March 6, 2023

Delegate Joseline Pena- Melnyk
Chair
House Health and Government Operations Committee
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 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)**

Medical treatments should never be mandated. Period. COVID-19 Vaccine mandates are unethical and based on unscientific and shaky foundation.

Vaccines are unique as unlike other drugs and medications, they are administered to a large population of mostly healthy individuals, often young children, for prophylaxis. Until January 2020, vaccines were defined as agents that work through protection of the individual as well as at the population level, for example, through herd immunity or eradication of the infectious agent. Thus, they were subjected to the highest safety standards. But all the safety standards as well as the definition of vaccines were changed as COVID-19 vaccines were developed with "warp" speed. While these vaccines have failed miserably in providing good or robust immunity, the vaccine-makers themselves have perfect immunity from any accountability, now or ever.

Safety issues with vaccines happen, despite best of intentions. There are no drugs without side effects. For example, measles and rotavirus vaccines have been recalled due to safety concerns, despite stringent clinical trials and years of data. Rotavirus vaccines caused 1 death per 20,000 and that was 1 too many, but despite over 7000 deaths with COVID-19 vaccines, we have not paused to re-assess safety or question these mandates. Unlike other drug trials, vaccine trials are different as they are tested on a largely healthy population to ***prevent infection, which we have established COVID-19 vaccines do not***. If the vaccines don't prevent infection and transmission, surely mandating person A to protect person B is pointless. And should they even be called vaccines? As per internationally agreed definition of Vaccines, they must prevent infection and it is well recognized fact that COVID vaccines do not prevent infection. Good vaccines are modeled to mimic natural infection and rely on one's own immune system to produce antibodies and provide protection. Natural immunity is the gold standard.

As is evident from various testimonies, real people suffered serious adverse events and perhaps life-long disability due to sloppy trials. These people did their part, took the jabs, and suffered. They took the vaccine as they trusted our governments, our institutions, and the media reports about safety of these vaccines. Yet, all these players have failed us miserably. Why does the media shy away from reporting these vaccine injuries and adverse events? Why is their suffering any less? Why are they being labeled as anti-vaxxers or irresponsible? Why is this misinformation? Why is the CDC, FDA, NIH, and the manufacturers turning a blind eye? Why were these people dropped from clinical trials? Recent clinical trials for gene therapy were stopped after the 4th person died, but over 18,000 COVID-19 vaccine related deaths globally, and no response from any of the agencies? When will the media or all the people who fail to see anything wrong with COVID-19 vaccine do their part? A Physician in my own family who works on the West Coast was forced to take Pfizer's mRNA vaccine doses, suffered severe side effects after both doses (mild paralysis of both hands and sharp shooting pain down the cervical spine). A day after a booster dose of Moderna's

mRNA, an apple size nodule appeared under the arm pit of the arm receiving the jab- a nodule that persists to-date, months after the booster dose. These COVID-19 vaccines are "Emperor's new clothes".

Lessons from the Human challenge study: In March 2022, researchers from the Imperial College of London published data from a unique and a much-needed study. Thirty-six (36) healthy volunteers aged 18–29 years with **no prior evidence of COVID-19 infection or vaccination** were exposed intranasally to a bolus of wild-type SARS-CoV-2 virus (GBR/484861/2020), virus that caused COVID-19. **Only 18 of the participants became "infected", *whereas 16 people did not have any detectable virus or any symptoms and were deemed "uninfected*" by the researchers.** Despite being exposed to large amounts of purified virus from an infected individual, only ~53% (18/34) of the people developed *mild COVID-19*. **Mild COVID!!!!**

These finding closely recapitulates the real-world data, where a significant subset of people despite being exposed to the virus, never develop symptoms or disease, the so-called asymptomatic people. ***The infected developed mild COVID-19.*** Loss of smell (anosmia) and poor sleep quality (dyssomnia) was reported by 67% of the infected participants (12/18) in the human challenge study. Running nose, stuffiness, and headaches were the most common and frequently reported symptoms. Interestingly, the researchers did not find any association between viral load and symptom severity and high viral load was also seen in asymptomatic individuals. But the virus from asymptomatic people could not be cultured, suggesting it was not viable. Please note that RT-PCR cannot differentiate between a virus that can cause infection or a virus that is neutralized and cannot. Yet, we relied heavily on RT-PCR tests, which were also not standardized and have a high probability of false positives. The human challenge study proves that the COVID-19 is not fatal or any more infectious than any other respiratory illness for the otherwise healthy population. It provides support for the notion that the foundations for COVID-19 vaccine mandates are shaky and unscientific.

