

03/02/2023

**HB 699 - State and Local Government - Proof of Vaccination for Employees and Applicants for Employment - Prohibition (Vaccination by Choice Act)**

**Position: FAVORABLE with Amendment**

Dear Chair Joseline Pena-Melnyk and Members of the Committee:

Thank you for the opportunity to voice my strong support for **HB 699 - State and Local Government - Proof of Vaccination for Employees and Applicants for Employment - Prohibition (Vaccination by Choice Act)**

As a Maryland resident I would like to support Maryland HB0699 with an amendment to also include USM students, where the bill will be re-named "State and Local Government and Public Institutions of Higher Education – Proof of Vaccination – Prohibition (Vaccination by Choice Act)".

I support this bill to prohibit state employees from having to provide proof of Covid-19 vaccination as a condition for employment and with the amendment also to prohibit proof of vaccination for state university students.

As a scientist and researcher, I did my research related to the FDA and scientific publications on the COVID-19 transmission, Natural Immunity after COVID-19 and known risks of the covid-19 inoculation.

My conclusions are to support the HB0699 sponsored by Delegates M. Morgan, Arikan, Baker, Chisholm, Ciliberti, Fisher, Ghrist, Grammer, Hornberger, Howard, Kipke, Mangione, McComas, Miller, T. Morgan, Nawrocki, Otto, Schmidt, Szeliga, Tomlinson, and Wivell.

Please see my arguments for the Maryland HB0699 supporting:

Failure of the injections to prevent transmission or infection.

According to FDA Evaluation of Available Effectiveness Data: "At this time, data are not available to make a determination about how long the vaccine will provide protection, nor is there evidence that the vaccine prevents transmission of SARS-CoV-2 from person to person".

Natural Immunity after COVID-19 infection seems strong against all variants of the coronavirus finding recently published in the prestigious Lancet.

According to recently published "Past SARS-CoV-2 infection protection against re-infection: a systematic review and meta-analysis", performed by Lancet - the findings show that immunity from COVID-19 infection confers substantial protection against infection from pre-omicron variants. Lancet's analysis suggests that the level of protection from past infection by variant and over time is at least equivalent if not greater than that provided by two-dose mRNA vaccines.

Considering reported risks on COVID-19 vaccination, even if they are not statistically significant, I think individuals should have a right to make their risk and health profits evaluation and to be able to make their own choice based on medical, religious, or other exemptions.

Vaccine Adverse Event Reporting System reports potential risks:

- Anaphylaxis after COVID-19 vaccination - approximately 5 cases per one million vaccine doses administered.
- Thrombosis with thrombocytopenia syndrome (TTS) after J&J/Janssen COVID-19 vaccination - approximately 4 cases per one million doses administered.
- Guillain-Barré Syndrome (GBS) in people who have received the J&J/Janssen COVID-19 vaccine - several cases per million doses of vaccine administered.
- Myocarditis and pericarditis after COVID-19 vaccination - A review of vaccine safety data in VAERS from December 2020–August 2021 found a small but increased risk of myocarditis after mRNA COVID-19 vaccines. Over 350 million mRNA vaccines were given during the study period and CDC scientists found that rates of myocarditis were highest following the second dose of an mRNA vaccine among males in the following age groups:
  - 12–15 years (70.7 cases per one million doses of Pfizer-BioNTech)
  - 16–17 years (105.9 cases per one million doses of Pfizer-BioNTech)
  - 18–24 years (52.4 cases and 56.3 cases per million doses of Pfizer-BioNTech and Moderna, respectively)
 As of February 23, 2023, there have been 1,058 preliminary reports in VAERS among people younger than age 18 years under review for potential cases of myocarditis and pericarditis. Of these, 243 remain under review. Through confirmation of symptoms and diagnostics by provider interview or review of medical records, 715 reports have been verified to meet CDC’s working case definition for myocarditis. See below for counts of verified reports of myocarditis by age group.
  - 5-11 years: 23 verified reports of myocarditis after 23,468,531 doses administered.
  - 12-15 years: 376 verified reports of myocarditis after 25,895,955 doses administered.
  - 16-17 years: 316 verified reports of myocarditis after 14,169,395 doses administered.
- Reports of death after COVID-19 vaccination - VAERS received 19,399 preliminary reports of death (0.0029%) among people who received a COVID-19 vaccine administered in the United States from December 14, 2020, through February 23, 2023

Low risk of poor outcomes if infected by covid-19, especially for college students.

According to recent (from February 9, 2023) UMD COVID-19 Vaccination Status Update the new sub-variants of COVID-19 are not translating into severe illness for most people.

This bill will support an EQUAL ACCESS TO JOBS and publicly funded EDUCATION.

I also have concerns about the disparate impact on underrepresented communities.

Those who apply but do not qualify for a religious or medical exemption will be denied the opportunity for equal access to jobs and education at Maryland’s public institutions.

Best regards,  
 Elena Urman  
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