Testimony on LD51, April 3, 2023 by Meryl Nass, MD

Dear Senator Rafferty, Representative Brennan and esteemed members of the Education and Cultural Affairs Committee:

My name is Dr. Meryl Nass and the Maine Board of Licensure in Medicine (BOLIM) suspended my license 14 months ago for spreading misinformation and treating hundreds of Maine patients for early COVID--despite no patient complaint nor any allegation of harming anyone. The Board continues to delay the conclusion of my hearing, waiting 3 months between hearing dates. You, legislators, oversee the BOLIM and I suggest you require the agency to start obeying the law, as my case did not satisfy the statutory grounds for immediate suspension.

The legislature thought it was making it easier to obtain a medical exemption when it passed 798. Instead, the BOLIM suspended Dr. Gosselin and threatened multiple other doctors who wrote vaccine exemptions for their patients. Medical exemptions became impossible to obtain in this state.

I was here 4 years ago for the contentious votes on LD 498. I warned you then that an anthrax vaccine, or something like it, could some day be added to the childhood schedule. One Representative testified then that he had been injured by the anthrax vaccine. Well, the COVID vaccine is the anthrax vaccine equivalent. Congresswoman Nancy Mace from South Carolina has been vocal about her serious COVID vaccine injury. It is a statistical certainty that members of the Maine legislature have been injured by it, as well as some of their family members.

In order to pass 798, a stipulation was added that only the Legislature could add vaccines to the Maine childhood schedule. But you made no such stipulation for preschoolers and college students. The Department of Health has in fact added vaccines for preschoolers in Maine since LD 798 passed and added a second dose of chickenpox vaccine for schoolchildren. DHHS issued other mandates for COVID vaccines. With COVID vaccines now on the federal childhood schedule, babies six months and up could be required by Maine DHHS to receive it in order to attend daycare. This is a disaster looming. But you, the legislature, could fix it by stopping mandates for COVID vaccines for all and restoring religious and philosophic exemptions.

The federal regulatory agencies have been neutered, and FDA no longer assures the safety or effectiveness of new vaccines. The bivalent COVID booster was authorized without any human testing, for goodness sakes!

Give us back the much touted, "My Body, My Choice" philosophy that this legislature and Maine's executive agencies have trashed. Give us back the exemptions you revoked 4 years ago under false pretenses, with the financial backing of a massive pharma lobby.

Everyone in this room must know by now that the COVID vaccines barely work and are dangerous. They are a harbinger of things to come. While the COVID vaccines took nearly a year to be authorized, the plan is to shrink that time to a third for future pandemics. I have

provided you with electronic testimony, official charts and graphs on the vaccines' poor efficacy and safety.

Chart 1 shows that the CDC and FDA, who share the VAERS database, knew that myocarditis in young males after dose 2 was up to 100 times greater than expected.

Charts 2,3, and 4 show that the CDC, the Lancet Infectious Disease journal and the Journal of the American Medical Association all provide strong evidence that vaccine effectiveness **wanes to zero** within 2 months for 5-11 year-olds, and within 6-7 months for older people. (The zero line in the first two graphs). Then efficacy becomes negative, which means **recipients become more likely to get COVID.**

Chart 5 shows how long it should take to develop a safe and effective vaccine: 10-15 years. Chart 6 shows what happens when you rush the vaccine development process.

The final graphics reveal that a plan envisioned by the WHO's Chief Scientist and the the WHO-affiliated Coalition for Epidemic Preparedness is to roll out vaccines for the next pandemic in 100-130 days (3-4 months) -- making human testing impossible.

Chart 1 What the federal agencies knew 21 months ago about myocarditis in young males-- roughly 100 times as much myocarditis occurred as would be expected in 12-24 year-olds 1 week after the shot. This chart is from a CDC presentation given to CDC's Advisory Committee on Immunization Practices in June 2021.

