



Testimony of:

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**“Liberty, Tyranny, and Accountability:
COVID-19 and the Constitution”**

**U.S. House of Representatives Committee on the Judiciary
Subcommittee on the Constitution and Limited Government**

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Introduction

Chairman Roy, Ranking Member Scanlon, and distinguished members of the Subcommittee, it is an honor to appear before you today to discuss “Liberty, Tyranny, and Accountability: COVID-19 and the Constitution.”

My name is Dr. Joseph A. Ladapo. I was born in Nigeria, and immigrated to the United States when I was 5 years old, along with my family when my father came to this country to pursue his doctoral studies in microbiology at the University of Georgia.

When my wife Brianna and I are not busy chasing our three beautiful young sons, I serve as Florida’s State Surgeon General and as a professor at the University of Florida. For the last two and a half years, I have worked closely with Governor Ron DeSantis on public health policy leading the Florida Department of Health. The Florida Department of Health is an integrated public health agency of 12,000 public servants and county health departments across all of Florida’s 67 counties. Our teams work around the clock to save lives every day, and it is remarkable to work alongside them.

My passion for health has been shaped and bolstered by every opportunity I have had throughout my career – especially as a track and field decathlete at Wake Forest University. After graduating, I earned my Medical Degree from Harvard Medical School and PhD in Health Policy from Harvard Graduate School of Arts and Sciences – focused on how I could use these two areas of study to complement one another. I pursued a residency program in internal medicine at the Beth Israel Deaconess Medical Center in Boston. My next opportunity would lead me out of Boston to work as a clinician researcher at New York University, where I was awarded a grant to study the diagnosis and management of cardiovascular disease through the National Institute of Health (NIH). Another research opportunity from the Robert Wood Foundation gave me a grant that would allow me to study smoking cessation strategies in hospitalized patients to support better health outcomes for patients seeking to stop smoking. This research ultimately earned me the Annals of Internal Medicine Junior Investigator Award, as my desire kept growing to use these strategies to help others.

In 2016, I began my career at University of California Los Angeles (UCLA) as a research professor teaching at the David Geffen School of Medicine. Here, I worked as Associate Professor with Tenure, and as a Core Scientist at the Center for HIV Identification, Prevention, and Treatment Services at UCLA. During my time at UCLA, I also led NIH-funded clinical trials on obesity and hypertension.

COVID-19: The Tyranny Starts

The spring of 2020 challenged the public health community in a way most of us had only seen in textbooks. As I continued my work at UCLA and living in Los Angeles, my education and experiences made me question the health policy decisions that were being made not only in California, but around the world. Working as a hospitalist during this time, I was cognizant of the ways fear was propelling every decision in the hospital environment, not only in clinical decision making but also administrative protocols. As the number of COVID-19 cases increased and public health officials became increasingly drastic in their attempts to stop the spread, infringements on civil liberties were becoming increasingly evident. I was driven to find an outlet to share the truth about these mandates and lockdown policies. I started writing about the tangible mishaps that I was seeing happen throughout California, offering the public my critical analysis of what was wrong with the mainstream approach to the increasing number of cases.

In my Wall Street Journal op-ed, *The Looming Civil-Liberties Battle*, published April 29, 2020, I foreshadowed exactly what brings me here to Washington. From the father that was arrested while playing with his family at a park to the surfer in California that “violated stay-at-home orders” by seeking comfort on the water, these policies were doomed from the start. Not only were lockdowns and mandates an infringement on American liberty, but I knew they would not work.¹

As society allowed fear to be our driver, it became the norm to reject data and evidence. This flawed public health narrative was driving a divisive wedge in our homes and communities. My frustrations with mandates and lockdowns from the State of California only grew as these measures prevented families from gathering, kids from learning, and even individuals from exercising. Children in schools across the State of California were having difficulties with remote learning, being forced to stare at a screen for hours on end, separated from their peers and diminishing social development. Parents were strained between accommodating their work schedules with the demands of keeping their child at home while they attended online schooling. Blindly looking for rescue, the mask was the quickest fix to the panic and uncertainty of what was going on. Alongside my wife, we diligently ensured the fear and government overreach would not enter our home or impact our children.

