

# A Physician's Brilliant Request for a Religious Exemption



Over the past 10 years, I have worked as a [board-certified Emergency Physician](#) in Louisiana. Shortly after the [Pfizer mRNA COVID-19 vaccines](#) received FDA approval my hospital mandated COVID-19 vaccines for all employees. Exemption requests were due by September 21, 2021.

Below is my COVID-19 vaccine [religious exemption form](#) and the email for which I submitted the form. Underneath the religious exemption request form you will find the email response I received in regards to my COVID-19 religious exemption request.

*To whom it may concern,*

*I have attached a word document of the COVID vaccine [religious exemption form](#). I apologize for not being able to present my beliefs in a more concise manner. In addition I apologize for likely numerous grammatical errors. I have not*

*been able to spend as much time on this exception as I would have liked, given the storm, and having to cover multiple shifts for co-workers who had contracted COVID, in addition to dealing with the damage of Hurricane Ida. It has been a really tough month, to be able to find time for this.*

*I also apologize that my answers to the exemption may resemble that of a deranged religious fanatic, but I guess that can happen when defending one's religious beliefs.*

*Thank you for considering my religious exemption, if you have any questions please feel free to contact me for further information, via email or phone.*

*If you plan to reject my exemption please contact me directly to explain the reason my exemption is being rejected, in the event that I can offer information that would satisfy the exemption.*

*Sincerely,*

*Joseph Fraiman, MD*

**Have you previously been vaccinated for any illness or disease? If so, why do you now object to being vaccinated?**

*I have been vaccinated against 16 different diseases. Vaccines as a medical intervention have potentially saved more lives than any other intervention in the history of medicine. Similar to vaccines, surgery and antibiotics are also medical interventions that have saved countless lives; however **I do not believe everyone should have every surgery and take every antibiotic simply because they exist.** While there are rationales in some cases for vaccinating everyone*

*with certain vaccines, while for other vaccines it is generally agreed they only should be administered to individuals based on their particular risk factors.*

*Likewise, I do not take every vaccine we have proven to be effective, as that would be foolish. As is true for all medical interventions including vaccines, the risk-benefit analysis should be tailored to the individual. For example, I have never taken the tuberculosis BCG vaccine. Although this vaccine has been demonstrated to be effective in reducing the risk of TB (infection, hospitalization, and death), it also has rare but serious harms. Given that my chance of being seriously harmed by TB living in the United States is very low, even as a health care worker, the low risk of serious adverse events outweighs the small potential benefit I stand to gain from the BCG vaccine. This standard risk-benefit analysis is endorsed by the CDC, which is why few U.S. citizens get the BCG vaccine. To further explain: in Canada, the BCG is likewise not recommended to the general public. It is, however, recommended for indigenous communities because their risk of TB is much higher. This is an example of judging the risks and benefits of a vaccine in order to recommend it only for those who have a favorable chance of benefitting.*

## **Describe the reason for your request for a religious exemption from the COVID-19 vaccine requirement.**

*I am a sincere believer in science, and taking the 1965 Supreme Court decision of U.S. vs Seegler the current legal definition was described by the Supreme Court “whether a given belief that is sincere and meaningful occupies a place*

*in the life of its possessor parallel to that filled by the orthodox belief in God of one who clearly qualifies for the exemption. Where such beliefs have parallel positions in the lives of their respective holders we cannot say that one is 'in relation to a Supreme Being' and the other is not."*

*My belief system has led me to perform my own independent rigorous evaluation of the COVID-19 vaccines. I have read the FDA briefings for the Pfizer and [Moderna](#) vaccines in full, and helped to write a summary of these trials for the physician-run website [TheNNT.com](#). I found it concerning that the initial clinical trials did not find a difference between groups on hospitalizations. While the observational data strongly suggest the vaccines do actually reduce hospitalization and I believe this is likely to be true, I look to my faith in science in how to view this question. That question being do the vaccine's reduce COVID hospitalization? Practitioners of science call this a hypothesis and to determine its validity a hypothesis must be tested in multiple studies which attempt to falsify the hypothesis.*

