

BECAUSE I SAID SO:
EXAMINING THE SCIENCE AND IMPACT
OF COVID-19 VACCINE MANDATES

HEARING
BEFORE THE
SELECT SUBCOMMITTEE ON THE CORONAVIRUS
PANDEMIC
OF THE
COMMITTEE ON OVERSIGHT AND
ACCOUNTABILITY
HOUSE OF REPRESENTATIVES
ONE HUNDRED EIGHTEENTH CONGRESS

FIRST SESSION

JULY 27, 2023

Serial No. 118-56

Printed for the use of the Committee on Oversight and Accountability



Available on: *govinfo.gov*,
oversight.house.gov or
docs.house.gov

U.S. GOVERNMENT PUBLISHING OFFICE

53-025 PDF

WASHINGTON : 2023

COMMITTEE ON OVERSIGHT AND ACCOUNTABILITY

JAMES COMER, Kentucky, *Chairman*

JIM JORDAN, Ohio	JAMIE RASKIN, Maryland, <i>Ranking Minority Member</i>
MIKE TURNER, Ohio	ELEANOR HOLMES NORTON, District of Columbia
PAUL GOSAR, Arizona	STEPHEN F. LYNCH, Massachusetts
VIRGINIA FOXX, North Carolina	GERALD E. CONNOLLY, Virginia
GLENN GROTHMAN, Wisconsin	RAJA KRISHNAMOORTHI, Illinois
GARY PALMER, Alabama	RO KHANNA, California
CLAY HIGGINS, Louisiana	KWEISI MFUME, Maryland
PETE SESSIONS, Texas	ALEXANDRIA OCASIO-CORTEZ, New York
ANDY BIGGS, Arizona	KATIE PORTER, California
NANCY MACE, South Carolina	CORI BUSH, Missouri
JAKE LATURNER, Kansas	JIMMY GOMEZ, California
PAT FALLON, Texas	SHONTEL BROWN, Ohio
BYRON DONALDS, Florida	MELANIE STANSBURY, New Mexico
KELLY ARMSTRONG, North Dakota	ROBERT GARCIA, California
SCOTT PERRY, Pennsylvania	MAXWELL FROST, Florida
WILLIAM TIMMONS, South Carolina	SUMMER LEE, Pennsylvania
TIM BURCHETT, Tennessee	GREG CASAR, Texas
MARJORIE TAYLOR GREENE, Georgia	JASMINE CROCKETT, Texas
LISA MCCLAIN, Michigan	DAN GOLDMAN, New York
LAUREN BOEBERT, Colorado	JARED MOSKOWITZ, Florida
RUSSELL FRY, South Carolina	<i>Vacancy</i>
ANNA PAULINA LUNA, Florida	
CHUCK EDWARDS, North Carolina	
NICK LANGWORTHY, New York	
ERIC BURLISON, Missouri	

MARK MARIN, *Staff Director*
MITCHELL BENZINE, *Subcommittee Staff Director*
MARIE POLICASTRO, *Clerk*

CONTACT NUMBER: 202-225-5074

MILES LICHTMAN, *Minority Staff Director*
CONTACT NUMBER: 202-225-5051

SELECT SUBCOMMITTEE ON THE CORONAVIRUS PANDEMIC

BRAD WENSTRUP, Ohio, *Chairman*

NICOLE MALLIOTAKIS, New York	RAUL RUIZ, California, <i>Ranking Minority Member</i>
MARIANETTE MILLER-MEEKS, Iowa	DEBBIE DINGELL, Michigan
DEBBIE LESKO, Arizona	KWEISI MFUME, Maryland
MICHAEL CLOUD, Texas	DEBORAH ROSS, North Carolina
JOHN JOYCE, Pennsylvania	ROBERT GARCIA, California
MARJORIE TAYLOR GREENE, Georgia	AMI BERA, California
RONNY JACKSON, Texas	JILL TOKUDA, Hawaii
RICH MCCORMICK, Georgia	

C O N T E N T S

	Page
Hearing held on July 27, 2023	1

WITNESSES

Ms. Danielle Runyan, Senior Counsel, First Liberty Oral Statement	6
Dr. Kevin Bardosh, Affiliate Assistant Professor, University of Washington Oral Statement	8
Ms. Allison Williams, Reporter, Fox Sports Oral Statement	10
Dr. John Lynch, Associate Professor of Medicine and Allergy and Infectious Diseases, University of Washington School of Medicine Oral Statement	12

*Written opening statements and the written statements of the witnesses are
available on the U.S. House of Representatives Document Repository at:
docs.house.gov.*

INDEX OF DOCUMENTS

** Questions for the Record to: Dr. Lynch; submitted by Rep. Ruiz.
Documents are available at: docs.house.gov.*

**BECAUSE I SAID SO:
EXAMINING THE SCIENCE AND IMPACT
OF COVID-19 VACCINE MANDATES**

Thursday, July 27, 2023

**HOUSE OF REPRESENTATIVES
COMMITTEE ON OVERSIGHT AND ACCOUNTABILITY
SELECT SUBCOMMITTEE ON THE CORONAVIRUS PANDEMIC
*Washington, D.C.***

The Subcommittee met, pursuant to notice, at 2:21 p.m., in room 2154, Rayburn House Office Building, Hon. Brad R. Wenstrup Chairman of the Subcommittee) presiding.

Present: Representatives Wenstrup, Malliotakis, Miller-Meeks, Lesko, Cloud, Joyce, Greene, Jackson, McCormick, Ruiz, Raskin, Dingell, Ross, Garcia, and Tokuda.

Dr. WENSTRUP. Good afternoon. The Select Subcommittee on the Coronavirus Pandemic will come to order. I want to welcome everyone. Thank you for being here.

Without objection, the Chair may declare a recess at any time, and it looks like we will need to go back to votes. After votes we will return, however.

So, I now recognize myself for the purpose of making an opening statement.

When the first COVID-19 vaccinations were administered in December 2020, it brought about a feeling of hope in a very dark and scary time for our country. There was a sense that this was a great opportunity to get the country back on track, and I shared this optimism. I had hoped the vaccine would allow our lives to return to normal or normal as we may know it.

As a physician, I administered hundreds of COVID-19 vaccinations in Ohio in the early months of 2021, received the vaccine myself. Unfortunately, the rollout of the COVID-19 vaccine will be forever tarnished by the Administration's decision to remove the doctor from the doctor-patient or patient-doctor relationship and force COVID vaccines upon everyday Americans, the armed forces, and the Federal work force. Despite repeatedly promising that they would not, the Biden Administration decided to use the power of the executive to impose mandatory COVID-19 vaccination on tens of millions of Americans, a decision that tarnished trust in public health officials and for many, actually may have led to vaccine hesitancy, and we have heard that. Americans don't do well when we simply say, "because I said so." Americans want to be educated, not indoctrinated. That is just who we are.

(1)

Sadly, one of the most impacted sectors was our healthcare work force. It is impossible to overstate the horrible irony that the very same people who were heralded as heroes in 2020, were so quickly cast aside, contributing to a crisis level of shortages across the country when it comes to healthcare workers. And these were medically educated, compassionate, and medically concerned professionals. This was bad policy with a bad approach, but it wasn't just healthcare workers. Between the Administration's five major vaccine mandates and the private sector mandates that followed, it became a choice for many Americans: get vaccinated with or without medical consultation or lose your livelihood, something our witness, Ms. Williams, is all too familiar with.

Many people had very reasonable concerns about whether the vaccine made the most sense for them. They asked questions like what if I have already had COVID? Will it affect my unborn baby? Am I at elevated risk of adverse effects? What are the long-term side effects? Many we couldn't answer. I would contend that the COVID-19 vaccine saved perhaps hundreds of thousands of lives, especially amongst the most vulnerable, and especially in the short-term for the most vulnerable.

These discussions should have been between a patient and their doctor. But instead, the Biden Administration inserted itself and defiled the sacred relationship that we as Americans have always treasured between the doctor and the patient, who knows you, understands you. But there was no discussion with the doctor that you know and trust. The government was "because I said so," was supposed to be good enough. Hardly bedside manner. No discussion on side effects, who is at risk, treatment options, et cetera. Worse still, the vaccine did not prevent the spread of the virus, a fact already evident by the time the mandates were imposed.

Actually, we know from the trials that even vaccinated patients could get COVID. No matter how much President Biden or others claimed or wish that the vaccine stopped the spread of the virus, the science didn't support it. And if the vaccine does not prevent you from getting sick, then what is the utility in forcing you to get vaccinated? That is a question many people asked. It is a legitimate question that they can have a conversation with their doctor. What are the pluses? What are the minuses? How great a risk am I?

What the vaccines did do was significantly reduce the individual's chances of hospitalization or death. I think that is inarguable, and the trials showed that. Again, because it did not stop transmissions, this was a choice that should have been made between each person and their doctor. To me, one of the most tragic consequences of these mandates is the distrust that it sowed in vaccines more broadly. Vaccines that we have relied on for public health for decades are now in question because of the way this was handled, the messaging that went out.

In his paper, "The Unintended Consequences of COVID-19 Vaccine Policy," our witness, Dr. Bardosh, argues that the government's aggressive and inflexible COVID-19 vaccine mandates are a case study in how not to uphold ethical norms and trust in institutions. And Dr. Bardosh, as I read through your paper, I see the comments from leaders around the world, not scientific leaders nec-

essarily, not medical doctors, but from politicians, not one of them thought it would be a good idea to educate the people that they lead on what was going on with the vaccine, not one. Thank you for pointing that out, so this is important.

Further, not only did these mandates damage Americans' trust in public health and in vaccines and cause people to lose their jobs, it also negatively affected our military. A good friend of mine, a physician no less, battling breast cancer, was unfairly harmed by the Department of Defense's vaccine mandate. Her oncologist advised against the vaccine for medical concerns. She was pro-vaccine, but her oncologist advised, hold off, stay as safe as you can. Her career was negatively affected as a result, putting it mildly. Because of the mandate, she sought a medical exemption to temporarily delay getting the COVID-19 vaccine until she finished with chemotherapy. This seems to be a perfectly reasonable request from her provider, but apparently the Navy didn't think so.

And while the Review Board, after much legal wrangling, voted to retain her in the Navy, they also substantiated that she committed misconduct for refusing the vaccine, and that is on her record. That black mark on her record has likely hindered her from a well-deserved promotion. I know, I worked with her. She wanted to be vaccinated, she did all the right things, and she was still harmed by this mandate.

Besides what may be right or wrong in this case, our military recruitment and retention has been negatively affected. It is harmful for our Nation. As someone who recently retired from the service, this is highly concerning. This hearing is an opportunity to conduct an after-action review of the COVID-19 vaccine mandates, and, as the Ranking Member has requested, help us prepare for future pandemics by evaluating the policies that have been put in place. So, I look forward to an on-topic discussion today, and I would now like to recognize Ranking Member Ruiz for the purpose of making an opening statement.

Dr. RUIZ. Thank you, Mr. Chairman. Just last week, the Select Subcommittee on the Weaponization of the Federal Government held a hearing with a vocal vaccine skeptic, a known purveyor of medical misinformation, amplifying his dangerous views for all the world to see. And now here we are, 1 week later, holding a hearing with verbiage that continues to undermine confidence in lifesaving vaccines and call into question the science and policies behind the greatest tool we have in public health to protect against infectious diseases.

So, let me just say this again. If you don't have contraindications, COVID-19 vaccines are safe. They are effective in reducing risk to getting the virus, therefore more will be prevented. It will prevent more people from getting the virus. It is also effective in reducing the risk of getting really sick and by dying from COVID-19. The COVID-19 vaccine saves lives. We know this to be true because 3 years ago, we were in the darkest days of this pandemic and without the tools we needed to overcome this deadly novel threat. We were able to close this chapter of the pandemic, thanks to the Biden Administration's leadership in implementing the largest and most successful vaccine administration program in history.

These policies, including vaccine requirements for high-risk healthcare workers, Federal workers, and our service members, allowed us to safely reunite loved ones, reopen schools, businesses, and workplaces, enhance our military readiness, and reach the end of the public health emergency, despite every effort QAnon and Republicans did to generate fear and undermine confidence in the vaccine, much like what we will most likely hear today in subtle or not subtle ways. So, at the end of the day, it was in large part thanks to lifesaving COVID-19 vaccines and the Biden Administration's efforts to increase supply, access, and uptake that we were able to prevent the loss of another 3.2 million American lives, keep another 18.5 million people out of the hospital, and save our economy over 1 trillion dollars in medical costs.

We would not have been able to save lives or prevent severe illnesses and suffering without the policies in place that not only got vaccines out into the communities, into our most vulnerable, but also increased vaccination rates across the board to ensure a safe and responsible return to a more normal American life. So, these public health measures enacted in support and in consultation with public health experts, doctors, and scientists from the Federal all the way down to the local levels have been proven to reduce harm and save lives. They were based on science and public health principles, not new and not arbitrary.

In fact, the American Medical Association, American College of Physicians, American Academy of Family Physicians, American Academy of Pediatricians, and dozens of other distinguished medical groups and leaders have gone on the record in support of temporary vaccine requirements under the context of, of course, a rapidly spreading, deadly virus for their role in pulling us through the darkest times of this pandemic, and preventing additional loss of life.

I say all of this because, as a physician, it is important to me that we start this hearing off on the right foot and with the facts. It is important to me that we are accurate and when we discuss how and why these policies, which, by the way, have been deemed consistent with the First Amendment for over 100 years, were developed, supported, and guided by scientists, healthcare providers, and medical experts. This is so important to me because the American people are watching what we do here today. And when we sit from our highest perch in Congress with the loudest of megaphones and purposefully and intentionally sow doubt and mistrust in life-saving public health measures, the American people pay the price.

We have seen what happens when we play with fire like this. The Brown School of Public Health, Brigham and Women's Hospital, the Harvard T.H. Chan School of Public Health, and Microsoft AI for Health found a growing distrust in vaccines has caused more than 300,000 additional preventable COVID-19 deaths in the United States.

What we say and how we say it matters. It can build confidence, or it can manufacture distrust to deleterious effect. We are seeing diseases that we previously had under control, like the chickenpox and measles, pop up again across the country, and we are seeing an overall decline in trust in vaccines throughout the country. According to the American Academy of Family Physicians, the rate of

childhood for vaccination against measles, mumps, and rubella has decreased steadily since the 2019–2020 school year, leaving approximately 250,000 children unprotected against these dangerous diseases. A peer-reviewed study published in *JAMA Internal Medicine* also found that the excess death rates from COVID–19 after the approval of COVID–19 vaccines was 43 percent higher among Republican voters compared to Democratic voters. There are polls that are showing that the higher hesitancy rate are within the white Republican male population versus any other group.