The invitation to serve as Florida’s Surgeon General came in August of 2021 at a time when I was tenured at UCLA, participating in clinical studies and caring for a family that had now put roots in the Los Angeles community. Escaping the tyranny of California sounded like a breath of fresh air. As a physician and

¹ (Ladapo, *The Looming Civil Liberties Battle*, 2020)

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public health researcher, it was the opportunity of a lifetime to use my academic interest and clinical experience in conjunction with policy expertise to guide the health policy of a state of over 22 million. In a matter of weeks, my family and I were making the move to Florida where we would begin again in a new state, this time, a state that let freedom reign and put fear aside. Even from California, it was clear that Governor DeSantis was laser focused on an evidence-based approach to COVID-19. He did not automatically adhere to the Centers for Disease Control and Prevention (CDC) recommendations - he focused on what Florida’s specific population needed. With over 6 million senior residents at the highest risk of severe illness and death, Governor DeSantis prioritized their access to COVID-19 immunization – a deviation from CDC recommendations at the time.² A few months later, the CDC followed his lead.³

Lockdowns and Mandates

Leading by common sense and sound science was a priority for Florida from day one of COVID-19. Governor DeSantis has continued to take crucial actions to ensure that Florida is free from burdensome and unscientific local regulations. While many states required proof of vaccination to leave their front door, Florida outlawed COVID-19 vaccine passes.⁴

Florida recognized the importance of in-person learning for students. While other states locked the doors of their schools, Florida was the first state in the nation to mandate in-person learning for students and welcome students back into the classroom. Because of Florida’s approach, children avoided additional learning losses that we are just beginning to comprehend and warrant additional assessment.⁵

In 2021, COVID-19 continued to take its course, but herd immunity was improving. Rather than allowing fear to continue damaging our communities, businesses, and mental health, Governor DeSantis stood for the residents he represented and was dedicated to getting Florida back on track. That year, he signed legislation to protect Florida jobs, protect parents’ rights to make health care decisions for their students, and ban mask mandates and private employer COVID-19 vaccine mandates.

In May of 2023, Governor DeSantis signed legislation codifying permanent COVID-19 protections in the state and positioned Florida as the national leader for medical freedom by permanently prohibiting:

- COVID-19 vaccine passports in Florida;

² (Florida Executive Office of the Governor, 2021)

³ (Lovelace, 2021)

⁴ (Florida Legislature, 2023)

⁵ (Florida Executive Office of the Governor, 2023)

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- COVID-19 vaccine and mask requirements in all Florida schools;
- COVID-19 masking requirements at businesses; and
- Employers from hiring or firing based on COVID-19 vaccination.

COVID-19 Vaccines

By working with Governor DeSantis in Florida, it has always been clear to me he has an appropriate understanding of how government should operate in the face of an emergency. After I left California, concerns around the COVID vaccines and the one-size-fits-all approach taken by the federal government only increased. I remained committed to ensuring that whoever I would be serving, whether one patient in a hospital or a state of more than 22 million, I would provide appropriate courses of action that are grounded in clear decision making and a mindful understanding of the situation at large.

As we continued to safeguard Floridians’ freedoms, global research started to detect risks in the COVID-19 mRNA vaccines. Based on the currently available data in March of 2022, Florida was the first state to recommend against the COVID-19 vaccine for healthy children age 5 to 17.⁶

My surveillance of these risks continued to evolve as additional research came to light. By conducting a self-controlled case series, I sought to find the relative incidence of cardiac-related death in males age 18 to 39 within 28 days of receiving the mRNA vaccination. In October of 2022, I recommended against the COVID-19 mRNA vaccines for males age 18 to 39. The findings demonstrated that there was an 84% increase in the relative incidence of cardiac-related death within these parameters, demonstrating a significant cause for concern. At that point in the pandemic with the high level of global immunity, I concluded that the benefits received from vaccination were likely outweighed by this abnormally high risk of cardiac-related death.⁷

One year later, having been continuously cognizant of how the COVID-19 vaccines were still being mandated and promoted, my concerns persisted around the safety and efficacy of what was being considered a life raft to escape the virus. In February of 2023, we issued a *Health Alert on mRNA COVID-19 Vaccine Safety*, where I introduced findings from the Vaccine Adverse Event Reporting System (VAERS) reports from Florida. The Florida reports demonstrated that despite only a 400% increase in overall vaccine administration, there was a 1,700% increase in VAERS reporting after the release of the COVID-19 vaccines.⁸ The reporting of life-threatening

⁶ (Florida Department of Health, 2022)

⁷ (Exploring the relationship between all-cause and cardiac-related mortality following COVID-19 vaccination or infection in Florida residents: a self-controlled case series study, 2022)

⁸ (Florida Department of Health, 2023)

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conditions also drastically increased more than 4,400%. This was the impetus to write to the U.S. Food and Drug Administration (FDA) Commissioner Robert Califf and CDC Director Rochelle Walensky of what had been discovered.⁹

When the mRNA boosters were approved by the FDA in September 2023, there was no human clinical trial evidence to assess safety and efficacy, unlike the initial round of vaccines. Once again, the federal government failed Americans by refusing to be honest about the risks and not providing sufficient clinical evidence when it comes to these COVID-19 mRNA shots, especially with how widespread immunity had become. Based on outstanding safety and efficacy concerns, I recommended against the booster for individuals under 65.¹⁰

