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I am in Favor with Amendments (FWA) for HB 0699 - State and Local Government – Proof of Vaccination for Employees and Applicants for Employment – Prohibition (Vaccination by Choice Act).

Amendment – Amend Section (C) to state: NO EMPLOYER, EDUCATIONAL OR TRAINING ENTITY, OR GOVERNMENTAL ENTITY MAY REQUIRE PROVIDE PROOF OF VACCINATION AGAINST COVID–19 AS A CONDITION FOR EMPLOYMENT OR ENROLLMENT.

I have worked in health care public policy for 25 years, including four years with the United States Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response (HHS/ASPR), the federal pandemic response authority. In this role, I served on the H1N1 pandemic response and the 2014 Ebola response. I wrote the H1N1 pandemic after-action report, which consolidated all federal pandemic response knowledge in preparation for the next pandemic (i.e., COVID).[1] This report was intended to serve as the "roadmap" for the next pandemic (i.e., COVID-19), and was reviewed and approved by a dozen federal health authorities, including the NIH office of Dr. Anthony Fauci. This report contains the established pandemic science that informs the following statements:

No COVID-19 vaccine mandates or passports are needed, for any population, for the following reasons:

- **Farr's Law dictates the COVID-19 pandemic has not been a population risk since about August 2020.** Farr's Law states that graph of an epidemic's cases or deaths, plotted against time, will produce a bell-shaped curve; the point of herd immunity is at the top of the curve. Therefore, claims of multiple waves are inaccurate because they violate Farr's Law (see below), in the same way it is inaccurate to state humanity's achievement of flight is proof the law of gravity does not exist. A second wave cannot be produced until the population loses immunity to the pathogen, usually either by new births or the introduction of a new, non-immune population (e.g., immigration). Maryland's hospital occupancy rates clearly show this bell curve stretching from March 2020 to about August 2020.[2]

- **Herd immunity is never dependent on a vaccine.** Herd immunity is mathematically defined as 1-(1/R0), where R0 is the number of people one individual can infect. Nowhere within this formula does a variable for vaccines exist. Although vaccines may lower R0, the formula shows that herd immunity is on no way dependent on a vaccine.

- **As per Farr's Law, claims of additional "COVID waves" are not accurate.** The surge profiles of Maryland's hospitalizations for these waves clearly show the 2nd COVID wave, Delta, and Omicron are firm matches for influenza. Compared to the R0 and infectious period of coronaviruses (2.5 to 2.9, and 14 days, respectively), the R0 for an influenza strain falls between 0.9 and 1.9, with an infectious period of three to seven days. The infectious periods of these

[1] An HHS Retrospective on the 2009 H1N1 Influenza Pandemic to Advance All Hazards Preparedness (2012). Available at https://www.phe.gov/Preparedness/mcm/h1n1-retrospective/Pages/default.aspx.
[2] Refer to the Pandemic Proof Calculator at https://bit.ly/3DyN9xK. As required by the scientific method, this calculator produces a repeatable and falsifiable method by which pandemic predictions may be accurately aligned to observations as presented at https://coronavirus.maryland.gov/.

additional waves are as follows:[3]

- **2nd Wave:** R0 of 1.4, infectious period of 6 days
- **Delta:** R0 of 1.5, infectious period of 6 days
- **Omicron:** R0 of 1.7, infectious period of 3.3 days

Conversely, COVID-19 falls squarely into the realm of coronaviruses, showing an R0 of 2.7 and an infectious period of 14 days.[4] Any future encounter with a SARS-2 pathogen will show a similar R0 and infectious period within the curve of state's hospital occupancy rates.

The math shows these claims that "influenza disappeared" was never correct, and these "COVID waves" were actually misdiagnosed influenza strains. This was made possible by a PCR diagnostic test known to have been overcycled, and hospitals that have been monetarily incentivized by the federal Medicare program to code for SARS-2.

- **Vaccines are useless for pandemics unless delivered by the peak of the bell curve.** Even if 100% safe and effective, a vaccine that is not deployed to the population by the peak of the bell curve have been delivered too late, and cannot materially reduce pathogen-related deaths and injuries.[5] As the peak of the bell curve occurred in May 2020, the deployment of the COVID vaccine in December 2020 meant that this vaccine was seven months too late to have any meaningful impact on the COVID-19 pandemic.

As per the points above, any COVID vaccine mandates are a useless exercise in bureaucracy, with zero benefits for the public health. I stand in favor of the passage of HB 0699, with an added amendment to prohibit all employers and educational and training entities from requiring proof of COVID-19 vaccination.

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[3] Ibid.

[4] ibid.

[5] An HHS Retrospective on the 2009 H1N1 Influenza Pandemic to Advance All Hazards Preparedness (2012). Available at https://www.phe.gov/Preparedness/mcm/h1n1-retrospective/Pages/default.aspx.