So, the extreme messaging in manufacturing distrust has a higher deleterious effect for those who hear it. We cannot deny the role of misinformation in fueling this troubling trend. In order to best serve the American people, Democrats, Republicans, Independents, everyone, we must correct course and we must do it now. The way that we do that is not by holding hearings that wink and nod to extreme rhetoric that undermines confidence in vaccines. It is not by giving way to the anti-vaccines bills that are moving through state legislatures all across the country.

And the fact is, no, it is not by calling for a blind trust in science either. It is by putting people over politics. It is by making sure people have access to accurate and timely information about the thoroughly proven safety and effectiveness of vaccines. It is by building a strong public health work force that can help us get through the next pandemic and ensure previously eradicated threats don't come back. And it is by making sure that we, as Members of this body, do what we can to protect the public's health now and into the future. And with that, I yield back.

Dr. WENSTRUP. Thank you, Dr. Ruiz. Our witnesses today are Ms. Danielle Runyan. Ms. Runyan is currently senior counsel for First Liberty Institute and represents numerous servicemen and women harmed by the armed force's vaccine mandate. She also serves as a member of the U.S. Air Force, and we thank her for her service. Dr. Kevin Bardosh: Dr. Bardosh is a medical anthropologist with the University of Washington and the Edinburgh Medical School. He is actively researching the global impact of COVID–19 policies.

Ms. Allison Williams: Ms. Williams has been a sports reporter since 2006. She worked for ESPN from 2011 until 2021 when she was forcibly separated for not taking the COVID vaccine on both medical and religious grounds. She is currently a reporter for FOX Sports.

And Dr. John Lynch: Dr. Lynch is an infectious disease physician and associate medical director at the Harborview Medical Center in Seattle, Washington. He is also a professor of medicine at the University of Washington.

Pursuant to Committee on Oversight and Accountability Rule 9(g), the witnesses will please stand and raise their right hands.

Do you solemnly swear or affirm that the testimony that you are about to give is the truth, the whole truth, and nothing but the truth, so help you God?

[A chorus of ayes.]

Dr. WENSTRUP. Please be seated and let the record show that the witnesses all answered in the affirmative. The Select Subcommittee

certainly appreciates you all for being here today, and we look forward to your testimony.

Let me remind the witnesses that we have read your written statements, and they will appear in full in the hearing record. Please limit your oral statements to 5 minutes. As a reminder, please press the button on the microphone in front of you so that it is on, and the Members can hear you. When you begin to speak, the light in front of you will turn green. After 4 minutes, the light will turn yellow. When the red light comes on, your 5 minutes is expired, and we would ask that you please wrap up.

Reminder that today's hearing is on vaccine policy.

I now recognize Ms. Runyan to give an opening statement.

**STATEMENT OF DANIELLE RUNYAN
SENIOR COUNSEL
FIRST LIBERTY**

Ms. RUNYAN. Members of the Select Subcommittee on the Coronavirus Pandemic, I am Danielle Runyan, senior counsel with First Liberty Institute, a nationwide legal organization dedicated to defending religious liberty for all. I am also an officer in the Air Force Reserve. The testimony I provide is in my capacity as counsel for First Liberty, and the views expressed are my own. Thank you for the invitation. It is an honor and a privilege.

The COVID-19 pandemic brought some of the darkest days for Americans and their families, days I hope we never relive, but when another pandemic arises, we need to be prepared to do things better. Most importantly, we need to remember that in challenging and unprecedented times, we are Americans first, and no matter what, America is the land of the free and home of the brave. While those words are often said in proud moments when we talk about the goodness of the American spirit, it is imperative that the plain meaning of those words be honored and upheld, no matter what the circumstance. In the words of Justice Neil Gorsuch, "If human nature and history teach us anything, it is that civil liberties face grave risks when governments proclaim indefinite states of emergency."

As the pandemic unfolded, we realized our rights as Americans were not being honored. Eighteen months into the pandemic and 8 months after vaccines first became available, the executive branch implemented coercive mandates aimed at removing hard-working citizens who chose to exercise their constitutional and statutory rights, from the work force. By striking fear into the heart of Americans, many were left puzzled. How did we go from incentivizing vaccination with free beer and sports tickets to threatening to punish Americans by taking away their livelihoods?

But through the litigation efforts of concerned citizens, the Federal employee mandate, the Federal contractor mandate, and the OSHA Emergency Temporary Standard were quickly halted by Federal courts, but one mandate still remained: the military's COVID-19 vaccine mandate. Citing to the health and readiness as compelling reasons for requiring vaccination, the Department of Defense boldly promoted that coercive and punitive actions would be taken against those who refuse the vaccine.

In fact, the chief of naval operations issued a policy that threatened religious objectors with the loss of their careers, potentially crippling debt and involuntary separation. It also provided that the Navy may seek recoupment of applicable bonuses, special and incentive pays, and the cost of training and education for servicemembers refusing the vaccine. For special operations personnel, such as SEALs, this meant that the Navy was threatening to force each of them to pay back over a million dollars. While those with religious objections did not fall into the category of a refuser, they were harshly treated as such.

For this reason, First Liberty Institute proudly represents 35 brave members of the Navy Special Warfare community to include 26 Navy SEALs, as well as a class of over 4,000 Navy service members. First Liberty also proudly represents nine distinguished Air Force officers. Each has a religious objection to the COVID-19 vaccines, and each was discriminated against in incomprehensible ways for the mere fact that they exercised their religious liberty rights.

One Navy Surface Warfare officer who we proudly represent is Lieutenant Commander Select Levi Beard, who is here with me today in his personal capacity. He is a distinguished officer selected by the Navy in 2017 to attend postgraduate school and to fulfill the role as department head at sea for 3 years after graduation. As part of his selection, he accepted a retention bonus of \$105,000 that was being dispersed over a period of years. But when he submitted his religious accommodation request, his entire world changed, leading to significant anxiety and depression with PTSD-like symptoms that are documented in his record. Simply because Levi exercised his religious liberty rights, he was consistently harassed by leadership, repeatedly counseled on his accommodation request, was issued a report of misconduct, and was ultimately faced with the prospect of involuntary separation.

Levi had an excellent record of service but was being targeted for adhering to his sincerely held religious beliefs. To make matters worse, Levi was unable to become a department head as he originally had planned. Because the Navy prevented him from satisfying the commitment he made in 2017, he was now facing the Navy's recoupment and repayment policy. This means that the hundreds of thousands of dollars the Navy spent on educating him were required to be repaid, and the recoupment process began when Levi did not receive his 2022 installment of bonus pay.

But Levi wasn't the only one suffering this harm. The coercion and punishment First Liberty's clients experienced range from being kept from receiving traumatic brain injury treatment, to being unable to promote, to being forced to live in deplorable conditions with showers overflowing with sewage, and being grounded from flying, as pilots with medical exemptions were allowed a full return to their duties.

While we are thankful that the NDAA required the DOD to rescind its vaccination requirement, unfortunately, the harm continues. Those who sought a religious accommodation are now 1 to 3 years behind their peers as a result of being removed from their duties. For this reason, many will be unable to promote and are faced with the future prospect of losing their careers. Considering

over 19,000 service members remained unvaccinated as of October 2022, this means we could lose millions in already spent training costs and hundreds of thousands of years of invaluable institutional knowledge. At a time when young Americans have no desire to join the military and those serving are telling their children to not join the military, we should consider this a significant national security crisis. Thank you.

Dr. WENSTRUP. I now recognize Dr. Bardosh for 5 minutes.

**STATEMENT OF KEVIN BARDOSH
AFFILIATE ASSISTANT PROFESSOR
UNIVERSITY OF WASHINGTON**

Dr. BARDOSH. Wonderful. Thank you, Mr. Chairman and Members of the Committee. I have published, as the lead author, two widely read academic papers on COVID-19 vaccine mandate policies, and I have several more actually in the analysis phase. The two published papers are submitted as part of my testimony today, and I urge Members to read them. No. 1, "The Unintended Consequences of Covid-19 Vaccine Policy: Why Mandates, Passports, and Restrictions May Cause More Harm Than Good." And No. 2, "COVID-19 Vaccine Boosters for Young Adults: A Risk Benefit Assessment and Ethical Analysis of Mandate Policies At Universities." The first one is published in the British Medical Journal Global Health, and the second one is in the Journal of Medical Ethics.

In the first paper, written in late 2021, I and a group of scholars from Johns Hopkins, Oxford, Harvard, and elsewhere outlined a set of 12 reasons why the coercive approach to COVID vaccination policy, which was done worldwide, not just here in the United States, would ultimately be both counterproductive and damaging to public health and to society. We base these ideas on the existing academic literature at the time with nearly 150 citations.

We divided these 12 reasons into four categories: No. 1, behavioral psychology. We drew on theories of reactance and entrenchment, cognitive dissidence, stigma and scapegoating, which was widespread worldwide, and the nature of trust and distrust. The second category outlined the damage to politics and law. We outlined the erosion of civil liberties, the increase in social polarization, and disunity in global governance. The third category discussed issues of socioeconomics, how these mandates would increase disparities and inequalities, how they would reduce health system capacity and, importantly, how they would exclude people from work and social life, and ultimately, be damaging to what is called the social determinants of health. The fourth category we called the integrity of science in public health, and we discussed how mandates, by their nature, as a hammer, are actually eroding key principles of public health ethics and trust in regulatory vaccine oversight.

I would like to quote directly from our abstract, "Our analysis strongly suggests that mandatory COVID-19 vaccine policies have had damaging effects on public trust, vaccine confidence, political polarization, human rights, inequities, and social well-being." We questioned the effectiveness and consequences, of course, of vaccine policy in pandemic response, and urged the public health commu-

nity and policymakers to return to non-discriminatory, trust-based public health approaches.

We started the results section of this paper with what is kind of a shocking statement, actually, when you think about it: “Although studies suggest that current COVID policies are likely to increase population vaccination rates to some degree, gains were largest in those under 30 years old, a very low-risk group, and in countries with below average uptake.” So, the totality of actual data on increases in vaccination rates from mandates and passports does not suggest an overwhelmingly positive impact. For example, a recent study on indoor vaccine passports found no significant impact on COVID-19 vaccine uptake, cases, or deaths across all nine U.S. cities that implemented this policy.

Now, the second paper focused on booster mandates at American universities for American university students. Let me digress for a moment. We received a lot of emails from people after the first paper, including concerned students and their parents. At first, I was reluctant to write the second paper. This work was completely voluntary. It was all free time. I have three kids, I am a busy person, and I was even skeptical of the findings which we relied on. We based our assumptions on publicly available data from CDC and the Pfizer trials. I thought, surely the CDC and other professional bodies, people who are paid to do this kind of work, have crunched the numbers, the adults are in the room. But what I have seen during the whole pandemic is a stifling of free academic debate in our institutions of higher education, a lack of transparency from our government, and our CDC, and a worrying groupthink in the liberal class itself. And I am part of this class, and I have witnessed this alarming firsthand, and it has been difficult. I was surprised also to see how widespread vaccine mandates were at universities in North America. While they didn’t happen in Europe, for the most part, surely, COVID is the same in Europe as it is here in North America.

In our paper, we combined empirical risk benefit assessment and what is called ethical analysis. So, we estimated that to prevent one COVID hospitalization over a 6-month period between 31,000 and 42,000 young adults aged 18 to 29, would have to receive a third mRNA vaccine. But this would mean that for each hospitalization prevented with this booster, at least 18.5 serious adverse events from mRNA vaccines would occur, including one to five booster-associated myopericarditis cases in males, which typically require some degree of hospitalization.

Now, our ethical analysis argued that university booster mandates are unethical for five reasons. No. 1, they are not based on the science. They are not based on an updated Omicron era stratified risk-benefit assessment for this age group. Let’s make policy considering age groups. No. 2, it may result in a net harm to healthy young adults. No. 3, the policy was not proportionate. Expected harms do not outweigh the public health benefits given the modest and transient effectiveness of vaccines against transmission. Fourth, they violate something called the reciprocity principle in medical ethics because serious vaccine-related harms are not reliably compensated for due to gaps in American vaccine injury schemes. And finally, it may result in what is called social

harms, students losing out in their educational opportunities for those who do not comply.

Now, very quickly, let me just end with a personal opinion. May I remind everyone here about the higher law, inspired by God, on which this country defines liberty. We consider a deprivation of bodily autonomy to be fundamentally humiliating and associated with a form of mental and physical enslavement. Inherent to human nature is the desire to have self-determination over one's own body and mind.

Notice that many Americans chose to suffer the deprivations of losing their material income rather than to be subjected to the humiliations of a forced medical treatment that would have denied their own medical privacy, physical agency, and psychological freedom. The shock and dismay citizens of this country have expressed over these coercive mandate measures makes the situation clear for anybody willing to pay attention, that they are an affront to the God given order of freedom on which American liberty is based. Never mind that they are scientifically inconsistent and illogical, the mandates are an insult to our American foundation of freedom, and I hope we never are reduced to such humiliations again in the future or we risk demoralizing an already demoralized people further. Thank you.

Dr. WENSTRUP. Thank you. I now recognize Ms. Williams to give an opening statement.

**STATEMENT OF ALLISON WILLIAMS
REPORTER
FOX SPORTS**

Ms. WILLIAMS. Good afternoon, Chairman Wenstrup and Members of this Subcommittee. Thank you for the opportunity to testify today regarding my experience with the COVID-19 vaccine mandates imposed by employers under the influence of the Federal Government and the harm they cause to individuals and families across the country. Today, I will share my personal story and experience, but I do so fully aware that my ordeal is not unique. I only hope to carry the message of countless Americans whose lives were turned upside down and whose rights were trampled on in the name of public safety.

For a decade, from 2011 to 2021, I lived out my professional dream working for ESPN as a reporter and host, primarily covering college football and basketball. I was a dedicated and valued employee. In fact, I worked nearly every weekend of the 2020 football season, which was the height of the COVID pandemic before a vaccine was available, traveling to games and reporting in a safe and effective manner. As the vaccine for COVID-19 became available, ESPN and its parent company, The Walt Disney Company, encouraged employees to be vaccinated, while their position in support of the vaccines was evident.

