Dear Montgomery County Council Representatives:

I oppose the institution of any kind of vaccine passport system in Montgomery County, regardless of how conceived, and regardless of how initially 'low tech' and inoffensive or 'short term' its design.

Once opened, the Pandora's box of vaccine passports will inevitably escape our control. New and expanded uses for such a technology will be discovered, to the detriment of our former way of life. Let us recall that, in March 2020, we were told that we needed to lock down 'for two weeks' to 'flatten the curve.' Now, two years later, a 'simple' vaccine passport system is being proposed.

A member of the County council, in a recent letter to constituents, said that a Covid passport system is needed to encourage the unvaccinated to get the mRNA shot. And yet, Montgomery County is one of the most highly vaccinated counties in the United States. If that level of vaccination has still not sufficed to get control of the rapidly mutating virus, why should a few percentage points more do the trick? That is a technical point, to be sure. A wider, philosophical question arises: why does the County council have the authority to, in effect, dictate how each of us manages our health, and to such an invasive extent? On what logic is such a micro-management of our behavior based? Does the county have an obligation to respect our constitutionally protected rights, and if not, why not? What are the precise parameters of an *emergency* that suffices to annul those rights? Where have they been defined? By whom?

In order for a vaccine passport policy to be in any sense reasonable, it would have to at least meet some measurable and rationally decidable criteria. (I assume you would agree that such a system must not be instituted simply on purely emotional or rhetorical or political grounds.) Let's assume that we can bracket, for the sake of argument, the question about constitutional rights, because, also for the sake of argument, the emergency is so great. It would in any case make this letter too long to get into that whole can of worms.[1] Prior to instituting such a measure, the County should be in a position to state, with a high degree of confidence, that it can meet all of the following criteria.[2]

1.) That the treatment – the Pfizer and Moderna mRNA shots – has been demonstrated to be highly effective;
2.) That no alternative, safe, easily available and less invasive means of avoiding Covid-19 disease exists;

3.) That the mRNA vaccine (Pfizer, Moderna) treatment has the proven capability of *stopping transmission of the disease* from one person to another (hence providing a *social good*, and not simply an in-effect coercive treatment to an individual, something widely recognized to be a violation of medical ethics);
4.) That the mRNA shots, if not 100% safe, are *at least* as safe as ordinary vaccines in the past.

I have not yet seen from the County, or from anywhere else, evidence that any of these criteria have been met, much less all of them. I have come across considerable evidence, from reputable, well-informed sources, suggesting the contrary is the case. Let us take a look at each of these criteria in turn.

1. How effective are the mRNA shots? Against Omicron, we can all see that they are not effective. (This makes it all the more puzzling why a passport would be instituted at this particular moment!) Among my own group of friends, among most everyone I have spoken with, or heard about, a similar pattern holds true. Vaccinated and unvaccinated alike are having the same symptoms. I personally know several families where the husband is fully vaccinated, the wife is unvaccinated (or vice versa). Both fell ill with Omicron (or perhaps Delta) to the same degree, both recovered. Have any of you found, from your own experience, that the vaccinated were less often sick with Omicron than the unvaccinated?

How effective were the mRNA shots in the first place, against prior variants of Covid-19? Before responding, 'Wait, but everyone *knows* that these vaccines are highly effective!', I would urge the County council to first listen to the testimony of Dr. Peter Doshi, professor at the Univ. of Maryland graduate program in pharmaceutical science, and senior editor at the British Medical Journal. Doshi does not make dogmatic statements, he does not (nor do I) dismiss the vaccines, which undoubtedly are sometimes quite useful. What he does, instead, is challenge the dogmatic rigidity that has settled in about the vaccines in certain circles. Why, he asks, would we need to keep taking boosters, if the vaccines are so 'highly effective'? Why do we find, he asks, that most of the hospitalizations and deaths in the UK are among the fully vaccinated? If it is so effective, why, during the Pfizer clinical trials, were the numbers of deaths so similar as between the vaccinated cohort and the placebo group? (Indeed, *all cause* mortality was *higher* in the vaccinated cohort -- most from heart conditions.)

