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Testimony
In Support of

LD 436 An Act to Prohibit State Agencies from Promoting the COVID-19 Vaccination to Children

Senator Ingwersen, Representative Meyer and fellow members of the Joint Standing Committee on Health and Human Services, my name is John Eder and I represent HD 136, the town of Alfred and part of the towns of Lyman and Waterboro.

I am here to present **LD 436 An Act to Prohibit State Agencies from Promoting the COVID-19 Vaccination to Children**. As we consider whether our beleaguered health agencies should continue recommending the COVID-19 vaccine for children, it's crucial that we dispassionately appraise the evolving nature of the virus and the most recent evidence regarding vaccine safety in the interest of restoring public confidence in our health authorities.

The pandemic was declared over in 2023, and COVID-19 has attenuated to the point where recent variants typically cause only mild cold or flu type symptoms. The CDC's February Data Tracker reported COVID-related emergency room visits in Maine were just 0.4% of total visits^[1].

The risk of severe illness in children was always extremely low, with a death rate of statistical zero (<0.2%) during the pandemics peak^[2]. In fact, COVID-19 has always posed less danger to children compared to all other respiratory illnesses,^[3].

You'll recall that the rationale for mass vaccination of children was to prevent transmission to older relatives. However, it is now well-established that COVID-19 vaccines never did prevent transmission^[4]. By this fact alone, continuing to recommend this vaccine for children as

young as six months—who have never faced serious illness—lacks any discernible ethical or scientific foundation at this point.

The accelerated development of COVID-19 vaccines under Operation Warp Speed marked a stark departure from traditional vaccine development timelines, which typically span 10 to 15 years^[^5]. The mRNA vaccines, never before tested on humans, were authorized in months. As a result, we resorted post-marketing surveillance systems like VAERS and V-safe to identify long-term risks, despite the CDC acknowledging that only a small percentage of vaccine-related injuries are reported to VAERS^[^6].

Analyses of the VAERS database revealed troubling data regarding severe adverse events among children, including death, anaphylaxis, and myocarditis or pericarditis, particularly among adolescent males^[^7]. These risks, collected in VAERS are now acknowledged in the product information of Pfizer's COVID vaccine^[^8]. Given the data, the risk-to-benefit analysis for children, especially babies as young as six months, seems upside down.

Yet on the Maine CDC's website, parents still encounter those erroneous claims, along with phrases like “protect your family” and “slow the spread,” which continue to imply that the vaccine stops transmission though it does not ^[^9]. By highlighting outdated information and not acknowledging the risks, our health authorities are failing to provide parents with the fully informed consent further destroying public trust.

Many parents do not realize that they cannot sue vaccine manufacturers for injury, as they are protected under the PREP Act^[^10]. The Countermeasures Injury Compensation Program (CICP) has been criticized for its low payouts and stringent criteria^[^11]. A recent court case in Maine highlighted this issue. The PREP Act has been extended until 2029 ^[^12]. The childhood vaccines remain under emergency use authorization, absent any emergency, implying that manufacturers seek to shield themselves from risk.

Unfortunately, deceptive marketing has been a hallmark of the pharmaceutical industry. The ongoing opioid crisis in our state, which devastated communities and for which we received a meager payout last year, was precipitated by Pharma knowingly pushing the overprescription of highly addictive OxyContin^[^13]. Lawmakers back then share responsibility; as agency watchdogs, we must not repeat their mistake. Six states have presently joined a lawsuit against Pfizer for claiming the vaccine stopped transmission and withholding crucial safety data about pregnant women who suffered miscarriages after the shot^[^14].

VAERS reports hundreds of thousands of injuries and thousands of deaths attributed to the vaccine^[^15]. A recent study from Yale highlighted immune system differences and the continued presence of increasing spike protein two years after vaccination in those experiencing what they've termed post-vaccination syndrome (PVS)^[^16]. We don't know what this continued spike protein will do to children.

By the aforementioned metrics the vaccine is neither safe or effective—especially for children. Not surprisingly, only 21% of the whole population has received the 2024–25 COVID-19 vaccine^[17]. People cited the well-known risks and the lack of need due to the attenuated virus. Ultimately, the truth can't be censored. American adults are abstaining, but children, babies as young as six months old, rely on informed decisions made by their parents based on information they get from us.

Despite this Maine CDC is contracted to promote confidence and market the vaccine to parents until 2027^[18]. That contract in itself is not an ethically sound reason to continue promoting this vaccine for kids against the glaring evidence. Vaccine hesitancy overall is increasing post-COVID^[19]. No amount of gaslighting or claims of misinformation are moving the needle in the right direction of restoring trust. We need a different approach.

The absence of any emergency, the attenuated virus, the lack of transparency, the acknowledged risks, or the fact that it doesn't prevent transmission, undermine the basis for continued recommendations that children be vaccinated for COVID-19.