*After many tests have failed to falsify a hypothesis do practitioners of science begin to have confidence the hypothesis may accurately represent objective reality. Until this process is carried out in full, believers in my faith are taught to remain skeptical and to never be overly confident of an under-tested hypothesis.*

*However, my true concern for the COVID vaccine is not one of efficacy alone, but one of safety, and given our lack of high-quality clinical data prevents a proper harm-benefit analysis, especially in individuals who are relatively younger and healthier.*

People over the age of 60 or with risk factors suffer from a relatively high rate of hospitalization from COVID-19, which offer a potential for a much higher benefit to be gained from the vaccine. Even given the lack of clinical data, from the RCTs in the elderly and those with COVID risk factors (Few were included in the Pfizer or [Moderna](#) RCTs.).

Yet still based on observational data, the benefits of the vaccine most likely outweigh the harms in this population. For example, using the [University of Oxford COVID-19 risk calculator](#), a 78-year old male with Diabetes, who is on dialysis and lives in a nursing home, has a 90-day risk of catching COVID-19 and being hospitalized of 1 in 13. If the vaccine caused severe harm that resulted in hospitalization more frequently than 1 in 13, it would have been obviously apparent. However, in healthy individuals below the age of 60 without COVID-19 risk factors, the risk of hospitalization is quite rare. For example, a 40 y/o healthy male has a 90-day risk of catching COVID and being hospitalized of approximately 1 in 3,500 based on the [University of Oxford COVID-19 risk calculator](#).

Even if the vaccine causes rare serious harm in 40 y/o healthy males at a rate of 1 in 1,000, the vaccine would harm more individuals in this group than it would help. Do we know if the vaccine causes serious adverse harm at a rate less than 1 in 1,000 in 40 y/o males? No we can not, as the RCTs were not large enough to identify harm at this rate. The only way to be confident the vaccine does NOT induce rare but serious harm at a rate higher than it prevents hospitalizations is to perform a trial large enough to demonstrate that the vaccine produces a statistically significant reduction in hospitalizations in this younger healthy cohort.

Given my faith, I question how those implementing the

*hospital-wide vaccine mandate can be so confident the vaccine is more beneficial than harmful in younger healthier individuals. Here I would like to share ancient principles of my belief system of science from a field called Logic. This interdisciplinary field designed to identify truth and improve reasoning has identified a number of ways to identify invalid arguments and these are called fallacies.*

*Those confident the vaccine in young healthy individuals does not harm more than it offers benefit suffers from the fallacy called argumentum ad ignorantiam (appeal to ignorance), which occurs when a lack of evidence for the existence of a phenomenon is confused for evidence that the phenomenon does not exist. The lack of evidence for vaccine-induced harm in the young healthy cohort at a rate of 1 in 1,000 does not exist because trials have not been large enough to identify it. This same fallacy could be used to argue the vaccine does not reduce hospitalization, because the trials did not find evidence of it, which would also be an invalid argument for the same reason.*

*There is no experimental evidence that should offer confidence in this awful scenario. To be confident the vaccine is not causing more harm than benefit in this demographic, we would need an RCT that is large enough to find that the vaccine reduces hospitalization over 6 months. This can easily be calculated using a sample size power calculation, and the study would need approximately 80,000 individuals within this demographic to find a reduction in hospitalization (All COVID vaccine studies were smaller than this).*

*A study of this size would be large enough to identify a rare, but serious vaccine-induced harm if it is occurring more frequently than the reduction in hospitalization. Without this data those who practice science believe that it*

can not be known if the vaccine offers more benefit than harm in this age group. An 80,000 person RCT is not unreasonably large, given previous vaccine trials have been done of similar size such as the rotavirus vaccine trial which included about 70,000. It should be noted the rotavirus was not rapidly administered to billions of people worldwide in a matter of months, yet the safety standard was clearly much higher.

