Written Testimony of Dr. Mahin Khatami, PhD

Support for HB 779, Vaccine and Immunology

Date: 3-10-2022

This is Dr. Mahin Khatami, PhD, a molecular/cellular biologist and immunologist with over four decades of hands-on experience, expertise and insights in biomedical fields of inflammatory diseases (mild, moderate and severe immune disorders), diabetes complications, embryonic muscle development, cancer biology, drugs and vaccines sciences. Despite limited funding opportunity from NIH to continue my discoveries and pioneering contributions that were established at the University of Pennsylvania 1980's (see below), my scientific expertise and interest are reflected in over 100 publications in peer-reviewed journals, book chapters, monographs and conference proceedings.

I am in full support of Maryland House Bill (HB 779) on Vaccine and Immunology that was introduced by Delegate Arikan and colleagues.

In my opinion, pathogen-specific 'vaccines', including heavy propaganda to inject the public with synthetic-engineered mRNA spike protein, encapsulated in lipid nanoparticles that are claimed as corona-19 'vaccines' **weaken, not promote,** the natural fighting capacity of the complex immune neuroplasticity.

A. Summary Statement: Vaccines are New Terms for Drugging Young and Old in America. Status of Public Health (Disease).

Professionally, I have become seriously alarmed about the intimate collaborations between governments (NIH-FDA-CDC)-Big pharma-'philanthropists' (disease investors) in conducting public funded projects and misrepresenting the scientific truth. In the last four decades that vaccine manufacturers (vaccine/drug pushers) became immune from liability for vaccine injuries; significant increased in acute and chronic inflammatory-immune diseases, are most likely due to over-vaccination of public (young and old).

I am particularly concerned that vaccination of unborn, newborn, infant or immune-compromised individuals with pathogen-specific vaccines are major contributing factors that American health status (young and old) scored last among other developed nations, while healthcare cost in America is highest compared with other developed nations.

Current propaganda to inject the public with synthetic-engineered biologics such as mRNA- encapsulated with lipid nanoparticles; claimed as 'vaccines' are the causes of further significant increases in acute and chronic inflammatory diseases [eg, anaphylaxis, heart problems (pericarditis), blood clots, fatigues, brain damage, as well as rapid tumor growth in young and old]. Pathogen-specific vaccines lead to over-stimulation of innate and adaptive immune responses, including exhaustion of tissue bioenergetic (eg, mitochondria) and altered-diverse roles of histamine in tissues and tissue necrosis or tissue growth toward initiation and progression of mild, moderate or severe inflammatory diseases (see my published articles and books and Attachment A).

It is heart-breaking that the mild, moderate or severe immune disorders (eg, autoimmune and neurodegenerative diseases, diabetes and cardiovascular complications or cancers) that are often features of age-associated diseases are manifested in young and growing bodies of children. Significant rise in autism and related neurological disorders, autoimmune diseases or site-specific cancers in children are directly or indirectly associated with over-vaccination of children in the last four decades.

As reflected in my recent articles and books, pathogen-specific vaccines are the major contributing factors in the significant increased in induction of mild, moderate and severe chronic diseases (eg, allergies, asthma, emphysema, autism, autoimmune and neurodegenerative diseases, obesity, diabetes and cardiovascular complications or site-specific cancers) in four generations in America. Public exposures to environmental pollutions, consumption of unhealthy foods or house hold products and aging are considered additional biological triggers that contribute to altered immune response profiles (altered sympathetic-parasympathetic behaviors) and over activation of immune response profiles that weaken immunity.

