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**SENT VIA EMAIL AND FEDEX**

December 28, 2021

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*Re: Firsthand Reports of COVID-19 Vaccine Injuries and Non-Action on CDC and FDA's Part*

Dear Representatives Maloney, Comer, Peters, and Portman:

We write regarding the attached letter from Dr. Patricia Lee, an ICU physician and surgeon who has observed and treated numerous COVID-19 vaccine injured patients. Despite the serious harms from the COVID-19 vaccines detailed by Dr. Lee, and her attempts to communicate and work with the FDA and the CDC, both agencies have failed to adequately respond to Dr. Lee's serious concerns.

Dr. Lee's experience does not comport with the FDA's and the CDC's claims of safety regarding COVID-19 vaccines. She has been an ICU physician and surgeon for over 15 years and, in that time, has not seen vaccine injuries at the rate she has seen from COVID-19 vaccines. Dr. Lee is not raising alarms over sore arms following vaccination or redness at the injection site. The injuries she is observing include those in entirely healthy individuals suffering serious, often fatal, injuries including transverse myelitis resulting in quadriplegia, pneumocystis pneumonia, multi-system organ failure, cerebral venous sinus thrombosis, post-partum hemorrhagic shock and septic shock, and disseminated CMV and CMV viremia.

Following Dr. Lee's observation of these injuries, she expressed her concerns in a letter to Dr. Peter Marks of FDA and Dr. Tom Shimabukuro of CDC on 9/28/2021. Only after an intervening legal letter from our office, a six-member panel consisting of officials from both agencies met with

her on 10/22/2021.<sup>1</sup> During this meeting, none of the officials made a single inquiry regarding her vaccine-injured patients, although they were quick to reassure her that the vaccines were indeed safe based on VAERS data. When queried regarding a plan of action if the agencies were to act, their response of issuing treatment guidelines and adding warning labels was clearly inadequate in preventing further injuries. Therefore, Dr. Lee is now requesting assistance from the legislative branch in providing oversight of the federal agencies.

The federal health authorities' refusal to recognize vaccine injuries and their lack of preparedness to act adequately are highly concerning. Please contact us forthwith if you have questions for Dr. Lee so we can arrange a discussion and information gathering session between her and the appropriate representatives of your committees. We look forward to your immediate reply.

Very truly yours,  
*/s/ Aaron Siri*  
Aaron Siri, Esq.  
Elizabeth A. Brehm, Esq.

cc:

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<sup>1</sup> Dr. Lee's written submissions to the agencies are attached hereto.

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Dear Senate and House Committee Members,

My name is Patricia Lee, and I am a doctor. I received my undergraduate degree from UCLA and medical degree from University of Southern California. I completed my general surgery training at Georgetown University, a surgical critical care fellowship and a research fellowship at Harvard-affiliated institutions. I have worked at hospitals in the District of Columbia, Virginia, Maryland, Massachusetts, and now, California. I have been a doctor for more than 20 years and have observed something alarming in the year 2021. Until 2021, young healthy patients did not suddenly become paralyzed, quadriplegic or need an artificial airway. Until 2021, immunocompetent patients did not succumb to rare opportunistic infections such as PCP Pneumonia or disseminated CMV. Until 2021, healthy women without risk factors did not develop mesenteric ischemia requiring multiple bowel resections. Until 2021, healthy ambulatory patients did not develop heart failure from a massive saddle pulmonary embolus. The common denominator shared by all these patients under my care that did not exist prior to 2021 is that they all received a COVID vaccine.

I am not here to disparage the COVID vaccine. I welcomed it. I received my first dose within the first week of its roll-out, and weeks later, right on schedule, my second dose. I developed no side effects whatsoever, and even to this day, I have suffered no negative consequences. It was not until April of 2021 when I started to recognize vaccine injuries in my patients, that I began to question its safety. I recognized them as vaccine injuries because there was a distinct temporal pattern: the patients were in their usual state of good health, they got the vaccine and then they became ill soon thereafter. Second, I simply could not explain their illness any other way other than the vaccine itself, because the patients had no risk factors for the diseases that they came down with. Third, very often there was an atypical presentation and disease progression. With that in mind, when I first recognized these vaccine injuries, I reported them to the federal authorities through the VAERS system and received no response. For months I waited while watching more patients come in with vaccine injuries. When one of my patients died tragically following her vaccine injury, I decided I could not wait any longer.