The original mRNA COVID vaccine trials did not identify myocarditis as a serious adverse harm in younger males, yet now [observational data](#) suggests males age 16-17 are more likely to be hospitalized from vaccine-induced myocarditis than from being hospitalized second to COVID-19. Is this observational data true? I don't believe this question can be answered with certainty.

Given my faith in the scientific process, I do not claim that this observational data is a good representative of reality; however I also cannot claim with certainty that it is false. Without randomized controlled trial data comparing the rare risk of hospitalization in young healthy participants, there is no way of estimating if the vaccine is more likely to prevent hospitalizations than to cause a serious adverse event.

If the vaccine causes rare, but serious harm (in addition to myocarditis) in young healthy individuals, it is quite possible the vaccine can cause more harm than benefit in younger healthy populations as a whole. While those who claim the benefits of the vaccine will outweigh the harms in this population may be proven correct, it also is possible that those adamantly claiming the vaccine is more harmful than beneficial in the young and healthy will be found to be correct. The major problem is that both of these claims are being made on a gut feeling rather than reliable scientific

*data demonstrating a reduction in hospitalization. This fact should make those mandating the vaccine uncomfortable, as this mandate is coercing their employees who happen to be younger and healthy to take a therapeutic which no one can confidently know does not cause more harm to them than benefit.*

*Compounding this problem is the observational [data out of Israel](#) suggesting that the immunity offered by the vaccine is not long-lasting and the protection rapidly diminishes each month following the first 2 months after the second dose. With no randomized controlled trials evaluating the efficacy of the boosters on relevant clinical outcomes, and no data on safety given that the booster studies released did not contain a control group. A practitioner of science cannot be confident the potential rare benefit of hospital reduction in the younger healthy population outweighs repetitive dosing of a vaccine with limited safety data.*

*I am currently working with 5 other scientists on a meta-analysis of the original COVID-19 vaccine RCTs using a composite outcome of serious adverse events based on the now well-established harms of the spike protein the vaccines induce our cells to make within our own bodies. **Our preliminary findings suggest an increase in serious adverse events at a rate of approximately 1 in 1,000 (data not yet published, but available upon request).** If these preliminary results are correct, this would raise the concerns of followers of the scientific process as the vaccine could potentially be causing more harm than benefit (preventing hospitalization) in a large percent of the population, including a large percentage of health care workers who fall into the younger healthy demographic.*

*I am very willing to place myself at risk in the service of my patients, as should be clear given that I have been*

*treating COVID-19 patients every day over the past 18 months. Given this, of course I am willing to accept the risk of serious harm to my own body to protect my patients, as that is exactly what I have done every shift since the beginning of this pandemic. I will gladly accept the vaccine, even at risk to myself if a well-performed cluster randomized trial demonstrates that hospital worker vaccine mandates reduce any of the following:*

*– All-cause hospitalization of staff in mandated hospitals versus non-mandated hospitals (I would be willing to take on unknown personal risk if it can be demonstrated the vaccine mandate helps my co-workers more than it harms them)*

*-Reduced iatrogenic COVID infections in hospitalized patients (If patients benefit from reduced transmission, I would take the unknown personal risk)*

*I have been unable to find any convincing evidence that hospitals or nursing homes with highly vaccinated staff have reduced rates of any of those 2 outcomes. Those who are not orthodox practitioners of science may think that there is no need for scientific study to confirm this, and these benefits can be presumed given the data we already have. Those who hold these blatantly anti-science viewpoints may be surprised to learn the data collected thus far has actually found that vaccination rates of staff in nursing homes is not associated with lower infection rates in residents, [best demonstrated in this NEJM study](#) of over 18,000 nursing home residents (see the [supplement](#) in particular).*

*The entire concept of the mandate is based on the idea that it is safer for patients and staff to be near vaccinated individuals. This is not based on any experimental evidence; this is classical anti-science ideology. It is offensive to*

believers in the scientific process that one can claim to be certain regarding the truth of an objective reality, without experimental data to support that view. To date there is very limited data on the ability of the vaccine to reduce COVID-19 transmission, therefore those who believe in science would be very cautious in mandating a vaccine across hospital staff without a cluster-randomized study to confirm this can be achieved without hurting patient care, via staff shortages, and that it is effective in reducing iatrogenic COVID infections in staff and/or patients.

