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Dear Committee Chairs and Members:

I am testifying in favor of LD 96, LD 156, LD 833, LD 1082.

My name is Meryl Nass, I am a physician in Ellsworth, and I am the most published person in the world on the safety of anthrax vaccine. I have testified to six Congressional committees and several state legislatures on the subject of vaccine safety and mandates.

I am not an anti-vaxxer. I am strongly in favor of safe and effective vaccines. I am fully vaccinated.

I have read a lot of original documents about vaccines--manufacturers' data and FDA paperwork. I have seen much that would make your hair stand on end:

- Vaccine vials with visible mold or bacterial growth that were injected into soldiers.
- Vaccines held in bulk for decades, because they did not expire according to FDA regulation until they were put into vials.
- An anthrax vaccine which, according to the Government Accountability Office, caused permanent disabilities in 1-2% of recipients
- In fact, a member of the Legislature testified in 2019 that he himself had been injured by the anthrax vaccine.

Anthrax vaccine has been tested in children, and in some future emergency might be required for children.

We are in a different emergency now, and an unlicensed and poorly tested Covid-19 vaccine is being mandated for college students, and soon may be mandated for schoolchildren, if such is permitted by our laws.

Why do I say poorly tested? Subjects in the clinical trials of all 3 authorized vaccines were only followed for adverse events for a median of two months. As soon as the EUAs were issued, FDA and the manufacturers unblinded the trials and gave vaccine to the 98% of placebo recipients who wanted it. What this means is that the safety trial essentially ended after two months, when the control group disappeared. We may never know precisely what the long-term side effects are.

I am not disputing that the vaccines provide protection. What I am saying is that we cannot balance risk and benefit, especially for children, as we do not have the data on risk. The PREP Act, under which EUA vaccines are administered, requires that the known and potential benefit outweighs the known and potential risk. However, we know that the benefit is relatively small for children, as few die or become chronically ill due to Covid.

Of the over 500,000 Covid deaths in the US, about 300 have been in children.

If we vaccinate 70 million children, how many deaths might occur? Probably under a million children have received Covid vaccines, yet 7 deaths have been reported to the CDC-FDA Vaccine Adverse Event Reporting System, which were believed by the reporter to have been related to their vaccination.

Some vaccines are risky, and some are extremely risky for some people. For this reason, and the fact that children are shown to play only a tiny role in the spread of SARS-CoV-2, it is necessary to think very carefully about general vaccine mandates. You never know what infectious disease, nor what vaccines, may be used in the future. Blanket mandates, combined with blanket liability waivers for everyone involved in the process of vaccinations, leave the door open to risky but highly profitable vaccines.

I urge you to allow families choice in this very personal matter.

Sincerely,

Meryl Nass, M.D.