Preliminary myocarditis/pericarditis reports to VAERS following dose 2 mRNA vaccination, Exp. vs. Obs. using 7-day risk window (data thru Jun 11, 2021)

	Females			Males		
Age groups	Doses admin	Expected*,†	Observed*	Doses admin	Expected*,†	Observed*
12–17 yrs	2,189,726	0–2	19	2,039,871	0–4	128
18–24 yrs	5,237,262	1–6	23	4,337,287	1–8	219
25–29 yrs	4,151,975	0–5	7	3,625,574	1–7	59
30–39 yrs	9,356,296	2–18	11	8,311,301	2–16	61
40–49 yrs	9,927,773	2–19	18	8,577,766	2–16	34
50–64 yrs	18,696,450	4–36	18	16,255,927	3–31	18
65+ yrs	21,708,975	4–42	10	18,041,547	3–35	11
Not reported	—	—	1	—	—	8

CDC

* Assumes a 7-day post-vaccination observation window (i.e., symptom onset from day of vaccination through Day 6 after vaccination)
† Based on Gubernot et al. U.S. Population-Based background incidence rates of medical conditions for use in safety assessment of COVID-19 vaccines. Vaccine. 2021 May 14 S0264-410X(21)00578-5. Expected counts among females 12–29 years adjusted for lower prevalence relative to males by factor of 1.7 (Fairweather, D. et al. Curr Probl Cardiol. 2013;38(1):7-46).

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Chart 2 is a CDC chart presented to its Advisory Committee on Immunization Practices in fall 2022, revealing that for all ages vaccine efficacy against infection falls to zero at 6-7 months

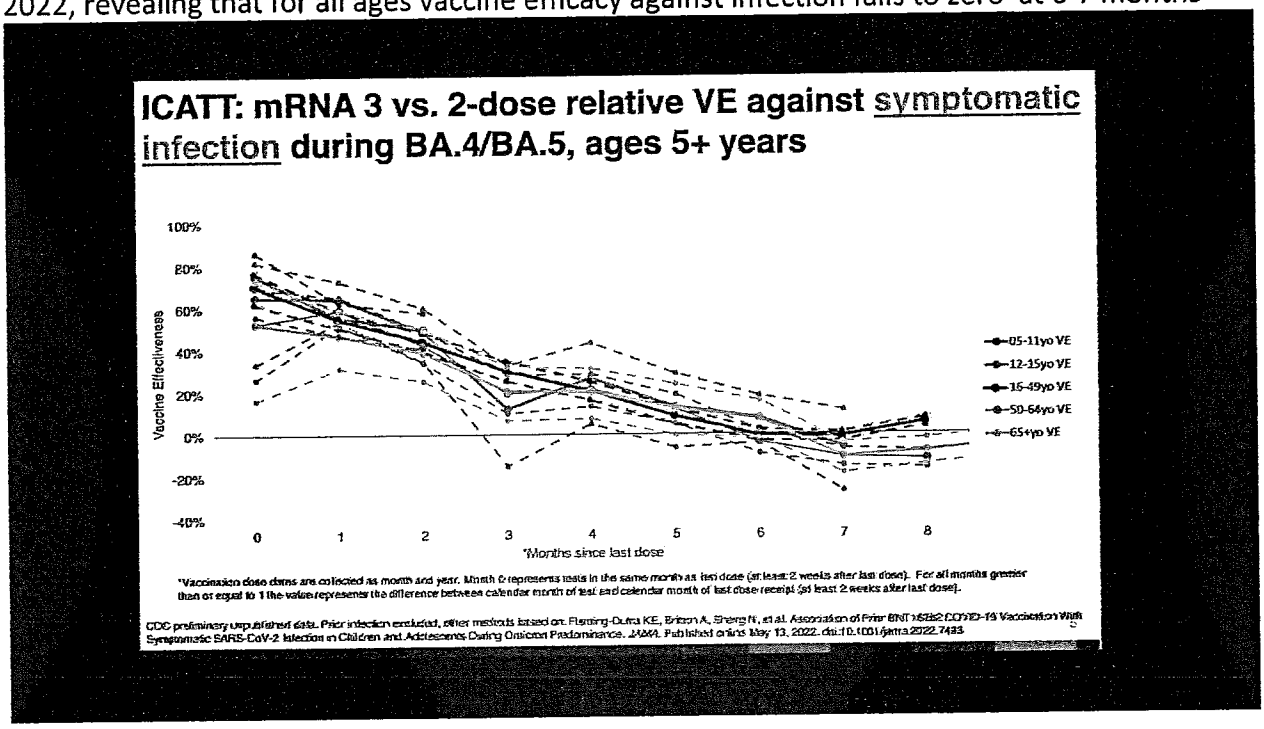


Chart 3 is a chart in a Lancet publication from 3 weeks ago revealing exactly the same thing as the CDC data above: No vaccine efficacy by the seventh month post-vaccination, followed by negative efficacy, which means increased susceptibility to the disease as more time elapses after vaccination.

