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Dr. Meryl Nass' Testimony Against Vaccine Mandates

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STORY AT-A-GLANCE -

- January 11, 2022, the Health and Human Services Committee of the Maine legislature held a public hearing on LD867 "An Act to Prohibit Mandatory COVID-19 Vaccinations for 5 Years to Allow for Safety Testing and Investigations Into Reproductive Harm"
- Dr. Meryl Nass, an internist with a special interest in vaccine-induced illnesses and expertise in anthrax and bioterrorism, testified in favor of the bill
- All currently available COVID shots in the U.S. are experimental. None is licensed. Comirnaty, which has received full license, is not available in the U.S., and won't be made available as long as doses of the Emergency Use Authorized Pfizer shot, BNT162b2, remain
- Since the COVID shots are experimental, U.S. law requires potential recipients to have the right to refuse. Experimental drugs also cannot be mandated, and potential recipients must give written informed consent. Informed consent cannot be given when reports of side effects are censored and not disclosed
- Some foundational safety studies are just now starting and won't be completed until 2027

January 11, 2022, the Health and Human Services Committee of the Maine legislature held a public hearing on LD867[1] "An Act to Prohibit Mandatory COVID-19 Vaccinations for 5 Years to Allow for Safety Testing and Investigations Into Reproductive Harm."

The American Cancer Society is vehemently opposed to this rational bill.[2] In some twisted, incomprehensible logic, the ACS claims that banning mandatory COVID jabs would "place the health of cancer patients at greater risk." How, one might ask, could that happen, considering the jabbed are just as likely to contract and spread the virus?

Getting the shot in no way, shape or form protects anyone around you. So, what could it be? One can only wonder if the ACS' opposition has anything to do with their "long-standing partnership"[3] with vaccine maker Pfizer, which in 2020 alone helped the ACS hand out $3.7 million in grants[4] — but which also happens to produce one of the COVID mRNA injections?

If vaccine mandates are upheld, ACS' partner, Pfizer, has lots to gain. But if mandates are banned, they could have plenty to lose. Among those who testified in favor of the bill was Dr. Meryl Nass, an internist with a special interest in vaccine-induced illnesses and expertise in anthrax and bioterrorism.

In her testimony, Nass presented several key reasons for why we need to prevent COVID jab mandates until there's adequate safety data. Nass' testimony is posted on her blog, anthraxvaccine.blogspot.com.[5] Here, I'll provide a summary review of her key points.

The COVID Shots Are Experimental

Yes, the COVID shots are still experimental. No, there are no Food and Drug Administration-approved COVID shots AVAILABLE or IN USE in the United States, and experimental drugs cannot claim to be safe and effective. FDA Code of Federal Regulations Title 21, Subchapter D Part 312:[3][6] defines a medical experiment as "any use of a drug except for the use of a marketed drug in the course of medical practice," and vaccines are a subset of drugs, per the FDA.

> *"While FDA licensed Comirnaty ... only Emergency Use Authorized (experimental) vaccines are being used,"* Nass notes.

What's more, that term, "safe and effective," is an FDA term that can only be applied to licensed drugs and vaccines. Since none of the COVID shots given is actually licensed,

they are, by definition, experimental or investigational. Besides, trials have not yet concluded for any of the vaccine makers. They're still ongoing.

> *"No matter what claims have been made regarding these vaccines, they are not 'safe and effective,'"* Nass says. *"Medicines and vaccines are EITHER licensed products or experimental products. There is no gray area between them in U.S. law.*
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> *Whether or not research is explicitly conducted, the use of experimental products (including those issued under an Emergency Use Authorization) falls under the Nuremberg Code and under U.S. law regulating experimental drugs. As former FDA Commissioner Stephen Hahn himself noted, 'EUA products are still considered investigational.'"*

Informed Consent and Option to Refuse Are Required by Law

So, the EUA COVID shots are, by definition, experimental, and when a person is offered an experimental product, U.S. law requires that they provide written informed consent.

Now, the informed consent requirement was loosened under the PREP Act that created the EUAs, but the law still requires that participants be informed "of the significant known and potential benefits and risks," and "the extent to which such benefits and risks are unknown." Moreover, they must have the option to accept or refuse the treatment.

To this day, participants in this global experiment have NOT been told of the potential risks. They receive no adequate disclosure form before they're given the shot, and Big Tech in collusion with government has censored any and all discussion and disclosure of adverse effects.

Even those who are reporting their personal experiences are censored and/or deplatformed. For a taste of what those injured by the COVID jabs have had to endure, see Del Bigtree's interview with three such victims.[7]

How Liability Is Being Skirted

Nass then goes on to explain why — seeing how the FDA has approved the Pfizer-BioNTech COVID shot called Comirnaty — this product is not actually being used in the U.S.