The patient account below is disclosed with the family's permission. The patient was a 36-year-old woman who was 22 weeks pregnant at the time she received the COVID vaccine. She developed transverse myelitis, became quadriplegic and blind and needed a tracheostomy. Depending on the activity of her disease, she would come in and out of consciousness. When she was conscious, she would interact with us and talk to us. Sometimes she would cry. The nurses, thinking that she was in pain, would offer to reposition her. Many times, she would say, "No. It's not my body. I have painful thoughts." When the baby was near term, she underwent a C-section. We were initially worried about the health of the baby, but, thankfully, he was quite healthy. From time to time, he would visit his mother from the NICU. Post-partum, however, the patient developed hemorrhagic shock and required massive blood product resuscitation.



About a month later, because of her disease activity, she became unconscious again. The family at that point decided that she would not want to live like this anymore and asked to withdraw care. We gave her sedatives and narcotics and disconnected her from the ventilator. She died within minutes because she had zero respiratory capacity. The night that she passed away, several members of hospital staff became so emotionally distraught that a mental health professional was called to comfort them. It was around this time that the California Department of Public Health issued a vaccine mandate for all healthcare workers to get vaccinated. I knew it was not the CDPH's intention, but the timing for our staff was cruel. Like I mentioned before, other vaccine injuries were being treated in the ICU at this same time, equally devastating and no less tragic. I wanted to alert the federal authorities of the situation on the ground. Knowing that filing additional VAERS reports was not going to be helpful, I wrote a letter to the CDC and the FDA dated 9/28/2021, which, after an intervening legal letter, led to a meeting with the federal officials on 10/22/2021.

Again, I do not believe the COVID vaccine is the real problem. The problem resides with the indiscriminate vaccination of all people irrespective of risks and benefits, the denial of vaccine injuries that are occurring, and the lack of urgency in addressing these injuries even if they are to be recognized. At the meeting on 10/22, attended by six officials from both agencies, I was reassured that the vaccine was indeed safe since VAERS was not detecting any alarming signals, in spite of my first-hand experience on the frontline. When asked what they would do if, in fact, an issue was identified and actions needed to be taken, their answer was that they would issue treatment guidelines and add a warning in the package insert. This is plainly inadequate. Treatment guidelines for adverse events are perfunctory as they are unlikely to deviate from the usual standards of care which doctors are already following. Warnings are also useless when the product is mandated. Casualties must be avoided, given that boosters are being administered nationwide and children are now being vaccinated. In light of the catastrophic nature of these adverse events, our primary focus must be on prevention and not only treatment. The federal authorities must do more and with more urgency. I am writing this letter today to request that proper oversight of the federal agencies be provided by the legislative branch, and, ultimately, by the American people.

I also want to take this opportunity to bear witness to the suffering endured by my patients and their loved ones. For many of them, living has become a daily challenge and often a waking nightmare. The acute isolation and abandonment they feel and the lack of recognition for their humanity came into sharp focus for me when I approached the husband of my transverse myelitis patient and asked for permission to share her story. He said, "Dr. Lee, I thought someone like you would never come along. If you ever need a pick-me-up, you are always welcome to come hold our baby." Likewise, when I asked one of the women with mesenteric ischemia for permission to share her story, she began to cry and relayed to me her struggles of living with short-gut syndrome, three enterocutaneous fistulas, not being able to eat, constantly attached to a machine and with stool draining out of her abdominal wall skin. Her sobbing was

soon joined by the sobbing of the interpreter on the translator phone line, who also began to cry.

Lastly, in coming forward, I understand I am giving up my privacy. Even more, in writing my letters and meeting with the officials, I know I am risking my employment, my state medical license and my board certifications. I would not be doing any of this if I was not convinced that my patients have been harmed by the COVID vaccine and that without taking this risk, others will also be needlessly and seriously injured by this product.