On April 1, 2021, Disney sent an email to all employees stating that, "Getting the vaccine is a personal decision for each of us." That position would prove temporary. A few months later, I received a notice from ESPN that effective August 1, 2021, a COVID vaccine would be required to attend all remote events. This includes all games and remote studio shows. There would be abso-

lutely no exemptions to this rule. Shortly thereafter, Disney extended this mandate to all employees, regardless of travel, unless a religious or medical accommodation was approved. While this mandate was not entirely a surprise, the reality was still hard to fathom and incredibly difficult to process.

As a consequence of this mandate, for the first time in 14 years, I would not be reporting from the sidelines of college football in the fall of 2021. Regardless, I retained hope that I could still remain an employee at ESPN and work in my capacity as a studio host. This hope hinged on receiving an accommodation on either medical or religious grounds. Also during this time, my husband and I were working with fertility specialists in the hopes of having a second child, an already stressful and emotional period, exacerbated by the impending uncertainty of my job status.

I contacted my doctor in July and shared with him my concerns regarding the vaccine and my employer's demand I receive it to continue working. Given my good health and our current calendar for conception, he supported my decision to forego the vaccine. He agreed to provide the necessary documentation to apply for medical accommodation. I notified my reporting manager I would be doing so, and we began the process through human resources and legal counsel for ESPN. Unfortunately, in my follow-up correspondence with my doctor's physician assistant, I was notified due to the large number of medical exemption requests received, they were having a clinic-wide meeting to discuss how best to handle them.

After said meeting, I was informed that as a clinic, they would not be providing any medical exemptions for any patients. Instead, I was referred to the American College of Obstetrics and Gynecology and the CDC websites, despite my doctor's acknowledgement that this medical intervention was unnecessary for me as an individual. A blanket approach was taken for all patients disregarding our specific needs and risks. I subsequently notified ESPN that I would be modifying from a medical to a religious accommodation request. I had a valid and sincere opposition to this injection in regard to my scheduled IVF transfer. I also have valid and sincere religious objections to the COVID-19 vaccine.

The extent and basis of my beliefs were questioned, and they were discussed at length with human resources representatives from ESPN. The sincerity of my religious beliefs was acknowledged, but it was determined I cannot continue to be employed without creating an undue burden upon the company. I was given 1 week to comply and get the injection or be separated from the company. I did not receive the vaccine as my beliefs did not change in that week and, therefore, was terminated as an employee with ESPN in October 2021. And just like that, newly pregnant, I was stripped of my job, my health insurance, and having my personal and medical decisions the topic of national news.

It is hard to explain what it is like to have so much taken from you for doing what you know in your heart and your mind to be the right thing for you and your family. The financial toll it took on me and my family and so many like ours was significant, and it is still enduring. The lost wages and sacrifices made by families like mine, who stood up to the overreaching unjustified mandates to preserve their autonomy and health can never be fully recov-

ered. But the impact wasn't just on our livelihoods. It was on our lives. We were bullied, vilified, slandered, and ostracized. Nights were sleepless, days consumed by doubt and worry. Thankfully, my resolve strengthened with constant prayer, faith in God, and the support of loved ones.

As I, like so many others, tried to come to terms with my new reality and reconsider how to provide for my family, our own elected government officials shamed us. Anyone who didn't obediently follow orders to get in line and roll up their sleeves was portrayed as an enemy and a threat, no regard given to natural immunity, personal convictions, religious beliefs, or individual health, all valid reasons for declining this injection. If you were unvaccinated, you were part of the problem.

And that is why today I hope to be part of the solution, to make sure this type of tyranny never happens again in this great country, that we acknowledge the misguided directives and unnecessary harms done to countless Americans, harms caused not by the virus, but by the response. If we are truly the land of the free, the one thing that should be mandated is that we will never trample the civil liberties and bodily autonomy of our citizens again. Thank you.

Dr. WENSTRUP. I now recognize Dr. Lynch for 5 minutes of questions.

(MINORITY WITNESS)
STATEMENT OF JOHN LYNCH
ASSOCIATE PROFESSOR OF MEDICINE AND
ALLERGY AND INFECTIOUS DISEASES
UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE

Dr. LYNCH. Good afternoon. Chairman Wenstrup, Ranking Member Ruiz, Subcommittee Members, thank you for holding today's hearing and inviting me to testify. As an infectious disease physician, I have cared for many patients with serious illnesses due to COVID-19, worked on programs and protocols to prevent COVID-19 transmission to healthcare settings, and seen firsthand the extraordinarily positive impact of COVID-19 vaccines. I greatly appreciate your commitment to hearing from physicians like me, who have been on the frontlines of this pandemic.

COVID-19 vaccines provide significant protection against severe disease, hospitalization, and death. The bivalent boosters increased that protection.

Vaccination appears to reduce the risk of developing long COVID, hybrid immunity. The combination of vaccine-induced immunity with post-infection-induced immunity appears to provide the greatest protection. COVID-19 vaccines are safe. The data backs that up. CDC has conducted extensive monitoring of adverse events and continues to find that the risks associated with COVID-19 infection are far greater than the risks associated with COVID-19 vaccination. COVID-19 vaccination has tremendous societal benefits, preserving health system's capacity, protecting healthcare workers from burnout, and facilitating a return to normalcy.

As COVID-19 vaccines became available, the Federal Government instituted vaccine requirements for certain populations, including healthcare personnel like myself. Requirements have long

been in place for other vaccines. In fact, in 1905, the U.S. Supreme Court upheld compulsory smallpox inoculations. Seasonal influenza vaccine requirements for healthcare personnel have been in place for several years. Influenza vaccines help ensure healthcare personnel remain healthy to perform our essential jobs and to help prevent transmission of influenza to patients.

In hospitals with requirements like my own, including vaccination requirement, coverage rates of healthcare personnel have consistently been greater than 95 percent. States' school entry requirements for vaccines against diseases such as measles or pertussis are effective in improving vaccination coverage among schoolchildren and have greatly reduced disease outbreaks in the United States, keeping us all safer.

When COVID-19 vaccines were first made available, there were compelling reasons to boost vaccination rates quickly, which caused many healthcare professional societies to support vaccination requirements, particularly for healthcare workers. COVID-19 vaccines were a strong tool in preventing transmission because prior to the Delta variant, the vaccines offered powerful protection against infection. Reducing transmission could limit the development of dangerous variants, ease pressures on healthcare facilities, and save lives. Importantly, most of the population at that time did not have any immunity to COVID-19. We were all vulnerable. Much of what we know now about the virus and the disease was unknown at that time.

When COVID-19 vaccines became available, my health system sought guidance from physicians and scientists, including myself, about potential vaccination policies for our health systems employees. We worked to ensure that any employee providing direct patient care be vaccinated in order to preserve our work force and prevent COVID-19 transmission to patients. So, our healthcare system decided to require the COVID-19 vaccine as a condition of employment.

There are reports that COVID-19 vaccination mandates for various groups have led to high levels of compliance and boosted COVID-19 vaccine uptake. Among U.S. adults vaccinated from June to September 2021, 35 percent reported that a major reason they got vaccinated was to participate in recreational activities that required vaccination and 19 percent said their employer's requirement was a major reason.

There has been resistance to COVID-19 vaccine requirements and spreading misinformation. It is important to understand these perspectives and find ways to improve trust in vaccines and in public health. We must improve communications to include more of the why, more of the information, and what stands behind our recommendations and requirements. Medical recommendations and public health policies must evolve with the changing pandemic. While our vaccines remain highly effective in preventing severe disease, hospitalization and death, they are no longer as effective in preventing infection and transmission due to new variants. In addition, most, though not all, people in the United States have some immunity, we now have COVID-19 therapeutics to help prevent serious disease and death, the data no longer support Federal COVID-19 vaccine requirements.

Vaccine requirements were not and should not be the only tool to boost vaccination rates. Robust communications with the general public, recommendations of individual healthcare providers to their patients, more equitable access to vaccines, and better-funded public health infrastructure are critical to boost uptake of COVID-19 boosters and routine vaccinations, which declined during the pandemic and have not rebounded. Communication about vaccines should be transparent, including what we know and what we do not know, easy to understand by all populations and delivered by trusted messengers like physicians.

I greatly appreciate the Subcommittee's attention to this important issue, and thank you for the opportunity to testify.

Dr. WENSTRUP. Thank you, Dr. Lynch. As I had spoken about earlier, we are going to take a break to go vote. I apologize for that inconvenience.

The Select Subcommittee stands in recess, and we will return right after votes are complete, so kick back, relax. We will see in a little bit. Thanks.

[Recess.]

Dr. WENSTRUP. The Select Subcommittee will come back to order. Thank you for your patience while we ran off to do some of our work, and at this time, I would like to recognize myself for some questions and some statements leading up to it.

You know, I think that it is important to understand that potential side effects of the vaccine, they are arguable and probably still in debate, adverse events. We will be looking at our reporting system. Is it effective? How are we getting information? Is it accurate? Are we getting it to physicians so they can share with their patients, what we are seeing, and whether it is this pandemic or any other type of issue like that that we have to address. I spent some time in public health. I was on our board of health in Cincinnati, Ohio. We would see things and we had to address them.

So, we will be looking at all those. And, you know, it doesn't help, I would say, you know, in the messaging, which is really what a lot of this came down to in many ways. And the process, you know, it doesn't help when you have a high-level candidate saying about the vaccine. Well, if it comes out under Donald Trump, I am not taking it. And then that same person gets in office, and then mandates that you take it. You know, I only have an undergrad degree in psychology, but, you know, I understand human nature. I practiced privately for 26 years. I saw thousands and thousands of patients. Part of that is figuring out how the best way to reach your patients so they have an understanding, a confidence, a trust in you.

And, Dr. Lynch, I think you addressed that very well. I will be honest with you. I think if every person in America that was wondering whether they should take this vaccine or not had the opportunity to sit with someone like you to go over the pluses and the minuses. And I think, you know, at one point you said in your opening statement that the vaccine was no longer effective at preventing infections once the Delta variant arrived. You know, those are the types of conversations that patients wanted to have, and they didn't get the opportunity.

And then listening to you, say, you had a perfectly healthy 18-year-old male who is concerned about myocarditis and pericarditis come to you. I don't think you would say things to him like, well, if you don't get the vaccine, you are going to die. I don't think you would say that, but I think you would, from what I heard from you, go over pluses, minuses, and the concerns. That is really what I think is so missing from this, and why a mandate was so damaging. So, Dr. Bardosh, you are studying whether COVID policies were effective or not. Is that correct?

Dr. BARDOSH. Yes, exactly.

Dr. WENSTRUP. And that includes the vaccine mandate, right?

Dr. BARDOSH. Yes, exactly.

Dr. WENSTRUP. OK. So, would you consider yourself an anti-vaxxer?

Dr. BARDOSH. I think that is a very problematic term. It is essentially a way to slur somebody to a stifled debate.

Dr. WENSTRUP. Right. I don't consider myself one, even though that term gets thrown around a lot, and I have been vaccinated. And I understand that there is a difference between the mRNA vaccines and the vaccines that we traditionally have all been administered in our lives, especially in our young lives. Dr. Bardosh, you wrote a paper titled, "The Unintended Consequences of COVID-19." You talked about that COVID-19 vaccine policy, why mandates, passports, and restrictions may cause more harm than good. Is that right? You are the author.

Dr. BARDOSH. Yes, I am the lead author on that paper.

Dr. WENSTRUP. OK. So, let's talk a little bit about some of the negative consequences that you studied, and as best you can, just try to answer yes or no. It is not always easy, but maybe you can do that. Did you find that mandating COVID-19 vaccines worsened division and political polarization?

Dr. BARDOSH. So, let me just tell a quick little story here.

Dr. WENSTRUP. Sure.

Dr. BARDOSH. We wrote that paper right before the freedom convoy started in Canada, right? We put it online as those trucks were starting to roll to Ottawa, so we certainly were feeling the pulse of the political polarization. And I am also a Canadian citizen, so I followed that very closely.

Dr. WENSTRUP. Do you find mandates damaged public trust and public health and institutions?

Dr. BARDOSH. If I counted how many times people have turned to me and said, you know what, I am never going to get a vaccine ever again because of those mandates, I would have a lot of people to count.

Dr. WENSTRUP. Yes, and that concerns me.

Dr. BARDOSH. Yes, and I engage people on the subway. Wherever I go, I ask these questions.

Dr. WENSTRUP. And so, I guess in that same vein, did you find that mandates increased COVID-19 vaccine hesitancy or vaccine hesitancy in general?

Dr. BARDOSH. So, I think it is important to realize that people who are in the sort of pro-mandate camp, often they actually don't even have friends who are anti, you know, who haven't been vaccinated against COVID. Depending on your social circle, you are

not even aware that these people exist in the country, but it is a significant portion of individuals. And in those individuals, let's say, I don't know, for the sake of argument, 20 percent, 10 percent, 20 percent, this has destroyed the foundation of any trust that they have with our public health institutions, and you need to go talk to them to understand that.

Dr. WENSTRUP. Thank you. I am also very worried that our response to the pandemic in the future may be hindered by some of these same harms that exist in this one. It is my view the rationale of vaccine mandate is rooted in the notion that vaccine prevents the spread of the virus and therefore has a significant discernible benefit for third parties. I said from the beginning that trials showed and had a significant benefit, especially for the most vulnerable, and that if you got the vaccine compared to not, in the studies, that you were less likely to get very seriously ill or be hospitalized. So, Dr. Bardosh, it is your impression that COVID-19 vaccines prevent you from getting and spreading COVID-19?

Dr. BARDOSH. I think the full body of evidence suggests that there was some transient effectiveness on stopping transmission, maybe for a month or two, depending on your viral load. I think there is still a lot of uncertainty there, but it certainly was not similar to other vaccines that actually durably—the word is “durably” stopped

—transmission. I also think there are a lot of complications in the science because we had different variants. There was massive mutations in the coronavirus that complicates the studies that exist.

Dr. WENSTRUP. Do you think that ignoring or putting aside infection acquired immunity, natural immunity, may have had negative consequences, but we weren't even allowed to talk about it?

Dr. BARDOSH. I think that showed the American people that the government and our authorities will both basically lie on camera. It was obvious. In mid-2021, I watched with dismay as the Biden Administration and the CDC said this vaccine will stop transmission. I was looking at the data from Israel and the U.K. where I have colleagues, and I knew that it wasn't going to stop transmission because it wasn't in their data. How did Americans not know this? It was clear, and yet we sort of had this charade.

