

Dear Councilmembers,

I kindly request that the council step back for a moment and ask itself why it is contemplating acting on the vaccine passport proposal now when almost everything that was previously thought to be known regarding the effectiveness of the vaccines that were formulated against early variants, is rapidly changing with the omicron variant (which now represents 99% of all infections)?

The vaccine passport is a bad solution that is looking for a problem that doesn't exist in Montgomery County, as the country's highest vaccinated county. Covid cases are thankfully dropping at a rapid rate and hospitalizations and deaths have never approached the levels of earlier waves. Maryland's omicron surge is following the predictable pattern of other areas that surged early (e.g. District of Columbia, South Africa, UK, NY and other northeast states). The Omicron surge is likely to be substantially over in Montgomery County in the next few weeks. Everyday there is an article or report stating that the cases and pressures on the healthcare are dropping as quickly as they rose.

We all remember "two weeks to bend the curve" the goal of which was to stop healthcare systems from being overwhelmed. Notwithstanding the incredibly unexpected, highly transmissible Omicron surge that moved at lightning speed across the county, the Montgomery County Covid dashboard shows that the hospital system has always remained at "low utilization" for bed capacity during this latest surge and ICU bed use has never exceeded "moderate utilization." While it certainly took more than two weeks, Montgomery County has succeeded in protecting its healthcare system. All of Montgomery County's citizens, councilmembers, executive branch employees and health officials should rightfully be extremely proud of our collective achievement.

This begs the obvious question as to why is the government considering mandates now when our county succeeded and reaped all the benefits of vaccination under voluntary programs that did not cause the harms that will come along with the mandate? When did the public health goal change from supporting our healthcare system to targeting zero cases, zero transmission and 100% vaccination? When did the focus of our public health officials turn to maximizing statistics and not outcomes?

While there are high levels of uncertainty in the science of omicron, vaccine effectiveness against it and the likely evolution of the coronavirus as it progresses from a pandemic to endemic disease, there are a few certainties that will happen if the proposal is adopted.

1. This will create a segregated underclass of citizens that do not have the full privileges of vaccinated individuals. It is government mandated segregation regardless that it is being proposed as beneficial to public health.
2. This proposal will cause harm to businesses, as Dr. Stoddard freely admitted in the hearing on January 18th, raising costs on businesses and customers and driving business and tax revenue away from Montgomery County.
3. Unlike the D.C. mandate, the proposal specifically includes children who are 5-11 years old and is meant to target and put coercive pressure on parents of young children, which is again freely admitted by Dr. Stoddard.
4. Children's physical, educational, emotional and social development will be greatly harmed unless their parents are coerced into vaccination because they will be denied basic privileges necessary for their development.

What is clearly not known in adopting the proposal are the public health benefits, the costs, the racial disparity impacts or the goals of Dr. Stoddard and the executive branch as evidenced by the January 18th hearing testimony of the executive branch participants.

At the hearing, when asked specifically about the metrics that are trying to be obtained and that would lead to a removal of the policy, Dr. Stoddard could not give an answer. When asked about the likelihood of affecting

vaccine rates, Dr. Stoddard conceded that the mandate is likely to do very little to raise the vaccination rate because of Montgomery County's near perfect vaccination rate, and when discussing vaccination rates for 5 to 11 year-old children he simply and vaguely stated that we are not where we need to be without saying why he reaches that conclusion or where he wants "to be." Our children and other citizens are individuals and not statistics whose vaccination rates need to be increased without regard to costs and harms. Even if the focus is on statistics, Montgomery County has statistically achieved vaccination for almost 100% of its population eligible for vaccination as noted in the next paragraph. This tremendous achievement happened voluntarily and not through coercion and mandates.

There is an objective and irrefutable reason why Dr. Stoddard can't cite any metric by which to measure success and must admit to no discernible possible improvement in vaccination rates. Montgomery County is effectively 100% vaccinated as of today. The CDC will not report any vaccination rate above 95% due to the limits of its data collection (e.g. incorrect reporting, persons moving into and out of an area, residence not reported at time of vaccination, vaccination occurring outside the state or county, use of population estimates, etc.). In other words, a vaccination rate of 95% is statistically a perfect percentage representing full vaccination of a population. I hope that the Council realizes this is how the CDC caps reported vaccination rates and Dr. Stoddard should be forthright and clear on this point. He wants to push vaccination rates "higher", which is statistically not possible after a reported vaccination rate of 95%. The council, executive branch and the public will never be able to verify the impact of the mandate or any other action taken on vaccination rates upon reaching the 95% vaccination level. The data will simply not be available.