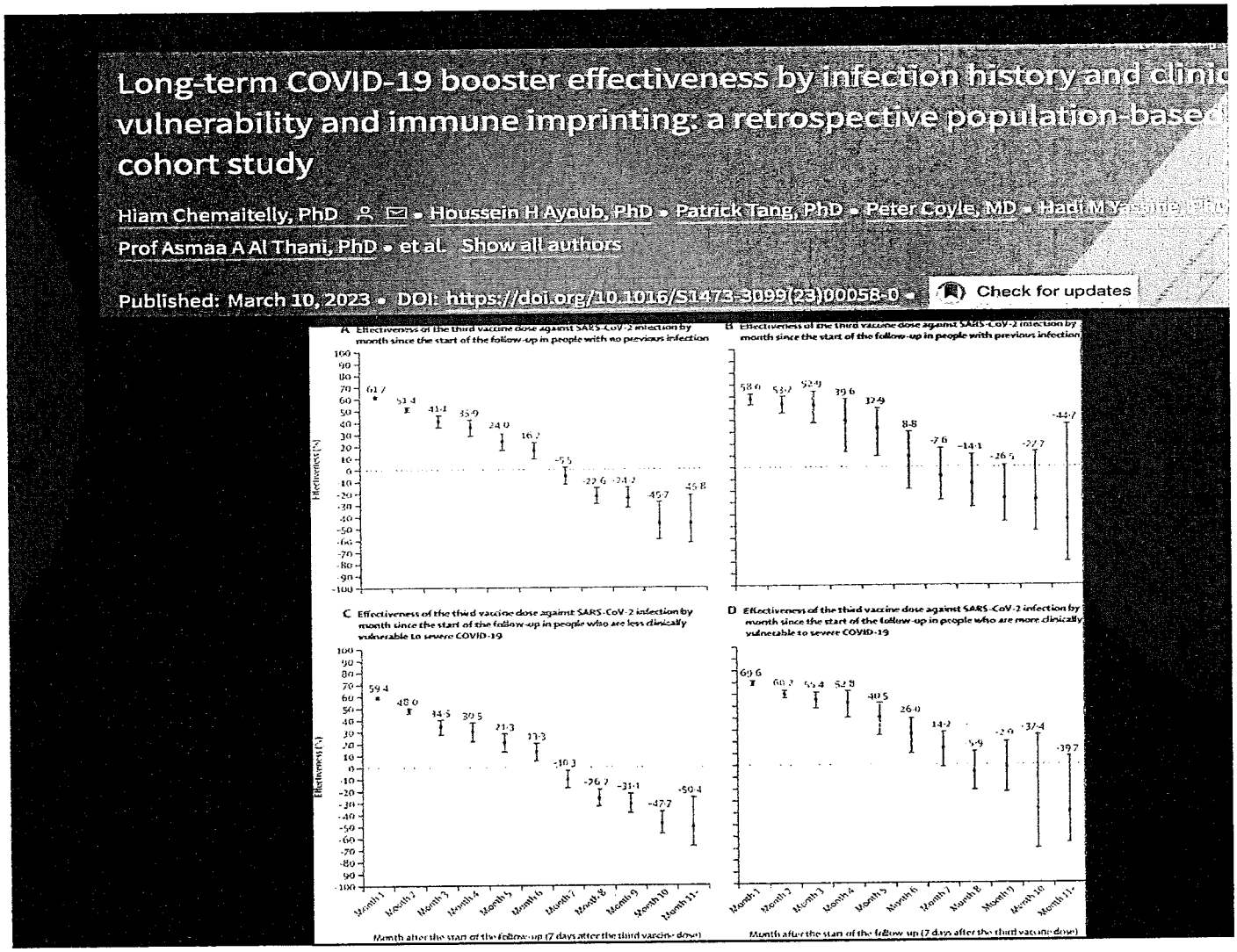


Chart 4 from the JAMA (Journal of the American Medical Association) details official data published by NY state's department of public health on over 1 million children. It compares the risk of getting COVID in the vaccinated compared to the unvaccinated by **days** after vaccination. Black circles represent 5-11 year-olds and orange circles are 12-17 year-olds. **By 6-7 weeks after vaccination, efficacy in the 5-11 year-olds had already become negative.**