Dr. WENSTRUP. So, I want to go to Ms. Williams, if we can. You felt you got fired by ESPN for not complying with the vaccine mandate. Is that correct?

Ms. WILLIAMS. Yes, I was separated from ESPN for not complying with their vaccine mandate.

Dr. WENSTRUP. There is no other reason?

Ms. WILLIAMS. No.

Dr. WENSTRUP. And as you said, you were trying for a baby at that time, and was this one of the reasons you were hesitant to get the vaccine?

Ms. WILLIAMS. Yes. My initial concerns from a medical perspective were in step with me going through fertility treatments to conceive a second child. I had conversations with my doctor about those concerns, and he supported my decision given my limited risk.

Dr. WENSTRUP. And did they give you in writing exactly the reasons for which you were fired?

Ms. WILLIAMS. Yes, they used the term “separated from the company” because I did not receive the COVID-19 vaccine.

Dr. WENSTRUP. Separated without pay, I assume?

Ms. WILLIAMS. Yes.

Dr. WENSTRUP. OK. All right. At that time, Disney and ESPN would not have been directly subject to any Federal vaccine mandate, would they?

Ms. WILLIAMS. Not to my knowledge at that time.

Dr. WENSTRUP. So, they did that on their own?

Ms. WILLIAMS. You would have to ask them that question.

Dr. WENSTRUP. Well, the mandate was directed toward government employees in that realm. Did you get the impression that they were following the lead of the government, even though they had flexibility as a private company or that they were otherwise being pressured? Did you get any impression of that whatsoever?

Ms. WILLIAMS. I can't speak to an impression one way or the other. I would make note that in April 2021, it was put out to all employees that they believed, as a company, that getting a vaccine was a personal decision. And something changed between then and October of that year when they no longer felt it was a personal decision, and instead decided to have a companywide mandate to receive the vaccine.

Dr. WENSTRUP. Thank you. I now recognize the Ranking Member, Dr. Ruiz, from California for 5 minutes of questions or more.

Dr. RUIZ. Thank you. Let me first start off by saying that, indeed, the vaccine helps to prevent transmission, so let me break it down. Our immune system has to respond rapidly and aggressively to ensure that the virus does not take hold and increase to a certain replicated viral load that can cause symptoms and make a person infectious to somebody else. When we use a vaccine to help boost the innate immunological response, then we help strengthen our body's ability to prevent from getting sick.

It doesn't work for everybody. Different people have different immunological systems, different strengths. Some of the viral load that somebody gets exposed to overwhelms the immunological response, and so some people still get infected. But what it does do, it significantly reduces the chance that a person gets infected, and that person, when they don't have the symptoms, when they don't get infected in that long term and they are not symptomatic, then the vaccine helped prevent them from getting COVID-19. It is just medicine. It is just the way it works.

And so, the overall goal in public health with a vaccine is to vaccinate and help boost as many people's immunological system to prevent the viral load from increasing to a certain symptomatic level so that people don't have to get sick, to reduce, and then to transmit the virus. So yes, it does reduce transmission, overall, in the general public. And the other thing it has done, and, you know, we know this, there are studies that show this in science, and there are also real-life examples. How did we get here? How were we able to reduce the transmission in order for us to safely return to schools, to work, to end the public health emergency? Because of the vaccine.

OK. I mean, so for the people that are listening, and to the general public, again, for those without contraindication, the COVID-19 vaccine is safe. It reduces your chances of getting infected, i.e., prevents you from getting infected, help prevent you from getting infected, helps and keeps you from transmitting it to somebody else, and overall transmission goes down, definitely reduces the risk of getting really sick, reduces the risk of long COVID and death.

And the COVID-19 vaccine ushered our Nation out of the darkest days of the pandemic. Thanks to the policies that President Biden put in place, including commonsense temporary vaccination requirements to address a dangerous, rapidly spreading deadly virus, more than 230 million Americans got vaccinated, 3.2 million deaths were prevented, and 18.5 million hospitalizations were averted. Dr. Lynch, what role did encouraging vaccination and increasing uptake of the COVID-19 vaccines, including through requirements, serve in reducing fatalities and hospitalizations?

Dr. LYNCH. We definitely saw increases in vaccine uptake when requirements were put into place, and studies have indicated that many individuals noted those requirements as a key factor in their decision to get vaccinated. Vaccines did and continue to offer the most powerful, the strongest protection we have against hospitalization, death, and likely long COVID. So, broader vaccination coverage absolutely helped to reduce hospitalization, reduced the risk of overrunning our healthcare system across the United States, and saved innumerable lives.

Dr. RUIZ. To help America overcome the pandemic and reduce the harm of COVID-19, the Biden Administration implemented requirements for certain populations to obtain the safe and effective COVID-19 vaccine, these high risks to catch and spread virus populations, including those who are serving federally funded healthcare facilities as part of our Federal work force and as members of our military. And as a result of these policies, these communities achieved remarkably protective high vaccination rates, including 98 percent vaccination among Federal workers, 96 percent among service members, and nearly 90 percent among healthcare personnel. Dr. Lynch, why were requirements a clinically appropriate tool to boost vaccination rates and how have they been used in contexts outside of the COVID-19 pandemic to reduce the threat of other dangerous diseases in the United States?

Dr. LYNCH. Requirements, in combination with efforts to make the vaccine freely and equitably available and robust communications about vaccine safety and efficacy, were all and continue to be appropriate tools. When vaccines became available, most of the population had no immunity, a critical important factor, so we needed to increase vaccine uptake as quickly as possible to protect as many citizens as possible. For years, we have seen influenza vaccine requirements for healthcare personnel, school-entry vaccine requirements for children function to save and support our communities. These have all been highly effective tools in protecting all of us from severe infectious diseases.

Dr. RUIZ. Thank you. You know, we heard a lot, and including have read in the announcement of this hearing, that implementing vaccine requirements, the Biden Administration “disregarded pa-

tient-physician relationships," and took doctors completely out of the conversation, so I want to really discuss this. America's leading medical societies, including the American Medical Association, the American College of Physicians, the American Academy of Family Physicians, the American Academy of Pediatrics, and many other doctor groups, all expressed strong support for vaccine requirements as a temporary critical tool under these circumstances to help America overcome the pandemic. And in numerous court cases, including the legal challenge to the vaccine requirement for large employers, the AMA and other major medical societies filed amicus briefs supporting these policies.

Dr. Lynch, you are the only physician testifying on today's panel, so let me ask you, physician to physician, do you agree with the allegation that doctors were sidelined and that patient-physician relationships were disregarded in the discussion surrounding vaccine requirements?

Dr. LYNCH. So, I am a leader and an active member of the Infectious Disease Society of America. I know many infectious diseases doctors across the United states. I am an active faculty member at the University of Washington, a leading research institution for infectious diseases where I know many of my colleagues work in the same area. This is not the case in my experience nor the experience of many of my ID colleagues. We do not feel sidelined in those conversations and been active participants in all of those conversations.

At my institution, we were the ones that Biden Administration approached for guidance on vaccine policies. At an individual level, physicians have been actively involved in talking to their patients about vaccines where those physicians' appointments were accessible to those individuals in the community. However, we do have a serious physician shortage, particularly in the ID specialty, and many people don't have sufficient access to physicians, again, contributing to inequities around access. I agree we can and must do better to ensure everyone can access a physician.

Dr. RUIZ. I appreciate that, and we will work to make sure that we increase incentives and work on the doctor work force, but I just have one last point to make, so I need to move on. So, there seems to be a message that infection-acquired immunity precludes the need for many Americans to receive the COVID-19 vaccine. In May, the Select Subcommittee held a hearing on this topic, and we heard from Dr. Tina Tan, who emphasized that hybrid immunity, conferred by both infection and vaccination, offered greater protection than infection acquired immunity alone. And isn't the point to get the vaccine to avoid getting sick and the symptoms or the risk of long COVID? So, Dr. Lynch, could you once again explain for us why this is the case that even people who have had infection should still get the vaccine if there is no contraindications?

Dr. LYNCH. Yes, I agree with you. All data have indicated that individuals with prior infection who have survived and were vaccination appear to have the strongest protection. So, getting vaccinated after having been infected provides that hybrid immunity, which appears to be the most potent way.

Dr. RUIZ. Would you suggest to boost your immune system by getting infected rather than getting the vaccine?

Dr. LYNCH. Absolutely not.

Dr. RUIZ. Would you suggest to avoid getting the infection by getting the vaccine?

Dr. LYNCH. I would.

Dr. RUIZ. Thank you. So, I think what we say matters, and how we say it, and whether it is subtle or not so subtle. I do think that we should just look at the big picture and understand that some individuals shouldn't get the vaccine due to contraindication in their own health status, and that consultation is with patient and their doctor, but the vast majority who have no contraindications can significantly reduce the risks of getting long COVID, of getting symptomatic, of getting really sick and dying by getting the vaccine. And by getting the vaccine, you boost your immune system, you reduce the risk of getting the illness and transmitting it to somebody else. It worked. That is why we are all here in our Committee and the public health emergency declaration is over. Thank you. I yield back.

Dr. WENSTRUP. Well, Dr. Lynch, you may be the only physician on the panel, but there is five sitting up here right now. And as you can tell, probably many of these physicians will act as witnesses rather than asking questions as well, as we just heard, and I will address that a little bit later. Next, I recognize Ms. Malliotakis from New York for 5 minutes.

Ms. MALLIOTAKIS. Thank you, Mr. Chairman. Thank you all for being here. We greatly appreciate your testimony.

I come from New York City, and New York really took the prize when it came to putting in place arbitrary policies. You mentioned extended states of emergency. I think we had one of the last to be lifted, arbitrary mandates, vaccine passports, religious, and other freedoms that were suppressed in the name of public health. And look, I am vaccinated, I held a clinic for those who want to do it, but I have a problem with the government dictating to people that they need to do this or else lose their livelihoods. And I thank Ms. Williams for being here, and I think that was very brave of what you did to leave your job at the time that you did to take a stand.

Now, here in New York City, city employees were fired because they did not get the mandated coronavirus vaccine by the February deadline. Over 1,500 city employees were fired as a result of the mandate, and thousands of city workers who applied for medical or religious exemption, they were left in bureaucratic limbo, waiting to find out if their waivers had been accepted or denied. Fast forward. Obviously, there were many lawsuits and, thankfully, a state judge ruled that the mandate for municipal workers was enacted illegally, and those employees who were fired had to be immediately reinstated with backpay. That has not still happened, by the way. And I think that is important to note because I still have constituents who apparently the mayor doesn't want to adhere to what the judge said.

So, I would like to know, both from a legal counsel perspective, and then from just the impact that this has had on society in mistrust of government, and, Ms. Runyan and Mr. Bardosh, if you can please comment.

Ms. RUNYAN. Thank you for your question. So, as I said in my opening statement, we represent over 4,000 Navy SEALs with re-

spect to their religious accommodation requests that they had submitted to the Navy. And the fact that the Navy, the DOD has a process for reviewing accommodation requests, and that that was not adhered to, specifically, the Religious Freedom Restoration Act, is something that the Department of Defense acknowledges is a process that they need to follow, and they didn't. That is extremely concerning. That is what we are challenging in the lawsuit, and that is why we won the preliminary injunction that we received back in January 2022.

Ms. MALLIOTAKIS. Are there any actions we can take as Members of Congress to hold these municipal, in this case, the Federal, accountable for not adhering to what the judges have said, or what, quite frankly, we as Congress have said when we said that this needed to be lifted, this mandate on our military?

Ms. RUNYAN. Absolutely. I think that, you know, we use the judicial process to do what we needed to do to get imminent relief. But I think, ultimately, Congress can institute legislation that can make sure that these things don't happen again, and if they do, that it is not incumbent upon the individuals who are being harmed to have to correct the errors.

Ms. MALLIOTAKIS. Yes. Dr. Bardosh, can you please talk to some of the impacts this has had on those families that have been fired, they have lost their livelihood, and is this happening in other cities, or is New York City still the one that is kind of hanging out there, not doing the right thing by the city workers, who dedicated so much of their life to service of our city?

Dr. BARDOSH. Yes. So, I would like to say something about the public health community, which is quite shocking to me, you know. If you go to a public health department in the country, the term "equity and equality" and sort of "inclusion" is plastered all over the department, all over the papers that are written there, and yet during COVID, you know, certain types of people were considered, you know, more equal than others. And I think it is important to recognize that individuals who lost their jobs severely suffered, right? We are talking about lost income, lost savings, not being able to pay your mortgage or your rent, having marital stress, stress on your children.

And we know from what is called the social determinants of health, which is, again, a main concept or principle in public health, right, what are the social determinants of health, everything that determines, right? Your life, your income, your status, right, your happiness, your psychological well-being. And we know that these things, for example, you are fired from your job, that can have long-term implications not only for you, but for your children, right? And yet we have these individuals in the country who lost their jobs because they didn't comply with these vaccination requirements. How many people lost their jobs? There is actually no study telling us, estimating how many people lost their jobs. Despite the fact that billions and billions of dollars has gone into researching vaccine hesitancy and misinformation, et cetera, yet we don't know how many people the mandates harmed and how they were harmed.

So actually, I have a project where we are estimating how many people were harmed, and I was hoping that we would have that

data here today, but we don't. And probably in about a month's time, we will have a number for you, and I would like to share that with you.

Ms. MALLIOTAKIS. Well, we appreciate that, and thank you for your time. And we will continue to advocate for those city employees of New York that were fired to make sure that they are re-hired, and also for our military men and women who were wrongfully subjected to a lot of things, and, as you mentioned, to not be able to get your benefits as healthcare because of this was outrageous. Thank you.

Dr. WENSTRUP. Now I recognize Mrs. Dingell from Michigan for 5 minutes of questions.

Mrs. DINGELL. Thank you, Mr. Chairman. What I am worried about is that the world is experiencing the largest global decline in decades in the number of children receiving basic immunizations, and there was a time that, I mean, thankfully not my generation, though. I remember lining up for that sugar cube, that there are still people alive that had polio, and polio is coming back, measles is coming back. And misinformation about vaccine safety has fueled distrust of long-trusted, safe, and effective vaccines. There is a lot of misinformation out there, so I want to make sure that we amplify what is accurate and what is life-saving.