As an immunologist, I am not against vaccines. I have proposed strategies to develop universal safe vaccine that mimic and promote natural immunity. The following interdependent and cost-effective suggestions for future studies have been discussed to better understand natural immunity; with the goal to prevent diseases and improve public health for a healthier and more active society (see articles and books and Attachment A):

(a) Gene-environment-immune biorhythms parallel neuronal function (brain neuroplasticity) with super-packages of inducible (adaptive or horizontal) electronic signals;

(b) Autonomic sympathetic and parasympathetic circuitry that shape immunity (Yin-Yang) cannot be explained by limited genomics (innate, perpendicular) that conventionally explain certain inherited diseases (eg, cancer, sickle cell anemia, progeria);

(c) Future studies should focus on deep learning of complex electrobiology of immunity that requires differential bioenergetics from mitochondria and cytoplasm;

(d) Approaches that limit or control excessive activation of gene-environment-immunity are keys to assess accurate disease risk formulations, prevent inducible diseases, and develop universal safe vaccines that promote health, the most basic human right.

B. Khatami's Discoveries and Academic Accomplishments in Immunology, at University of Pennsylvania in 1980's. Challenges to Promote Role of Inflammation-Immunity at NCI/NIH since 1998. Relevance to Immunology of Vaccine Sciences:

In 1980's, at the University of Pennsylvania, in the first decade of my career, as a junior research faculty, I became known as the most productive academician in the USA. In collaboration with a supportive team of senior and junior scientists, I published 39 scientific articles in refereed journals and book chapters and over 60 abstracts in conference proceedings in first decade of my academic research.

Results of our accidental discoveries in 1980's are a series of first evidence for a direct link between inflammation and time-course kinetics of developmental phases of immune dysfunction in multistep tumorigenesis and angiogenesis. Since 1998, at NCI/NIH, promotion and extension of these pioneering studies seem awakened the entire cancer community within and outside NCI/NIH, despite the initial opposition, denial, professional and intellectual harassment that decision makers at NCI/NIH imposed on me to prevent me extending these pioneering studies on the roles that inflammation play in cancer research and therapy.

Despite hostile environment at NCI/NIH, in 2005, I published two articles and an NCI-Invention on standardizing cancer biomarkers criteria (data elements) as a foundation for a cancer biomarkers database (Fed. Reg.). In 2005, my efforts in promoting the role of immunity/inflammation in cancer research at NCI/NIH led to initiation of a program for inflammation and cancer research at NCI/Center for Cancer Research/CCR, for which I was asked to submit a comprehensive proposal as an extension of my pioneering studies, which I did!

In the last couple of decades, numerous funded projects, symposia, and networks are focused on various basic research and models of cancer, reductionist approaches, out-of-focus and expensive projects in clinical trials including immunotherapy.

Before retiring at professor level, I was Director of the Innovative Molecular Analysis Technology (IMAT) Program, and Assistant Director for Technology Program Development at OTIR/OD/NCI/NIH. Since my retirement, I have continued to analyze and integrate relevant data and extend my original discoveries into novel concepts for cancer and vaccine sciences and design of biological roadmaps for disease processes. These efforts are reflected in my recent publications and books. My goal is to offer the medical community better rational for systematic and cost-effective approaches for solving the century-old cancer mystery, and development of universal vaccines for a healthier society.

Support for my opinion on immunology of disease processes including aging and cancer biology, drug and vaccine sciences comes from review and integration of numerous studies on

developmental biology; vaccine injuries, comparison of vaccinated Vs unvaccinated groups, and particularly insights from reanalysis and extension of our pioneering discoveries on models of acute and chronic inflammatory ocular diseases since 1980's. Results of our accidental discoveries on experimental models of inflammatory diseases are the first series of evidence for a direct link between inflammation and time-course kinetics of developmental phases of immune dysfunction in multistep tumorigenesis and angiogenesis [details provided in publications and Attachment A].

C. Professional Concerns on Safety of Over-Vaccination of Public, with Pathogen-Specific Vaccines, or Synthetic-Engineered Covid-19 mRNA Spike Protein Injections Claimed as 'Vaccines':

