

I am writing to SUPPORT HB1292, Public Schools and Child Care Providers - Immunizations - Discriminatory Policies Prohibited.

The Covid-19 vaccines are using a novel technology and are still in their experimental phase, using undisclosed ingredients for which we do not yet know the long-term consequences, which are used only under Emergency Use Authorization (EUA), and for which vaccine manufacturers are completely exempt from any liability. To justify vaccinating, let alone coercing vaccination with such a product through vaccine passports and vaccine mandates, I challenge you to prove that (1) data shows that these vaccines are absolutely necessary in order to protect Maryland residents; (2) data shows that these vaccines are highly effective to protect against and prevent the spread of Covid-19; and (3) data shows that these vaccines are safe.

The data clearly supports three compelling and urgent reasons for you to pass regulation(s) that will safeguard bodily integrity and informed consent, criminalize medical coercion, and prevent discrimination for refusing an unwanted medical intervention. Maryland lawmakers should be working to bolster Maryland residents' rights by giving them the authority to choose or reject any medical intervention/procedure, free from threats or compulsion. Vaccine requirements/passports will put Maryland residents at unnecessary and unimaginably high risk.

The Covid-19 vaccines are:

1. **UNNECESSARY** due to the *high survivability* of Covid-19; due to *natural immunity* being far stronger and long-lasting than vaccine-induced immunity; and because – for those who do get seriously ill – there is *safe and efficient outpatient treatment* of Covid-19 that saves lives.

Supporting data:

- The median Infection Fatality Rate (or IFR – **the risk of dying from Covid-19, if infected**, is 0.0013% in 0 - 19-year-olds; 0.0088% in 20 - 29-year-olds; 0.021% in 30 - 39-year-olds; 0.042% in 40 - 49-year-olds; 0.14% in 50 - 59-year-olds; 0.65% in 60 - 69-year-olds; and 2.9% in over-70-year-olds.

See Axfors, Cathrine and John P. A. Ioannidis: "[Infection fatality rate of COVID-19 in community-dwelling populations with emphasis on the elderly: An overview](#)" (This pre-print article is providing updated findings from Stanford Professor John Ioannidis May 2021 article "Reconciling estimates of global spread and infection fatality rates of COVID-19: An overview of systematic evaluations" European Journal of Clinical Investigation, 2021-05, Vol.51 (5))

- There is mounting evidence that natural immunity against COVID-19 not only exists, but is robust and long-lasting.

See [146 Research Studies Affirm Naturally Acquired Immunity to Covid-19: Documented, Linked, and Quoted](#)

- For an overview of the effectiveness and amplitude of early treatments for Covid-19, see [COVID-19 Early Treatment: Real-Time Analysis of 1,316 Studies](#)

2. **NOT EFFECTIVE** in protecting against and preventing the spread of Covid-19

Supporting data:

- A recent large study published in the journal *Science* showed that by the end of September 2021 the effectiveness of all three Covid-19 vaccines had fallen dramatically (Moderna: 58%, Pfizer: 45%; Johnson & Johnson: 13%) and even more recent data suggests that with the Omicron variant the effectiveness has fallen even further.

See Cohn, Barbara et al., "[SARS-CoV-2 Vaccine Protection and Deaths Among US Veterans During 2021](#)" *Science*, November 4, 2021.