In short, it comes down to liability. The two products are not interchangeable (as confirmed in federal court[8]) because they are not identical in terms of liability under U.S. law. (The liability issue differs from country to country, which is likely why Comirnaty is available in Europe but not the U.S. Everything discussed here applies only to the U.S.)

Indeed, a federal district court judge in November 2021 rejected the U.S. Department of Defense's claim that Pfizer's EUA shot, BNT162b2, is interchangeable with the licensed Comirnaty.[9] Why would Pfizer give up blanket immunity by withdrawing the remaining EUA lots and replacing them with a product they can be sued for by people who are injured?

The Pfizer-BioNTech EUA product, BNT162b2,[10] has very limited financial liability for injuries and deaths, thanks to it being under EUA. This liability shield extends to the manufacturer, distributors, administrators, program planners and just about everyone else involved in the making, distribution and administering of this product.

Comirnaty, on the other hand, as a fully licensed product, does not enjoy this broad liability shield. It is subject to ordinary liability claims. Strangely enough, the FDA extended the EUA for BNT162b2 on the very same day it granted full license to Comirnaty, and Pfizer has no plan to make Comirnaty available in the United States as long as BNT162b2 doses are still available.[11]

Why didn't the FDA pull the EUA for BNT162b2 once it licensed Comirnaty? They're supposed to be identical products, so why the two wildly diverging and contradictory lines of approval?

> **“FDA appears to have been acceding to the White House demand that the vaccine be licensed, in order for it to be mandated for large sectors of the U.S. population. Under an EUA, which specifies that potential recipients have the right to refuse, mandates cannot be imposed. ~ Dr. Meryl Nass”**

By law, an EUA can only be granted when there are no other drugs available, so once a COVID shot was licensed, all EUA “vaccines” should actually have been pulled. As stated by the Children’s Health Defense in its lawsuit against the FDA and acting commissioner Janet Woodcock:[12]

> *“The black letter law is clear. There can be no biologic license approved to a medical product for diagnosing, preventing or treating COVID-19 if there is also still an Emergency Use Authorization for the same medical product serving the same purpose.”*

I recently discussed this issue with Alix Mayer from Children’s Health Defense. If you are interested in more details please review the video below.

Unethical Bait-and-Switch

One logical strategy that can account for this unprecedented scenario is because the EUA product is liability-free and Comirnaty isn’t, and Pfizer would rather not shoulder the financial liability of this shot, considering the enormous number of injuries being reported.

At the same time, though, government wanted everyone to get the shot. They wanted the ability to push vaccine requirements for work and school. But without a licensed COVID shot, any mandate would be unquestionably illegal, as anyone has the right to refuse an EUA product. Quite the pickle. So, it seems this is the irregular workaround they cooked up. As noted by Nass:

"FDA appears to have been acceding to the White House demand that the vaccine be licensed, in order for it to be mandated for large sectors of the U.S. population. Under an EUA, which specifies that potential recipients have the right to refuse, mandates cannot be imposed.

So, a license was issued, allowing the administration to inform the public that the vaccine was fully approved and licensed. But in fact, the public was unable to access the licensed vaccine. Why was this convoluted regulatory process performed? While under EUA, Pfizer has an almost bulletproof liability shield."

Why They're Pushing the COVID Jab on Children

Robert F. Kennedy Jr. has offered an additional theory for why the FDA circumvented standard processes. He believes it's part of a larger scheme that includes expanding the EUA for use in children before Comirnaty is released.

Once BNT162b2 is used in children, they can then push to have Comirnaty added to the childhood vaccination schedule. At present, under the Biologics License Application approval issued August 23, 2021, Comirnaty is only licensed for use in individuals 16 years of age and older.[13]

Once added to the childhood vaccination schedule, Comirnaty would gain a robust shield against financial liability for injuries — including injuries occurring in adults who receive the shot.

Foundational Safety Studies Are Only Now Getting Started

Nass also points out that the COVID jab trials are far from over — in fact some have not yet begun — and until they're actually completed, no one can claim that these shots are known to be safe. Nass writes:[14]

"FDA instructed Pfizer-BioNTech that FDA's Congressionally-mandated databases are inadequate to assess the danger of myocarditis (and other

potential COVID vaccine side effects) and therefore Pfizer-BioNTech must perform studies to evaluate these risks over the next six years[15] *...*

These studies were to be performed on BOTH products: the licensed Comirnaty and the EUA Pfizer-BioNTech vaccine. Note that they include the requirement for safety study in pregnancy, which will not be completed until December 31, 2025 ...

