Written testimony from Valerie Borek, J.D. Maryland resident & Policy Analyst for Stand for Health Freedom.

I urge you to vote favorably for House Bill 699, the "Vaccination by Choice Act." It is well accepted at this point that the COVID shot is not "effective" as we expect vaccines to be. Pfizer, CDC, and the FDA have publicly and openly discussed the fact that the shots do not prevent transmission of the virus. For this reason alone, it should be obvious that mandating a medical intervention for an ineffective pharmaceutical is not sound policy. We also have mounting evidence that the safety of the shots needs to be seriously considered for each individual. The VAERS safety signal program, which in the past has resulted in manufacturers pulling shots after less than a dozen injury reports (in the case of Rotavirus vaccine for example), has logged over a million adverse event complaints for COVID shots alone. This one shot has eclipsed all reports for all other vaccines combined for 3 decades, in just a few short years. Yet the CDC and FDA continue to say it is safe for Americans.

Requirements remove choice. Individuals must retain their bodily autonomy and be able to exercise meaningful informed consent or refusal. If a person has to choose between a "jab or a job," they are facing unnecessary and cruel pressures that will impair their ability to make a choice that is right for their health alone. When we tie a livelihood to a medical decision, we have removed the ability for anyone to give informed consent, and thus any medical treatment from that point further is under duress, and constitutes coercion.

Below you will find an excerpt of an article recently published on Stand for Health Freedom's website that goes deeper into the lack of efficacy or safety data for the COVID shots. Americans must retain the ability to make informed decisions, uninfluenced by the stress of losing income or a livelihood they love.

--Valerie Borek

The FDA has lost its way. Its mission is to protect Americans, not the pharmaceutical industry. A recent publication in the Federal Register announced an upcoming meeting to discuss the future of the COVID shots: *"On January 26, 2023, the committee will meet in open session to discuss the future vaccination regimens addressing COVID-19. This discussion will include consideration of the composition and schedule of the primary series and booster vaccinations."*

At the end of January, the FDA advisory committee, the Vaccines and Related Biologic Products Advisory Committee (VRBPAC), will discuss COVID shot strain composition, timing, and how often new strains should be selected. Peter Marks, director of the FDA division in charge of vaccines and biologics, the Center for Biologics Evaluation and Research (CBER), has stated the FDA wants "normalcy" for the shots.

This is unacceptable. **The FDA should be reviewing the safety and efficacy of the shots – and considering pulling them from the market – rather than normalizing and increasing their use.**

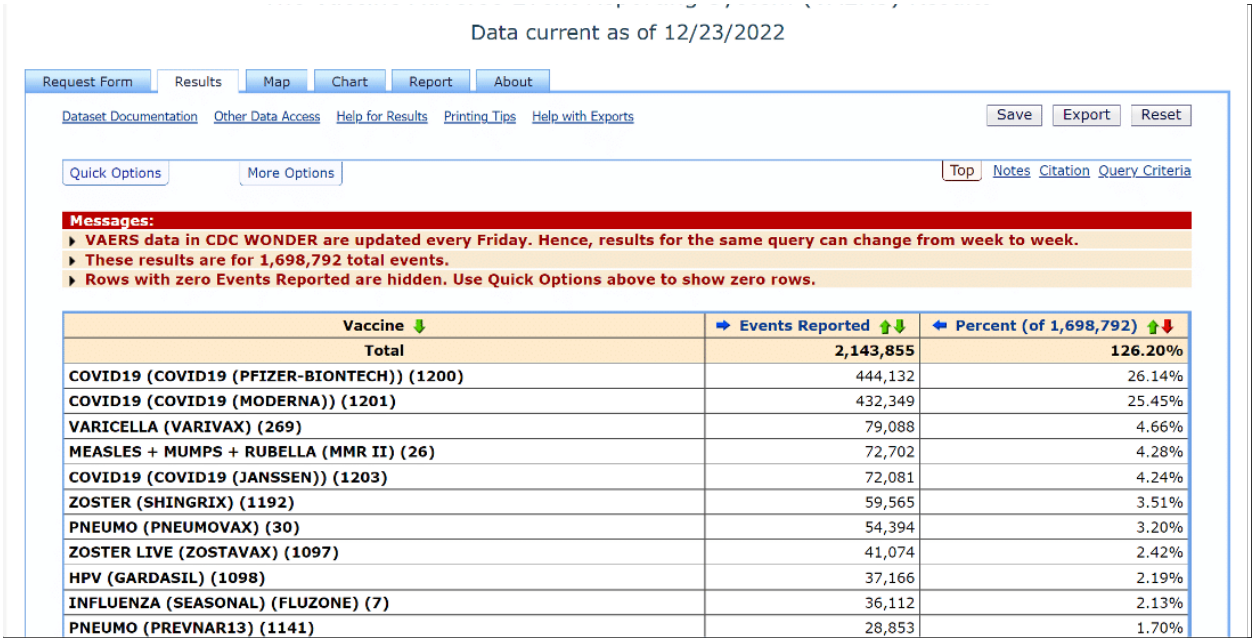
Most COVID shots are still under Emergency Use Authorization (EUA). Unprecedented numbers of safety complaints and adverse event reports have been filed. The shots do not prevent transmission of the COVID virus, and effectiveness is known to decrease rapidly or fail to protect against "breakthrough infections" (which would have been called "vaccine failure" before the COVID "new normal" newspeak).