My professional concerns about altered immune responses toward pathogen-specific vaccines (stimuli) and health/disease status of public come from review and integration of data of a large body of relevant studies include selected aspects of our earlier discoveries on antigen-stimuli-induced developmental phases of immune response alterations in local or distal tissues as listed below [see below references and Attachment A):

a. Guinea pigs with strong acute (type 1, immediate) ocular hypersensitivity reactions (local) toward antigen (FLOA) often presented wheezing-like reactions; suggesting sensitization-activation of B/plasma, mast cells (MCs) and histamine or prostaglandin release in the lung or other tissues (distal). Current injections with synthetic covid-'vaccines' already suggest involvement of MCs activation and histamine release and enhanced antibody production toward tissue injuries (see below);
b. We reported that newborn guinea pig eyes, born from sensitized parents reacted to 1st or 2nd challenge toward antigen (FLOA), clinical ocular edema, scratching and tears. The observations suggested genetic predisposition and mast cells (MCs) sensitization/activation of B/plasma cells of fetus/neonate animals toward the antigen that we used for parental ocular stimulation and induction of acute and chronic inflammatory responses.
c. Mixing antigen with tumor promoting agents (TPAs, phorbol esters) shifted the induction of tumorigenesis- hyperplasia to earlier time-frames (within 6 months, instead of 12 to 30 months). The observations suggested activation of genetic pathways for expression of kinases and tissue growth promotion. This observation was indirectly supported by recent isolated reports that injection with synthetic-engineered Covid mRNA 'vaccines' that seemed associated with rapid growth of tumors or cancer metastasis in several individuals at different age range or diverse health status [1-5] [1]

[1] Celeste McGovern: Life Site News, Thousand Report Developing Abnormal Tumors Following Covid Shots. November 2, 2021 https://www.lifesitenews.com/news/thousands-report-developing-abnormal-tumors-following-covid-shots/ "

I recently challenged the 'inheritance' theory as origin of diseases. It was proposed that stimuli (infections or vaccination of unborn)-induced parental/maternal sensitization could induce chromosomal instabilities, genetic mutations (nuclear and mitochondrial DNA mutations), expression of abnormal immunoglobulins (IgG isoforms) that are passed on to unborn/newborn toward induction of clinical-pathological conditions that are known as inheritance, congenital or neonatal diseases;

E. Role of Public-Supported National Institutes of Health (NIH; with 27 Institutes and Centers); Is it Promotion of Health or Creation and Maintenance of Diseases? Deceptology in Cancer and Vaccine Sciences. Molecular False Flags based on False Foundations-Repeated Failed Expensive Projects.

Saul Below stated "*A great deal of intelligence can be invested in ignorance when the need for illusion is deep!*

As detailed in my recent articles and books, a century ago, the leading causes of death were pneumonia/influenza, tuberculosis, and diarrhea followed by heart disease and stroke. Available statistics show that in 1900s, cancer occurred occasionally, as a genetic disorder (inherited disease category) at the rate of 5%.

Eight decades ago the National Institutes of Health (NIH) or "the hidden crown jewel of corruption in the government"[8] were established and received funding from taxpayers; and in collaborations with other governmental health agencies and centers within DHHS, had the "mission" to improve public health, prevent and treat diseases, and save lives. However, despite improved hygiene and development of antibiotics and modern diagnostic technologies, the health status of Americans became significantly lower compared with the previous two to four generations at the same age and lowest compared with other developed nations.

Since 1955s, that public was introduced to virus-contaminated polio vaccines, cancer incident and mortality and numerous other diseases sharply increased, particularly in America. In 2013, the American Association for Cancer Research (AACR, among the largest cancer organizations and lobbying group for establishment) announced that one-third of women (33%) and half of men (50%) develop cancer in their lifetime.

Major methods that establishment continue to employ on utilizing reductionist approaches to cancer and vaccine projects that created tremendous misunderstanding, misinformation, debates, and controversies and resulted in increased diseases in young and old are listed below:

a. Definitions of inflammation/immunity, whether inflammation is protective in preventing cancer or it causes cancer;

b. Identifying too many genetic mutations to develop and sell drugs (eg, monoclonal antibodies, inhibitors of growth factors);

c. Claims of "targeted" therapy, "personalized" or "precision" medicine, or immunotherapy;

d. Claims that "vaccines are safe," with little serious safety and efficacy tests. Vaccine manufacturers have no liability or responsibility toward vaccine injuries;

e. Incentives and royalties that scientists/physicians receive for advocating pathogen-specific vaccines (eg, flu, HPV, meningitis, shingles, Hep a, b, c, MMR, EBOLA, ZIKA) or the "upcoming coronavirus vaccines"; as well as efforts to minimize voices of concern about vaccines safety;

f. Heavy propaganda on the consumption of too many drugs for minor or major health conditions (eg, headache, muscle pain, allergies, depression, mood swings, cholesterol, indigestion, colitis, gastritis, sleep disorders, or cancers).

