

Name of Patient
Address
Email
Phone number

Date

Hospital Name
ATTN:
Recipient Address
Email

Re: X Hospital's refusal to place me on the [name of organ] transplant list

To Whom it May Concern:

My name is _____. I suffer from __[describe condition]. I am seeking a [which organ], without which my life expectancy is a mere_[how long?]____[or "is severely limited."]

I have been denied access to the organ transplant list at [NAME OF HOSPITAL] due to your refusal to allow any patient to be placed on the organ transplant list unless the patient is "up to date" on COVID-19 vaccination. Aggressively pushing the COVID-19 vaccine on immunocompromised individuals is egregious because the vaccine does not protect against transmission of SARS-CoV-2, and thus will not protect healthcare workers and other patients at your institution, although it will subject me to risk of severe adverse events. Additionally, the only available COVID-19 vaccines are not FDA-approved and are authorized for emergency use only.

Not only does your policy deprive me of lifesaving medical treatment and fail to further public health, it also violates medical ethics as expressed in key pronouncements, including the Nuremberg Code and the Hippocratic Oath, and may violate several anti-discrimination laws. By way of this letter, I strongly urge your hospital and physicians to reconsider your current decision.

The COVID-19 vaccine does not prevent infection with or transmission of SARS-CoV-2 and increases susceptibility to other variants. The CDC admits that the COVID-19 vaccine does not prevent infection or transmission of SARS-CoV-2.¹ What's more, over time, it appears the vaccine has *negative* efficacy; that is, the vaccine *increases* rather than decreases the likelihood of contracting COVID-19. This means that over time, vaccinated individuals may

¹ [Science Brief: COVID-19 Vaccines and Vaccination \(cdc.gov\)](https://www.cdc.gov/media/releases/2021/s111621-covid-vaccine.html)

indeed have a *higher* risk of developing and spreading COVID than unvaccinated individuals.² Since individuals can contract and transmit SARS-CoV-2 regardless of their vaccination status, all individuals are similarly situated with respect to any threats they may pose to other members within the hospital. In other words, there is no public health justification for a patient in need of an organ transplant to be vaccinated with the COVID-19 vaccine.

The scientific evidence is clear that following COVID-19 vaccination some individuals have suffered serious adverse events and others have died. Specifically, the CDC's latest Vaccine Adverse Events Reporting System (VAERS) data from December 14, 2020, through June 24, 2022 shows that there have been 1,314,594 adverse reactions for all age groups following COVID-19 vaccination, including 29,162 deaths and 241,226 serious injuries.³ In fact, of the 29,162 reported deaths in the U.S. as of June 24, 2022, 18,885 cases are attributed to Pfizer's COVID-19 vaccine and 7,673 cases to Moderna and 2,537 cases to Johnson & Johnson. Of the 13,463 deaths reported, 16% occurred within 24 hours of vaccination, 20% occurred within 48 hours of vaccination, and 58% occurred in people who experienced an onset of symptoms within 48 hours of vaccination.⁴ To add insult to injury, it is well documented that fewer than 1% of all adverse events are actually ever reported to the CDC's VAERS.⁵ This means that the number of those individuals who have been injured or have died is even greater.

To date, there is no FDA approved COVID-19 vaccine available in most states. Although the FDA has recently approved the Pfizer and Moderna COVID-19 vaccines under the brand names Comirnaty and Spikevax respectively, both the FDA and the CDC confirm that neither vaccine is currently available for widespread use in the United States, which means that the only available COVID-19 vaccines are authorized for emergency use only.⁶ The lack of availability of the FDA-approved vaccines is significant because individuals still have a legal right to either accept or refuse an experimental vaccine under the Emergency Use Authorizations.

Mandating “experimental” vaccines is a direct violation of the Nuremberg Code. If your hospital continues to mandate experimental COVID-19 vaccines for all its patients, it will constitute a clear violation of the Nuremberg Code, which prohibits the “human experimentation”

² [Elapsed time since BNT162b2 vaccine and risk of SARS-CoV-2 infection: test negative design study | The BMJ](#); see also the “Positivity Rate by Vaccination Status” page of [Walgreens COVID-19 Index](#), showing heightened infection rate among vaccinated individuals.

³ [Search Results from the VAERS Database \(medalarts.org\)](#)

⁴ [Search Results from the VAERS Database \(medalarts.org\)](#)

⁵ [Electronic Support for Public Health–Vaccine Adverse Event Reporting System \(ESP:VAERS\) \(ahrq.gov\)](#)

⁶ [FDA letter no SpikeVax available.pdf](#) (see page 7, footnote 11.); [IIS COVID-19 Vaccine. Related Code | CDC \(archive.ph\)](#); [IIS COVID-19 Vaccine Related Code | CDC \(archive.ph\)](#) [Moderna COVID-19 Vaccine Health Care Provider Fact Sheet \(fda.gov\)](#). This means that if these FDA fully licensed and approved vaccines were currently available, these manufacturers would be immediately stripped of their liability shield granted to them under the EUA. See [2 Things Mainstream Media Didn't Tell You About FDA's Approval of Pfizer Vaccine • Children's Health Defense \(childrenshealthdefense.org\)](#). In other words, these manufacturers and those involved in the distribution or mandating of the vaccines will be held legally responsible under the same product liability laws as other U.S. products for any injuries or deaths caused by their product. [Investigational New Drug \(IND\) Application | FDA](#)

of any kind of medical procedure deemed to be “investigational,”⁷ except with the *voluntary informed consent* of all participants “*without the intervention of any element of force, fraud, deceit, or duress.*”⁸ This means that every individual has the right under the Nuremberg Code to refuse the experimental COVID-19 vaccine without coercion and that any violation of the Nuremberg Code constitutes a “crime against humanity.”