Despite all of this, the FDA is not rushing to pull these shots from the market as they did with RotaShield, a rotavirus vaccine introduced in 1998. It took *only 10* VAERS reports for the CDC to conclude, in its own words, "The temporal clustering after receipt of RRV-TV suggested a causal relationship," and begin investigating.[iii] After an ongoing CDC investigation and 112 adverse event reports were made to VAERS, the manufacturer voluntarily recalled the vaccine.

Another vaccine rushed into arms of Americans, the H1N1 Swine Flu vaccine in 1976 was considered a disaster by public health experts around the world. It was called a "sorry debacle" and a "fiasco" by the New York Times. After a swine flu outbreak on a military base, the federal government rushed a vaccine to market for the public. The outbreak never spread across the country, but hundreds of Americans were injured by Guillain Barre Syndrome and 30 died as a result of the rushed vaccines. The 2009 H1N1 vaccine had a similar fate, flooding the VICP and the fledgling Countermeasures Injury Compensation Program (CICP) with a surge in claims.

COVID shot safety

Claims for injury or death after COVID shots are astronomical; more than 7,500 claims have been filed in the Countermeasures Injury Compensation Program (CICP). Prior to the COVID shots, the CICP had "handled fewer than 500 cases in its entire history."



Data current as of 12/23/2022

Request Form | Results | Map | Chart | Report | About

Dataset Documentation | Other Data Access | Help for Results | Printing Tips | Help with Exports

Save | Export | Reset

Quick Options | More Options

Top | Notes | Citation | Query Criteria

Messages:

- VAERS data in CDC WONDER are updated every Friday. Hence, results for the same query can change from week to week.
- These results are for 1,698,792 total events.
- Rows with zero Events Reported are hidden. Use Quick Options above to show zero rows.

Vaccine	Events Reported	Percent (of 1,698,792)
Total	**2,143,855**	**126.20%**
COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	444,132	26.14%
COVID19 (COVID19 (MODERNA)) (1201)	432,349	25.45%
VARICELLA (VARIVAX) (269)	79,088	4.66%
MEASLES + MUMPS + RUBELLA (MMR II) (26)	72,702	4.28%
COVID19 (COVID19 (JANSSEN)) (1203)	72,081	4.24%
ZOSTER (SHINGRIX) (1192)	59,565	3.51%
PNEUMO (PNEUMOVAX) (30)	54,394	3.20%
ZOSTER LIVE (ZOSTAVAX) (1097)	41,074	2.42%
HPV (GARDASIL) (1098)	37,166	2.19%
INFLUENZA (SEASONAL) (FLUZONE) (7)	36,112	2.13%
PNEUMO (PREVNAR13) (1141)	28,853	1.70%

COVID shots from different manufacturers are three of the top five most reported vaccines. Adverse event reports from the COVID shots far eclipse the next most reported shots (chicken pox and the MMR), by more than five-and-a-half times each, or 11 times more when combined. And the COVID shots have only been approved for two years. Compare that to Varivax's 27 years on the market after initial FDA approval, and the MMR II's 40 years of use. The safety signals are catastrophic and must be investigated. Instead, the FDA is adding gasoline to the fire by having a meeting to determine how best to get *more* of these dangerous shots into Americans from cradle to grave.

A closer detail from the same VAERS report, accessed January 3, 2023:

COVID19 (COVID19 (MODERNA)) (1201)	432,349
COVID19 (COVID19 (NOVAVAX)) (1210)	201
COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	444,132
COVID19 (COVID19 (UNKNOWN)) (1202)	4,939
COVID19 (COVID19 (MODERNA BIVALENT)) (1212)	6,024
COVID19 (COVID19 (PFIZER-BIONTECH BIVALENT)) (1211)	7,984

Two years after the first EUA, we are rapidly approaching 1 million claims of COVID vaccine injury or death in America, but our federal government is insisting the shots are safe.

COVID shot efficacy

Pfizer executive Janine Small told the European Parliament's special COVID committee that Pfizer did not know whether the shot would prevent transmission *before it entered the market.**[i]*** Pfizer CEO Albert Bourla said the same in December 2020 as the first authorization was given by the FDA.[ii] So if Pfizer didn't know, how could the FDA? But Americans were repeatedly told the shot was "safe and effective." CDC Director Rochelle Walensky has also stated the shot cannot prevent transmission.

Why were Americans told they needed to get the shot to protect others? In particular, why are children told to get the shot to protect their grandparents if it is known by the CDC, FDA, and makers of the COVID shot that it does not prevent transmission of COVID-19?

If stopping transmission of a virus is not a measure of efficacy, what is?

Read more at https://standforhealthfreedom.com/blog/unsafe-ineffective/