Honorable Members of the Health and Government Operations Committee:

I'm writing today to submit my testimony in support of House Bill 1150 - Health - Authority of the Secretary of Health and Medical Information. My enthusiastic support for this bill and my hope that the Committee votes to move it forward cannot be overstated.

As we begin our second year living under a state-declared state of emergency, it's imperative to implement safeguards against policies which may be introduced with the best of intentions, but cause more harm than good.

It's now clear that Covid-19 has an Infection Mortality Rate (IMR) well under 1%, and within the range of other common upper respiratory pathogens for the majority of people under age 50 (people of all ages with confounding health conditions have always been uniquely vulnerable to common pathogens). Asymptomatic infections, the majority of Covid-19 cases, have a contagion rate under 1%. It's clear that the negative health impacts of strict lockdowns and mandates, implemented without legislative consideration or oversight under the state of emergency, supersede the effects of Covid-19. Catastrophic economic impacts directly cause negative health outcomes such as increased child and spousal abuse, substance abuse, mental illness, depression and suicide, and lack of access to healthcare for other problems. The impact of draconian lockdowns on children and young adults especially, while clearly devastating, has yet to be fully assessed.

There is no compelling or comprehensive evidence that the Covid-19 vaccines currently approved for emergency use prevent either infection or transmission of the virus; rather, the vaccines are designed to eliminate or reduce the severity of the vaccine recipient's inflammatory response to exposure or infection. More worrying is the fact that none of these vaccines have been extensively tested in human trials, and animal trials were skipped. As of March 15, 2021, over 30,000 adverse reactions from Covid-19 vaccines have been reported to <u>VAERS</u>, of which 1,394 are deaths. This represents 20-30 times the adverse reaction reports from Influenza vaccines; especially concerning given that a <u>Harvard University study</u> estimated the adverse events reported in VAERS may represent less than 1% of the reactions and deaths which actually occur. Furthermore, there is no compelling evidence that implementing vaccine mandates has reduced hospitalizations or deaths.

The scope of the Covid-19 response is no longer appropriate to the real facts and impacts of the crisis. It is the responsibility of the HGO Committee, the Maryland legislature, and citizens to safeguard against policies which potentially pile on further harm, especially to the populations most negatively impacted by containment policies which have not demonstrably improved outcomes for Maryland residents. Children must be allowed to attend school, citizens must be allowed to obtain and maintain employment, travel, and visit loved ones in care facilities regardless of their medical and/or vaccination status. In particular, children with special needs have been denied access to critical services and contact with peers, while their adult counterparts have been denied access to critical services based on vaccination status could constitute a violation of their civil rights under the Americans with Disabilities Act.

Every law-abiding Maryland resident enjoys the fundamental human right to work, live, learn, and interact with their peers. This has been true since the state was founded, despite the immutable fact that we all share the world with infectious pathogens, which we cannot entirely eradicate nor control. It is fundamentally unconstitutional, counterproductive, and futile to enact policies which segregate human populations based on vaccination status. HB1150 safeguards against that outcome.

Please support HB1150, so that Maryland citizens can rebuild and restore the infrastructure and shared values which have historically made this state a wonderful place for residents to thrive.

Thank you,

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