Research Letter

May 13, 2022

FREE

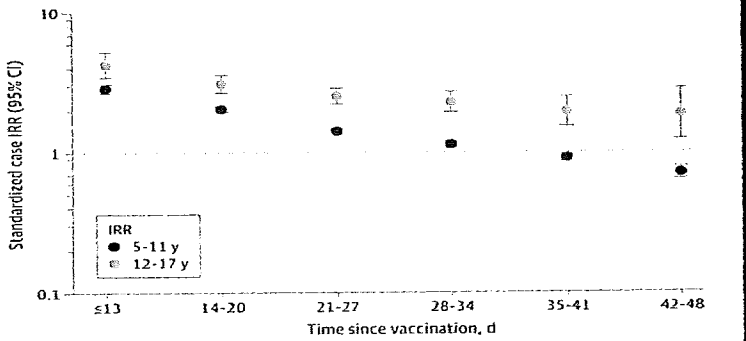
Risk of Infection and Hospitalization Among Vaccinated and Unvaccinated Children and Adolescents in New York After the Emergence of the Omicron Variant

Vajeera Dorabawila, PhD[1]; Dina Hoefer, PhD[1]; Ursula E. Bauer, PhD[1]; et al

> Author Affiliations | Article Information

JAMA. 2022;327(22):2242-2244. doi:10.1001/jama.2022.7319

Figure. New COVID-19 Cases Among Unvaccinated Children vs Fully Vaccinated Children by Time Since Vaccination and Age Group



IRR (95% CI)						
12-17 y	4.3 (3.4-5.3)	3.1 (2.7-3.6)	2.5 (2.2-2.9)	2.3 (1.9-2.7)	1.9 (1.5-2.5)	1.9 (1.2-2.8)
5-11 y	2.9 (2.7-3.1)	2.0 (1.9-2.1)	1.4 (1.4-1.5)	1.1 (1.1-1.2)	0.9 (0.9-1.0)	0.7 (0.6-0.8)

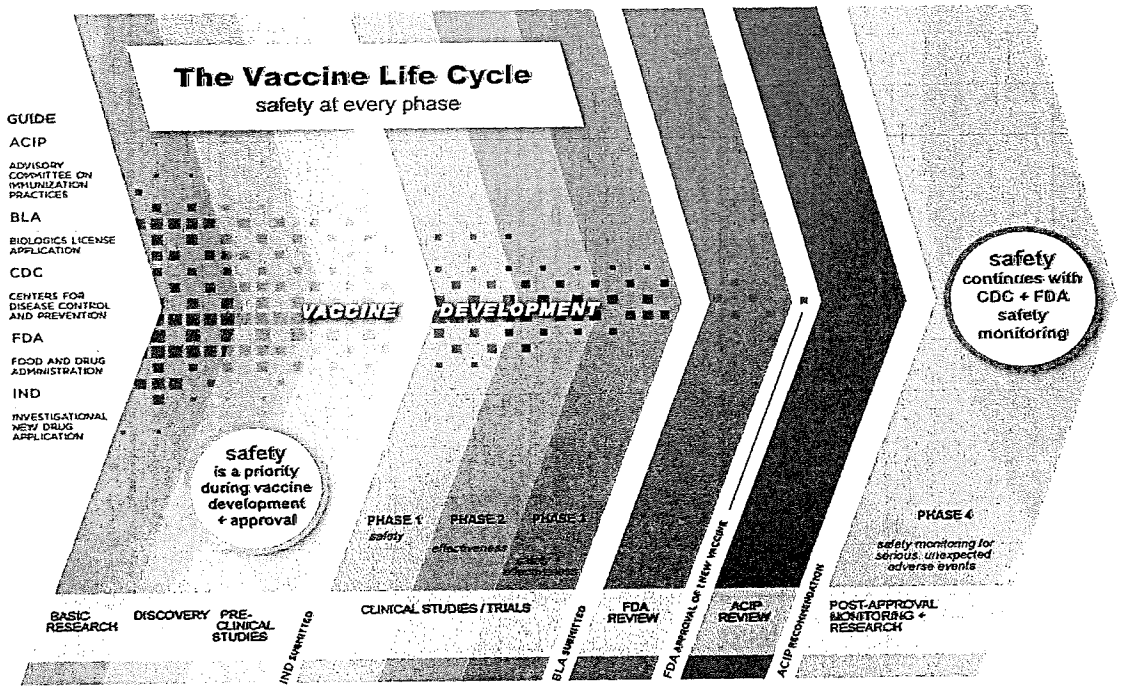
According to the American College of Physicians,[1]

