

Testimony to U.S. Congress

Chairman Clyburn, ranking member Scalise, members of the committee, thank you for the opportunity to talk to you today. My name is Marty Makary. I am a public health researcher at Johns Hopkins. By way of background, I studied epidemiology at the Harvard School of Public Health where I received a masters degree in public health and I have served on the faculty of the Johns Hopkins School of Public Health for the past 16 years. I also take care of surgical patients, including immunosuppressed patients, where issues of infection control are paramount. I do not represent Johns Hopkins, but would like to personally ask you to consider new scientific data that tells us that some Covid policies have become too rigid and no longer driven by clinical data.

When a pharma company announced on Wednesday that they did a lab experiment that shows a booster raises antibody levels against Omicron, without releasing the underlying scientific data, the CDC responded by immediately urging every healthy 16 & 17-year-old to get a booster. Is that what we've come to? Pharma tells people what to do in a press release and the CDC just falls in line? Meanwhile Germany reported that no healthy child 5-17 has died of Covid during the first 15 months of the pandemic when nearly all children were unvaccinated. The CDC has never told us if any U.S. Covid deaths in children have been in healthy children. And Germany, France and other countries now restrict the Moderna vaccine from people under age 30 because concerns of heart complications in young people.

Just 12 weeks ago, the FDA external advisors voted against boosters for all by a 16-2 vote, for good reasons. They had concerns. But weeks after that down vote, the FDA made another push to reem through boosters for all, but this time they inexplicably did not convene their experts in the process. The CDC did the same. As a result, they got their broad booster recommendation by circumventing the external experts who opposed it. Public health officials cite declining antibody titers but ignore powerful T-cell immunity, which a study last week found to be highly effective against Omicron, including t-cell immunity activated by either vaccinated or natural immunity.

Vaccine doses are now being used to boost young people without any supporting clinical data. Those vaccine doses should be going to the 93% of people in low-income countries who have received no vaccine. Let me be clear, there is nothing that represents American waste, excess, and arrogance more than requiring a young healthy low-risk student who had the infection in the past and already has natural immunity to get a booster. Yet dozens of schools have already announced a booster requirement for all students. I believe mammograms save lives, but I would not recommend them universally for all men and children.

If the U.S. wants to help countries struggling to ration their limited vaccine supply in the midst of an epidemic, tell them to recognize natural immunity and have those who had Covid step aside in the vaccine line to protect the vulnerable quicker with a life-saving vaccine. Over 20 scientifically sound studies have demonstrated that natural immunity is as good as or better than vaccinated immunity, yet our public health officials continue to ignore it. In fact, they

never talk about it. Why don't they just do their own study of people who had Covid 20 months ago and test their blood? Teachers, nurses, soldiers have circulating antibodies from prior covid infection. They have antibodies that neutralize the virus. But they are antibodies that the government does not recognize. As a result, careers have been destroyed and medical privacy is dead.

If the U.S. would have asked those who had Covid to step aside in the vaccine line until the vulnerable are vaccinated, we would have saved tens of thousands of more Americans with the vaccines we were using to immunizing those already immune. Let me say that again, ignoring natural immunity has resulted in the preventable deaths of tens of thousands of Americans.

The U.S. also needs to show leadership in telling the world about existing medications that reduce Covid death. Fluvoxamine and inhaled budesonide both have impressive randomized controlled trial data that they dramatically reduce Covid death, with no studies to the contrary, yet our public health leaders never talk about them. The world needs these medications, as well as life-saving antiviral pills that the FDA is currently sitting on, even weeks after their external experts voted to authorize them.

Finally, anyone in the world getting vaccinated today with an mRNA vaccine should space out the second dose to at least 3 months. There is no vaccine we give 3-4 weeks apart and it's well known with any vaccine in medicine that the longer the spacing, the better the immunity. Studies comparing a 3-week spacing with a 3-month spacing have demonstrated that the immune protection is much more robust with 3 month spacing and side effects are lower. While many of us begged U.S. policymakers to space out vaccine doses to get more people a first dose, the U.K. actually adopted spacing out the vaccines broadly. Makes sense. Why would you give 2 life preservers to people in an ocean when some people are drowning with none? The data are now in. The experiment is over. The U.K. did it right, we did it wrong. Yet when Uganda had approximately 1% of its population vaccinated, President Museveni announced that they will use a shipment 688,000 vaccines for second doses, following U.S. guidance. As the world rations a scarce vaccine supply, they should learn from our mistakes, not repeat them.