Sincerely,

A handwritten signature in black ink, appearing to read 'Patricia Lee', with a stylized, flowing script.

Patricia Lee, MD

**DR. LEE'S PREVIOUS COMMUNICATIONS WITH  
HEALTH AUTHORITIES**



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September 28, 2021

Dear Dr. Marks and Dr. Shimabukuro,

As a physician, I am compelled by conscience to write this letter. I am fully vaccinated for Covid-19, but my experience this year treating patients in a busy ICU does not comport with claims made by federal health authorities regarding the safety of Covid-19 vaccines.

I am a licensed physician practicing in the state of California. I obtained my medical degree from University of Southern California and received my post-graduate training at Georgetown University and Harvard-affiliated hospitals. I have been a doctor for more than twenty years and I have never witnessed so many vaccine-related injuries until this year. As a fully vaccinated physician, I feel pained in admitting this. But I am compelled by conscience to state the facts as I observe them on the frontlines.

The following are a few illustrative examples of Covid-19 vaccine related injuries I have observed firsthand. While causation is difficult to prove definitively, it is my clinical judgment that each of these injuries were caused by a Covid-19 vaccine, because there was no other plausible explanation for these injuries other than the fact that the patients had recently been vaccinated. I had a direct doctor-patient relationship for each of the patient accounts below and have removed all personal identifiable information. To further assure patient anonymity, certain medical but inconsequential details have been withheld or changed to ensure the absence of any PII.

1. An otherwise healthy patient under age 40 developed low back pain and had an episode of urinary incontinence after receiving a Covid-19 vaccine. The day after the second dose, the patient felt numbness and tingling down one leg. The symptoms rapidly progressed such that a few days later, patient was admitted to the hospital for bilateral leg paralysis. MRI showed transverse myelitis. Weekly follow-up imaging showed that the process continued to worsen and ascend, despite maximal medical therapy. Eventually patient became quadriplegic, blind and had a tracheostomy placed. Patient developed autonomic dysfunction (irregular heart rate and hypotension) and became cognitively impaired.
2. A generally healthy patient in the early seventies, with no smoking history or prior lung disease, received a Covid-19 vaccine and developed generalized malaise with a poor appetite and a new cough. According to the spouse, patient lost >15 lbs during this time period. The cough worsened over the course of the next month and the patient was hospitalized. CT scan of the chest showed bilateral diffuse ground-glass opacities, typical of COVID pneumonia. However, patient was



COVID negative on repeated testing. Patient clinically deteriorated and required intubation. Bronchoscopy with alveolar lavage was positive for Pneumocystis Pneumonia, a rare opportunistic infection which typically only afflicts the severely immunosuppressed such as AIDS or transplant patients. Patient developed multi organ system failure.

3. A generally healthy patient in the early seventies received a Covid-19 vaccine. Subsequently patient developed vague GI complaints and was diagnosed with Cytomegalovirus colitis, which was refractory to outpatient therapy. Over the next several weeks, patient was repeatedly admitted to hospital for inpatient treatment. Despite maximal medical therapy, patient developed disseminated CMV and CMV viremia, usually seen only in immunocompromised patients.
4. Two women in their early fifties presented to the hospital after developing acute abdominal catastrophes. Both families reported that the women had developed vague GI complaints shortly following their Covid-19 vaccine, which then progressed to acute surgical abdomen on the day of admission. Both women were taken to the OR for exploration, where multiple segments of infarcted bowel were resected. As the ischemic and thrombotic process appeared to be on-going, both patients had to have their abdomens left open in the next several days for frequent re-exploration and repeat resections, totaling more than five exploratory laparotomies each. Neither woman had a smoking history. Neither woman had any condition predisposing them to hypercoagulable state. All their work-ups were negative.
5. A man in his early sixties received the Covid-19 vaccine and developed dizziness which worsened over time. He had no smoking history and was otherwise healthy. On the day of hospital admission, patient experienced sudden neurologic deterioration and required intubation for airway protection. Imaging studies of the head showed cerebral venous sinus thrombosis. CVST is a very rare type of stroke, estimated by Johns Hopkins to occur 5 per million per year, with a female to male ratio of 3:1. Over 85% of the patients had at least one identifiable risk factor, such as prothrombotic state, use of oral contraceptives, malignancy or infection. My patient had zero risk factors, other than the fact that he had been vaccinated against Covid-19.
6. In my ICU, I have observed a recent increase in obstetric complications. In general, obstetric patients needing ICU care are rare. In a typical year, I would take care of 1-2 such patients. In the last two months alone, I have cared for at least four such patients, two with post-partum hemorrhagic shock and two with septic shock secondary to chorioamnionitis following pre-term labor. All were vaccinated.

