Dear Chair Davis, Vice-Chair Dumais, and members of the Economic Matters Committee,

I am writing today to request a FAVORABLE REPORT for HB1171 - Labor and Employment - Maryland Employee Protection Plan for Vaccine Refusal. The burden of justice rests with you, as lawmakers, to ensure that there is no hasty rush to "return to normal" and to thoughtfully consider all consequences of an untested product on unknowing populations.

The current COVID vaccines have been approved under Emergency Use Authorization, are novel and have not been fully researched (Phase III trial is set to complete for Pfizer on January 31, 2023 (https://clinicaltrials.gov/ct2/show/NCT04368728), Moderna on October 27, 2022 (https://clinicaltrials.gov/ct2/show/NCT04470427), and Johnson & Johnson on January 2, 2023 (https://clinicaltrials.gov/ct2/show/NCT04505722)). If you read the detail of the trials, their intent is to guard against the development of COVID – the list of symptoms that occurs after viral infection – not against the SARS-CoV-2 virus itself. They have not been tested to guard against viral spreading. In scientific research, you cannot extrapolate – you must test and publish results according to the a priori hypothesis.

The list of exclusions for these trials include, among others, individuals on immunosuppressive drugs as well as those that have an immunocompromising conditions. Autoimmunity is rising in the US and NIH estimates that over 24 million individuals have it (https://www.nih.gov/news-events/news-releases/autoimmunity-may-be-rising-united-states). My husband is one of those individuals. Employers are not privy to employee medical records due to HIPAA guidelines and thus, have no idea which employees may or may not have these conditions. Beyond it being discriminatory to ask, having a sensitive condition or not being able to take the vaccine due to anaphylaxis (a high concern) should not be a condition of employment. The decision to obtain the vaccine should be based on consultation with one's physician.

Compensation for the vaccines, should a serious injury occur, is also limited and as research has proven time and time again – socioeconomic class influences long-term health. Under an Emergency Use Authorization, individuals cannot seek compensation under the route established by the 1986 Vaccine Injury Act and are subject to different rules with more complicated filing options, which affects those in lower socioeconomic classes disproportionately (https://www.nejm.org/doi/full/10.1056/NEJMp2034438?fbclid=IwAR0wr34YLd4lJ32YdxS7mEtOsaGIPmbiD0RULvDmvDo3VPqWlUrfFZhZUhw).

Therefore, I ask you for a FAVORABLE REPORT for HB1171. We must allow the science to catch up and interpret the data as intended.

Thank you,
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