The CDC reporting for Montgomery County as of January 21, 2022 (and future dates) can be found at https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=Maryland&data-type=Risk&list_select_county=24031. It shows that 95% of the population 5 years old and over has received its first dose (i.e. statistical perfection); 95% of persons 65 and older are fully vaccinated (statistical perfection for the county's most vulnerable citizens); 93.3% of persons over 12 and 93.2% of persons over 18 are fully vaccinated (respectively, only 1.7% and 1.8% below the maximum reportable rate); and 88.7% of all persons 5 and over (6.3% below the maximum reportable rate). Dr. Stoddard wants to drive up these rates through an onerous vaccine passport mandate. We all know that no one is considered fully vaccinated until 14 days after the second dose and that there must be at least two weeks between first and second doses. In his testimony, Dr. Stoddard testified that he wants the mandate to push people with only the first dose to get the second dose. Does Dr. Stoddard truly believe that a population that has statistically perfect uptake of the first vaccine dose will not follow through with a second dose and that the full vaccination rate will not reach 100%? In order for Dr. Stoddard to get his desired perfect vaccination rate for the county, he doesn't need a vaccine passport mandate, he just needs to wait 2-4 weeks so that first dose recipients are medically cleared for the second dose and the 14-day waiting period until they are deemed fully vaccinated is over.

To the extent that there is a gap in the vaccination rate between adults and children, which as per the above, appears will not be the case, has Dr. Stoddard or the council contemplated the basic question of why in a county where adults are universally vaccinated, some of those same parents may have chosen not to vaccinate their children? Montgomery County parents are clearly not anti-vaccine nor are they anti-science. I suspect that the answer is quite the opposite and that these parents have evaluated the science and their medical circumstances (including prior Covid infections and adverse vaccine reactions) and reasonably and rationally concluded that the risks to their child and the public in general, do not outweigh the risks of their child's unique circumstances. Most parents would do anything to protect their children's health and I therefore trust their judgement on whether a vaccine is appropriate for their child. Why does the executive branch and Dr. Stoddard not trust these fully vaccinated parents' medical decision with respect to their children? Why would the council interject themselves into these parent's decision? We should support these parent's decision and not pretend that the council or its health officers hold infallible knowledge for what is best for these families. Should these children be excluded from basic privileges of society that enhance their mental, emotional, social and physical development because

their parents have reached a medically and scientifically justifiable and rational conclusion with respect to a vaccine? Is the role of the council and our health officers to punish those that reach reasonable alternate healthcare conclusions?

Is it unreasonable to question the potential long-term effects of a vaccine that has only been authorized for less than one year for those over 16, an even shorter time for 12-15 and less than 2 months for 5-11 year-old children and then only on an emergency use basis? While early data indicates good safety levels, anyone who states that they know there are no long-term negative effects, is simply stating falsehoods because there is no long-term data.

Is it unreasonable to question why a vaccine should be given to a child when without the vaccine there is an extremely low risk of a serious adverse outcome and with the vaccine such risk is reduced in an insignificant manner?

Is it unreasonable to ask why parents should be coerced into giving their children a vaccine that does not stop infection from Omicron, does not reduce the burden on hospitals because children have always had low risks and hospital rates, and has no conclusive evidence that it stops or lowers transmission?

What is beyond scientific doubt is the Omicron evades the vaccines, the vaccines' effectiveness in preventing infection wanes extremely quickly and that a two-dose regimen doesn't stop the spread of Omicron. The vaccines reduce serious outcomes which are not and have never been higher for Covid than any other daily risk or infection in children. Because we are likely to see 100% vaccination rates (statistically) within the county in a matter of weeks, Dr. Stoddard should be fully transparent that his desire for the mandate is not to stop with two doses and that the inclusion of boosters will soon occur and the mandate will therefore never expire. When 100% vaccination is reached in a matter of weeks, there can be no other purpose to the mandate than the unspoken one of expanding the mandate to require boosters. As we all know, boosters have limited to no long-term effect on infection and transmission and their effectiveness rapidly wanes as a mechanism to stop infection (as noted by Dr. Fauci, the CEO of Pfizer, statements by Israel whose authorizations of a 4th booster were not effective in reducing infection with Omicron and many other reports and studies coming out daily).

Councilmember Rice stated his support for our children and the need for schools throughout the pandemic, but then made the casual remark that the vaccine passport mandate will not affect children by denying them the right to sit down meal at McDonald's. I trust that Councilmember Rice understands that the vaccine mandate will do more than stop a few kids from dining at McDonald's. Unvaccinated children will not be able to go to the public library, participate in indoor athletics, join a dance company, enhance their education at a museum or a private educational business, or develop socially by having a birthday meal with their family at a favorite local restaurant, among many other serious and detrimental restrictions. I also trust that Councilmember Rice doesn't believe that a child's emotional, social, physical, and educational development starts and stops at the schoolhouse door, but that is what will happen to unvaccinated children. Under the mandate unvaccinated children will effectively be told they can go to school and stay home and will be unwelcome in most other places. How can any councilmember think this is beneficial to our children's welfare? It is unconscionable for government to harm a child in these ways.