Approximately half of the patients detailed above died. Those who survived are struggling with long-term sequelae and a diminished quality of life.

I understand that the foregoing report reflects the experience of a single physician. However, it appears statistically improbable that any one physician should witness this many Covid-19 vaccine injuries if the federal health authority claims regarding Covid-19 vaccine safety were accurate. I have spoken with colleagues who have also had similar experiences in treating patients. While some seem willing to accept these vaccine injuries as unavoidable collateral damage in a mass vaccination program, many do express dismay. None of them would speak publicly about their experience, with the former not wanting to fuel vaccine hesitancy and the latter fearing potential backlash.

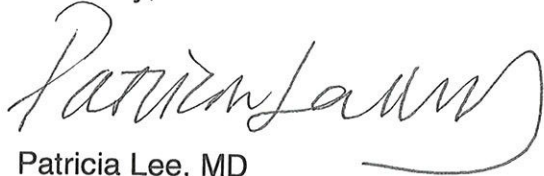
Hence, I am writing this letter to share my experience. I can no longer silently accept the serious harm being caused by the Covid-19 vaccines. It is my sincere hope that the reaction to this letter will not be to focus on me, but rather to focus on addressing the serious safety issues with these products that, without doubt, you have either missed or are choosing to ignore.

On a related note, I work with a number of frontline workers that have seen these harms firsthand. They courageously worked through the pandemic and some have already had Covid-19. Many of them have not received the Covid-19 vaccines and these excellent healthcare workers are desperately needed at my hospital but yet plan to quit or be fired rather than be mandated to receive this Covid-19 vaccine. I cannot afford to lose these members of my team. Furthermore, in light of the foregoing, it is unethical to have a blanket Covid-19 vaccine mandate without regards to each individual's medical risk-benefit profile. Therefore, I implore you to lift the federal Covid-19 vaccine mandate and encourage the state of California to do the same. We must return to the practice of obtaining informed consent, born out of a private discussion between a doctor and a patient, without third-party intrusion.

Lastly, on behalf of the patients and their families who have suffered so much at the hands of this vaccine, and on behalf of my frontline healthcare colleagues who have borne witness to these indescribable sufferings, I respectfully request that you at least recognize their pain and injury. Denying them the truth of their experience only adds deep insult to their injury.

Thank you for taking the time to read this letter and it is my sincere hope that it results in positive change. I can be reached at [REDACTED] to discuss the foregoing patient accounts and the other serious Covid-19 vaccine injuries in patients I have directly treated but have not detailed in this letter.

Sincerely,

A handwritten signature in cursive script, appearing to read "Patricia Lee", followed by a long horizontal flourish.

Patricia Lee, MD



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**SENT VIA EMAIL**

October 6, 2021

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*Re: Firsthand Reports of COVID-19 Vaccine Injuries*

Dear Dr. Marks and Dr. Shimabukuro:

We write with regard to the September 28, 2021 letter sent to you by Dr. Patricia Lee (copy attached), an ICU physician and surgeon who has observed and treated numerous COVID-19 vaccine injured patients. Despite the serious harms from the COVID-19 vaccines detailed by Dr. Lee, you have failed to respond to Dr. Lee's concerning letter nor has anyone reached out to her for additional information regarding these harms, the patients, or her concerns.