And I am going to tell you something, there is nobody here that is more afraid of any kind of injection, shot, or vaccine than me. I had Guillain-Barre from a swine flu shot, and I will never forget what it was like to be paralyzed. People have said, you don't have a flu shot, you can't come, and I am not getting a flu shot because I am never going to have what happened again, and I was scared to death to get the COVID vaccine. But I talked to people, I talked to a ton of people, and the infectious disease doctors that I have talked to, some were in Michigan, but I was lucky enough to be able to talk to 20 of them because I was scared. And they all said to me, your bigger threat is getting COVID than not getting this. So, I researched it, and what they told me was that this was developed a set way, it doesn't have a live virus. You will be safer if you get this COVID vaccine.

If we are going to talk about vaccine safety, then our conversation should be, and I respect all of my colleagues on this panel, and I have said to them I am worried people aren't getting their vaccinations. They are on the ground; they are facing rising vaccine hesitancy. They are seeing people not get their measles, their polio, et cetera. So, I am going to go to Dr. Lynch and say, as the practicing physician on this panel, I would like to ask you to describe the positive impact COVID-19 vaccines have had on your patients.

Dr. LYNCH. The impact has been massive. We went from a position of great fear in 2020 to some feeling of response, both at the health system level, healthcare worker level, but also among my patients. We all, if we are careful, think about the fear that we are experiencing in 2020, the mount of unknown, and the COVID-19 vaccines were the first tool we had to combat both infection but also the most severe consequences of that infection, namely severe disease, putting you in a hospital, and dying from that infection.

Mrs. DINGELL. Republicans, including Members of the Subcommittee, have said that the COVID-19 vaccine is unsafe. For ex-

ample, they have suggested that the mRNA vaccines were rushed and, therefore, pose a risk to people's health when the truth is that the approval process was thorough and vigorous, and that the mRNA technology has been in development for more than 15 years, which I heard from the 20 doctors I talked to before I did get this.

Dr. Lynch, your written testimony states very clearly that the risks associated with COVID-19 infection are far greater than the risks associated with the COVID-19 vaccination, which I heard from many of your peers. Can you debunk some of the more egregious trends of COVID-19 vaccine misinformation and confirm that COVID-19 vaccines are safe?

Dr. LYNCH. Absolutely. The safety of the COVID-19 vaccines is indisputable. It has been given to hundreds of millions of people, and, in fact, some of the data bases that Dr. Bardosh referenced, in Israel, in U.K. have demonstrated that at the country level as well as data from the United States and many other countries, these are the most powerful and safest tools and far, far exceed, in terms of safety profile versus the actual act of getting infected and all of the downsides of that, ranging from serious disease, death, long COVID, and even some of the more feared complications in children, like the multisystem inflammatory syndrome.

Mrs. DINGELL. So, in the United States, vaccination rates for preventable diseases, like polio and measles, have not bounced back to pre-pandemic rates because of misinformation. Declining vaccination rates are driving dangerous outbreaks of infectious diseases. In the last year, there have been outbreaks of measles in Ohio and Michigan and polio in New York. Last summer I wrote to the Health and Human Services because we were experiencing an mpox outbreak in my home state, Michigan. Dr. Lynch, how is vaccine misinformation harming the public health, and then I am going to throw in one last question. Are flu shots dangerous? Because I had Guillain-Barre. Should nobody get a flu shot?

Dr. LYNCH. So, I'll answer the first question, misinformation from any source weakens vaccine confidence, which can lead to more people to not being vaccinated. Not enough people are getting COVID-19 boosters, which means we are not as protected from COVID-19 hospitalizations and deaths and the impact on health systems. Declining vaccine rates from diseases like measles, pertussis, and polio are causing outbreaks that are not only dangerous from a public health perspective, but have profound economic consequences for our society and the families involved. And, yes, I think that everyone should get a flu vaccine every year.

Mrs. DINGELL. Except for people that have had Guillain-Barre. Thank you, and I yield back, Mr. Chair.

Dr. WENSTRUP. Now I recognize Dr. Miller-Meeks from Iowa for 5 minutes of questions.

Dr. MILLER-MEEKS. Thank you, Mr. Chairman, and I thank the witnesses for testifying before the Select Subcommittee today.

The coronavirus pandemic changed many aspects of day-to-day life, especially when it comes to healthcare decisions. And I say this as a physician, 24-year military veteran who did healthcare both as a nurse and as a physician, and then a former director of the Iowa Department of Public Health. What most noticeably changed to me was the doctor-patient relationship.

As a physician with decades of experience in delivering care to patients of all ages and in various healthcare settings, I not only recognize but I value the fact that the medical needs of patients can rarely, if ever, be broad brushed. Individual needs vary drastically. This can be due to allergies, comorbidities, and tolerances, and other aspects of cultural things we don't even understand, and that requires a robust doctor-patient relationship. It is why I was so appalled by the multitude of COVID-19 vaccine mandates imposed by Federal, state, and local governments throughout the pandemic.

COVID-19 vaccine mandates completely removed the doctor from the doctor's office, from interactions with their patient, and, instead, empowered unelected bureaucrats to make medical decisions for millions of Americans with no regard for individual health needs. Now, to be clear, I was vaccinated. I gave vaccines in all 24 of my counties and held vaccine clinics and workplace clinics, participated in them throughout the pandemic. But I would never condone, and I did not at that time condone, encouraging, forcing someone to receive a treatment, vaccine, surgery, or any other medical service without first giving them the opportunity to discuss with their physician and, if they desire, to decline the service.

COVID-19 vaccine mandates had damaging effects, not just on the doctor-patient relationship, but on our economy, our military readiness, our trust in public health, judgmental behaviors, anxiety, distress amongst family members, and others. I am grateful that the Republicans have taken the initiative to evaluate the effectiveness or ineffectiveness of these mandates.

Dr. Bardosh, your paper in the British Medical Journal of Global Health discusses the unintended consequences of the COVID-19 vaccine mandates. The Biden Administration imposed several, including the DOD mandate for military service members, executive order mandate for Federal employees and contractors, the OSHA mandate for employers with 100 or more important employees, the CMS mandate for healthcare workers at facilities that participate in Medicare and Medicaid, and the HHS Head Start program COVID-19 vaccine mandate for which we know young children are at the least risk. Can you highlight the ramifications of these mandates, such as no jab/no job policies, vaccine passports, and social lock downs for the unvaccinated?

Dr. BARDOSH. That is a big question. Let me just say this. There is no doubt in my mind that these mandate policies are going to be responsible for the increase in distrust the next time there is a pandemic and the mobilization of resistance to a future vaccine in the future pandemic. And I think it is really shocking and kind of a little bit sad that my colleagues in, you know, in the public health community who are pro-mandate don't understand this.

You know, I considered, prior to the pandemic, myself, a Democrat, I was a Bernie Sanders supporter, and just sort of ostracized from a progressive camp has been very illuminating, we can say. And I just think, in general, in this country, we really need to try to understand each other across the aisle a little bit more, and when we talk about political polarization, what is that? It is that the two sides grow further and further apart from each other, and they speak different languages.

And I just think it is obvious people, who have a lack of trust now because of these mandates, are going to distrust the government more the next time around. And it is very likely that the next pandemic has a higher fatality rate, and then what are we going to do? We are going to start quarantining people, locking them up like they did in Australia or Austria, having these sort of differentiated lockdowns? If you are not vaccinated, you need to stay in this sort of quarantine camps. For how long?

If COVID had a higher fatality rate, we might have started going down that road here in this country. I mean, we need to be prepared for that and think, well, what happens to civil liberties if there is a 10-percent death rate, a 5-percent death rate? There is some serious thinking that needs to go on in this country, so thank you.

Dr. MILLER-MEEKS. Thank you for that. I didn't expect a comment on your political affiliations, but I am concerned about the loss in trust in the public health system, our local public health, people were phenomenal throughout the pandemic. And that trust is going to be hard to regain and has led to an increase in anti-vaccination movement, especially for childhood immunizations, so thank you so much. I yield back. And the other question I have, I will send to the Committee to be responded to in writing.

Dr. WENSTRUP. Thank you. I now recognize Ms. Ross from North Carolina for 5 minutes of questions.

Ms. Ross. Thank you very much, Mr. Chairman. It sometimes feels like we talk about the COVID-19 vaccine requirements as if they were the first vaccine requirements to ever exist in this country. Vaccination requirements, including in the military, have had a long and storied history. All the way back to 1777, General George Washington required his continental troops to be inoculated against smallpox. General Washington wrote at the time, "Necessity not only authorizes, but seems to require the measure." I think General Washington had a point back then, and I think his point is valid today.

And, again, none of this is new. Before COVID-19, the military already required a long list of immunizations, including shots to protect against polio, influenza, hepatitis B, and the measles, and the list of legal precedents supporting vaccine requirements is long as well. In 1901, a smallpox epidemic swept through the Northeast and Massachusetts, required all adults to receive smallpox inoculations or pay a \$5 fine. A resident sued, arguing that the requirement would violate his due process rights under the 14th Amendment, and in *Jacobson v. Massachusetts*, the Supreme Court rejected those arguments, holding instead that the state's power to protect the public health of its residents prevailed over the individual's right to refuse vaccination.

Again, in 1922, the Supreme Court held that cities could require students to get smallpox vaccines before attending public or private schools. And then, of course, in 2021, the Supreme Court allowed Indiana University to require vaccinations as a condition of attendance, a decision that was authored by Justice Amy Coney Barrett, not exactly a liberal. So, I don't see much of an issue here as to whether vaccine requirements are constitutional, with some excep-

tions, and we will talk about those in a minute, but almost 120 years of precedent demonstrates that they clearly are in the main.

Dr. Lynch, could you put vaccine requirements into context for us? There is no question that COVID-19 was the highest-profile example of vaccine requirements in modern history, but how have vaccine requirements been implemented in other areas with respect to other diseases?

Dr. LYNCH. We, in fact, have a long history of requiring vaccinations in the United States in different populations. Two additional examples to your own include influenza vaccine requirements for healthcare workers, which I have already spoken about, are highly effective in getting vaccine uptake and protecting both patients and healthcare workers, and school-entry vaccine requirements for children. We also have a long history, just to be clear, of looking at exemptions for both medical and religious perspectives for individuals with those challenges. I believe this balance has worked very well in all of those programs.

Ms. Ross. And how have these vaccine requirements traditionally accommodated medical and religious exemptions?

Dr. LYNCH. There have been good documentation of appropriate medical exemptions for different vaccines. These are laid out by various public health authorities, including the CDC and international bodies, and those can be easily documented by both physicians and other healthcare staff. And in terms of religious documentation, there has been a clear precedence around sincerely held religious beliefs and maximizing the potential for accommodations for healthcare workers and other individuals in those populations.

Ms. Ross. As a physician, do you find that there is any clinical reason for you to be concerned that the safe and effective COVID-19 vaccine was previously required during the pandemic, just as other vaccines have historically been required, to keep people safe and to protect our public health?

Dr. LYNCH. I have no concerns.

Ms. ROSS. Thank you, and I yield back.

Dr. WENSTRUP. I now recognize Mrs. Lesko from Arizona for 5 minutes of questions.

Mrs. LESKO. Thank you, Mr. Chair, and thank you to all of you for being here as witnesses.

I wish Representative Dingell was still here because I found her conversation interesting. She said that she would not take a flu vaccine again and that she talked to multiple doctors and decided to get the COVID vaccine. The thing is she had a choice, right? She had a choice, and that is the difference. So many other people, it was a mandate, and that is what is wrong. I support people having a choice. If they want to get a vaccine, get a vaccine. If they don't want to get a vaccine, they should not be forced by our government to get a vaccine.

Dr. Bardosh, I have met with constituents who have lost children to vaccine injuries without any acknowledgement, sympathy, or recourse from the government that encouraged and forcibly imposed the COVID-19 vaccines on them. My staff and I have worked with a former constituent since he was injured by a COVID-19 vaccine. It has been medically confirmed by a very reputable medical institution that he contracted Guillain-Barre syndrome from the vac-

cine. He spent over 3 months paralyzed in the hospital. He is still in the recovery phase of his injury. To date, he still needs IVIG—intravenous immunoglobulin infusions—every 14 days, a process which takes approximately 4 hours each time. He also needs rituximab infusion every 6 months, and rituximab is a chemotherapy drug that kills off the antibodies in his system.

He has lost his career due to his injury, and as a result, he and his wife have been hit by severe financial hardships. He has had his CICP claim, which is the government compensation claim, open for 18 months. They have had his medical records for over a year, and he has heard nothing from our Federal Government on when he can expect a resolution. It is very worrisome that people are not being adequately compensated for injuries resulting from the COVID-19 vaccine as they would for other vaccines. Dr. Bardosh, do you think this lack of recourse has implications for public health more broadly?

Dr. BARDOSH. First of all, that sounds like a very tragic story.

Mrs. LESKO. It is.

Dr. BARDOSH. And those stories are not unique to one individual, unfortunately. I think it is hard for the public health community to acknowledge side effects like that, but they really need to. And it is clear that the vaccine injury system in the country is broken, not only in this country, but also in Canada and elsewhere that I am familiar with, and, yes, it is obviously something that is very alarming, and there needs to be a concerted effort. I am not sure what the process can be but to reevaluate these injury court systems.

And I have had people reach out to me, who also have been injured, and they have said, “look, I have been dragged through the mud in the bureaucratic red tape,” and even I have confirmation from my doctors that, actually, there is a causative link here. Which does happen, right? And, yes, there is sort of an inhumanity to the bureaucracy that I think really needs to be looked at.

Mrs. LESKO. Thank you. And for those that are listening, the CICP is the government’s Countermeasures Injury Compensation Program that is supposed to compensate people for adverse effects from COVID-19 vaccine, and that is what he has tried to get for over 18 months and has not even gotten an answer.

Dr. Bardosh, in your May 2022 paper, you wrote, “Our analysis strongly suggest that mandatory COVID-19 vaccine policies have had damaging effects on public trust, vaccine confidence, political polarization, human rights, inequities, and social well-being.” Do you know if people in countries that have properly acknowledged and been compensated for their vaccine injuries have less overall vaccine hesitancy and more trust in their public officials?

Dr. BARDOSH. That is a really good question. I would need some time to really be able to answer that because I have not looked at the data in sufficient detail, but, I mean, my intuitive response is yes. Certainly, if you look at, for example, the Nordic countries—Sweden, Denmark, et cetera—they had a narcolepsy problem with their H1N1 vaccine back in 2009, and they overhauled their vaccine safety system to build trust. And as far as I am aware, their vaccination rate is higher than the United States for COVID.

