January 17, 2022

Resolution to adopt Board of Health Regulation - Vaccination Requirements to Enter Bars, Restaurants, Recreation Centers, and Other Covered Establishments –

OPPOSITION RESPONSE

Dear Councilmembers – The information below are referenced facts from either the CDC, other federally supported sources or the county’s own. These facts will not only show the clear discriminatory impacts of this resolution, but also the potential negative impact such an action could have on the county’s reputation. The suggested resolution as the data and facts will show, do nothing to address the perceived issue it’s trying to solve, but further ignores the real issues impacting hospitalizations, which stand at 31.5% within the county as of this letter, that’s total, not COVID related.

As you review and consider this resolution, please don’t ignore the science, the facts and the risks associated with such an action. I recognize most of this council has never served outside of public office, so to understand and appreciate the impacts such actions would have on businesses would be a stretch (no offense, but again just facts), but in fact would potentially reduce sales by 25-50% or more of Montgomery County businesses based on the data below.

In the case of housing, the state of Maryland protects against age, citizenship, political opinion, ancestry, family responsibility, occupation, personal appearance & presence of children. Of those, Montgomery County recognizes those underlined above.

Now, let’s consider the statistics on those protected classes as it relates to vaccine status. Nationally, 74% of the population have received at least one dose of the vaccine. Of this group, 56% were White, 10% were Black, 20% were Hispanic, 7% were Asian, 1% others. https://www.kff.org/coronavirus-covid-19/issue-brief/latest-data-on-covid-19-vaccinations-by-race-ethnicity/#:~:text=As%20of%20January%2010%2C%202021%2C%20CDC%20reported%20that%2C%2C%20ages%2065%20and%20older.

In Montgomery County, 95% have received at least one dose, 84.9% are “fully” vaccinated (will address further below) and only 45.8% have had a booster. All data was as of 1.10.22 (CDC website).

For children, CDC reports as of January 10, 2022, 26.3% ages 5-11 and 64.3% of children 12-17 have received at least one vaccine dose. The CDC does not currently report race/ethnicity of vaccinated children.

Based on these statistics, should the county vote in favor of vaccine passports, the county would be directly discriminating against those same protected classes associated with the right to housing. But those are housing requirements, right? Why is the same not appropriate and transferrable to the right to eat out, go to the gym and let’s not forget about how broad “Other Covered Establishments” would represent.

The data clearly shows of the vaccinated population a significant portion is White. Furthermore, the last census reported that Black and Hispanic represent a larger portion of the population with children. Thus, this requirement would further violate the protected classes of “race”, “presence of children” and “family responsibility” as noted above, only 64% of children 12 – 17 have received one dose.
Now to the “science” of COVID-19. The CDC reported in July 2020, of the critical hospitalizations, 98% of patients had one or several of the following pre-existing conditions: hypertension, lipid metabolism, obesity and anxiety. This is clear data that suggests, in addition to age, COVID-19 has a significantly greater risk of critical hospitalizations for those who have one or more of the stated conditions. Thus, why not limit serving sizes at dining establishments? Why not mandate 5 days a week in a gym. Clearly those restrictions and mandates would have a greater impact on the reduction of hospitalizations. Isn’t that the purpose here?

Moving on to variants, most notably Omicron, the CDC has reported that the exponential increase in infections is most likely due to a combination of two factors: increased transmissibility and the ability of the variant to evade immunity conferred by past infection or vaccination. [https://www.cdc.gov/coronavirus/2019-ncov/science/forecasting/mathematical-modeling-outbreak.html#:~:text=Infections%20with%20the,in%20vitro%20studies.](https://www.cdc.gov/coronavirus/2019-ncov/science/forecasting/mathematical-modeling-outbreak.html#:~:text=Infections%20with%20the,in%20vitro%20studies.)

Based on this information, is it not reasonable to suggest that vaccination does not stop the transmission or spread of the virus? In addition, what would determine “vaccinated” under this requirement? The CDC changes the definition of what it means to be vaccinated so much, you can’t actually find it. If that’s the case, why mandate such a requirement on businesses?

The proposed measure by the county does not stop, slow down, or diminish the spread of COVID and in doing so has a disproportionate negative impact on protected classes. In addition, has the council considered the impact on businesses in Montgomery County. Several adjacent counties don’t have nor are they considering such requirements and thus a 5 – 10-minute drive will see a benefit and come at the cost of Montgomery County businesses. Lastly, this brings into question Montgomery County’s bias associated with vaccines and the numerous pharmaceutical companies that call the county home. The link is dated, but clearly shows a strong reliance and county support towards this industry. So much so, that it places doubt on whether such a measure by the county is designed to increase vaccines and along with it the profits of these companies? [BIO3RDED.PDF (montgomeryplanning.org)](BIO3RDED.PDF (montgomeryplanning.org))

As such, I strongly urge the counsel to reject such regulations.