For many parents like myself, it is foreboding to see the vaccine recommended atop the childhood vaccine schedule. Its presence there continues to erode the public's battered trust in our public health authorities and sows distrust between parents and providers at a time when our state is fast becoming a healthcare desert. My sincere hope is to foster an informed conversation about our strategy and recalibrate our policies given all the current data.

Your ought-to-pass vote today will protect children and help restore trust.

Sincerely,



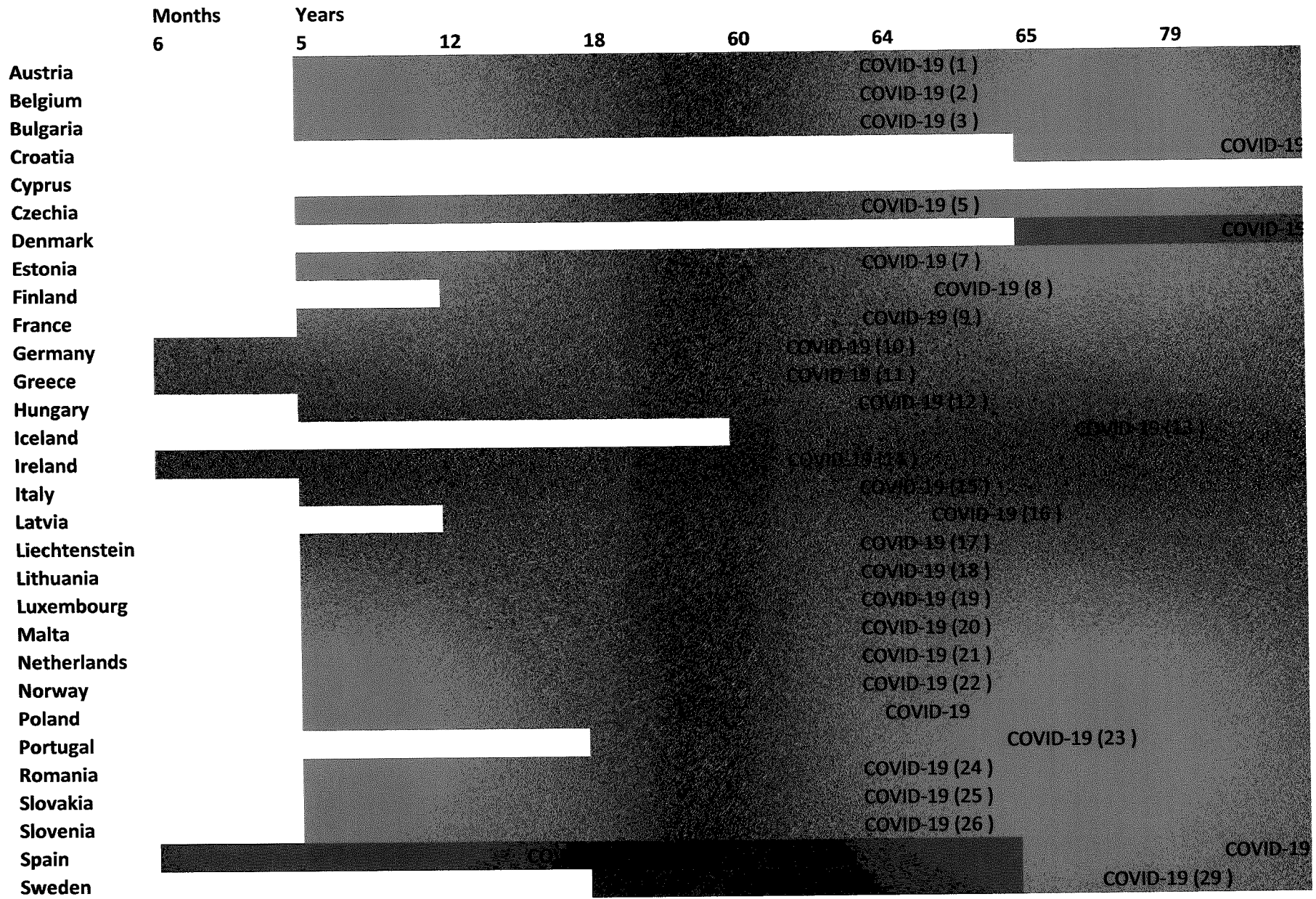
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State Representative

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Coronavirus Disease (COVID-19): Recommended vaccinations



The Impact of Vaccines:

Preventing Disease and Protecting Public Health



What to protect against:	Why it's important today:	Preventable thanks to:
Diphtheria	Respiratory diphtheria is a severe disease that will cause one in two people affected to die without treatment. Even with treatment, one in 10 people will die.	Tdap vaccine
Tetanus	Because tetanus is acquired from the environment and not spread person-to-person, the <u>only</u> way to effectively prevent infection is through immunization.	Tdap vaccine
Pertussis	Pertussis, or whooping cough, is very contagious and can cause bleeding, rib fractures, seizures, brain damage, and death.	Tdap vaccine
Polio	Most people infected with polio have no symptoms at all, but serious cases can cause paralysis and death.	Polio vaccine
Measles	Measles can be deadly and will infect 90% of unvaccinated people who are exposed to the disease--even up to two hours after a contagious person has left the room.	MMR vaccine
Mumps	Mumps can cause swelling of reproductive organs, infertility, swelling of the brain, pancreatitis, meningitis, and deafness.	MMR vaccine
Rubella	The last major epidemic of rubella in the US occurred before the vaccine was available and resulted in 11,000 spontaneous abortions, 2,100 infant deaths, and 20,000 babies born with congenital rubella syndrome which results in significant birth defects.	MMR vaccine
Chicken Pox	While chickenpox is commonly thought of as a mild childhood disease, serious cases resulted in >10,000 hospitalizations each year prior to a vaccine and these cases sometimes resulted in death.	Varicella vaccine
Meningococcal Meningitis	Even with treatment, meningococcal disease kills 10 to 15 infected people out of 100, and those who survive may experience hearing loss, brain damage, kidney damage, loss of limbs, nervous system problems, or severe scarring.	Meningitis MCV4 vaccine

2025 Legislative Priorities



The Maine Immunization Coalition and Maine Families for Vaccines are monitoring a number of proposed bills in this legislative session. The following bills are current priorities, and we encourage everyone to reach out to their legislators to share their perspectives.

Support LD 93

An Act to Reduce Cost and Increase Access to Disease Prevention by Expanding the Universal Childhood Immunization Program to Include Adults

LD 93 expands Maine's Universal Childhood Immunization Program to include adults, increasing access to life-saving vaccines while reducing costs for families, providers, and insurers. Building on Maine's successful childhood immunization model, this bill strengthens our public health infrastructure.

As the program expands, it is critical to enshrine choice, ensuring providers and patients have access to the full range of ACIP-recommended vaccines. We urge lawmakers to support LD 93 while preserving broad vaccine access, provider flexibility, and patient choice.

Oppose LD 389

Resolve, to Increase Transparency and Evaluate Emergency Response Through a COVID-19 Review Commission

LD 389 is an unnecessary, costly, and politically motivated bill that serves no public health benefit. Maine's pandemic response was based on the best available science, and extensive reviews at the national and global levels have already examined COVID-19 policies, vaccine safety, and public health measures. This commission would waste taxpayer dollars on rehashing conspiracy theories and misinformation, rather than addressing real healthcare challenges. Maine should focus on strengthening public health infrastructure, not indulging in politically driven investigations that undermine trust in science. We urge lawmakers to oppose LD 389 and reject this wasteful attempt to rewrite history.

Oppose LD 113

An Act to Require Food Labels to Disclose Use of Messenger Ribonucleic Acid Vaccine Material in Food Production

LD 113 is a misleading and unnecessary bill that would require food labels to disclose the use of mRNA vaccine technology in food production, despite no scientific evidence that such vaccines pose any risk to consumers. Mandating these labels would fuel public confusion, undermine trust in food safety, and add unnecessary costs to Maine's farmers and food producers. We urge lawmakers to oppose LD 113 and reject efforts to spread vaccine misinformation through policy.

Oppose LD 436

An Act to Prohibit State Agencies from Promoting the COVID-19 Vaccination to Children

LD 436 would undermine public health by restricting vaccine requirements, putting Maine communities at greater risk for preventable disease outbreaks. Strong vaccine policies protect our schools, workplaces, and healthcare systems, ensuring that everyone—especially the most vulnerable—remains safe from serious illness. This bill is rooted in misinformation and would weaken Maine's ability to respond to public health threats. We urge lawmakers to oppose LD 436 and stand with science, not misinformation, to keep Maine families and communities healthy.

Oppose LD 174

An Act to Restore Religious Exemptions to Immunization Requirements

LD 174 is a dangerous rollback of Maine's strong public health protections. In 2019, Maine voters overwhelmingly chose to eliminate non-medical exemptions, ensuring that schools and childcare facilities remain safe from preventable disease outbreaks. Reinstating religious exemptions would open the door to lower vaccination rates, putting vulnerable children, including those who cannot be vaccinated for medical reasons, at greater risk. This bill is not about religious freedom—it's about public health and protecting Maine communities from outbreaks of diseases like measles and whooping cough. We urge lawmakers to oppose LD 174 and keep Maine's vaccine laws strong and science-based.