



Congress of the United States  
House of Representatives  
Washington, DC 20515

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SENT VIA ELECTRONIC MAIL

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Mr. Zients, Dr. Fauci, and Dr. Walensky –

As the United States continues to deal with the direct and indirect impacts from the COVID-19 pandemic, we write to ask why the official policy of the Centers for Disease Control and Prevention (CDC) and the entire United States Government (USG), fails to recognize that the overwhelming data and evidence indicate prior infection with SARS-CoV-2 confers substantial protection, at least equal to vaccination.

Indeed, multiple well-respected virologists, biologists, epidemiologists and physicians – including Dr. Anthony Fauci – suspected this from the outset. On March 4<sup>th</sup>, 2020 Dr. Fauci wrote “you would assume that their [sic] would be substantial immunity post infection.”<sup>1</sup>

In addition to these early assumptions by experts, we now have a compelling and growing body of scientific evidence to support this theory. The best available data indicate that protection against severe outcomes conferred by prior infection is *at least* equal to that conferred by available vaccines, and *at least* as long lasting.<sup>2345</sup>

Notably, Dr. Fauci recently acknowledged to CNN Chief Medical Correspondent, Sanjay Gupta that prior infection in fact confers protection, but stated concern about his uncertainty regarding durability. What he failed to acknowledge is that multiple well-designed studies – including one publicized by the NIH<sup>6</sup> – show this protection is indeed lasting. The fallacy in Dr. Fauci’s reasoning in this instance is that *even less data* existed regarding how long protection lasts after vaccination. We now know that neutralizing antibodies

<sup>1</sup> Anthony Fauci emails. 4 Mar 2021. <https://assets.documentcloud.org/documents/20793561/leopold-nih-foia-anthony-fauci-emails.pdf>

<sup>2</sup> Abu-Raddad LJ, Chemaitelly H, Coyle P, et al. SARS-CoV-2 antibody-positivity protects against reinfection for at least seven months with 95% efficacy. *EClinicalMedicine*. 2021;35:100861. doi:10.1016/j.eclinm.2021.100861

<sup>3</sup> Reynolds, Sharon. “*Lasting Immunity Found after Recovery from Covid-19.*” National Institutes of Health, U.S. Department of Health and Human Services, NIH Research Matters, 11 Feb. 2021, <https://www.nih.gov/news-events/nih-research-matters/lasting-immunity-found-after-recovery-covid-19>.

<sup>4</sup> Cohen KW, Linderman SL, Moodie Z, et al. Longitudinal analysis shows durable and broad immune memory after SARS-CoV-2 infection with persisting antibody responses and memory B and T cells. Preprint. medRxiv. 2021;2021.04.19.21255739. Published 2021 Jun 18. doi:10.1101/2021.04.19.21255739

<sup>5</sup> Nabin K, Shrestha, Patrick C, Burke, et al. Necessity of COVID-19 vaccination in previously infected individuals. Preprint. medRxiv. Posted 2021 Jun 19. doi:10.1101/2021.06.01.21258176

<sup>6</sup> Reynolds, Sharon. “*Lasting Immunity Found after Recovery from Covid-19.*” National Institutes of Health

decline - to some extent - over time in both vaccinated serum and convalescent serum. The data do not show that this occurs at a faster rate in convalescent serum. Despite this, universal vaccination is recommended, encouraged, and mandated while natural immunity has been all but ignored.

The implications of failing to recognize and embrace natural immunity are serious and wide-ranging.

Students are back in the classroom and the Administration recently announced its policy to proceed with a vaccine mandate for all federal employees, healthcare workers, warfighters and many private businesses in the country - with virtually no exceptions. There could not be a more important time to acknowledge what the compelling and growing evidence shows - that this protection is real, robust, and durable.

Doctors, nurses, police officers and firefighters who showed up every day during the height of fear and uncertainty about the pandemic are being forced out of their jobs by your refusal to acknowledge natural immunity. At a minimum, you owe it to these individuals to publicly recognize what the overwhelming data show.

Another quantifiable and ongoing harm caused by this failure is to children. Despite sensational media reporting to the contrary, we know COVID-19 presents low risk of severe outcomes and extremely low risk of death in children under the age of 17.<sup>7</sup> Yet, the CDC is still recommending a full 14-day quarantine for unvaccinated students who come in contact with a classmate or teacher who tests positive for COVID-19. On the other hand, vaccinated individuals who come in contact with a person who tests positive for COVID-19 are *not* required to quarantine for *any* period of time.<sup>8</sup> Recognizing natural immunity will result in significantly fewer missed days of school<sup>9</sup> – something that is critically important and should be a top priority of this Administration.

Additionally, some data call into question whether a two-shot vaccination schedule in recovered individuals provides greater protection against severe outcomes compared to baseline. Other data show a single dose may provide enhanced “super immunity” in this population. The truth is, you don’t know yet and that is okay to admit. However, given the robust evidence indicating natural immunity is *at least* equal to protection from vaccination in preventing severe outcomes, this is a serious question to answer *prior to mandating* vaccines which do not prevent transmission. Until we have more data on this population, mandating widespread vaccination raises serious bioethical concerns and violates the public health principles of *necessity, proportionality, least infringement*, and possibly *effectiveness*.