So, I think acknowledging these safety signals does build trust, and, actually, a study comes to mind where they actually looked at this issue, right? So, the problem is, if you acknowledge a safety signal, it does decrease trust because people say, oh, my goodness, this vaccine is not safe, but over the long term, it builds trust. And so, what we are doing here, right now on what we have done with mandates, in my opinion, is we have sacrificed long-term trust for short-term gain, and I just think that was a bad decision.

Mrs. LESKO. Thank you, and my time has expired, and I yield back.

Dr. WENSTRUP. I now recognize Ms. Tokuda from Hawaii for 5 minutes of questions.

Ms. TOKUDA. Thank you, Mr. Chairman. I would like to focus my time on the benefit of our Nation's COVID-19 vaccines and policies in protecting our national security and enhancing our military readiness. My Republican colleagues have suggested that vaccine requirements undermined military preparedness, but, in fact, the opposite is true. Increasing vaccination rates in the military, including through vaccination requirements, helped to ensure that our service members were better protected against the spread and harm of COVID-19. These policies worked in combination with other policies. Vaccine requirements resulted in a 96-percent vaccination rate amongst service members, and, most importantly, thanks to these policies, we have not lost a single service member to COVID-19 since November 2022.

In the early days of the COVID pandemic, outbreaks of this highly transmissible virus threatened our Nation's service members and their ability to carry out missions of critical importance to our national security, ensure our readiness to respond to threats. The USS Theodore Roosevelt, for example, experienced an outbreak in the early days of the pandemic that caused nearly 20 percent of crew members to become infected and resulted in the crew's evacuation to Guam for 2 months, an aircraft carrier out of commission for 2 months is not military readiness. Around the same time, an outbreak aboard the USS KIDD, a Navy destroyer, caused its crew to abandon their counter-narcotic operations in the East Pacific, forcing the vessel to turn back to San Diego so that crew members could receive medical care. Again, failure to complete a mission is not readiness.

Without lifesaving COVID-19 vaccines, requirements, and other mitigation strategies, outbreaks such as these could have been far more commonplace and dangerous, a threat to both the health of our service members and national security, disrupting military operations, undercutting our Nation's ability to maintain a strong and ready military force.

Dr. Lynch, yes or no. Would we have likely seen more of these mass infections, like those on the USS Theodore Roosevelt and the USS KIDD, had we not required vaccination amongst our service members?

Dr. LYNCH. Yes.

Ms. TOKUDA. Thank you. Another "yes" or "no" question. It has been alleged that recruits were hesitant to join our military due to vaccine requirements. Do you think that the extensive misinforma-

tion campaign that undermined confidence in the COVID-19 vaccination contributed to this likely and alleged hesitancy?

Dr. LYNCH. Yes.

Ms. TOKUDA. Yes or no, Dr. Lynch. From your perspective as an infectious disease expert, was COVID-19 vaccine requirements essential to ensure national security and military readiness by preventing dangerous outbreaks from occurring like the ones that we saw on the USS Theodore Roosevelt and the USS KIDD?

Dr. LYNCH. Yes.

Ms. TOKUDA. Thank you, Dr. Lynch. I would like to elaborate a bit more on the historical context brought up by the gentlelady from North Carolina at this time.

For hundreds of years our military has recognized the importance of immunization to military readiness, dating all the way back to the Revolutionary War. Smallpox ravaged the Continental Army during the early days of the war, including the failed invasion of Quebec. Members of the Continental Congress, including John Adams, identified smallpox as the cause of that defeat. Widespread fear of smallpox in the ranks also deterred new recruits from joining the Continental Army.

Recognizing the threat smallpox posed, George Washington ordered smallpox inoculations among the Continental Army in 1777. He acknowledged that this order may pose some inconveniences, but that it would ensure troops were prepared for combat, and it did. Soldiers reported illness rates were cut by nearly two-thirds, which helped inspire a fresh wave of new recruits to join. Later that year, the Continental Army scored a decisive victory at the Battle of Saratoga, and another wave of inoculations at Valley Forge that winter helped ensure the Army was ready for future campaigns.

Washington's decision to require inoculations helped win our Nation's independence. Today, we have a multitude of vaccines that safely and effectively prevent illness and keep our troops ready for combat. As of 2020, mandatory vaccinations for our military personnel include hepatitis B, MMR, Tdap, polio, meningococcal, and influenza. This is nothing new, yet my Republican colleagues would like the American people to believe that recruitment and retention issues in our military are results of COVID-19 vaccine requirements. We know, whether it is DEI initiatives, access to reproductive care, critical race theory, or other DOD policies, my Republican colleagues continue to bring culture wars and misinformation campaigns into our military, but the evidence could not be clearer.

COVID-19 vaccines are safe, they are effective, and significantly reduce the spread of the virus. They save lives. The truth is that if Republican leaders who politicize COVID-19 vaccine recurrence helped drive recruitment and retention issues. They undermine the operational readiness of our military. They hurt our national security. My time is up, Mr. Chair, and I yield back.

Dr. WENSTRUP. I now recognize Dr. Joyce from Pennsylvania for 5 minutes.

Dr. JOYCE. Thank you, Chairman Wenstrup, for holding today's hearing, and thank you for the witnesses. Thank you for offering your time, your expertise, and your testimony before this Committee.

Today's hearing entitled, "Because I Said So: Examining the Science and Impact of COVID-19 Vaccine Mandates," could not be any more fitting, especially since it was the government who demanded that individuals get the vaccine or else. Even worse, it wasn't an empty threat. People lost their jobs, our children's education and growth was stifled, and our military and healthcare workers were terminated simply because they refused a government-mandated vaccination. That is what we are examining. That is what we are talking about today, the mandate component of it.

There is a line between providing information, recommendations, and administering vaccinations to those who choose so, and the other side of the line is a forcible and coercive blanket mandate that the Federal Government imposed during a pandemic that many Americans were forced into losing their jobs. This Committee has continued to expose the flaws and neglect that took place during the pandemic. It has been our responsibility to ask the difficult questions, questions that deserve answers. It is clear that the American people's trust in public officials has been harmed by failed policies and flawed mandates.

Dr. Bardosh, in your paper, you mentioned that political leaders singled out the unvaccinated and blamed them for the continuation of the pandemic. In fact, in July 2021, during the onset of the Delta variant wave, CDC Director Rochelle Walensky said that it was "becoming a pandemic of the unvaccinated." Is this the sort of blame, Dr. Bardosh, that you were referring to in your paper?

Dr. BARDOSH. Yes, it is a scapegoating response.

Dr. JOYCE. Dr. Bardosh, I am going to make this simpler. Do you believe that this sort of language is harmful when we look for public officials in charge to scapegoat?

Dr. BARDOSH. I think, you know, the HIV/AIDS community has done a lot of research on stigma and scapegoating, right? And, you know, decades of research has shown that stigma as a public health strategy is counterproductive. I will leave it at that.

Dr. JOYCE. Dr. Bardosh, let's amplify some of the points from your publications. There was a collaborative effort that you published with researchers and physicians from Johns Hopkins, Harvard, and Oxford, yes or no?

Dr. BARDOSH. Yes.

Dr. JOYCE. Did the COVID vaccine mandates from your research, from your publication with others, erode civil liberties?

Dr. BARDOSH. Yes, it did.

Dr. JOYCE. Did the COVID vaccine mandates fracture trust in public health officials?

Dr. BARDOSH. Yes, it did.

Dr. JOYCE. Did the COVID vaccine mandates create financial stress to individuals and families who lost their jobs to the COVID mandates?

Dr. BARDOSH. Absolutely.

Dr. JOYCE. And Dr. Bardosh, do you feel that the decrease in individuals receiving routine pediatric immunizations for their children, do you feel that is due to the mandates of the COVID vaccine?

Dr. BARDOSH. Yes, I do.

Dr. JOYCE. And, finally, and I thank you for your brevity. Dr. Bardosh, do you feel that the COVID-19 vaccine mandates have harmed America?

Dr. BARDOSH. Yes, I do.

Dr. JOYCE. I think the message that you conveyed to this Committee is important. We have looked and discussed origins, we have looked and discussed impact, and that is what the obligation of this Select Subcommittee is. It is our obligation to understand the COVID-19 vaccine, its effect on mandates. I thank each and every one of you for your testimony today, and, Chairman Wenstrup, I yield back.

Dr. WENSTRUP. Thank you. I now recognize the Ranking Member of the Full Committee, Mr. Raskin from Maryland, for 5 minutes.

Mr. RASKIN. Mr. Chairman, thank you very kindly for the time. I confess, arriving late, which is perhaps the explanation, I am a bit puzzled about what is going on here because the COVID-19 cost us nearly a million-and-a-half people in the country.

It was calamitous to the public health and a terrible shock to the economy and society. President Biden's vaccine program, according to the Commonwealth Fund, saved 3 million lives and 18 million hospitalizations for serious effects from COVID-19. And so, I am just surprised that the tenor of this hearing is to attack, I think, the very selective cases in which there were vaccine mandates, for example, for public health workers, for people in the military, and a handful of other populations like that.

I suppose the first question is, is it constitutional, and I think my colleague from North Carolina dealt with that. I mean, if you just go to the website for your local school system and look and see what shots your kids have to get before you enroll them in kindergarten or seventh grade or third grade, I just looked at ours: tetanus diphtheria, tetanus, pertussis, measles, mumps, rubella, chickenpox, polio. I am happy to yield for 3 or 4 seconds. Is anybody making the claim that these are unconstitutional?

[No response.]

Mr. RASKIN. OK, because none of them have ever been struck down on constitutional grounds. So, we are not talking about a violation of due process liberty or even what is left of it after the Supreme Court's decision striking down *Roe v. Wade* and *Planned Parenthood v. Casey*. I mean, that, of course was, you know, a catastrophe for the idea of due process privacy and liberty interests against government mandates, but I have not heard an argument that it is unconstitutional, is it good for the public health. It is hard to see how it couldn't be good for the public health, for example, to have public health workers vaccinated or people in the armed forces who already have to get all of these other shots also to get another shot for COVID-19.

So, my last colleague asked the question, well, surely the image of mandates went way beyond what the reality of the mandates were given, that they were geared to very specific subsets of the population. But I think a bigger question is, did all of the anti-COVID-19 propaganda undermine people's faith in public health, in public health authorities?

I mean, when Donald Trump urged everybody to get hydroxychloroquine or floated the idea of just injecting yourself

with bleach, or just said that, magically, COVID-19 was going to disappear overnight, or saying, don't worry, you know, the Chinese Government is doing a great job, they are doing a magnificent job, and on 36 different occasions praising the work of the Chinese Government. You can check it out online, sir, and I would be very happy to send you all of the tweets and the statements that President Trump made praising President Xi and his magnificent work on COVID-19. I think that probably had a lot more to do with undermining people's confidence in public health.

But, Dr. Lynch, let me ask you. Do people have a free exercise religious right, not to follow a vaccine mandate, you know, as a public health worker or in the military, for example, or any secular law that they think burdens their religious freedom?

Dr. LYNCH. I am not a legal scholar, but I can speak to their process. And that is that when I look at this in our own system, and people would submit religious requests for accommodation, there was no question as to sincerely held religious beliefs, and think that is a common approach. The question really is, can I make you as safe as someone who is vaccinated, and the answer in healthcare settings and, I think, in many other settings is no.

Mr. RASKIN. And I think it is an excellent way of thinking about it because the Supreme Court, Justice Scalia, in the lead, has consistently rejected the idea that you have a free exercise right to opt out of, for example, marijuana laws if you are Rastafarian or peyote laws if you are a Native-American Indian and part of that religion. Your religious free exercise rights don't give you the right to opt out of a generally applicable universal secular law that is not adopted for the purposes of religious coercion or intimidation.

But we have made a voluntary accommodation for people saying if you really don't want to do this in the school context in a number of states, then you don't have to do it, but of course we see major outbreaks of diseases among the Amish, for example, or Orthodox Jews in New York and certain populations when they refuse to engage in certain vaccines. So, I think that we are in the right place here, which is we invest in the vaccines, we get out real education against all the propaganda as much as we can, and then we give people a voluntary right to opt out where we think we can afford to do that, and they benefit from everybody else's herd immunity, as we hope all of us will. I yield back to you, Mr. Chairman. Thank you, kindly.

Dr. WENSTRUP. I now recognize Mrs. Greene from Georgia for 5 minutes of questions.

Ms. GREENE. Thank you, Mr. Chairman. As we are talking about mandates today, I would like to read an email from one of my constituents, and this is what vaccine mandates did to her. "Hello. I am a retired RN who was forced to choose between being fired or receive mandated vaccination. I was too young to retire, so I had to be vaccinated. Shortly afterward, I developed stroke-like symptoms and was rushed to the hospital. Testing showed no stroke. I have been hospitalized 7 times since and no stroke on testing. I went to the Mayo Clinic in Florida and met with the top-notch neurologists there. He spent 2 hours with me, and during the visit he asked which vaccine I received. When I told him the Pfizer vaccine, he was not surprised by my symptoms.

"I went from being a charge nurse running the floor, being on a code team, to a person who cannot remember how to take a shower, who walks like a drunkard, and slurs her words. I cannot remember people from church or how to get to the grocery store around the corner from me. This has taken such a toll on my family as well. I caught my husband of 34 years crying because he misses me, the me I once was. I cannot stay focused and tend to ramble off subject and then cannot remember what topic was being talked about. I have applied for disability and have to wait at least a year until I might receive it. I feel so useless, but I have the love and support of my family and friends. There are so many more people like me out there. I want you to be our voice," and today, I will gladly be her voice.

[Chart.]

Ms. GREENE. Let's talk about what mandates have done. This is the VAERS reporting system and how many deaths were reported to VAERS by year. The blue is all non-COVID vaccine deaths. The red is reports of deaths related to the COVID-19 vaccine. This is 2021, this is 2022. The total reports following COVID-19 vaccination by year. As you can see, the first year that the FDA gave the Emergency Use Authorization, it was 10,596. It rapidly increased in 2021 to 700,194. 2022, 206,673.

And what happened? Mandates went away during 2022 and are still being forced in some places, but are much less, but in 2023 the numbers are 44,680 so far. This was dramatic. In 2020, the same year that the FDA gave the Emergency Use Authorization, COVID was the No. 2 highest-reported vaccine injuries and deaths on VAERS, but easily it went to No. 1 in 2021 and obviously No. 1 in 2022.

