medical interventions do), to prevent. In terms of the risk I might pose to others were I to contract it, there is no evidence the vaccine would mitigate this, as developers have not been able to state the vaccine stops viral transmission (8).

Therefore, it is my considered opinion that the potential risks of a coronavirus vaccine outweigh the potential benefits, and, as such, I do not wish to receive one.

I would greatly appreciate your prompt written acknowledgement of my concerns, and assurance that my personal medical choices will not negatively impact upon my career progression, or how I am professionally regarded by managers or colleagues.

Thank you for your time and I look forward to hearing from you.

Yours sincerely,

[Name]