Debates over the safety and efficacy of COVID-19 vaccines have been smeared as “hysteria” since their development – and yet as additional research is conducted, concerns continue to emerge. While the federal government continued to ignore these concerns, I requested additional information from the FDA and CDC regarding the DNA integration risks of the product. In 2007, the FDA published guidance on regulatory limits for DNA vaccines in the Guidance for Industry: Considerations for Plasmid DNA Vaccines for Infectious Disease Indications (Guidance for Industry)¹¹. This Guidance for Industry highlights important considerations for vaccines that use novel methods of delivery regarding DNA integration:

- DNA integration could theoretically impact a human’s oncogenes – the genes which can transform a healthy cell into a cancerous cell.
- DNA integration may result in chromosomal instability.
- The Guidance for Industry discusses biodistribution of DNA vaccines and how such integration could affect unintended parts of the body including blood, heart, brain, liver, kidney, bone marrow, ovaries/testes, lung, draining lymph nodes, spleen, the site of administration and subcutis at injection site.

Based on this Guidance for Industry, the efficacy of the COVID-19 mRNA vaccine’s lipid nanoparticle delivery system, and the presence of DNA fragments in these vaccines, it is essential to human health to assess the risks of contaminant DNA integration into human DNA. On December 14, 2023, the FDA provided a written response that did not provide data or evidence that the DNA integration assessments they recommended themselves

⁹ (Ladapo, Florida VAERS Letter to FDA, 2023)

¹⁰ (Florida Department of Health, 2023)

¹¹ (U.S. Department of Health and Human Services, FDA, 2007)

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have been performed¹². Instead, they pointed to genotoxicity studies – which are inadequate assessments for DNA integration risk. In addition, they obfuscated the difference between the SV40 promoter/enhancer and SV40 proteins, two elements that are distinct. If the risks of DNA integration have not been assessed for mRNA COVID-19 vaccines, I concluded that these vaccines are not appropriate for use in human beings.¹³

There is clear evidence of various risks associated with the mRNA vaccines that warrant further research and transparency from the FDA and CDC – and yet some policy makers still think that mandating this shot is appropriate. Americans are not pharmaceutical guinea pigs and deserve the truth.

COVID-19 Treatment Under Government Control

Meanwhile, the federal government spent more than \$30 billion on those COVID-19 mRNA vaccines with minimal resources allocated to effective treatment options. Beginning in August 2021, Governor DeSantis charged the Florida Department of Health with launching a network of state-run monoclonal antibody treatment sites statewide in a matter of weeks. At their peak, these sites were serving 5,000 patients a day, and nearly 30,000 per week. Florida responded with this innovative network to save thousands of people from being admitted to the hospital, alleviating pressure on the state’s hospital system. In a matter of weeks, the state had 25 monoclonal antibody sites up and running — leading the nation in widespread early COVID-19 treatment availability.¹⁴

Florida was the only state to deploy this lifesaving network, and in turn, relied on a large supply of monoclonal antibody treatment. Unfortunately, this supply was totally controlled by the federal government - preventing states from directly ordering this treatment from manufacturers. We remained in close contact with federal health officials to ensure a steady supply, but Florida hit our first blockade of many when the United States Department of Health and Human Services (HHS) decided to shift to an allocation methodology – sharply reducing the available supply to Floridians while other states had the treatment collecting dust on shelves.¹⁵ As time went on, fewer and fewer monoclonal antibody treatments were allocated. While we worked to ensure treatment remained available, on the evening of January 24, 2022, without any advanced notice, the FDA revised the Emergency Use Authorizations (EUA) for bamlanivimab/etesevimab and REGEN-COV. The revised EUAs did not allow providers to administer these treatments within the United States effective immediately.¹⁶ As a result,

¹² (Marks, 2023)

¹³ (Ladapo, Florida State Surgeon General Calls for Halt in the Use of COVID-19 mRNA Vaccines , 2024)

¹⁴ (Florida Executive Office of the Governor, 2021)

¹⁵ (Florida Executive Office of the Governor, 2022)

¹⁶ (Administration for Strategic Preparedness and Response, 2022)

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every single monoclonal antibody treatment site in Florida was forced to be closed overnight. Over 2,000 appointments had to be immediately cancelled – that’s 2,000 Floridians with COVID-19 and at high-risk of severe illness or death.¹⁷ Florida publicly disagreed with the decision that blocked access to any available treatments in the absence of clinical evidence from the FDA. As stated in one of the pre-print studies cited on the NIH website, “despite observing differences in neutralizing activity with certain monoclonal antibody treatments, it remains to be determined how this finding translates into effects on clinical protection against B.1.1.529.”¹⁸

Throughout medical school, students learn of the importance of both prevention and treatment. Measures like social distancing, masking, and vaccines continued to be falsely pushed as the only solution. It is unthinkable that policy makers would bow to political pressure and utilize the heavy-hand of government power to hinder American citizens from accessing safe lifesaving treatment – especially when the so-called prevention methods were not only forced but often ineffective.