Let's talk about the things that have been reported. Characteristics on the reports: death 17,432, permanent disability 17,142, hospitalization 81,931, emergency room and office visits 310,040, serious adverse events 107,722. What else has happened? Let's compare the VAERS COVID and flu vaccine reported deaths by days to the onset of all ages. Days of onset, COVID vaccine rapidly reported, that death happens immediately after the vaccine. Flu vaccine, much lower rate. If anyone is wondering why there is vaccine hesitancy, look no further than the VAERS reporting system because many of these people's stories were taken off of social media and censored. These people were called conspiracy theorists when they talked about this happening to their family or their friends.

Reports on menstrual and hemorrhages by year. If anyone wants to understand what this has done to women, and, Ms. Williams, I have great sympathy for you being let go by ESPN for refusing a COVID vaccine, and you should have never been fired for that, but you were right. You were right to listen to your doctor. There have been serious reports of changes in women's menstrual cycle and hemorrhages. Here is 2020. Again, that is the same year that emergency use was given for the COVID-19 vaccine.

Reports of miscarriage. Ms. Williams, you were right again. Miscarriages increased drastically, but yet no one seems to want to listen to these women. It is shocking. Myocarditis and pericarditis reported, 2021 and 2022, hardly ever reported before COVID-19 vaccine mandates. Does anyone want to know why people don't want

to join the military until the mandates were taken away? That is it right there. This is not a conspiracy theory. Let's talk about heart attacks reported within days of the onset. Heart attacks, this is the highest amount right within the first day to the second day of receiving the COVID-19 vaccine. What did the Pfizer execs know? They did not test if the COVID-19 vaccine would prevent transmission before release.

Mr. Chairman, I just need just a little more time. Dr. Birx said she knew the COVID vaccine would not protect against infection, but yet mandates were forced, but what about people and their stories? Here is the comedian Nick Nemeroff, dead at age 32. He said, "I will not get the third shot. I will not. Pfizer me once, no shame. Pfizer me twice, shame on COVID. Pfizer me three times, shame on you. You want me to get a third shot? What is next? The fifth? No, thank you." Then he died, aged 32.

What about all the athletes? Shane Warne. "Get your double vaccine, get on with it, learn to live with it." Australian cricket legend Shane Warne dies in his sleep. What about the young kids? Teen equestrian star, Cienna Knowles, hospitalized with blood clots after Pfizer vaccine. The stories go on and on and on, but I will leave you with this.

From February 21 to March 2020, Millennials experienced the equivalent of a Vietnam War, a Vietnam War, with more than 60,000 excess deaths. The Vietnam War took 12 years to kill the same number of healthy young people. We have just seen die in only 12 months. Mr. Chairman, I yield back. Thank you.

Dr. WENSTRUP. I now recognize Mr. Garcia from California for 5 minutes of questions.

Mr. GARCIA. Thank you. Well, that was a lot. I want to just first start by saying that we know that the VAERS system should not be used, is an unverified way of actually looking at the numbers. And so, to continue to bring that up as actually a functional way of looking at the impacts of the pandemic is quite irresponsible. And I think that the comments we just heard, I think, speak to a lot of the other comments that we have been hearing in these hearings, and that is that there is a complete dismantling and the importance of what vaccinations actually have done in this country and how many lives we have actually saved.

The track record on the House Republican side as it relates to this issue and the pandemic has been quite shameful. We know that COVID vaccines have saved lives, period. Every reputable doctor, this has widely been peer-reviewed, and we know that they have saved lives, and not just the COVID vaccine, other types of vaccines as well. And as we have said earlier, as it was mentioned by the Ranking Member, the House majority invited RFK, who, as we all know, is a conspiracy theorist and a vaccine denier, as a leading voice around issues around vaccines and the pandemic here to the House. We know that his opinions have already been discredited and they are dangerous, and yet he is somehow someone that is uplifted by the House majority on this issue. But beyond that, we know that RFK has made also racist and antisemitic statements, falsely claiming that COVID was deliberately engineered as "an ethnic bioweapon targeted to attack Caucasians and black people, and that Chinese and Jewish people are more im-

mune to COVID." So, these are the experts that the House majority continue to listen to and was invited, of course, to appear to a House Committee.

[Chart]

Mr. GARCIA. Now, this isn't the first or most dangerous antisemitic trope that we have heard. In January 2022, he also said the vaccine requirements are worse than the persecution of Jews, like Anne Frank, during the Holocaust, which killed 9 million people, including 6 million Jews. And we shouldn't be surprised at this. Of course, we have heard continuous antisemitic comments from the House majority. We have seen this tweet behind us before. And this person, of course, sits on this very Committee who just actually gave some very irresponsible facts to our witnesses and the Committee as well. But just like RFK and other conspiracy theorists, Members of this Committee continue and continue to attack vaccines. Vaccines save lives. The pandemic cost us 1.3 plus million Americans. It is the single, largest, most devastating loss of life event that we have had in the modern era.

Ms. GREENE. Mr. Chairman?

Mr. GARCIA. It is the most significant loss of life we have had in the modern era.

Dr. WENSTRUP. Yes. Ms. Greene, please pause for a second.

Ms. GREENE. I would like to make a point of order and ask the Members to be reminded of the rules of decorum, Mr. Chairman.

Mr. GARCIA. And what rules are those?

Dr. WENSTRUP. The gentleman from California will suspend. The issues we are debating are important ones, and Members feel deeply about them. You do. Everyone here does, everyone. While vigorous disagreement is part of the legislative process, Members are reminded that we must adhere to established standards of decorum and debate. It is a violation of House rules and the rules of this Committee to engage in personalities regarding other Members or to question the motives of a colleague. Remarks of that type are not permitted by the rules and are not in keeping with the best traditions of our Committee. The Chair will enforce these rules of decorum at all times and urges all Members to be mindful of the remarks.

Mr. GARCIA. Mr. Chairman, what rule did I—

Dr. WENSTRUP. Does the gentlelady from Georgia have anything further or comment?

Ms. GREENE. No.

Mr. GARCIA. Mr. Chairman, I am not sure—

Dr. WENSTRUP. The gentleman may proceed.

Mr. GARCIA. Thank you. I am not sure what rule I broke. I actually didn't call anyone out by name and did not actually disparage anyone. I showed an actual tweet that one of the Committee Members actually tweeted. It is a public statement in the public record, so this is actually not disparaging anyone, unless the Committee Member wants to retract what was set up here. We can read it if we would like. It says, "Vaccinated employees get a vaccination logo just like the Nazis forced Jewish people to wear a gold star. Vaccine passports and mask mandates create discrimination against unvaxed people who trust their immune systems to a virus that is 99 percent survivable." So, that is actually a public

statement. I am not sure if that is an attack on anyone. I mean, I disagree with it, but that is what was said. Let me go ahead and continue.

We also know that studies have found that COVID death rates were 11 percent higher in states, and this is an important point, with Republican-controlled governments and 26 percent higher in areas where voters lean more conservative. In fact, of the 15 U.S. states with the highest age-adjusted death rates, 13 of them were led by Republican Governors during the pandemic. And I say this because vaccine hesitancy and causing and pushing folks to not get vaccinated actually leads to higher death, and that is a fact.

I want to talk about Ron DeSantis, the Governor of Florida, who is running for President. He, of course, bragged early on about pushing against vaccine mandates, boasted about his record, but we also know that the latest medical journal just last month attributed over 16,000 needless deaths to his failure to get Floridians vaccinated. They also fell behind the national average throughout 2021 as Governor DeSantis increasingly caved to vaccine skepticism, and the constituents paid that price. According to a report in The New York Times, "Of the 23,000 Floridians who died, 9,000 were younger than 65, despite the Governor's insistence at the time that an entire vulnerable population was basically vaccinated."

Dr. Lynch, is it fair to say that vaccine requirements, along with robust public outreach and access to free vaccinations, result in actually higher vaccination rates?

Dr. LYNCH. Absolutely.

Mr. GARCIA. And in areas with higher vaccination rates, have we seen lower age-adjusted rates of hospitalization and death due to the pandemic?

Dr. LYNCH. Yes.

Mr. GARCIA. So, it seems fair to conclude that these measures saved some number of lives. Is that correct?

Dr. LYNCH. Correct.

Mr. GARCIA. And is it also true that discouraging vaccines and telling folks to not get vaccinated can actually lead to more death?

Dr. LYNCH. Yes.

Mr. GARCIA. Thank you. I yield back.

Dr. WENSTRUP. I now recognize Dr. Jackson from Texas for 5 minutes of questions.

Dr. JACKSON. Thank you, Mr. Chairman. Thank you to our witnesses for being here today.

I want to start by saying that I am not against vaccines, and I don't believe the vast majority or any of my Republican colleagues are either that I know of. I got the COVID-19 vaccine. Throughout this pandemic, I encouraged my family members, my friends, my constituents to speak with their doctor about whether the vaccine was right for them. However, I am 100 percent against unconstitutional vaccine mandates.

As a physician, one of my most significant issues with the COVID-19 vaccine mandates was the interference with the pre-established patient provider relationship. The Biden Administration determined that they would implement a one-size-fits-all mandate and invalidate any decision between an individual and their doctor, the doctor who knows them and their medical history best. The bot-

tom line is your vaccination status is between you and your doctor, and Washington D.C. should have nothing to do with that.

Various groups of Americans were negatively impacted by this one-size-fits-all vaccine mandate and were forced to choose between their jobs, their religious beliefs, and their health and the vaccine. One of these groups was pregnant women and women trying to get pregnant. This was an expedited vaccine, initially being used under Emergency Use Authorization, developed using new mRNA technology with essentially zero information on long-term effects. There were no studies, none, and no information available on potential risk to a developing fetus and no information on fertility. Yet, despite this, pregnant women and women trying to get pregnant were not provided an exemption to these totalitarian vaccine mandates.

Many of these women were young and otherwise healthy with no significant risk from the virus. The CDC and the WHO, for political reasons and not scientific reasons, also disregarded this unique population and this lack of important data and pushed for pregnant women to get vaccinated. Even benign, over-the-counter drug medications, always say you should check with your doctor first if you are pregnant. We just heard one of our witnesses today, Ms. Williams, tell part of her story and how she had to make this difficult decision between her job, her concerns about her soon to be pregnancy, and taking the vaccine. Ms. Williams, you stated that you had a conversation with your doctor, is that correct?

Ms. WILLIAMS. Yes, I did.

Dr. JACKSON. And you stated that he supported your decision to forgo the vaccine. Is that also correct?

Ms. WILLIAMS. He did, yes.

Dr. JACKSON. I suspect that there were initially many such conversations. However, I have talked to multiple physicians over the last few years. I just met with 30 or 40 of them that were addressing this very issue. I think that there were a lot of conversations that started like that very soon in the process, but very soon, providers discovered that if they had these discussions and made these recommendations against the vaccine, that they were suddenly at risk of losing their jobs.

Hospital CEOs, mostly non-physicians, came after doctors and nurses that didn't parrot the government's vaccine talking points, and state medical boards threatened to take licenses away, and national boards threatened to remove certifications. This is why it has eroded the doctor-patient relationship. This is why we have no trust in our public health sector anymore, and we are going to have to do everything we can to build this back. But I really am concerned that this is going to be an uphill climb, and it is rhetoric like we hear on the left and rhetoric like we heard on this other side of the aisle all day long that led to the distrust of the public health system, and has now led to any vaccine hesitancy that happens to be out there. And with that, Mr. Chairman, I yield back.

Dr. WENSTRUP. I now recognize Dr. McCormick from Georgia for 5 minutes of questions.

Dr. MCCORMICK. Thank you, Mr. Chair. So, I know all of you have expertise in different ways. I know Dr. Lynch. I have read through your resume. It is very impressive. You are an internal medicine physician. Obviously, you have a lot of experience in in-

fectious disease. You are an instructor, a professor, and I am sure you have seen patients during this pandemic. How many thousands of patients would you say you have seen for COVID during this pandemic?

Dr. LYNCH. I can't quantitate how many patients I have seen with COVID-19. I started working on the COVID-19 response in January 2020 with the first diagnosed case in North America, and I have been working on it essentially full time for the first 3 years on policies, protocols, as well as rotating on the infectious disease consult service.

Dr. MCCORMICK. But you have seen patients, right?

Dr. LYNCH. Starting February 2020, yes.

Dr. MCCORMICK. And I, too. I am an ER doc that was campaigning during this, but also working full time in the ER as a night shift doctor seeing thousands of patients. I did my medical school at Morehouse School of Medicine, student body president, and then was at Emory. Pretty good program for emergency medicine, taught by some of the finest professors very similar to yourself, very well experienced. Would you say that I am an expert after seeing thousands of patients and keeping up to date reading articles after article and having the same kind of instruction? Would you say I, too, am an expert based on what I just told you?

Dr. LYNCH. I have no doubt you have great expertise in emergency medicine.

Dr. MCCORMICK. Thank you, and probably in COVID, too, as much as most people, right?

Dr. LYNCH. I can't speak to that.

Dr. MCCORMICK. Well, so you can't speak to what I just said. I read your bio, and I am calling you an expert, unless we can just play semantics and ignore what I just said. I am telling you, I saw thousands of patients as an ER doctor. I was trained by Emory, a very good program by instructors just like you, and you can't even admit that I am an expert?

Dr. LYNCH. I am sorry, I haven't reviewed your expertise.

Dr. MCCORMICK. So, either you don't believe me or just, OK, that is fine. So, let's just say that I am an expert, for argument's sake. There are experts out there besides yourself and other people who believe like you do, correct?

Dr. LYNCH. Yes.

Dr. MCCORMICK. OK. Thank you. What I am trying to make a point here is, I don't deny that you have your opinion or even that it could be right in certain people's minds. But I think, just like in everything else, when there is a debate, the thing that drives me crazy about this whole COVID pandemic discussion is that people who have very good education, very good experiences, legitimate background in epidemiology and infectious disease, in actually seeing patients, may have a difference of opinion. The problem is when the government decides who they believe, and they start stacking the deck, and they start censoring people that disagree with them, we have the real problem.

And this is what I experienced as an expert, whether I call myself that, or anybody else recognize that or not. That is what I did for a living. I got paid to see COVID patients from the beginning of the pandemic, all the way through December 28 of this last year.

That is what I did for a living, and I read all the literature, both sides, by the way. I tried to be very well rounded. What drives me crazy is the fact that if somebody disagrees with me, though, and they have a different opinion, they could censor me.

