

March 9, 2022

The Honorable Shane Pendergrass
Chairman, House Health and Government Operations Committee
House Office Building, Room 241
6 Bladen St., Annapolis, MD 21401

Re: HB 1048 – COVID–19 Response Act of 2022

Dear Chairman Pendergrass:

I am writing the committee to ask them to vote against House Bill 1048, COVID–19 Response Act of 2022. I believe this bill introduces an unscientific approach to state COVID-19 mitigation efforts that at a minimum, wastes limited state resources, and at its worst, allows the loss of fundamental rights without legal or scientific basis through the creation of a vaccine passport system.

We are now afforded ample scientific information regarding the efficacy of the vaccines and know that they do not provide protection against infection for any substantial length of duration and in fact, offer very limited protection in preventing community transmission. This bill ignores everything we now know about vaccine protection and COVID-19 transmission. Specifically, that current efficacy against infection, and thus transmission, wanes around 8 weeks post vaccination. We also now know that the efficacy rate for the age group 5-11 is 12% at best¹.

There is no good scientific or legal basis to invest state resources in developing a vaccine passport when vaccination is far from effective at preventing community transmission. If health policy goals are aimed at targeting individuals who have the potential for infection, and thus community transmission, then the vaccinated present equal, if not more, risk of reinfection than those who have had the wild virus according to the science we have²⁻⁷.

Additionally, this tool will be used to limit an unvaccinated person's access to basic community amenities and services. Any policy that seeks or could be used to limit an individual's constitutionally protected fundamental rights, which this proposed bill would do, must not only have a compelling state purpose, but must also be narrowly tailored to achieve the government's purpose. This bill fails arguably on both criteria at this stage in the pandemic. As stated above, the science we have establishes that those with previous natural infection are at least equal, or likely better protected against reinfection, and thus transmitting to others, than those with short term vaccine-derived protection.

As such, any public health measure that seeks to invest state resources into tracking and/or mandating vaccination against COVID-19 as a tool for reducing community spread is outside the science and also lacks legal basis.

Due to the vaccines' apparent high rate of secondary failure (their inability to produce long term protection) and the bill's intent to create a method of restricting unvaccinated citizens' access to fundamental rights such as work and inclusion in society, there can be no question that this bill not only does not achieve its intended purpose of reducing community transmission, but is riddled with both scientific and legal problems.

We are no longer without credible scientific data to be making such costly and erroneous decisions that don't meet public health policy goals and trample fundamental rights. As such, I urge this committee to evaluate these public health measures with scientific and legal scrutiny. Examine policies for misplaced zeal, outdated perspectives, scientific obsolescence, and conflicts of interest that too often compromise successful health measures.

Sincerely,

Amanda Eden, JD

References

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