



Testimony in Support of LD 1382: “An Act to Establish the Guiding Public Health Principles of Focused Protection for Pandemics of a Highly Infectious Respiratory Disease”

Senator Baldacci, Representative Meyer, and the distinguished members of the Committee on Health and Human Services, my name is Nick Murray and I serve as director of policy for Maine Policy Institute. We are a free market think tank, a nonpartisan, non-profit organization that advocates for individual liberty and economic freedom in Maine. Thank you for the opportunity to testify on LD 1382.

Public health policy, like scientific understanding, can shift significantly over time. It should be held to the same standard of accountability that we demand of public servants, even in an extended emergency situation.

This is why officials and experts, when previously discussing the efficacy of mass society-wide lockdowns in response to a respiratory virus outbreak, conclude time and time again that the policy would be more destructive than the disease.

In 2020, we threw all of that planning and foresight out the window, and science appeared to begin from square one—the dark ages. This is why several globally-recognized and esteemed epidemiologists were moved to pen the Great Barrington Declaration in fall of 2020, and lay out the commonsense disease-mitigation principles of Focused Protection.¹

These brave scientists were greatly influenced by the work of Dr. Donald A. Henderson, former director of the World Health Organization effort which eradicated smallpox in the 1970s. In 2007, Dr. Henderson co-authored a paper in response to a recent CDC document, initially called “Early, Targeted, Layered Use of Nonpharmaceutical Interventions, which touted mass lockdowns as a response to an influenza pandemic²

In that prescient document, Henderson and colleagues cite decades of disease mitigation precedent which vigorously condemn the coercion-based public health philosophy that leads to closed schools, mandatory mass quarantine, and a general shutdown of society. They close with this:

¹ Great Barrington Declaration; gbdeclaration.org

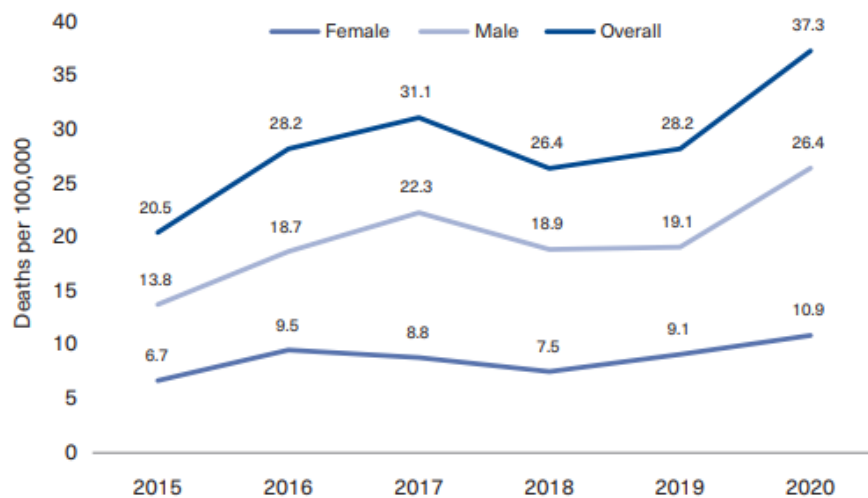
² [Interim Pre-pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States](#) | US Centers for Disease Control and Prevention, February 2007

“Experience has shown that communities faced with epidemics or other adverse events respond best and with the least anxiety when the normal social functioning of the community is least disrupted. Strong political and public health leadership to provide reassurance and to ensure that needed medical care services are provided are critical elements. If either is seen to be less than optimal, a manageable epidemic could move toward catastrophe.”³

Lockdown policy is truly medieval. It is an affront to the values we purport to exemplify in the United States and the State of Maine, whose consequences are still being felt.

We are merely beginning to account for the staggering loss of life and increase in morbidity, especially for younger populations who faced very low health risk from COVID-19, over 2020 and 2021.⁴ The graph below shows the incredible increase in mortality from drug-related causes for Mainers aged 25-49 in 2020;⁵ there is little doubt that draconian lockdowns played a role in inflaming an opioid addiction crisis which had already begun to spiral out of control.

FIGURE 4: Number of Drug-Related Deaths per 100,000 Population by Sex and Overall from 2015 to 2020



³ Inglesby et. al, "[Disease Mitigation Measures in the Control of Pandemic Influenza.](#)" *Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science*; Volume 4, Number 4, 2006. Re-published on AIER.org, May 21, 2020.

⁴ [Fatal Conceit: Mortality in Maine During the COVID-19 Era](#) | Maine Policy Institute

⁵ Daley, Angela, Prianka M. Sarker, Liam Sigaud, Marcella H. Sorg, and Jamie A. Wren. "[Drug-Related Morbidity and Mortality in Maine: Lost Productivity from 2015 to 2020.](#)" *Maine Policy Review* 31.1 (2022) : 8 -18, <https://digitalcommons.library.umaine.edu/mpr/vol31/iss1/1>

The problem with the ad-hoc, reckless “public health” policy of lockdowns, restrictions, and mandates, is that its goals, like the virus it tried to fight, constantly evolved. It was never based on sound advice on how to maintain positive personal health.

To fight a respiratory virus that was more likely to spread indoors, and could be combated by maintaining stable health by exercising and vitamin D exposure, the state government forced Mainers to stay inside their homes, and even mandated face coverings in “all public areas” including open air, outdoor spaces,⁶ for over a year.⁷

Today, the full absurdity of these policies are laid bare. Yet, neither Gov. Mills or any member of her administration has admitted that lockdowns were a grave mistake, and on-balance, caused more harm to public health. Because the governor betrayed the public trust with her actions during the pandemic, this Legislature must ensure the totalitarian policies of 2020 (and 2021) never happen again.

Please deem LD 1382 “Ought To Pass.” It is the least that this Legislature or the state government can do to apologize to Mainers and attempt to right some of the injustices of the last few years. Thank you for your time and consideration.

⁶ [AN ORDER TO STAY SAFER AT HOME. 49 FY 19/20. April 29, 2020](#)

⁷ [AN ORDER TO REPEAL CERTAIN FACE COVERING REQUIREMENTS. 39 FY 20/21. May 19, 2021](#)