Now I am not an anti-vaxxer at all. I am one of the first people in America to get the vaccination, two of them. But yet, it is funny that I watched my most liberal colleagues who wear three masks, double gloved, and do all the other precautions that they take because they are scared to death of this disease, will not get the booster, and knowing what I know about this disease process, and the fact that when you are exposed or you get a vaccination, you build immunity, and you get re-exposed over and over again. I would say, and probably you would agree with me, there aren't too many people in this world or at least in America that I know of that haven't been exposed to this multiple times by now. Is that correct?

Dr. LYNCH. Yes, it is hard to tell. There are probably a substantial portion of people who have for reasons that are unclear, remain antibody negative, as you have probably seen in the paper published recently.

Dr. MCCORMICK. I have. Matter of fact, I came back with a negative test. I probably have a T-cell response. It was not just picking up on the same kind of test for whatever reason, but I know I have been exposed to it thousands of times, both on the campaign trail and as an ER doctor. And so, I must have some immunity because I haven't really gotten sick, either I just don't react to it like a normal person does, but that is really inconsequential, I guess.

My point being that this whole debate over whether it be the military and young, healthy people, or vaccination status and who has been immune, once people have been exposed multiple times, and they are either sick or not sick, but they have some sort of immunity, obviously, or they just don't react to the disease, and they are told they can't travel, they can't have a dissenting point of view, and they can't have a relationship with their doctor that decides their fate.

We have a problem. This is what a lot of experts are saying, not just doctors, but people who have had these experiences where if I don't do what you tell me to do, if what the government says is the moral standard of healthcare, which the government, by the way, in my honest opinion, this is everything anti-American I have ever seen, which is where we said the government gets to decide something more than anybody with an inalienable right to make their own decisions. This is the problem I have with the argument that people keep on saying that we are going to believe one expert over another expert, and that we are not going to have any ability to actually make a conclusion other than what you come to if the government decides to take your opinion. And this is where we have the real problem. This is where we are having the real debate. It was interesting, you did say I was going to get a little extra just for seeing patients during COVID. No. OK. Well, I thought that was the agreement.

But let me just conclude with this then. I thought it was interesting that one of my colleagues mentioned John Adams, and the experimental inoculation they are doing during that epidemic, if

you will. And I know one of his daughters got very ill, if I am not mistaken, almost died and had some permanent residual issues. And Abigail, one of my favorite first ladies, lamented over that and struggled with that, and that is OK, but she made a decision.

We all make a decision. It is as American as putting your kids in the back of a wagon and going west where you may freeze, starve, or get killed, and that is why California exists right now. We make decisions all the time that are dangerous, but it is our decision. And the fact that we wouldn't let somebody travel or have a job or have an objection, I find is un-American, and with that, I yield.

Dr. WENSTRUP. Thank you, and thank you all. Dr. Bardosh, I know you have to catch a flight.

Dr. BARDOSH. Yes, I do.

Dr. WENSTRUP. And so, we are just going to go to closing statements. And so, if you have to leave, feel free to leave, but I do appreciate you being here. I do appreciate your work. We will continue to follow your work because I think it has been very helpful as is everyone's input today, but we won't take it as a sign of rudeness. If you need to go, please go.

Dr. BARDOSH. Thank you.

Dr. WENSTRUP. Thank you. I would now like to yield to Ranking Member Ruiz for a closing statement.

Dr. RUIZ. Yes, thank you, Mr. Chairman. Before we close out today's hearing, I just want to reiterate a few things again for the record and for the viewers.

First, let me just say again that for those without contraindications, COVID-19 vaccines are safe. They are effective in reducing the risk of getting the virus or giving the virus to someone else, and it has reduced the risk of hospitalizations as well as death, and that is because of lifesaving vaccines that we were able to save 3.2 million American lives, prevent 18.5 million people hospitalizations, save the country over \$1 trillion in medical costs, reunite loved ones, reopen schools and businesses, and protect members of our Nation's military.

Second, I want to reiterate that vaccine requirements were temporarily put in place during the COVID-19 pandemic emergency declaration to combat a public health emergency when a dangerous, deadly virus was rapidly spreading and killing thousands of people a day. Despite my colleagues' claims, these policies weren't just made up by a bunch of politicians or arbitrary, without science or history. No, they were well reasoned policies that were crafted using the science of how vaccines work and have been known to work for over 100 years.

When we look back on our Nation's experiences battling highly transmissible, deadly diseases like smallpox, polio, measles, and mumps, we relied on high vaccination rates to protect people from severe illnesses and death. So, when COVID-19 rolled around, a deadly novel, highly transmissible airborne virus, we once again looked to a solution that we knew would offer the strongest protection at the lowest possible risk of severe illness, long COVID, death, transmission, which is vaccines.

And finally, I want to reiterate that there is a strong legal foundation for vaccine requirements. Again, despite my colleague's

claims to the contrary, we know that these kinds of commonsense requirements have been viewed as consistent with the First Amendment for over 100 years. Legal precedent tells us that neutral and general applicable laws do not violate the free exercise of religion under the First Amendment. And we know that COVID-19 policies, including vaccine requirements have met this standard time and time again.

So, it is my hope that we can move forward in this Select Subcommittee to focus on solutions that will save people's lives in the next pandemic, solutions that ensuring people have access to the accurate data they need to make informed decisions about their health, and continuing to manufacture distrust in the public health will do nothing to repair the damage that has already been done by the misinformation being spread online, the platforms that have been given to those with dangerous views or the conspiratorial accusations without proof that have been lobbed at our Nation's public health officials.

The way that we can move forward is by identifying common sense solutions that will save lives and reduce harm when the next pandemic arrives on our doorsteps. And so, I just want to say, too, that my absence was due to votes and other unforeseen circumstances. I appreciate all of you for being here. And I also want to say I urge my colleagues to join me in working toward these forward-looking solutions, and I yield back.

Dr. WENSTRUP. I thank the Ranking Member and I have no doubt that something took precedence and I understand your devotion to this issue. And I have said it many times, to me, something that should have united our country became something that divided us terribly. It was a political year. It was a Presidential year. This hearing today, however, was about the mandates, the consequences of the mandates, and going in that direction.

I am a soldier. When you are looking at solving problems, you have to look at the battlefield and understand it and know what is out there, and you can't ignore things that have created public distrust or whatever. I thought there was no greater example than a video that was released when Dr. Fauci was going door-to-door to try and get people vaccinated. And this young man stood on his porch, and he probably had socioeconomic conditions that might make him more vulnerable. And he flat out told him, no, leave. He wasn't convincing. It didn't do the job. I said from the very beginning, and I said this in both administrations, America needs to hear from the doctors treating COVID patients. And not just them, because there are so many things that our policies did that we have to take a look at.

And, Dr. Lynch, you talked a lot about the vaccine, and that is what you were here to do today, and I understand that, but there are a lot of people who didn't go to the doctor, didn't get their cancer diagnosed, and I will talk about those things in just a minute, but if we don't admit to failed ideas, we will never be better. And, you know, I listened to my friend in his opening statement, Dr. Ruiz, and he flat out said, I have to check the record, that the vaccine prevents transmission, but then he went on to say, it lowers the chance of transmission. So, how you say things matter, and, you know, we can say it is safe.

Do we know 10 years from now, what this vaccine is going to do? No, no, and, frankly, I don't want to wait to deal with something like Agent Orange 30 years later. We need to look at this now. I don't know, I tried to understand what really long COVID is. I keep hearing that definition, and I don't necessarily understand what that is, but I have a lot of people wondering, do I have a problem because I got COVID or because I got the vaccine. They don't know. And frankly, I don't think we know. So, let's be honest about those types of things, and let the American public know that we are looking at everything, that it is not this way and only this way.

You know, we talk about the doctor-patient relationship and how important that is. Every drug ad you see on TV, which I have problems with those, but every drug ad you see on TV says the side effects. Make sure you know, as a matter of fact, you can't run that ad without telling every single side effect that has been reported. And then they say, talk to your doctor about this drug. We didn't do that. We didn't do that.

People that lost jobs were harmed. You know, I agree with Mrs. Dingell about childhood vaccines. We all do. There are five doctors here on this side of the aisle. They are accused of trying to tell people not to get vaccines, and every single one of them has said that it is not what we are saying, but what we haven't done as a country is explain the difference between this new technology, this new vaccine, and the other vaccines. Mrs. Dingell had the benefit of seeing a doctor. She had the wherewithal. There is a doctor here for all of us to see in the House of Representatives. She can see a doctor at home. Not everyone has that wherewithal very easily, especially during a pandemic, and she had the conversation. And, you know, believe me, I feel for her, that has had to have been extremely, extremely disturbing to get Guillain-Barre. Fortunately, she recovered from it. But we can't just say, well, she had a side effect. We can talk about that, but we are not talking about other side effects that people are reporting. It is important.

And, Dr. Lynch, I don't disagree with you for 1 minute that our numbers got better with more people getting vaccinated. I don't disagree with you, not at all. But it was mentioned today, the way we went about it, there was a short-term gain, but long-term harm, very long-term harm, and we have to take a look at what we have done. I got vaccinated, Pfizer, both doses. Six months later, I got COVID. The only reason I knew is I couldn't smell garlic salt. I was told I needed a booster to travel. I said I would like to check my T-cells and antibodies. The lab here couldn't do the T-cells. I got my antibodies. Strong number was 40. My number was 821. Should I get a booster? That is a legitimate question. I don't want a hyperimmune response.

Dr. Fauci, you know, a lot of things are coming out, things he said previously. I see the video of him, 2004, and he is in an interview. And they said, so should people who have had the flu get the flu shot? He emphatically said, no, no, no, they have got more immunity than anybody. They are protected. America sees that. How do you explain the difference here? We didn't discuss the differences between those other diseases—polio, measles, mumps, rubella—compared to COVID-19. Well, first, we didn't know much about COVID-19. But as we knew things, I never saw one public

service announcement explaining the difference between those vaccines and this vaccine or those diseases and this disease, not one, not one.

We didn't look at the psychological effects, the physical effects, the financial ruin that some people got for getting fired. We had non-infected people that then lost their healthcare, denied their medical care. They weren't infected, they weren't transmitting, but they were told to go home, you are fired, no benefits. Tell me that makes sense. How is that logical? I have said for a while the vaccine is a big help, no doubt about it. But also we knew from the trials, that people that got vaccinated still got COVID. We also know that vaccines produce variants. I thought, as a country, we should have put greater emphasis going forward on treatments, treatments for this problem.

I want to share with you a ruling in January 2022 by the Supreme Court, and, Ms. Williams, I think this one is for you. The Supreme Court struck down the Biden Administration mandate that large businesses require their employees to either revaccinated or tested once a week for the coronavirus. In a six to three order, the justices blocked an Occupational Safety and Health Administration Emergency Rule for businesses with more than 100 employees, one that would have impacted more than 80 million workers. That is from the Supreme Court.

Let me just say, I want to thank our witnesses today. I really appreciate you all being here. Helpful discussion, and your testifying today is impactful, and it does help guide us as we try to prepare for the future. But we did this hearing today not to demonize the COVID-19 vaccine, but to examine the Federal Government's mandate so that we can investigate the effectiveness of a policy that required Americans receive a novel vaccine, regardless of their health status, regardless of prior infection. That didn't make sense to a lot of people and rightfully so. As we heard today it was much more than a choice between a novel vaccine and a job, it became a choice between a vaccine and a livelihood, between a vaccine and a child, between military readiness, our very own national security, and political agendas, agendas that I don't even understand why they were political.

We heard today how a coercive approach to vaccines not only led to an increase in distrust in public officials, but also decrease in the likelihood of many from receiving the vaccine or other vaccines that they should be getting. We witnessed government officials vilify and ostracize those who did not accept their blanket approach to individual health concerns. And as we continue our after-action review of the COVID-19 pandemic, we must look at Federal policies that were implemented and decide if they were effective, and whether we would recommend such policies in the future, and what the environment of the Nation is at that time and how we go about our approach.

Was stripping Americans of their individual freedoms of their bodily autonomy worth it? Did it help end the pandemic, or did it create more lasting harm, as I referred to before and divide Americans further? Did it force Americans who were not at serious risk for COVID, instead take a vaccine that could potentially have adverse effects that they don't know? They don't know where they

will be in 5 years or 10 years. We have evidence that mandates made Americans even more suspicious of public health authorities and more became suspicious of other vaccines.

I was all for the Emergency Use Authorization. People were dying, and we started to realize pretty quickly what people were dying. We understood their health, their comorbidities, why they were more vulnerable because of their age. We prioritized those that were at greatest risk, which we should have done. That was right. We were promised that the vaccine would stop transmission, only to find out that wasn't completely true, and America noticed. They noticed that "because I said so" is not a good enough reason for the government to mandate a vaccine for millions.

The Select Subcommittee on the Coronavirus Pandemic has been charged with examining pandemic era policies including vaccine mandates, not to create more distrust, but so that public health might be worthy of the public's trust in the future. Only when we have gathered the facts can we make informed recommendations for the next pandemic, and create a playbook to help protect Americans' health, and cutting your doctor out of the equation is not doing that. We have seen the effects and the divisions that stem from the mandates, you saw it right here on this panel.

If we truly care about America's health, and truly care about individual liberties, which our founders believe paramount to this great Nation, we need to do better during the next pandemic, and maybe next time there will be respect and information rather than indoctrination and demonization. We have a unique opportunity here as a part of this Select Subcommittee to learn from our public policy, our mistakes so that better and more effective ones can be implemented in the future. This hearing is a significant step in doing that. The government shouldn't get away with "because I told you so." It is not the American way. Americans aren't built like that. It shouldn't mandate a novel vaccine at the expense of your livelihood or your future child.

I want to thank you all for being here today, and I want to assure you, Dr. Lynch, we want to continue to work with the medical community to go forward for what is best for America because this is going to happen again, and you know what? Next time it may affect children more than adults, we don't know. But I do want to tell Ms. Runyan and Ms. Williams that we are here for you to not only to protect your rights, but to protect your health.

With that, without objection, all Members will have 5 legislative days within which to submit materials and to submit additional written questions for the witnesses, which will be forwarded to the witnesses for their response.

Dr. WENSTRUP. And if there is no further business, without objection, the Select Subcommittee stands adjourned.

[Whereupon, at 5:09 p.m., the select Subcommittee was adjourned.]