Those who think this study is unnecessary to have anti-science viewpoints, and those who have faith in the scientific process are concerned that this hubristic certainty of benefit, without experimentation, can easily harm more than benefit. For example, [a recent study](#) found evidence that asymptomatic infections in the vaccinated have significantly higher COVID-19 viral loads than asymptomatic infections in the unvaccinated. Given the findings of this study it is not irrational to hypothesize that vaccinated individuals may be more likely to spread COVID while remaining asymptomatic, leading to disastrous super-spreader events.

Is this happening? Nobody knows; that should concern those demanding vaccine mandates in hospital workers. Followers of science would certainly demand a cluster-randomized trial, prior to initiating a policy such as a vaccine mandate that has the potential to lead to a counterintuitive increase in transmission via vaccinated asymptomatic super-spreaders.

While I understand the idea of the vaccine causing asymptomatic super-spreaders may seem outlandish, it was proposed to explain the anomaly noted in Israel that while the vaccine has been demonstrated to be effective to the individual, how could the most vaccinated country in the

*world suffer the highest infection rate in the world? I do not know if this hypothesis is correct and I suspect it is not, but I would like some data to demonstrate this is not occurring before mandating the vaccine in those working with the most vulnerable populations.*

*To take part in this mandate without a cluster randomized control trial violates my ethical code of scientific inquiry, in that an intervention (the mandate) is being deployed without trials demonstrating safety or efficacy. I cannot ethically take part in this process without a proper control group.*

*Now if our hospital system was attempting a cluster-randomized trial across its many hospitals, in which hospitals are randomized to mandate or no mandate, I would gladly be a participant in this study and be randomized to a hospital with a vaccine mandate or not. If our hospital system was offering this opportunity I would gladly take part in the mandate in the name of advancing our scientific understanding.*

*On a further note, followers of the scientific process believe that experts do not dictate what is true about our objective reality. When experts agree upon the truth of an objective reality, to believers of science it is only relevant if their consensus is based on experimental data supporting their conclusion, or if it is based on presumption without the proper data. In the later situation, those faithful to science would consider this a hypothesis, that is simply shared by experts.*

*Our hospital systems COVID FAQ refers to the CDC recommendations as a rationale for its confidence the vaccine mandate will lead to a safer work environment. This fallacy*

would be referred to as *argumentum ad verecundiam*, (appeal to authority) and occurs when one argues that a position is true because it is held by an authoritative individual, institution or organization. Obviously, this is a fallacy as their endorsement is not sufficient to establish if the position is true. Especially given the CDC's track record through the COVID pandemic, trust must be earned, and given the many failures of the CDC through the pandemic this trust certainly has not been earned.

*Argumentum ad verecundiam* is a fallacy that followers of science find particularly offensive. This is best explained in how our father of modern science was treated by expert consensus.

Over four hundred years ago the Catholic Church hired eleven expert consultants to evaluate the hypothesis of the heliocentric model proposed by Nicholas Copernicus. The Heliocentric model suggested the earth rotates around the sun, which challenged the geocentric model, the long-held scientific expert consensus at the time was that the earth was the center of the universe. These experts were hired nearly a century after the death of Copernicus, while Galileo Galilei further demonstrated and proselytized the heliocentric model as a better description of objective reality than the geocentric model. These expert "fact-checkers" declared the heliocentric model "foolish and absurd." Eventually, Galileo wrote, "[Dialogue Concerning the Two Chief World Systems](#)," which was declared a defense of the heliocentric model, resulting in one of the great prophets of science known as "The Father of Modern Science" to be forced to live the last 8 years of his life under house arrest.

There have been many examples over the years of scientific experts filled with hubris, certain their understanding of objective reality was correct, yet later we came to discover

they were very wrong. In the mid-1800s the scientific and medical experts were certain that washing hands could not reduce the incidence of puerperal fever, despite Semmelweis offering clear evidence to the contrary. In fact, the experts were certain at the time that the treatment for puerperal fever was bloodletting.