With regard to vaccines, Maurice Hilleman who developed several vaccines at Merck, in an interesting interview stated that "*vaccines have to be considered the bargain basement technology for the twentieth century*."

One of the most dangerous plans of the establishment is the heavy propaganda campaign to vaccinate the unborn, newborn, infant, toddler, and teenagers with a total of 72 doses of 16 different pathogen-specific vaccines by the time they are 18 years old.

I reported that the presence of active or inactive specific pathogens and adjuvants in current vaccines are likely the causes, aggregations/exacerbations, and consequences of significant increased in immune disorders in young and old in the twentieth century

In brief, disturbances of the biological rhythms that shape human complex immunity (autonomic immune neuroplasticity or sympathetic-parasympathetic or polarized behaviors of immunity, Yin-Yang of acute inflammation), by current vaccination of children with pathogen-specific vaccines (eg, MMR, tetanus, HPV, flu, shingles, HIV, hepatitis, or engineered synthetic 'vaccines' (corona virus) as well as, body's exposures to additional immune triggers (eg, environmental hazards, GMOs genotoxins, 4 or 5 G digital devices) are the bases for altered immune response profiles.

E-1. Safety and Efficacy of Synthetic-Engineered Covid-19, mRNA Spike Protein Encapsulated in Lipid Nanoparticles Injections, Claimed as 'Corona Vaccines':

Review of reported information in the literature including vaccine adverse event reporting system (VAERS) on Covid-mRNA spike protein injections ('vaccines'), already demonstrated several injuries [eg, heart problems (pericarditis), fatigue, sepsis-like acute inflammation, neurodegenerative and autoimmune diseases, heavy infiltration of lymphocytes into susceptible tissues or rapid growth of tumors/cancers], multiple organ failure or death. The reported mild, moderate or severe health conditions are likely the outcomes of extensive inflammatory responses ('immune tsunami' or cytokine storm) and altered innate and adaptive immune responses in tissues/organs [eg, altered mast cells activation and degranulation, T and B cells activation, biosynthesis of antibodies, activation of membrane arachidonic acid, cyclooxygenase and lipooxygenase pathways, associated with exhaustion of mitochondria (tissue

bioenergetics) and diverse histamine biology in nearly all tissues/organs] in children or adults (below references and Attachment A).

In general, the pathogen-specific vaccines and their toxic ingredients are likely to induce minor or major defects in the complex neuronal (histaminergic system) and individual behaviors, gut-brain interactions, microbiota composition, and associated mitochondrial function that adversely influence the electrochemical network of immune neuroplasticity. Depending on health status, age, nature, frequency or potency of immune disruptors (infections, pathogen-specific vaccines), stimuli diversely influences the sympathetic-parasympathetic or biological rhythms of immune response profiles (fight or flight or Yin-Yang properties of effective immunity) that would lead to unresolved inflammation. Unresolved (subclinical or oxidative stress) inflammation adversely and diversely influence the vulnerable tissues/organs [eg, gastrointestinal tract (gut-brain), innate and adaptive immune system] or cell-mediate and humoral immunity (CMI-HI) toward altered tissue physiology, metabolism, hormonal and neuronal behaviors or induction of mild, moderate and severe immune disorders.

However, according to **CDC Vaccine Mandates, the SHOW MUST GO ON!.**

It is noteworthy that potential presence of filterable viruses, similar to SV40-virus-contaminated polio vaccines, as a major contributing factor in emergence of infectious diseases is being investigated [see publications and Attachment A].

