

**Oppose Senate Bill 385**

**Before the Senate Finance Committee**

**of the**

**Maryland General Assembly**

**Hearing on Senate Bill 385**

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**Written Testimony in Opposition to Senate Bill 385**

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The sponsors of Senate Bill 385 claim it is a response to the Trump Administration’s “efforts to discourage access to vaccines and undermine trust in vaccine science.” They contend that federal agencies have implemented confusing and unnecessary changes in vaccine policy that put public health at risk. They say the bill protects Maryland citizens by assuring proper state guidance based on “proven science” and reflects the simple belief that lifesaving vaccines are “essential to the health and safety of every Marylander.”

The impetus for the bill, which the sponsors claim is an “attack on vaccines and vaccine science,” was the January 5, 2026 change in the Center for Disease Control and Prevention’s (CDC) recommendations for childhood vaccines, a decrease in the number recommended from 18 to 11. Supporters say the process for making the changes was neither transparent nor based substantive evidence.

The Maryland Department of Health Secretary says that “immunization is a core public health priority” and the state will continue providing state residents “with guidance and recommendations grounded in rigorous, evidence-based science.”

The legislation proposes to counter recent CDC recommendations by (1) decoupling “the State’s vaccine authority from ... federal bodies, providing space for Maryland’s secretary to consider the guidance of federal agencies and entities as elective; and (2) and requiring that the secretary’s recommendations “shall be made in accordance with the applicable recommendations of” three “authoritative medical organizations.” The organizations are: the American Academy of Pediatrics; the American Academy of Family Physicians; and the American Colleges of Obstetrics and Gynecology.

There are several problems with the bill and its justifications. But the underlying one, and the reason the bill was introduced in the first place, is opposing views on the basic question “What constitutes *science*?” Supporters of the bill presume science is a collection of proven, irrefutable, facts that cannot be questioned. Those who oppose it believe science is about experience, testing, evidence, curiosity, transparency, and debate.

Although supporters say they want recommendations based on rigorous, evidenced-based science, they are closed to its actual pursuit. Rather than providing reasons and evidence for their disagreement of the CDC’s Advisory Committee on Immunization Practices (ACIP) recommended changes in the childhood vaccination schedules, supporters simply stick with the status quo and believe “What was, was right” -- and still is. By doing so they dismiss out of hand the impressive credentials and experience of current ACIP committee members along with what science is about.

If “consensus” were slavishly followed there would be no advances in science or medical practice. Michael Crichton writes, “There is no such thing as consensus science. If it’s consensus, it’s not science. If it’s science, it’s not consensus.” Carl Sagan comments, “Science is the process of learning and discovering, and debate is at it’s heart.” Neil deGrasse Tyson’s view is, “In science, the debate is never over.”

These views clash with those of Dr. Peter Hotez, a pediatrician and scientist, and committed vaccine advocate. He says, “Science is not up for debate. The bill’s sponsors’ seem to have that same view. The view that “the science is settled” regarding vaccine safety and effectiveness and should not be reviewed or questioned goes against the history of the nation’s vaccination program and current experience.

Before 1986 pharmaceutical companies were subject to many vaccine injure lawsuits and asked Congress for protection. Congress responded in 1986 and passed the National Childhood Vaccine Injury Act which prevented pharmaceutical companies being sued for vaccine injury or death. The law also set up a federal compensation program for vaccine injuries and, though the program is inadequate, it has paid out over \$5 billion in claims.

The law also required the Department of Health and Human Resources to track vaccine injuries and deaths. Over 2 million injuries and deaths have been reported, but this number is far short of the actual number which is tens of millions. The Vaccine Adverse Event Reporting System that tracks injuries and deaths only captures an estimated one percent of all occurrences.

The facts that compensation for vaccine injury and for the tracking of injuries and deaths were included in the law acknowledges that vaccine injuries occur.

Even a cursory review of the facts refute the claim that “vaccines science” has proved vaccines are safe and effective and no further questioning or confirmation are needed. None of the vaccines on the childhood schedule have ever been tested against a true placebo. No studies have have addressed the safety of the interactions of the vaccines. Nor have there been adequate studies of long-term safety. This is even acknowledged by one of the most ardent, vaccine advocates, Dr. Stanley Plotkin. He was forced to admit there are no studies that prove the long-term safety of the childhood vaccines.

The number and the doses of vaccines has risen dramatically since the 1986 vaccine act. At the same time the there has been dramatic increases in chronic illnesses diseases and autism. Vaccine advocates are fond of saying that “correlation is not causation.” This is so. But there cannot be causation without correlation. Correlation is the starting point of scientific investigation, not a reason to dismiss further inquiry.

In 1963 only 5 vaccines doses were recommended for children. It increased to 24 by 1983 and to 72 in 2025. The number of recommended doses during a child’s first twelve months increased from five (5) in 1983 to as many as twenty-eight (28) in 2025.

Forty percent of the nation’s children (birth to 17 years of age) have a chronic illness, and seventy-five percent (17 to 24 years of age) are not eligible for military service. Equally alarming is the rise in children diagnosed with autism.