With confidence, they would declare the safety and effectiveness of bloodletting has been proven. Sadly now we know that bloodletting was not proven, and it certainly killed more than it helped. Since the time of Semmelweis, standard medical treatments agreed upon by experts have been found to be wrong over and over again. The frequency of medical expertise being reversed is much more common than typically believed. A paper examining all studies published in the *New England Journal of Medicine* from 2001 to 2010, which evaluated a current clinical practice, found that 40% of the previous standards agreed upon by our scientific experts were discovered to be incorrect.

“Follow the science” has been a phrase repeated throughout this pandemic, typically meaning to follow what the experts say. This saying is offensive to true believers in science. There is no such thing as “the science,” because science is a process that the faithful believe if done properly brings us closer to truth. “The science” is not a collection of truths, as this offensive statement suggests, and the widespread usage of this slogan demonstrates a general ignorance of the practice of science. Trusting experts who claim they have used science to have identified objective reality, without the proper data to support their conclusions, is the practice of a different religious belief system that has been called scientism. The practice of “Scientism” (Hayek, [1942](#)) no longer concerns itself with evidence, but instead places a fanatical faith into trusting the views of authority to explain the truths of our objective

*reality. Scientism is the equivalent of idolatry in the Judeo-Christian faiths, and equally sacrilegious as those who pray to false prophets. To a follower of science who has reached a different conclusion than experts on the potential benefits and harms of the vaccine; in this situation for an employer to mandate the vaccine in question would be the equivalent of forcing an individual of Judeo-Christian faith to pray to a pagan idol to keep their employment.*

**Does the practice or observation of your religion prohibit you from being vaccinated? If so, please describe.**

*The practice/observation of science does not prohibit me from being vaccinated; in fact, my belief in science has led to requesting vaccination for myself and my child. However, this occurred with experimental data demonstrating a clear benefit over risk for me or my child as individuals. As I stated above I would take the Covid vaccine under the setting of a randomized trial, such as a trial examining the safety and efficacy of mandating vaccines in hospital workers. I also will take the vaccine if the meta-analysis I am working on can demonstrate that hospitalizations are reduced in my demographic without identifying serious adverse harm.*

**Would being vaccinated interfere with your sincerely held religious belief or your ability to practice**

**or observe your religion? If so, please describe.**

*Yes, being vaccinated would interfere with my sincerely held beliefs which is the reason I am requesting the exemption. I believe I should be allowed to finish my scientific evaluation of the meta-analysis of the vaccines, which is still ongoing. If my evaluation determines the harm benefit profile in an individual of my demographics is favorable I will gladly take the vaccine, but not until that point.*

*In addition, I would take the vaccine under the context of a cluster randomized controlled trial comparing mandates versus no mandates in hospitals, even if our study suggests the vaccine is more likely to harm myself, than benefit. I would consider taking part in a clinical trial of healthcare workers to determine if the mandate offers a net benefit to the staff and patients.*

**Please provide a statement or explanation that discusses the nature and tenets of your asserted religious beliefs and information about when, where, and how you follow the practice or belief (Must be completed. Attach additional**

## pages if necessary.)

*The basic tenets of the belief system of science is that true practitioners can achieve a greater understanding of our objective reality through the use of the scientific method. Essentially this basic tenet suggests that if you make an observation of objective reality then you propose a testable hypothesis that is falsifiable (we will return to the importance of this concept of testable and falsifiable). Then experimentation is performed and the results are analyzed to discover if the results either falsify one's initial hypothesis or if they fail to falsify one's hypothesis. If the results do falsify the hypothesis then a new testable falsifiable hypothesis must be created to explain the results. After numerous experiments are performed, which are all unable to falsify then with each failure to falsify, the hypothesis gains strength as a better model to explain objective reality. I want to emphasize the importance of falsification, as this is one of the most misunderstood concepts of my faith, in that those who are unfamiliar with the practice of science commonly believe my faith can prove things to be true, but science can never prove something to be true. It cannot, it will not, it never has and it never will. The concept of falsification was formally introduced by a more modern day scientific prophet, Karl Popper in 1934 in [The Logic of Scientific Discovery](#).*