At a time of much misinformation, confusion, and distrust in institutions – being open, transparent and honest with the American people is more important than ever. We live in the information age – individuals can access high quality research data from across the globe and hear directly from leading experts. When presented with quality data, from trustworthy and respected sources, that do not align with CDC recommendations – or make common sense – people can become very skeptical of a wide range of guidance from the USG that is indeed important for public health.<sup>10</sup> This is true now and has serious implications for the future without a course correction regarding your communication to the American people.

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<sup>7</sup> Centers for Disease Control and Prevention. (n.d.). *Provisional covid-19 deaths by sex and age*. CDC. Retrieved September 25, 2021, from <https://data.cdc.gov/NCHS/Provisional-COVID-19-Deaths-by-Sex-and-Age/9bhg-hcku>.

<sup>8</sup> Centers for Disease Control and Prevention. (n.d.). *Guidance for COVID-19 prevention in K-12 schools*. CDC. Retrieved September 26, 2021, from <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html>.

<sup>9</sup> Centers for Disease Control and Prevention. (n.d.). *Estimated COVID-19 Burden*. CDC. Retrieved September 26, 2021. <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/burden.html>

<sup>10</sup> Andersen, T. (2021, May 14). *Americans are skeptical of the CDC, Harvard poll shows - The Boston Globe*. BostonGlobe.com. Retrieved September 24, 2021, from <https://www.bostonglobe.com/2021/05/13/metro/harvard-study-americans-skeptical-cdc-amid-covid-19-pandemic/>.

Recent decisions by both the FDA and CDC political leadership to bypass recommendations of their expert advisory panels<sup>11,12</sup>, along with the resignation of two of the most senior vaccine experts at the FDA in protest<sup>13</sup> have undermined confidence in those most hesitant to get vaccinated. They have raised a lot more questions than they have answered and fuel conspiracy theories. Your assumptions regarding messaging and transparency appear outdated and your actions have eroded the public trust. Dismissing or enabling those who attempt to silence and ostracize credible sources that acknowledge data or raise legitimate questions is not helping.<sup>14</sup>

To be clear, we are not recommending against vaccination in *any* population. We encourage individuals to make those decisions in consultation with their healthcare provider. The available data and observed outcomes indicate that COVID-19 vaccines available in the United States confer robust protection and substantially reduce the risk of severe outcomes including death – particularly in those with no history of prior infection. It is also clear based on available data, that for the majority of adults, the risks associated with contracting COVID-19 are significantly greater than the known risks from vaccination.

It is time to accept the science. We implore you to recognize what the data show and join other developed nations<sup>15</sup> in recognizing that prior infection confers robust protection in most individuals, just as the vaccine does. It should be treated – at a minimum – as equal to the protection conferred by vaccination for all practicable purposes including guidance, mandates, rules and recommendations. To do otherwise is to deny science and continue to enable real and ongoing harm.

We ask that you please respond to the following questions by October 15<sup>th</sup>, 2021.

1. Based on the available evidence, do you disagree that natural immunity is at least as effective as vaccination in protecting against severe disease, hospitalization and death? If yes, please explain why.
2. Why has the U.S. Government not conducted any large-scale studies on natural immunity and lags behind Israel, Qatar and private research in the U.S.?
3. How many COVID-19 convalescent patients in the U.S. have been hospitalized with COVID-19 since January 1, 2021? How many have died?
4. How many fully vaccinated, infection naïve individuals in the U.S. have been hospitalized for COVID-19 since January 1, 2021? How many have died?
5. Did the USG consult with bioethicists regarding vaccine mandates, specifically for previously infected individuals? If so, which specific bioethicists were consulted and what was their assessment? If not, why not?

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<sup>11</sup> Mandavilli, A., & Mueller, B. (2021, September 24). *C.D.C. chief Overrules Agency panel and recommends Pfizer-biontech boosters for workers at risk*. The New York Times. Retrieved September 25, 2021, from <https://www.nytimes.com/2021/09/24/world/covid-boosters-vaccine-cdc-director.html>.

<sup>12</sup> *Vaccine timeline*. Historic Dates and Events Related to Vaccines and Immunization. (n.d.). Retrieved September 26, 2021, from <https://www.immunize.org/timeline/>.

<sup>13</sup> Owerhohle, S. (2021, September 1). *Biden's top-down booster PLAN sparks anger at FDA*. POLITICO. Retrieved September 25, 2021, from <https://www.politico.com/news/2021/08/31/biden-boosters-plan-fda-508149>.

<sup>14</sup> Prasad, V. (2021, September 15). *Vaccine tribalism is poisoning progress on covid science*. Medical News. Retrieved September 20, 2021, from <https://www.medpagetoday.com/opinion/vinay-prasad/94526>.

<sup>15</sup> Block, J. (2021, September 13). *Vaccinating people who have HAD covid-19: Why doesn't natural IMMUNITY count in the US?* The BMJ. Retrieved September 30, 2021, from <https://www.bmj.com/content/374/bmj.n2101>.

This should not be a controversial issue. This should not be a political issue. We implore you to take a step towards restoring trust and faith in the Public Health system and acknowledging what the overwhelming evidence shows.

Thank you for your attention to this extremely important matter.

Sincerely,



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Daniel Webster  
Member of Congress



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Ronny L. Jackson, M.D.  
Member of Congress



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Diana Harshbarger  
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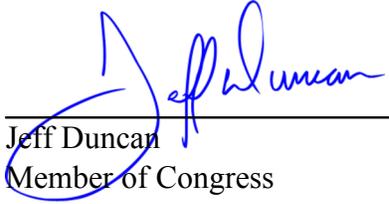
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