> *"Vaccine development is a long, complex process, often lasting 10-15 years and involving a combination of public and private involvement...Vaccines are developed, tested, and regulated in a very similar manner to other drugs. In general, vaccines are even more thoroughly tested than non-vaccine drugs..."*

According to the CDC,[2]

> *"Vaccine licensing is a lengthy process that can take 10 years or longer. The FDA requires that vaccines undergo three phases of clinical trials with human subjects before they can be licensed for use in the general public."*
>
> *"Only after the FDA is satisfied that the vaccine is safe is it licensed for use in the general population.*

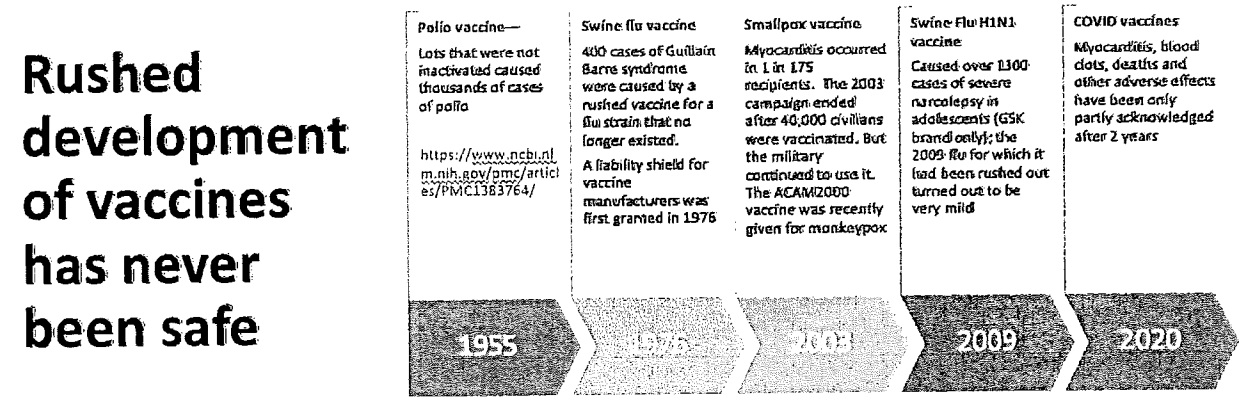
Chart 5 (The Vaccine Life Cycle) is from the CDC (the reference is footnote 2) showing the [pre-COVID] process of vaccine development.



[1] https://historyofvaccines.org/vaccines-101/how-are-vaccines-made/vaccine-development-testing-and-regulation

[2] *https://www.cdc.gov/vaccinesafety/ensuringsafety/history/index.html*

What happens when this stringent process is ignored and vaccines are developed at high speed, avoiding some of the steps normally required? I designed **Chart 6** to show you what has happened every time: major safety disasters.



And yet this is exactly what is planned for our future. More mRNA vaccines and more vaccines without human testing.

The Coalition for Epidemic Preparedness Innovations, also called CEPI, funded by the Gates Foundation, Wellcome Trust, supported by the World Economic Forum, W.H.O. and 32 countries **including the US,**[3] **promises to roll out vaccines for the next pandemic in only 100 days**. I can assure you that there will be no time for human testing or licensure.

CEPI compares the time it took to develop prior vaccines--usually decades--to their plan. With funding by so many countries, it is a near certainty that hurriedly rolled out, untested vaccines will be used. Realize what has already happened in the vaccine space, and what is coming next. Don't ignore my warning like you did 4 years ago.

We must have the freedom to say no.