Another important point. There is now evidence that the vaccines, far from being -- at *this* point, during the Omicron phase of the pandemic -- highly effective, they may present a grave danger to public health. I urge the Council to carefully read

the following paper by Geert Vanden Bossche. Due to the seriousness of Dr. Vanden Bossche's concerns, I feel it is important to share with the Council his credentials. They are appended as a footnote.[3] The following excerpt gives only an overview of his argument; please read the whole paper (also attached), as it is extremely important:

> By doing mass vaccination against Omicron, we may be putting enough immune pressure on viral infectiousness to give variants that are capable of entering into the cell through an alternative receptor - to give them a competitive advantage, and so, to provide them with a fitness advantage so that they can now become dominant in the population. *What this means is pretty catastrophic, because this would mean that basically we end up with a situation where we have antibodies that still strongly bind to the virus, to the receptor binding domain, but that can no longer neutralize the virus because the virus is now using another domain to enter into the cell, a domain which is different from the domain that is blocked by the antibodies. Such a situation is in fact, a textbook example, for how you provoke antibody-dependent enhancement of the disease.*

Vanden Bossche concludes, as far as policy is concerned, that "it is very, very important that we leave people alone, and that we leave the children alone, and that we let the [Omicron] virus spread … we shouldn't have any vaccination against this Omicron variant, and we shouldn't have lockdowns." The in relative terms more mild Omicron variant, he believes, may present us with our last best hope of achieving population-level immunity and avoiding further disasters down the road.

2. As regards the absence of alternatives to vaccines, this has never been the case. Simple measures to improve health, initially ignored and even suppressed on some social media sites, could have saved many lives. I am referring to such well known measures as getting adequate Vit. D and zinc, losing weight, and regular exercise (something the vaccine passport system would make far more difficult for those who make the rational decision to forego the vaccine at this point, by barring them from gyms).

Worse still, effective protocols based on repurposed medications, known to be safe, have been repressed and censored, with highly competent doctors prevented from prescribing to their patients these same medications. What is still worse, campaigns of misinformation have attempted to create the impression that safe, well-tested medications that present ready (and inexpensive) alternatives to mRNA shots are in fact, 'ineffective and unsafe,' and 'unfit for human consumption.' I would be interested

to know whether the County and its advisors are familiar with the protocols developed by the FLCCC, and if they are, whether they feel they are in a position to provide evidence disproving the efficacy of their treatments, or proving that their recommended treatment modality is *less* safe and *less* effective than the Pfizer and Moderna approach. See also this presentation by Dr. Tess Lawrie (note the comparative safety profile data at minute 13:55, for IVM, Remdevisir, and covid-19 vaccine). And finally, here is an equally informative interview with Yale professor of epidemiology Harvey Risch.

3. I will not dwell on this point since, to my knowledge, no competent authority continues to even make this claim, which is clearly false. Since the Pfizer and Moderna shots are non-sterilizing, they cannot and do not confer an interruption of viral transmission. As per Vanden Bossche, above, they may do precisely the reverse. Finally, it is now widely acknowledged by medical professionals that natural immunity provides the best protection. And yet, mandates in the U.S. (e.g. in NYC, D.C., in various university systems) do not exempt even those with natural immunity from prior infection.

4. Before taking measures to encourage even further societal take-up of these Pfizer and Moderna treatments, it is incumbent on the council to carefully consider the accumulating evidence that they are not as safe as first advertised. One of the most thorough, though, unfortunately, not the most concise, compendiums of that evidence has been put together in the following essay. It includes the statement from Dr. Peter Doshi, but it has a great deal more information from varied, reputable sources.

Much controversy has surrounded the national system in the U.S. for reporting adverse reactions to vaccines, VAERS. Some claim that this system, despite criminal penalties for entering fraudulent information, is unreliable and tends to overreport. Dr. Fauci, in recent testimony, said that it records even someone who dies in a car accident after getting vaccinated. If that is true, it is irrelevant, because what interests us is comparative information, and the rules of entry of information have not changed since Covid entered the picture. If VAERS is indeed a flawed system, why do we have no other system for recording vaccine injuries? How do we know anything about safety, if we have no reporting system that works? Or, if we accept that it is a good-enough system, then shouldn't we be alarmed that the adverse events reported from the covid vaccines exceed in volume the sum of all adverse events for all previous vaccines since the system was devised in 1990 (see these summary tables)? All of the research of which I am aware points to the VAERS system, if anything, significantly *under-*

reporting adverse events.