Toxic Elements in Vaccines (Flu, Diphtheria, Polio, Tetanus, MMR, HPV, Corona)

[Reported since 2017, Compared with Tab Water]

Aluminum, Mercury, Titanium

L-Histidine, Formaldehyde, CTAB, Tween 80/100, Phenoxyethanol, Fetal tissues, Gelatin, Sorbitol, Engineered DNA/RNA (mRNA Spike Proteins in Lipid Nanoparticles…)

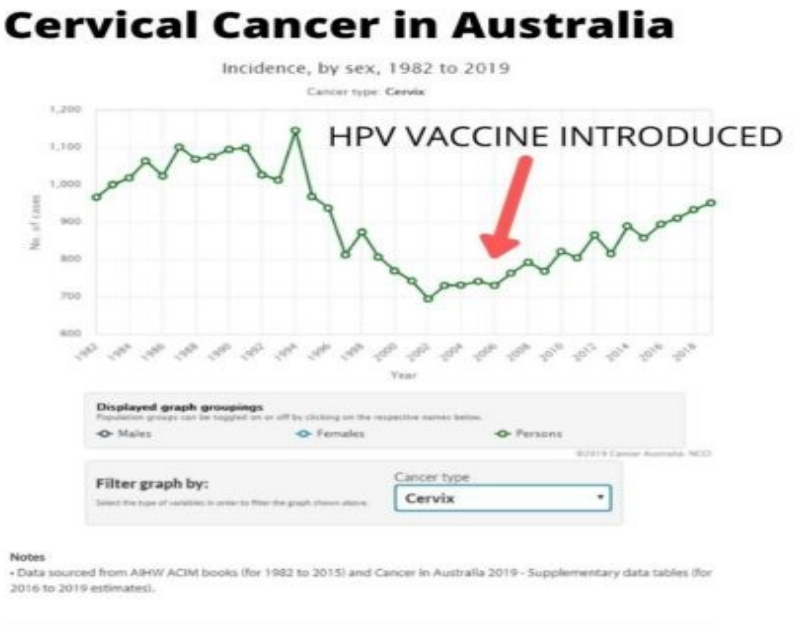

Figure 2. HPV vaccine and rise of incidence of cervical cancer in Australia from 1982-2019. Source: Internet.

F. <u>Pathogen-Specific Vaccines: Causes, Exacerbations-Aggregations and Consequences of Induced Mild, Moderate or Severe Immune Disorders:</u>

Despite tremendous discrepancies, ongoing controversies and lack of systematic studies on safety and efficacies of current pathogen-specific vaccines; the review of literature on public health status (young and old), vaccine injuries (VAERS, that are documented in less than 1% cases), comparison of vaccinated v. unvaccinated group of individuals, immune responses to current vaccines and their ingredients clearly demonstrate that emphasis to vaccinate the unborn, newborn/infant, growing children or individuals who are immune-compromised are the major risk factors in significant increase in childhood or adults diseases in the last few decades.

It should be emphasized that the ingredients that are present in majority of pathogen-specific vaccines and frequently injected to children shortly after birth **deny individual's establishment and completion of immune and organ systems**.

The review of relevant data demonstrates that in the last three-four decades; ever since the vaccine makers became immune from liability and CDC-FDA mandated over vaccination of public, there is a significant rise in childhood and adult diseases (mild, moderate and severe immune disorders) in America.

F-1. Vaccine Adverse Event Reporting System (VAERS) for Corona 'Vaccines':

As recently reported by Steve Kirsch; as of December 14, 2021 "*VAERS reached another grim milestone: 1,000,227 reports of injury following coronavirus vaccines. This is unprecedented in the history of the U.S. vaccine program. In the 31-year history of VAERS, there are 9,248 reports of fatalities following other vaccines. Since the start of the coronavirus vaccine campaign there have been 21,002 reports of death following coronavirus vaccines. 110,609 reports of hospitalization and 10,640 heart attacks following coronavirus vaccinations are also horrifying new records. Meanwhile CDC fixers Tom Shimabukuro and John Su spend their days working feverishly to try to make the signals go away. But the signals refuse to go away because the data is the data and millions of people are waking up to the truth that these products are dangerous… For 5 to 11 year-olds, the numbers in the latest CDC paper indicate a death rate than is 10X higher than any sane stopping condition. The myocarditis rates in boys are at least 6X normal. The CDC paper is yet more evidence that the vaccines should be stopped immediately.*" (see also References and Attachment A).