Sloppy Clinical Trials for COVID-19 Vaccines: Documents submitted by Pfizer and Moderna for their mRNA vaccine Phase 1-3 trials to the FDA had heavily cherry-picked data. The final table included data from over 18,000 people in both the vaccine and the placebo arm, but in the final data published in the NEJM, the table had data from only ~15,000 people per arm. What happened to those ~6000 people? Were they dropped? Did they survive the shots? Why is there no accountability? Many COVID-19 clinical studies published in several journals, including the NEJM use Bayesian analysis to show vaccine effectiveness. Dr. Acree, a retired UCSF Statistician who has worked on clinical trial data for nearly 2 decades states that "***Bayesian analysis adds an extra layer of computations which can give them (researchers/clinicians) any result they want***. So, it's hard to place any confidence in their conclusions".

Neutralizing antibodies but not spike antibodies are key for protection. Neutralizing antibodies levels appeared fist and were more robust than spike antibodies levels in these healthy people exposed to SARS-CoV-2 in the Imperial College study. The "uninfected" individuals did not develop neutralizing or spike antibody titers. But all infected and symptomatic individuals had a rapid onset of neutralizing antibodies in their serum; the levels were ~4x higher than those for spike antibodies. This finding is of great significance as vaccines are against spike protein and antibodies levels to spike protein have wrongly been touted as determinant of protection against infection and severe disease. These data clearly show that naturally infected people produce neutralizing antibodies against other parts of the virus much sooner than against spike protein and at much higher levels. Targeted and more focused approaches are preferred over one size fits all treatment modalities and vaccine mandates, especially in light of the data that spike antibodies are nowhere as effective in neutralizing real viral exposure as antibodies generated against other parts of the virus after natural infection.

A Shot to Save the World: Did It? In the book titled "A Shot to Save the World" the author Gregory Zuckerman, a New York Times columnist writes **Dr. Rossi, founder of Moderna had this to say about**

Moderna's CEO: "*He (Bancel) was asking me to steal from a hospital… "Stephane is someone without a moral compass*". Zuckerman goes on to write **"Rossi and others had never tested repeat dosing".** We learn from the developers of the nanoparticles used for delivery that **"*LNP were toxic and repeat dosing caused toxicity.…. The body wasn't tolerating the microscoping encasements, especially upon redosing*".** Yet here we are, repeatedly dosing millions of people with boosters in LNPs whose tolerability is questionable. Moderna has been openly criticized for its transparency with research called unfit for publication. The fact is that intubation killed more COVID-19 patients and other comorbidities remains a significant factor for worse outcomes for individual suffering with COVID-19. *The number of deaths caused by purely SARS-CoV-2 remain unknown*. Ignoring the side-effects of COVID-19 vaccines and deaths, is unconscionable. Science should NOT be consumed in real-time by the masses as the data generated often have limited context and cannot be generalized. *COVID-19 and seasonal vaccines should not be mandated, not now, not ever*.

Fragmented and Poorly Executed- the Failed Potential of mRNA Vaccine Therapeutic Platform. It has taken Pfizer nearly 2 years to publish a paper showing any data regarding whether the mRNA is actually made into a protein product. **Two years!!!** This work should have been available before the emergency use authorization (EUA) was granted for the vaccines. Unfortunately, none of the basic bench-to-bedside work was submitted for these mRNA vaccines and surprisingly the FDA vaccine approval panel did not ask for any data to show that the fundamentals behind the mRNA platform, such as mRNA integrity and delivery to its proper subcellular localization was indeed happening and that the mRNA was being translated into a protein product. Over the past two years more than 12.7 billion doses of these mRNA products have been delivered to a largely otherwise healthy population worldwide. The first publication from Pfizer is long overdue- the paper is very telling and disturbing to say the least.

The abstract of this paper is worded very strangely. It begins with the sentence "***mRNA vaccines have been established as a safe and effective modality, thanks in large part to the expedited development and approval of COVID-19 vaccines***". The authors have carefully worded the opening sentence and put the entire onus of these mRNA "vaccines" being safe and effective on "***thanks in large part to the expedited development and approval of COVID-19 vaccines***", i.e., the agencies responsible for the oversight, such as the FDA and operation warp speed. How ironical. The data for mRNA vaccines is not what makes them as safe or effective, but they have been designated as safe and effective thanks to them being approved. ***This statement is truly concerning***. One problem with these modified mRNA vaccines is their half-life. Who knows for how long do these mRNA hang around and what is their fate, if they cannot be as easily degraded by the cellular machinery that degrades regular mRNAs found naturally. Another major problem is dose- there is no way to determine if a person is indeed getting the specified dose after dilution. In fact, 3 people getting the shot from one vial could get very different dose and hence may or may not have any reaction, making it impossible to pin down the adverse event to a particular batch. The results presented in this publication tell us a story, but the results not shown, tell us an even more compelling story about the problems with premature deployment of this very powerful and barely understood technology. It is time to stop using half-baked ideas and products at mass scale with potentially very serious damage to our healthy immune system. The mRNA technology has tremendous potential, but its indiscriminate use can destroy its future potential.