I would also like, in this context, to point to my own direct experience working with minority workers and small businesses in East Silver Spring. Many people there have taken the vaccines and have, apparently, experienced minimal side effects. Any yet, consider the following. The manager of one cafeteria-style Latino restaurant in East Silver Spring told me about his 34-year-old line worker who, less than 24 hours after taking a vaccine from a Holy Cross Hospital nurse, experienced excruciating pains in her head and was rushed to the ER. This until-that-point healthy young woman had blood clotting in her brain and internal organs, which kept her hospitalized for an extended period, and led to a hospital bill of some $700,000. Blood clotting is one of the adverse events that has been regularly registered in the VAERS system in the U.S. and in the English Yellow Card system, as noted long ago by the national and international health advisor Dr. Tess Lawrie, who performed a careful analysis of such adverse events (see attached analysis, which, however, only includes data through May, 2021).

Another restaurant manager, in the same small commercial area, told me of his close friend, a middle-aged metal worker, who died soon after taking the vaccine. Yet another small business owner told me of feeling close to death for several days after taking the shot –she said that she felt like her bones had turned to ice, she had a high temperature, and could not get out of bed. She has since recovered. What is noteworthy is that these are incidents from a relatively small sample size, a commercial area of only a few blocks. This same area has suffered financial costs likely in the many millions of dollars from the pandemic, the public panic around it, and the shutdown policies instituted. These small business owners no doubt greatly appreciate the assistance they have received from the county, as they should. But that assistance cannot possibly restore what they have lost.

If the county has solid evidence showing that the above cited sources are all mistaken, and that my reasoning is unsound, I think it is your responsibility to share that information, and not only with me. I might add that, to my previous letters to the council, I have received no response at all, nor any acknowledgement that my letter was received. In the present circumstance, such silence would suggest that you admit to having no rational basis for instituting any sort of passport system.

A final thought. Given the damaging impact on our society, and small businesses, of the past two years, it seems obvious that we need a thorough overhaul of our entire approach to health and emergency response. Toward that end, I think it would be very useful to bring into your policy formulation discussions scholars and scientists such as

some of those cited in this letter. A much more robust and open debate is desperately needed.

I want to emphasize that I am writing this note strictly as a private citizen. The views expressed here are my own and they are certainly not shared by my employer.

Sincerely,

Paul

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NOTES

[1] I am setting aside, for the sake of brevity, the crucial question of how a passport system, when backed up by the frightening capabilities of new technologies and surveillance capacities, including in the area of AI, are likely to permanently disfigure and dehumanize our entire way of life.
[2] Or, alternatively, to provide better, different, criteria, and let us know what they are.
[3] "Geert Vanden Bossche received his PhD degree in Virology from the University of Hohenheim, Germany. After his career in academia, Geert joined several vaccine companies (GSK Biologicals, Novartis Vaccines, Solvay Biologicals) to serve various roles in vaccine R&D as well as in late vaccine development. Geert then moved on to join the Bill & Melinda Gates Foundation's Global Health Discovery team in Seattle (USA) as Senior Program Officer; he then worked with the Global Alliance for Vaccines and Immunization (GAVI) in Geneva as Senior Ebola Program Manager. At GAVI he tracked efforts to develop an Ebola vaccine. He also represented GAVI in fora with other partners, including WHO, to review progress on the fight against Ebola and to build plans for global pandemic preparedness. After working for GAVI, Geert joined the German Center for Infection Research in Cologne as Head of the Vaccine Development Office. He is at present primarily serving as a Biotech / Vaccine consultant while also conducting his own research on Natural Killer cell-based vaccines." [condensed from full bio statement available at: https://www.voiceforscienceandsolidarity.org/who-we-are]