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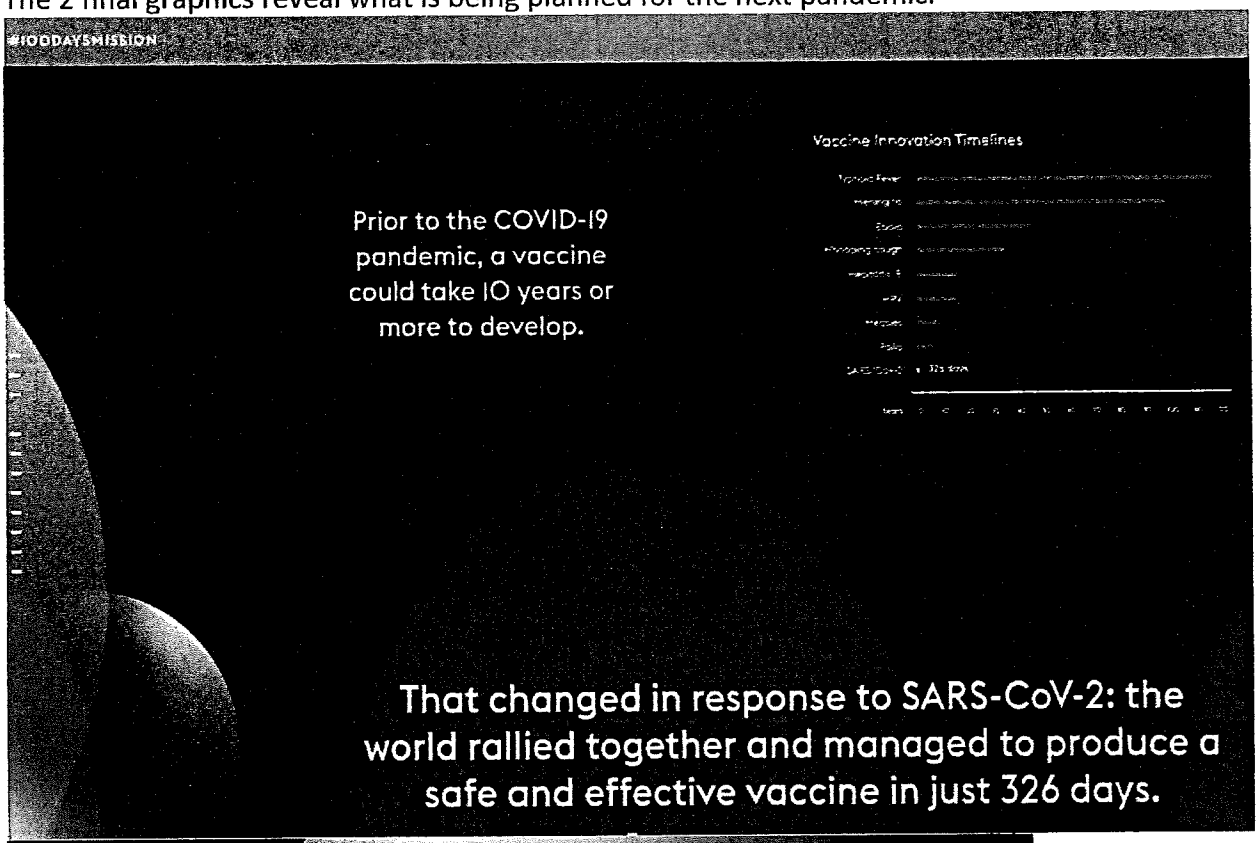
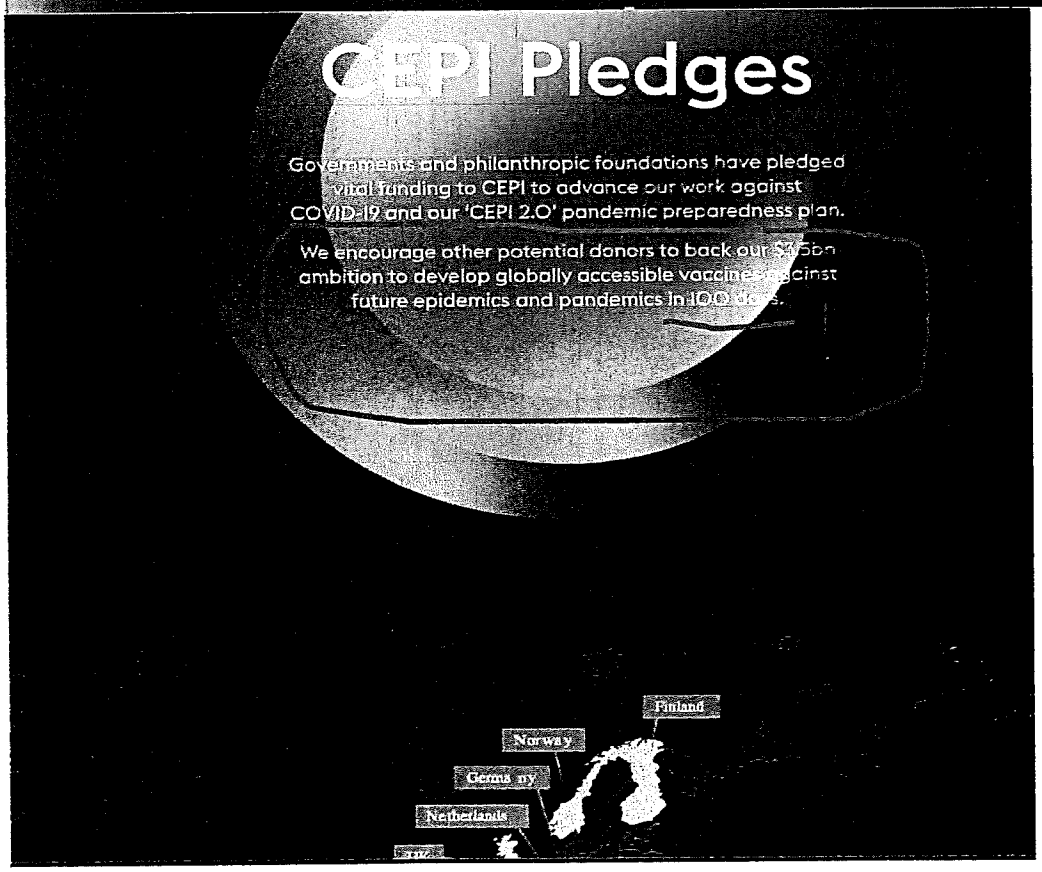
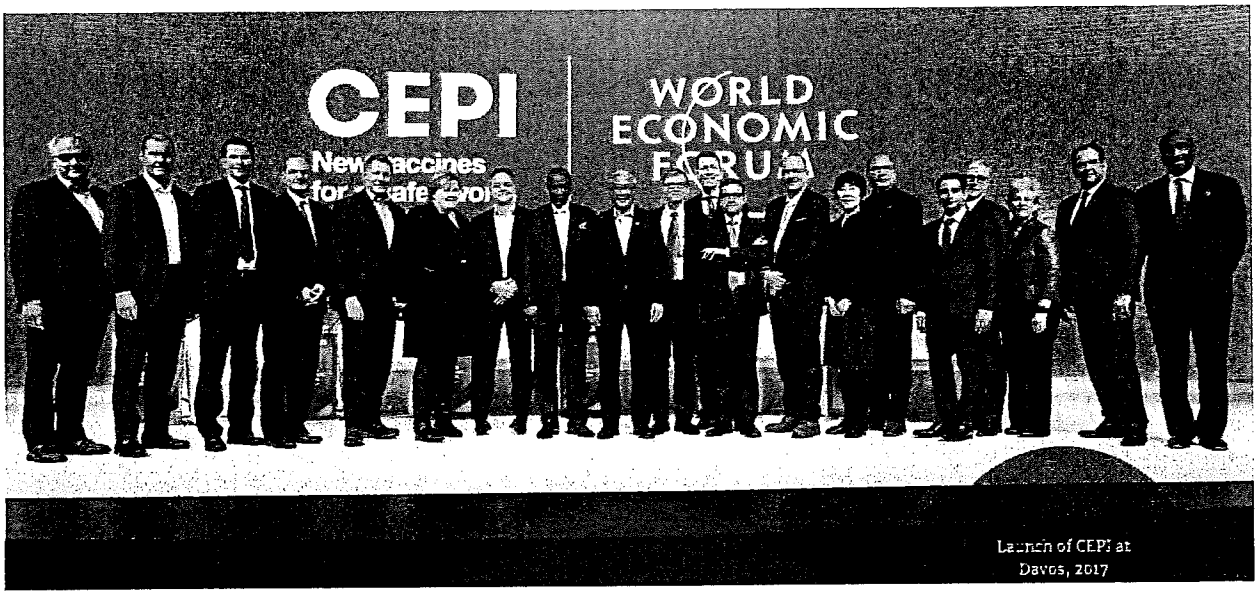
[3] https://cepi.net/get_involved/support-cepi/

The 2 final graphics reveal what is being planned for the next pandemic.







Launch of CEPI at Davos, 2017