While there is no denying that COVID-19 disease is real and causes severe disease and subsequent death in a subset of people, the vast majority recover and do not suffer from severe symptoms, and a subset remain asymptomatic or get very mild disease. Do a subset of people who have recovered have lingering symptoms? Yes, sure they do, but so do people recovering from a myriad of other diseases and infections (Chikungunya virus, dengue, mononucleosis, Lyme disease to name a few). Just because some of these infections are rare in the US or not predominant elsewhere doesn't mean they are any less significant for people who suffer from these infections. And if one were to include chronic illnesses, the suffering and

devastation is huge. But the psychological impact of COVID-19 is much harder to assess and will be much longer-lasting than any other impact. In fact, the state of California is pouring millions of dollars in recovery effort from the mental toll that COVID policies and mandates had on the people of that state.

Flu vaccines haven't eliminated influenza virus and neither have other vaccines eliminated existence of other viruses, RNA or DNA. Our focus for the masses should be to choose wisely and allow our immune systems to be trained naturally with threats that are not so potent (flu or SARS-CoV) and with help with threats that can be life-threatening or debilitating (for example smallpox, polio). Vaccinating kids and healthy adults for COVID-19 vaccine is like doing their homework for them so that they appear to be A students/workers, but in realty will fail miserably when faced with real life situations. Are we really helping them? Why is it OK to suffer from side-effects of the vaccine, but not suffer (may or may not) from natural infection and allow one's immune system to be trained and do its job? Especially in children where heart inflammation appears to be the most common side effect, and not knowing that in the future what other adverse health outcomes these children might face from this vaccine-induced incident of myocarditis. Children's immune system are best suited for "thymic education" of T-cells, whereas thymic function as well as output of trained immune cells from one's thymus decreases significantly with age and stress. It is ironical when parents state: "I'd rather see my child get a side effect that doctors can help with than get COVID and possibly die." The number of kids who have died purely because of COVID is very, very, very small, but the number of kids with side-effects due to vaccine is much bigger than the number of children with natural COVID infection. Thus, the benefits of vaccine in children DO NOT outweigh the negative consequences.

More children have died from Adenovirus and RSV infections after COVID restrictions were lifted than from COVID, yet there was no panic or mandates (and rightly so) for these infectious diseases. Why are we so hung up on COVID Vaccines? The fear and hype created by the media is more of a threat to our existence than this virus or the pandemic. The authorities and the policymakers are making rash, hasty, biased, and uninformed decisions putting humanity at risk of being feeble, biologically unfit, and unhealthy by forcing vaccines for COVID-19 on the masses. Despite not being effective, the bivalent and others boosters are being administered to people. In fact, Paul Offit and other FDA panelist who approved the mRNA and other COVID vaccines under the EUA are crying foul that the Pfizer and Moderna presented them with cherry-picked data for the bivalent boosters. But the same panelist turned a blind eye to the cherry-picked data presented to them in the documents submitted for EUA. I went through those documents in great details and was alarmed to see neutralizing antibody data from only 2 people!!! And that document contained heavily cherry-picked data. What also remains surprising is that despite full approval of their Comirnaty mRNA vaccine, Pfizer continues to administer the version still under EUA. Finally, vaccine manufacturers have complete immunity- they cannot be held accountable even if they knew from preclinical studies and clinical trials about these potential side effects. Is it ethical to grant complete immunity under the guise of vaccines, emergency, and epidemics? Is it ethical to impose mandates for medical treatments? Is it ethical to take away people's own health choices from them and put them in the hands of big pharma whose job is to make money? I will conclude by asking you, science and discovery requires an open mind. If physicians and scientists ignore the overwhelming evidence that these vaccines are causing serious side effects in healthy population, are we being true to those principles? FEAR is not the solution, but part of the problem.

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I am not representing UCSF or any other organization- this testimonial is based on my understanding of the scientific data and evidence.