What happened to the physician’s oath to “first, do no harm?” This Latin phrase also known as the Hippocratic Oath is the most basic tenet of medicine introduced more than 2,000 years ago and continues to this day, where every physician (prior to entering medical practice) makes a sacred promise to abstain from doing any harm to his or her patients. In fact, the American Medical Association Code of Medical Ethics’ Opinions on Organ Transplantation states as its first guiding principle to physicians:

“[i]n all professional relationships between a physician and a patient, the physician’s primary concern must be the health of the patient [t]his concern and allegiance must be preserved in all medical procedures, including those which involve transplantation of an organ from one person to another [a]nd no physician may assume a responsibility in organ transplantation unless the rights of both donor and recipient are equally protected.”⁹ [Emphasis added]

Further, the AMA’s Code of Medical Ethics states that physicians should ensure “organs for transplantation are allocated to recipients on the basis of ethically sound criteria, including but not limited to likelihood of benefit, urgency of need, change in quality of life, duration of benefit, and, in certain cases, amount of resources required for successful treatment.”¹⁰

Although ethical principles and regulatory requirements may overlap, access to the waiting list for an organ transplant is the fundamental prerequisite to all organ allocation. Although the regulatory environment with which all organ transplant programs must operate plays a crucial role, the decision of whether to include an individual on the organ transplant list should not be based on financial incentives or disincentives. Instead, the program should focus on saving the lives of its patients. By refusing to allow a patient to be placed on the organ transplant list based upon vaccination status, that physician may be causing an innocent individual to die, a far cry from “First Do No Harm.”

Illegal and unjustified discrimination? Although medical advances in transplantation have made great strides by allowing sick individuals the ability to survive and lead productive lives, there is a dark side. Certain physicians who run these programs have undoubtedly developed a

⁷ [Emergency Use of an Investigational Drug or Biologic | FDA](#)

⁸ [Nuremberg Code - history - Office of NIH History and Stetten Museum](#)

⁹ American Medical Association Journal of Ethics March 2012, Volume 14, Number 3: 204-214; [Virtual Mentor \(ama-assn.org\)](#)

¹⁰ “Code of Medical Ethics: Organ Procurement and Transplantation,” Ethics, American Medical Association, accessed March 25, 2019, <https://www.ama-assn.org/delivering-care/ethics/code-medical-ethics-organ-procurement-transplantation>.

God-complex when determining who qualifies to be placed on the organ transplant list. Addressing this issue, in May 2020, the American Academy of Pediatrics (AAP) Committee on Bioethics and Council on Children with Disabilities issued a new policy that noted, “denying transplantation to individuals with disabilities on the basis of their disability may constitute illegal and unjustified discrimination.”¹¹ Specifically, the AAP policy establishes that the same minimum thresholds must hold for all patients regardless of intellectual or developmental disability when considering the health outcomes of a patient in need of an organ transplant. Just as discrimination against children with disabilities by physicians who swore to ‘first do no harm’ had to be ended, discrimination by your institution against individuals who do not submit to the experimental COVID-19 vaccine must end. Your refusal to place on an organ transplant list anyone who has not submitted to such vaccination unwise, and unjustifiably dangerous due to my already immunocompromised condition. As you know, I am in desperate need of a _____ and need to be placed on the organ transplant list to have a chance at life.

The Americans with Disabilities Act (ADA) prohibits discrimination. Title II of the ADA prohibits disability-based discrimination “in all programs, activities, and services of public entities” by physicians, state-run hospitals, and recipients of federal funding, including health care providers who are paid through Medicaid or Medicare as well as organizations founded through federal contracts such as the United Network for Organ Sharing (UNOS).¹² Discrimination under the ADA includes both the refusal to provide services to qualified individuals with disabilities and the refusal to make reasonable modifications in policies and practices as they apply specifically to organ transplant centers and medical professionals in the organ transplantation process. Any decisions concerning organ allocation cannot be based on blanket assumptions regarding a person’s disability nor can any decisions include unfounded assumptions that the patient is less likely to comply with any postoperative requirements, including requirements based upon vaccination status.¹³ This means that when an organ transplant is likely to provide significant health benefits to a patient, like me, denying such a service is not only unethical, but may be illegal.¹⁴

History will judge those individuals in charge of hospital “policy” either harshly or benevolently. If the “individual in charge” continues to coerce these experimental COVID-19 vaccines on immunocompromised individuals like me without my voluntary informed consent, a basic and fundamental human right, the consequences for your actions will be dire. In time, your decisions may be viewed very differently than you perceive them today, so choose wisely. I ask that you carefully consider all the information and do the right thing by allowing me to participate in the organ transplantation process fully, and without further delay.

¹¹ *Pediatrics* (2020) 145 (5): e20200625; <https://doi.org/10.1542/peds.2020-0625>.

¹² Americans with Disabilities Act, Pub. L. No. 101-336, 104 Stat 328 (1990), amended Pub. L. No. 110-325 (2008).

¹³ [Organ Transplant Discrimination Against People with Disabilities: Part of the Bioethics and Disability Series \(ncd.gov\)](https://www.hhs.gov/ncd/bioethics/disability/organ-transplant-discrimination-against-people-with-disabilities-part-of-the-bioethics-and-disability-series)

¹⁴ Americans with Disabilities Act, Pub. L. No. 101-336, 104 Stat 328 (1990), amended Pub. L. No. 110-325 (2008).

Sincerely,

NAME

ADDRESS

PHONE NUMBER