Florida’s Protected Liberty: Confirmed by Grand Jury

On December 13, 2022, Governor DeSantis petitioned the Florida Supreme Court for a statewide grand jury to investigate crimes and wrongdoing committed against Floridians related to COVID-19. The findings of the grand jury demonstrate how going against federal mandates was the right choice for the health and freedom of all Floridians. The lasting damage done to Americans by COVID-19 mandates and government overreach was proven by this apolitical judicial process.

In their initial report, the non-partisan grand jury noted that their investigation was hampered due to the refusal to participate by various federal agencies, including the CDC and FDA. Even with this refusal from the federal government impeding a review to allow for transparency and accountability, the report’s determinations were clear:

- Lockdowns and mask mandates caused more collateral damage than good. The jury identified anxiety, depression, suicidal behavior, and attention deficits were attributable to the “heavy-handed” policies of lockdowns.
- Lockdowns resulted in higher excess mortality rates. The jury found that jurisdictions that implemented lockdowns tended to have higher overall excess mortality rates.

¹⁷ (Florida Department of Health, 2022)

¹⁸ (VanBlargan, Errico, & Halfmann, 2021)

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- Evidence to support mask mandates were abysmal. “There is uncertainty about the effects of face masks,” the jury concluded. There has never been sound evidence of effectiveness against the virus from face masks that provided statistically significant benefits.
- The CDC’s COVID-19 hospitalization data is likely inflated. The jury found that the CDC’s number of total COVID-19 hospitalizations is likely inflated due to asymptomatic or minor SARS-CoV-2 infections among patients that were classified as COVID-19 hospitalizations in order to financially benefit the hospital.¹⁹

Globalized Authoritarianism on the Horizon

It is evident that public health must return to patient-centric and evidence-based strategies – not lockdowns and mandates. COVID-19 has severely damaged public trust in health entities, and there is a lot of work to do to get that trust back. Unfortunately, the World Health Organization (WHO) doesn’t seem to recognize this.

In December 2021, a special session of the World Health Assembly, WHO’s highest decision-making body comprised of 194 sovereign member countries, established an intergovernmental negotiating body to draft and negotiate a treaty on pandemic prevention, preparedness, and response. Based on published drafts, the treaty would expand the WHO’s authority to declare a pandemic and enhance their power over the sovereignty of member jurisdictions.

If the U.S. joins the treaty, it would “commit to prioritize and increase or maintain ... domestic funding by allocating in its annual budgets not lower than 5% of its current health expenditure to pandemic prevention, preparedness, response, and health systems recovery.” The U.S. would be required to provide an undetermined percentage of its gross domestic product to “international cooperation and assistance on pandemic prevention, preparedness, response and health systems recovery, particularly for developing countries.”²⁰ This will involve billions of U.S. taxpayer dollars.

The final decision must be submitted to the World Health Assembly by May of 2024. The United States should not sign any provision of this treaty. Public health isn’t based on the dystopian world of George Orwell’s 1984. Our world learned a lot from the COVID-19 pandemic, including the dangers of medical authoritarianism. This treaty was created to enhance that authoritarianism through the guise of globalization.

¹⁹ (Florida Supreme Court, 2024)

²⁰ (World Health Organization Intergovernmental Negotiating Body, 2024)

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Governor DeSantis already signed a law last year prohibiting global public health institutions, such as the WHO, from dictating policy in Florida.²¹ But this treaty would encompass the United States of America as a whole. The U.S. should only enter into agreements that ensure that States retain the freedom and power to represent and provide for the needs of our communities.

Conclusion

Florida’s commitment to preserving our residents’ rights and liberties has never wavered. Freedom is the basis of the United States of America – this cannot be neglected even during extraordinary challenges. Governor DeSantis has always chosen facts over fear, pushed to provide accurate information for our residents, and has advocated for Floridians every step of the way. Florida has been a national leader in prohibiting vaccine passports, protecting people from medical discrimination, prohibiting employers from ripping apart people’s livelihoods over vaccination status, and protecting our children from the imposition of medical authoritarianism by government officials.

It is an honor to be here today to discuss the implications of medical tyranny as we look back on COVID-19 – a historic pandemic that impacted American life in ways we are just now beginning to understand. This is a critically important moment in history, for Americans and for public health. I applaud Governor DeSantis for his work to keep Floridians free, thriving, and healthy, and I am privileged to stand at his side every step of the way.

²¹ (Florida Legislature, 2023)

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