Fifty years ago autism diagnosis was extremely rare. Estimates since then shows that 1 in 150 children was were diagnosed in the year 2000, and by 2022 increased to 1 in 31 children. Maryland is one of the states in the estimates. In the year 2000 the autism rate was 1 in 182 children and increased to 1 in 38 children in 2022. (See CDC Autism Data Visualization Tool:

<https://www.cdc.gov/autism/data-research/autism-data-visualization-tool.html>).

The bill takes “a step forward” in recognizing the State’s authority not to automatically follow the health recommendations of the CDC or other federal agencies. Under the US. Constitution, states have the authority to make health policy, not the federal government. This has always been the case and it is good the State now formally recognizes it and has made an effort to exercise its authority.

Unfortunately, the bill takes “two steps back.” After in principal deciding not to mechanically follow the recommendations of the CDC, it proposes to do the same with non-government organizations. In rigorously following the CDC’s, it was in effect “outsourcing” a crucial State

responsibility to the federal government. Now, even worse, it is outsourcing this responsibility to alleged “authoritative medical organizations.”

The use of the term “authoritative medical organizations” is a euphemism for “trade association.” The primary purpose and goal of trade associations is to advance the self-interest of its members and contributors. It is grossly imprudent to believe the vested interests of the associations’ members – let alone its pharmaceutical corporate donors – will be consonant with the public interest and public health. They will not be consonant, and they will conflict.

The bill deems these associations “authoritative” under the presumption that the entities have much knowledge and expertise and can be counted on for reliable, unbiased information and opinions. In a more basic sense, something is “authoritative” because it is “true.” None of the three organizations meets either of these these definitions. One glaring fact alone disqualifies them. All still recommend “COVID-19 vaccination for pregnant women, even though it hadn’t been tested on pregnant women.”

Dr. Peter McCullough considers this “a flagrant violation of the ‘Golden Rule of pregnancy’ ... that novel and/or potentially harmful substances are never used when new human life is being formed and nurtured within the womb.” After the CDC’s approval, McCullough notes, “millions of pregnant women who wouldn’t dared drink a solitary glass of wine lined up to get an experimental genetic shot that had been developed at ‘warp speed.’”

One of the three “authoritative medical organizations,” is currently defending itself in a lawsuit alleging fraud. In response to parents’ concerns about harm from vaccines, The American Academy of Pediatrics (AAP) used “the trappings of science to deceive parents” by misdirecting their concerns rather than responding to them.

In 2002, as parents grew increasingly concerned about the cumulative effect of an ever-expanding vaccine schedule, Dr. Paul Offit, then a member of the American Academy of Pediatrics Committee on Infectious Diseases, claimed that “each infant would have the theoretical capacity to respond to about 10,000 vaccines at any one time.” He made the claim in an article he wrote for the AAP’s journal, *Pediatrics*. Rather than responding to parent’s concern’s based on empirical data, the article was used to reassure parents that vaccines are safe.

One supporter of the bill says she recognizes “the reality of vaccine hesitancy.” But it’s not clear she does, otherwise she probably would not be supporting the bill. She may recognize the hesitancy but does not seem to understand it. To understand it one has to understand it’s causes.

Vaccine hesitancy did not begin with the Trump Administration or with the Secretary of Health and Human Services. It started decades ago with parents whose children were injured from vaccines. As mentioned, injuries were so pervasive that the pharmaceutical companies had to ask Congress for protection. And after they received protection there were more and more vaccine injuries and deaths.

The parents whose children were injured were not “anti-vaxers” – they had their children vaccinated and the children suffered serious, life-long injuries or died. It was the experience of these parents and their stories – especially the mothers – who started the so-called “vaccine hesitancy.” These parents were, and still are, largely ignored. But to anyone who took the time not to just to “recognize” vaccine injuries and suffering but to understand it and to learn what happened, they joined the ranks of the “vaccine hesitant.”

A major increase in vaccine hesitancy was caused by public health agencies and policies during COVID-19. The suppression and ridicule of treatments other than vaccines, the effective censoring of qualified doctors and scientists who questioned official policies; and violations of informed consent for accepting medical interventions were tantamount.

Rather than unquestioningly accept the traditional vaccine industry narrative, people started questioning and doing their own research. This was partly prompted by the blatant lies and contradictions from supposedly trusted public health agencies and officials. More and more people found out on their own. And the more they found out, the worse things looked, and the more “hesitant” they became.

They found out that childhood vaccines were never tested against a true placebo; they cannot sue a pharmaceutical company for injure or death; they are essentially on their own, and in the case of severe, life-long injury they are likely to go bankrupt; injuries and deaths from vaccines are not rare; doctors get kick-backs (euphemistically called “incentives”) for the number of children in their practices who are fully vaccinated.

In Maryland, it seems acceptable for a doctor not to tell a person considering the HPV vaccine about the most serious side effect, *death*. The CDC lists death on a Vaccination Information Sheet on its website, and the package insert for the vaccine does so also. But the Maryland Department of Health does not mention it at all on it’s website, or if it does, it is extremely difficult to find. Omitting this fact or not prominently displaying it hardly comports with the Secretary’s intention of providing Marylanders “with guidance and recommendations grounded in rigorous, evidence-based science.”

Maryland and its legislature should continue with its “step forward” taking control of its health policies. They can do this by “doing their own research” and a fair investigation of the benefits and risks of childhood vaccines. The general assembly can start with hearings where doctors, scientists and other witnesses, on both sides of the issue, to present their views and are questioned.