Has the council considered the mental health effects the mandate will have on unvaccinated children? Where is the cost/benefit analysis of the mental toll this will take on the unvaccinated children? Why was there no testimony from childhood mental health experts? The board sits as the board of health and should evaluate all health effects. The board's only goal can't be to drive down covid cases with reckless disregard of the mental health outcomes on children.

Councilmember Rice later confidently noted that the reason for adopting the passport mandate is because unvaccinated persons have higher viral loads than vaccinated persons and cited a UCLA study as support for his strong confidence in his position. I ask Councilmember Rice and the other members to conduct a Google search for "UCLA study on transmission of vaccinated v unvaccinated covid." Immediately below the results for that

study, you will find a study by UC Davis, UC San Francisco and the Chan Zuckerberg Biohub, institutions whose reputations equal or exceed those of UCLA, that concludes there is no significant difference in viral load between vaccinated and unvaccinated people who tested positive for the delta variant of SARS-CoV-2. It also found no significant difference between infected people with or without symptoms. Scroll further and there are articles from Scientific American reaching the same conclusion as UC Davis. Other studies likely can be found that support either conclusion. The point is not to debate the relative merits of studies but to note that if the predominant basis of a councilmember's support for the vaccine passport mandate is the certainty that vaccines reduce viral transmission, then this is a flawed premise in which to base one's support. The world's leading medical institutions have not reached any consensus on this matter. Moreover, the science of Omicron is clearly different than the science of earlier variants and no one should point to studies that only evaluated earlier variants as irrefutable evidence of the correctness of their view.

When asked about cost/benefits conducted, Dr. Stoddard and the written responses to committee members' questions noted that no cost/benefit analysis was done and simply concludes more vaccines are better than less vaccines and we should adopt the mandate because D.C. did it. I hope that this type of analysis is not sufficient to the council as a basis for the adoption of such an enormous change to how this county would operate.

The vaccination rate starting point for the county is statistically almost 100%, well above that of D.C. (or any other jurisdiction that has a version of a vaccine passport mandate). It should not need to be said, but simply because a portion of Montgomery County is adjacent to D.C. does not mean that what D.C. has done has any relevance to what Montgomery County should do. D.C. is a densely populated city of approximately 68 square miles, with dense government, business, and cultural areas. Montgomery County covers approximately 500 square miles of suburban, rural and semi-urban areas with no concentrated city center. The internal and external dynamics of D.C. and Montgomery County could not be more different.

I ask the Council how it can adopt a mandate that will segregate a portion of our citizens and strip them of basic rights, harm children's development and harm our business community, when its sponsors can't state a specific goal, can't state a measureable benefit, can't identify an objective measure to end the mandate and haven't analyzed the costs or inequities; and where the scientific consensus agrees that vaccination does not stop infection and a vaccine's effect on transmission, is inconclusive, at best?

My family and I are vaccinated and can meet the standards, but I can not remain silent. I never thought I would see the day when Montgomery County would consider segregating and harming its citizens, no matter how few, and exclude them from many basic privileges of being a citizen and human. I hope that each of you would only choose to segregate citizens and harm children (and our businesses) if the course you were contemplating taking left no reasonable doubt in your mind that it was absolutely necessary to achieve a clearly defined public health goal that can't be achieved in any other way.

When you each ask yourself that question and you objectively review all of the science surrounding vaccination and omicron, acknowledge the near universal vaccination rate that will soon be achieved in the county prior to any mandate, and that that public health goal of not overwhelming our healthcare system has been achieved without any mandate, you must conclude that the harms and intrusions of the vaccine passport mandate can't be accepted. We have already reached our goals without any harm through our current voluntary programs and policies.

There is obviously a natural desire for health officials and government representatives to "do something" especially as we pass through a significant surge. I remind you that you already have. You have led us to near universal voluntary vaccination through access to vaccines, education, and other measures. Your leadership positioned our county's healthcare system from being overrun during the omicron surge through voluntary measures. There is no reason to change course from the path that has led to our county's success to a path of mandates and further division of our society. We should focus on how to heal the physical and mental scars of

Covid and the unfortunate divisions that the pandemic has caused. We do this by moving forward working towards a return to the pre-pandemic normal and not further restrictions and mandates that move us further away from where we were pre-pandemic. You do not need to “do more” and enact mandates. You have done tremendous good for our county, but please also do no harm. Please do not vote to approve the vaccine passport mandate.

Sincerely,

Michael Williams