Further review of related articles provides evidence that individuals suffering from chronic lymphocytic leukemia experienced inactivation of their tumor-suppressor genes at the mRNA level. In general, it is likely that the synthetic-engineered mRNA spike protein injections is a major risk factor in altering and worsening tissue physiology and immunity [eg, mitochondrial dysfunction/exhaustion, destabilization of chromosomal activities, nuclear and mDNA mutations, altered expression of cytokines/chemokines or tumor suppressive genes (p53)]. Stimuli/inflammation-induced altered tissue function differentially influence metabolism, bioenergetics, immune response profiles and membrane transport activities in tissues that are immune-privileged (CNS, brain, BBB) or immune responsive (epithelial, vascular, mucosal)] toward initiation and progression of diverse mild, moderate or severe vaccine-related inflammatory conditions. Covid-19 injections already have been shown the likelihood of increased diverse inflammatory conditions such as fatigue, blood clots, pericarditis, enhanced (rapid) growth of tumor/cancer and metastasis or death in many individuals (see Figure 5 and related references). Additional long-term toxicities of mRNA 'vaccines' in general populations, young and old, are yet to be reported or investigated [2,3,4,5,6].

Further review of numerous scientific, epidemiologic, governmental regulatory and oversight reports along with expressed serious concerns raised on safety and efficacy of drugs or

[2] Dr. Hoffe C: Majority of tested patients have new onset of of clotting after vaccine. https://www.bitchute.com/video/mZHA2u71pBwk/

[3] Pratap Chatterjee: Pfizer Admits Bribery in Eight Countries https://www.corpwatch.org/article/pfizer-admits-bribery-eight-countries, Wednesday, August 8, 2012

[4] Paul D Thacker, investigative journalist: Covid-19: Researcher blows the whistle on data integrity issues in Pfizer's vaccine trial. BMJ 2021;375:n2635 https://www.bmj.com/content/375/bmj.n2635

[5] Citizens for Responsible Care and Research Incorporated (CIRCARE). http://www.circare.org/corp.htm

[6] FDA takes key action in fight against covid-19 by issuing emergency use authorization for first covid-19 vaccine. Dec 2020. https://www.fda.gov/news-events/press-announcements/fda-takes-key-action-fight-against-covid-19-issuing-emergency-use-authorization-first-covid-19

vaccines in clinical trials, including Covid-19 synthetic injections ('vaccines') are listed in the followings [1-44][7].

a. Lack of proper monitoring of recruits by clinical staff or by independent professionals;
b. Variations or deviations in protocols during trials, (eg, changes in given doses, routs of injections or cross-over procedures), conditions for use of stored blood during transfusion (freshness and potential iron toxicity in blood) and health outcomes are not properly reported or observed;
c. Lack of concerns for timely report of adverse reactions;
d. Disregard for medical ethics during clinical trials, for recruit selection and exclusion/inclusion criteria; the outcomes of which are to maximize benefit and minimize adverse reactions; while applying the drugs or vaccines to general public;
e. Lack of studies regarding presence of infective or other potentially toxic agents (eg, viruses, chemicals, detergents, gelatin, aborted tissues) that are in drugs or vaccines;
f. Disregard for standard safety procedures during drugs, vaccines or biospecimen collections and use of controls/ placebo, prior and during clinical trials;
g. Disregard for ongoing controversies, misinformation and debates on the role of inflammation and immunity when conducting basic or clinical projects such as cancer biology, chemotherapy ('targeted' therapy, 'precision' or 'personalized' medicine) as well as immunotherapy and expensive public funded such clinical trials or vaccine sciences that repeatedly failed patients;

Our health/medical establishment has become a partnership between governments-vaccine/drug dealers/maufacturers, food companies and diseases investors ('philanthropists') that formed a powerful alliance for creation of a huge for-profit corporation. The current regulations and demands for over-vaccination of the unborn/newborn, infant or individuals whose immunity are compromised, with 72 injections of 16 different pathogen-specific vaccines in toxic media, until the age of 18, are most likely the causes, exacerbations and consequences of disease-status and drug-dependency of the young and old in the 20th century in America.