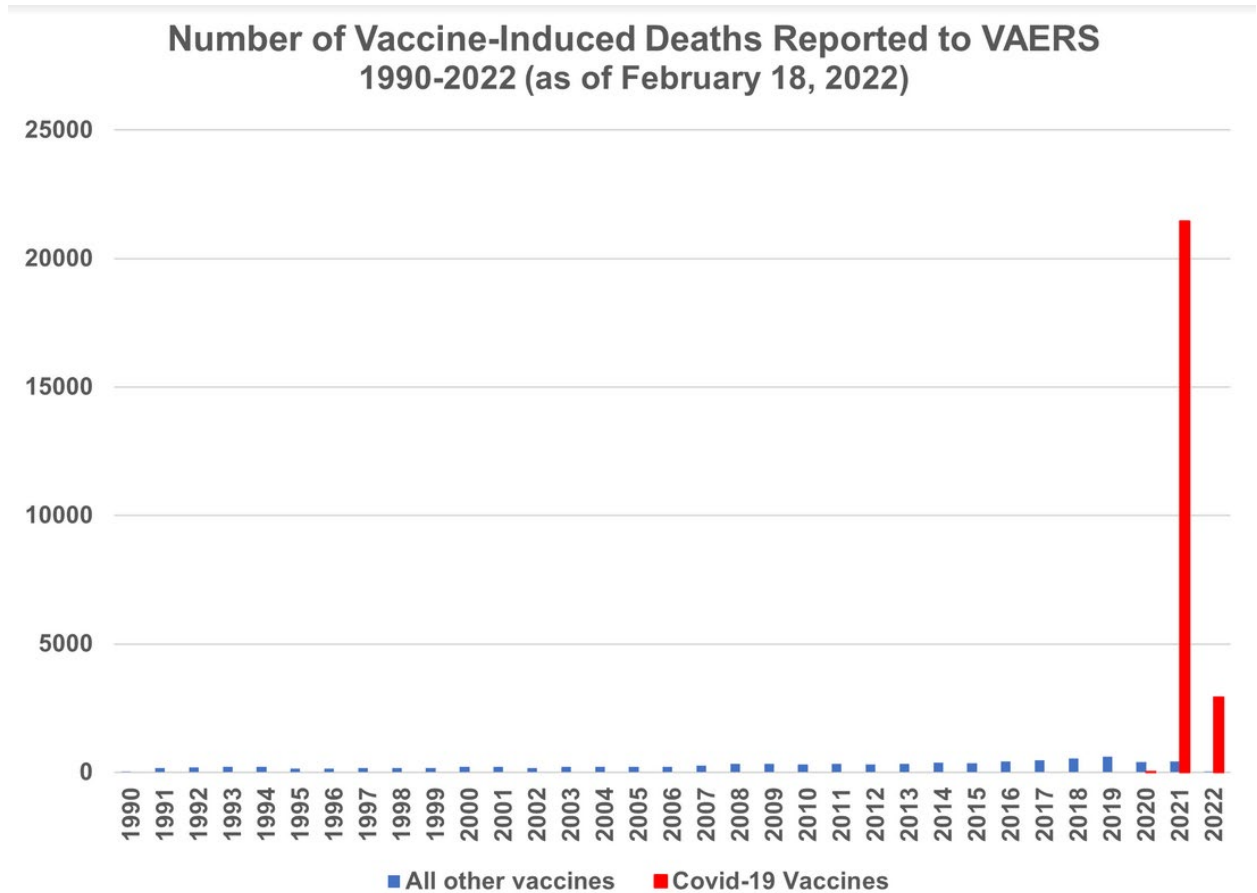
- The argument that the Covid-19 vaccines, when they work, protect against serious illness and death are also being disproven as we speak, for example as 83% of COVID-19 deaths between mid-October and mid-November of 2021 were among vaccinated individuals in Scotland See page 55 in [Public Health Scotland COVID-19 Statistical Report](#) (Published December 1, 2021)

- Recent UK government data as well as a recent German study find that Covid-19 vaccine boosters neither prevent infection nor transmission, and also continue to lead to severe illness and death among triple-vaccinated.

See [COVID-19 vaccine surveillance report - Week 45](#) (Published by the UK Health Security Agency on November 11, 2021) and Kuhlmann, C. et al., "[Breakthrough Infections with SARS-CoV-2 Omicron Variant Despite Booster Dose of mRNA Vaccine](#)" (Published December 10, 2021)

3. **NOT SAFE**, as unconscionable numbers of reports of serious side-effects have been submitted into the U.S. Government-run Vaccine Adverse Event Reporting System (VAERS), including 24,402 of which resulted in death, 133,057 of which resulted in hospitalization, 44,512 of which resulted in permanent disability, 12,511 of which resulted in heart attacks, and 34,448 of which resulted in myocarditis/pericarditis, all following Covid-19 vaccination. To put things in perspective, here is a graph that shows the total number of deaths reported into VAERS since 1990, when this system was created to serve as a safeguard in order to stop new vaccines that prove to be unsafe. Note that all blue bars

represent all of the the 196 vaccines that have been put through the system since 1990, except the three Covid-19 vaccines which are depicted in red:



Source: United States Department of Health and Human Services (DHHS), Public Health Service (PHS), Centers for Disease Control (CDC) / Food and Drug Administration (FDA), Vaccine Adverse Event Reporting System (VAERS) 1990 - 01/07/2022, CDC WONDER On-line Database. Accessed at <http://wonder.cdc.gov/vaers.html> on March 1, 2022 9:24 PM

The graph above speaks for itself. Add to the picture the fact that scientific analyses from [Harvard University](#) and [Columbia University](#) have concluded that the reporting rate to VAERS is somewhere between 1% and 5% of true cases. Multiply the COVID-19 vaccine deaths by those proportions, and **a stunning 480,040 to 2,400,200 Americans have died from the Covid-19 vaccines**, with at least as many being permanently disabled.

Recent reports from life insurance companies around the U.S. confirm that there is a stunning increase in death claims in 2021 compared to 2020, by as much as 40% among people ages 18-64 (as in [this reported case of Indiana-based life](#)

[insurance company OneAmerica](#)).

Supporting Data:

- [Vaccine Adverse Event Reporting System](#) (VAERS)
- The weekly updated summaries and charts from [OPEN VAERS](#) provide an easier way to browse through key data

If you pass this proposed legislation effectively coercing Maryland residents to take this vaccine despite being aware of the severe risks and deficiencies outlined above, you are NOT acting in the best interest of the citizens of Maryland, but are knowingly putting them at risk. For this, we will hold you liable.

I have expressed no matter of mere “concern” or any other non-substantive matter, but solely matters of substance, of fact, and law. I accept and appreciate your oath of office.

Sincerely,

Michelle Bailey and Anna Olsson (Silver Spring)