Dr. Lee's experience does not comport with your agencies' claims of safety regarding COVID-19 vaccines. She has been an ICU physician and surgeon for over 15 years and, in that time, has not seen vaccine injuries at the rate she has seen from COVID-19 vaccines. Dr. Lee did not reach out about redness at the injection site. The injuries she is observing include entirely healthy individuals suffering serious, often fatal, injuries including transverse myelitis resulting in quadriplegia, pneumocystis pneumonia, multi-system organ failure, cerebral venous sinus thrombosis, post-partum hemorrhagic shock and septic shock, and disseminated CMV and CMV viremia.

Dr. Lee's clinical observations are particularly troubling because, as she explains, "it appears statistically improbable that any one physician should witness this many Covid-19 vaccine injuries if the federal health authority claims regarding Covid-19 vaccine safety were accurate" and that she has "spoken with colleagues who have also had similar experiences."

Your failure to respond is highly concerning. Please contact us forthwith so we can arrange a discussion and information gathering session between Dr. Lee and the appropriate representatives at the CDC and FDA. As noted by Dr. Lee, we hope the focus will not be on her but rather on the harms to her patients. We look forward to your immediate reply.

Very truly yours,  
/s/ Aaron Siri  
Aaron Siri, Esq.  
Elizabeth A. Brehm, Esq.



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November 5, 2021

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Re: *Follow-Up Regarding Teleconference with Dr. Patricia Lee*

Dear Dr. Marks, Dr. Shimabukuro, Ms. McNeill, Ms. Walinsky, Dr. Goodman, and Mr. Kroop:

We write to follow-up on your meeting with Dr. Patricia Lee on October 22, 2021 regarding the series of patients seriously injured from a COVID-19 vaccine whom she has treated. Dr. Lee appreciates your taking the time to meet with her.

She was, however, disappointed that you did not have a single question regarding the series of injuries suffered by her patients. She was therefore bewildered that you concluded, without any review of their medical records or asking her a single question, that the COVID-19 vaccine did not cause their injuries. She was further disheartened to learn that even if you thought the vaccine

caused these harms, you would only add a warning label to the vaccine's package insert. As Dr. Lee pointed out, what good is a warning when these products are mandated?

During that meeting, Dr. Lee made only one request. She asked that both the FDA and the CDC publicly announce that physicians should not be retaliated against so that they would not fear reporting injuries from COVID-19 vaccinations. You indicated that you welcome those reports and that you view physicians as partners in monitoring safety. However, to date, no such public statement has been made. **Please advise whether you intend to make such a public statement.**

You may find it uncomfortable to deal with Dr. Lee's report of serious injuries after COVID-19 vaccination, but where else is she, or her injured patients, to turn? You have closed off all other avenues of redress and made yourselves solely responsible for the safety of these products.

In the normal course, these harms would be addressed by suing the companies that produce these products – but you have removed all liability for these companies for any injuries they cause.<sup>1</sup> If that were not bad enough, you have even eliminated the right to informed consent by propelling coercive measures that will result in Americans being excluded from work, school, military, and civil society unless they submit to your COVID-19 vaccine products.

Meaning, Americans cannot sue for harms, they often cannot say no to receiving the product, and when they are injured, their only recourse is to turn to you. But yet, as demonstrated with how you dismissed out of hand the injuries reported by Dr. Lee, it is clear you are not interested in hearing their complaints, let alone seeking to avoid these harms. Dr. Marks stated:

We really have kind of lost some of the big picture here that we are very lucky to have a vaccine ... the idea that we have multiple vaccines that are so effective against preventing COVID-19 deaths or hospitalizations, and yet we're still struggling here. It's something that makes me take pause about, you know, what do we need to do differently here?<sup>2</sup>

Dr. Patricia Lee has answered that question for you. Your refusal to acknowledge the serious harms these vaccines are causing will do more to fuel vaccine hesitancy than even the most pernicious misinformation regarding vaccination floating around the internet.

Very truly yours,

A handwritten signature in blue ink, appearing to read 'A. Siri', with a stylized flourish at the end.

Aaron Siri, Esq.  
Elizabeth A. Brehm, Esq.

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<sup>1</sup> <https://www.phe.gov/Preparedness/legal/prepact/Pages/default.aspx>.

<sup>2</sup> <https://www.medpagetoday.com/podcasts/trackthevax/95398>.