G. Concluding Remarks: Current Pathogen-Specific Vaccines (Power Without) Weaken or Destroy Effective Immunity (Power Within): Basis for Significant Increased in Immune Disorders in Three or Four Generation in America:

A closer look at cancer and vaccine immunology reveals that highly power structure (system) in medical establishment vs. anti-system, chaos and deception in scientific research is potent recipe for failed projects that kills or injure patients but generates huge corporate profit.

The era that scientists/physicians searched for the truth and logics in medical sciences, or when physicians observed their oath "to do no harm", is largely replaced by weakened standings

[7] Massive Fraud in Merck MMR Vaccine Testing. The Legal Examiner, October 10, 2014, https://affiliates.legalexaminer.com/health/massive-fraud-in-merck-mmr-vaccine-testing/

on medical ethics and moral values of the power-, financial-driven illogical practices that governmental authorities promote and practice in educational systems in the 20th century.

Over-injection of public with pathogen-specific biologics and their toxic media (adjuvants) are **new 'safe' and 'fashionable' terms** for drugging young and old for huge financial gains and control of a sick and drug-dependent society.

Physicians often prescribe too many drugs and over-vaccinate the public, while downplay the adverse effects of such practices and ignore conflicts of interest by accepting consultation fees and honoraria to lecture on behalf of drug-vaccine manufacturers who sponsor and organize continuing medical education programs.

In 2021, Robert F. Kennedy Jr. published an eye opening and highly informative book, with over 2000 citations describing in details the historical, political, environmental and financial motives behind vaccinations and public health status. This well researched (448 page) book is entitled "The Real Anthony Fauci: Bill Gates, Big Pharma, and the Global War on Democracy and Public Health".

Professionally, I know of no independent scientific article regarding current over-vaccination schedules that is safe for individuals with already inflammatory conditions (immune-compromised). Children who do not show vaccine injuries after vaccination are likely to have better/more effective immunity that enables them to tolerate or fight (neutralize) the toxicities of current pathogen-specific vaccines. However, over time, additional vaccination or exposures to environmental toxins are likely to retard, to varying degrees, the effect immunity, and destabilize chromosomal function [eg, increased mutations in nuclear and mitochondrial DNA, alter repair mechanisms and epigenetic modifications) that would make individuals vulnerable toward development of allergies or other mild, moderate or severe immune disorders.

Personally, I am not against safe vaccines. I have proposed logical and cost-effective approaches to develop universal safe vaccines that mimic and boost the natural course of effective immunity. However, current pathogen-specific vaccines and adjuvants are toxic to the complex electrobiology of immunity; they chip away the defending capacity of immune system (alter mitochondria and tissue bioenergetics or sympathetic-parasympathetic properties of complex immune response profiles); and they are major contributors in initiation and progression of mild, moderate or severe immune disorders.

This is a wake-up call to make sure that the evil part of human being does not prevent the health services that the public deserves. Otherwise, '*it does not matter how many resources you have, if you don't know, or don't want to know, how to use them, they will never be enough*'. Improved public health and development of safe vaccines are possible by switching the current corruptive and abusive culture of 'who you know' to a culture of 'what you know'. Policy makers and professionals in decision making roles are urged to return to common sense and logics that our Forefathers used to serve the public.

I would be happy to furnish you with any other information to help policy makers in support of House Bill- HB779.

Sincerely yours,

Mahin Khatami, PhD
E Signature mahin Khatami
Immunologist, cancer and vaccine sciences
Expert Immunologist for Legal Cases **Date:** March 10, 2022

See Attachment A and below Selected Relevant Citations

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