***I would like to make this very clear: science can never prove anything to be true; however we can prove things to be false. When "scientific experts" claim to have proven something to be true, that is a total disgrace of our belief system and those "scientific experts" cannot be true practitioners of our faith. The email sent announcing the introduction of our hospital systems vaccine mandate, stated: "The safety and effectiveness of vaccines is proven" is a prime example of anti-science rhetoric surrounding this policy, and***

practitioners of my belief are offended by these claims that cannot be supported, and this statement can never be supported by those who follow the scientific method. A scientific expert can use our belief system to produce levels of certainty of truth based on the amount of experimentation that has been attempted which has failed to falsify a hypothesis, but science can never be certain that our belief system has found absolute truth, we can only be certain that we have not proven it false.

As for when, where and how I follow my belief, I will start with when and where. I work a limited number of shifts, typically 8-10 a month, so that I have time to practice my faith. With nearly all of my free time when my child is in day care on weekdays when I am not working, I go to my office, which I rent in the Central Business District.

As for how I practice my belief during my time in my office in addition to actively engaging in the scientific understanding of the COVID-19 vaccine of which I am working with prominent scientists including an editor of the top medical journal. I also am working on the population level harm caused by overuse of colonoscopy which I am co-authoring with the vice president of the Lown Institute, and a former member of the USPSTF; we are currently resubmitting the paper following peer review at [JGIM](#). I recently published a preprint with two colleagues on a hypothesis that potentially explains the elusive pattern of the [global variation of COVID-19](#), currently in the process of submitting to [nature communications](#). I am working with a world-renowned evolutionary biologist investigating a novel hypothesis on the evolutionary origins of obesity, and will be submitting this paper to the [International Journal of Obesity](#). In addition I am working on a study assessing the association of statewide naloxone prescriptions with opiate overdose mortality, with an [accomplished researcher](#) at the Geisinger

*medical center in Pennsylvania.*

*I donate my earnings to my office rent in the name of science, I have refused to financially gain from my scientific faith, as I consciously attempt to live up to the great prophets who nearly all practiced science as a hobby for their great discoveries and sometimes entered science as a profession only after their great discoveries had been made (Gregor Mendel, Issac Newton, Albert Einstein, Charles Darwin).*

*I sincerely hold the beliefs stated above, and I beg you not to violate my First Amendment rights by forcing me to violate my belief system by participating in an untested implementation of healthcare worker COVID vaccine mandates. Given that this policy has not been properly tested to demonstrate efficacy or safety for my fellow staff and patients, I can not ethically participate in this mandate.*

## **Verification**

*I request a religious exemption from the COVID-19 vaccine requirement because my sincerely held religious belief, practice or observance prevents me from receiving the vaccine. I certify that receiving the COVID-19 vaccine violates my religious belief, practice, or observance. I further certify that my request for an exemption is not based on mere personal preference or on a philosophical, political, or sociological objection to the COVID-19 vaccine. I understand that my request for an exemption may not be granted if it is not reasonable or creates an undue hardship on my employer.*

*I verify that the information I am submitting in support of my request for a religious exemption from the COVID-19*

*vaccine is complete and accurate, and I understand that any intentional misrepresentation contained in this request may result in progressive discipline, up to and including termination of my employment.*

\* \*Exemption Request will be reviewed for approval and you will be notified of that decision\* \*

## **ANSWER**

Email Response to religious exemption form 10/21/2021:

*Thank you for submitting your request. Your religious exemption has been reviewed and approved. Because of the direct threat posed by individuals who are infected with Covid-19, our accommodation requirement for your needs is to wear a N-95/KN-95 mask (which we will provide) and undergo weekly testing. You will be paid for the time spent in weekly testing and will not be required to pay for the test. Weekly testing protocol is currently being developed, please monitor your email for more information.*