FDA's admission that it cannot assess these safety risks, and that up to six years will be taken to study them, provides us with additional de facto evidence that the Pfizer vaccines cannot be termed safe, as many of the fundamental safety studies are only now getting started."

The WHO Does Not Recommend COVID Jab for Children

Lastly, Nass points out that the World Health Organization does not recommend giving the COVID jab to healthy children, as they experience very mild SARS-CoV-2 infection compared to adults.

> *"More evidence is needed on the use of the different COVID-19 vaccines in children to be able to make general recommendations on vaccinating children against COVID-19 ... Vaccine trials for children are ongoing and WHO will update its recommendations when the evidence or epidemiological situation warrants a change in policy,"* the WHO states on its website.[16]

"If the World Health Organization believes there is insufficient evidence to support general vaccination of normal children, why would this committee and the Maine Legislature think otherwise?" Nass asks.

Summary of Key Arguments

In closing, Nass sums up her arguments with the following list:

All COVID jabs available in the U.S. are experimental products
Potential recipients must by law be given the right to refuse
Mandates negate the right of refusal
Basic questions about the safety of these shots remain unresolved, and some of them will not be answered until 2027
The WHO does not recommend universal COVID vaccination for children
Parents should be permitted to make individualized decisions regarding their children's risks and benefits from a COVID jab
It's impossible to make a fully informed decision about the COVID jabs until the public has open access to all safety and efficacy data, which are currently unavailable

Maine Medical Board Suspends Nass' Medical License

On the same day that Nass provided these data to the Maine legislature, January 11, 2022, the state's medical licensing board voted to suspend Nass' medical license for 30 days, pending further investigation, on the grounds of her "spreading COVID misinformation," which included a Twitter post linking to one of my articles. As reported by The Hill:[17]

> *"The board reported that it had received two complaints concerning Nass, who is an internist in Ellsworth, Maine, and an active member of the anti-vaccine group Children's Health Defense ... The complaints alleged that Nass had spread misinformation about COVID-19.*
>
> *Nass has reportedly been critical of vaccine effectiveness and supported the use of ivermectin and hydroxychloroquine to treat COVID-19, despite*

> *insufficient evidence that they are effective in fighting the virus. The board is also looking to conduct a psychological evaluation of Nass ...”*

It’s hard to believe that this action is anything but a bullying tactic intended to shut her up, because she knows her stuff and she’s not afraid to share the unvarnished truth. In its order, the State of Maine Board of Licensure in Medicine claims that:[18]

> *“... the continued ability of Dr. Nass to practice as a physician in the State of Maine constitutes an immediate jeopardy to the health and physical safety of the public who might receive her medical services, and that it is necessary to immediately suspend her ability to practice medicine in order to adequately respond to this risk.”*

In a January 13, 2022, Substack post, Steve Kirsch commented on the Maine medical board’s decision:[19]

> *“Dr. Nass is guilty of prescribing FDA-approved drugs that have been shown in dozens of trials to be beneficial in treating COVID[20] ... Here’s the interesting thing: had she prescribed nothing for these patients, she wouldn’t have been cited.”*

Doctors who save lives using drugs proven safe over decades of use are stripped of their licenses and ordered to undergo psychiatric evaluation, while doctors who kill patients by either refusing to treat them or by using unproven experimental drugs are “sane” and get to keep theirs. That’s where we’re at. It’s beyond tragic.

In the end, though, Meryl — like the rest of us — will be vindicated, of that I have no doubt. I have had the opportunity to get to know her over the years and have done many interviews with her. I remain confident that although this is clearly a challenge, she will come out better on the other side.

Sources and References

- [1] Maine LD867
- [2] Fight Cancer January 10, 2022

- [3] American Cancer Society Partners Pfizer
- [4] American Cancer Society Pfizer Community Grants November 17, 2020
- [5, 14] Anthraxvaccine.blogspot.com January 10, 2022
- [6] FDA.gov CFR Title 21
- [7] The Highwire They Don't Want to See People Like Us
- [8, 9, 12] The Defender November 30, 2021
- [10] FDA.gov EUA for BNT162b2
- [11] Daily Med September 13, 2021
- [13, 15] FDA.gov BLA Approval BioNTech August 23, 2021
- [16] WHO.int COVID-19 Advice for the Public
- [17] The Hill January 12, 2022
- [18] News Center Maine January 12, 2022
- [19] Steve Kirsch Substack January 13, 2022
- [20] C19early.com Real-Time Analysis of Studies