After Licensing Board Threatens Disciplinary Action, Maine Physician Asks Board to Define COVID 'Misinformation'

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> ***In a letter to the Maine Board of Licensure in Medicine, Dr. Meryl Nass, a practicing physician in Maine and member of Children's Health Defense scientific advisory board, asked the board to define what it means by "misinformation" and "disinformation," and to clarify what statutory authority the board has to discipline physicians.***

by **Meryl Nass, M.D.**, *The Defender*
November 30, 2021

The Defender (Children Health Defense) editor's note: *The Maine Board of Licensure in Medicine this month issued a position statement in which it said: "Physicians who generate and spread COVID-19 vaccine misinformation or disinformation are risking disciplinary action by state medical boards, including the suspension or revocation of their medical license."*

In the letter below, Dr. Meryl Nass, a practicing physician in Maine and member of the Children's Health Defense scientific advisory board, asked the board to define what it means by

"misinformation" and "disinformation," and to clarify what statutory authority the board has to discipline physicians on the basis of undefined transgressions. The letter, which includes the Nov. 16 testimony Nass gave to the New Hampshire state legislature, has been edited slightly for clarity.

> November 22, 2021
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> To the Maine Board of Licensure in Medicine:
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> I am a physician, licensed in Maine for the past 24 years. I am concerned about the use of the terms "misinformation" and "disinformation" and the new threat to physicians' licenses issued by the board today for undefined behaviors.
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> I require clarification regarding the board's definition of misinformation and disinformation and would like to know what statutory authority the board has to discipline physicians on the basis of undefined transgressions.
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> Please tell me what law or regulation authorizes such threats for speech outside the clinic.
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> I thought I would provide the board with some information I provide to the public to see if the board intends to term documented facts as misinformation, intends to censor these facts and whether those who provide these facts to the public will be at risk of disciplinary action.
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> Here is my invited testimony to the New Hampshire legislature (Education Committee) on Nov. 16, 2021. Am I at risk for telling these truths? Please let me know.
>
> > UK Prime Minister Boris Johnson said: "[The vaccine] doesn't protect you against catching the disease, and it doesn't protect you from passing it on."
> >
> > [Centers for Disease Control and Prevention] Director Dr. Rochelle Walensky said: "The vaccines no longer

prevent transmission."

In a high-quality study of all VA beneficiaries just published in Science, by September, the Johnson & Johnson vaccine was only 13% effective against infection, the Pfizer 43% and the Moderna 58%.

In a new University of California study of more than 500 vaxxed and unvaxxed people who tested positive for COVID, the amounts of virus in saliva were the same. They could transmit the infection to others, equally.

The UK's top vaccine expert, Sir Andrew Pollard, said in August, regarding COVID vaccines: "Herd immunity is not a possibility. We need to focus on how do we prevent dying or going to hospital."

Please understand this: Since we cannot achieve herd immunity with our vaccines, the inevitable result is that practically everyone will eventually get the disease.

Vaccines cannot achieve safe schools and workplaces, because the vaccinated can still transmit, even when asymptomatic.

While public health leaders are hoping frequent boosters will kick the can down the road, there is no reason to think boosters will prevent transmission, when the initial series didn't.

Instead, it is crucial that we immediately focus on preventing severe disease and death – and early treatment can do this. It saves hospitalizations and lives. This is great news.

Why doesn't everyone know it?

Because, had the benefit of existing drugs been acknowledged, there could have been no Emergency Use Authorizations (EUA) issued for vaccines, remdesivir or monoclonal antibodies – all of which are multibillion-dollar, patented products.

According to the U.S. Food and Drug Administration (FDA), "For FDA to issue an EUA, there must be no adequate, approved and available alternative to the product."

Hydroxychloroquine and ivermectin were approved, adequate and available – and cheap. Thus they had to be suppressed.

Many drugs and supplements have efficacy against COVID. I created a handout of treatments for you. Please do not allow therapies for COVID to be restricted. Don't allow doctors and pharmacists to be persecuted for providing these critical medications.

Few people are aware that in a Senate hearing on May 11, Sen. Richard Burr (R-N.C.) asked Dr. Anthony Fauci, Dr. Peter Marks of the FDA and CDC Director Walensky, what percentage of the employees in their agencies were vaccinated.

None provided a number. Fauci and Marks guessed that a bit over half were vaccinated.

What did thousands of scientists in the National Institutes of Health, FDA and CDC know that you didn't know? This:

- They knew about sky-high rates of myocarditis in young men, which had been discussed in the Israeli media in April but was not disclosed in the U.S. until June.
- They knew that deaths after vaccination were

> extremely high – much higher than reported for any other vaccine, ever. The CDC says that VAERS (its Vaccine Adverse Event Reporting System) received more than 9,000 reports of U.S. deaths related to COVID vaccines, but claims they are rare. RARE? Record-setting deaths have also been reported in the UK and Europe after COVID vaccinations.

There have been more deaths reported to VAERS for COVID vaccines in 10 months than were reported for every vaccine used in the U.S .over 30 years.

Let me repeat that. If you add together every report of a vaccine-associated death that has ever been reported to VAERS for 30 years, for all vaccines, the total is less than the deaths reported for COVID vaccines.

As of Nov. 19, more than half (56%) of the deaths reported to VAERS after COVID vaccines occurred in people who experienced an onset of symptoms within 48 hours of being vaccinated. And although the CDC has not investigated them all, the agency still claims, ”A review of available clinical information … has not established a causal link to COVID-19 vaccines.”

But CDC officials haven’t linked the deaths to anything else, either.

Let me talk about kids. The CDC estimates that 147 million Americans have already had COVID – and that at least half of our kids are already immune.

Yet the FDA and CDC have not seen fit to allow Americans to use any available test – not PCR, not antibody, not T cell nor any combination of tests to prove immunity – even though the FDA accepts antibody tests as evidence of immunity in COVID vaccine clinical

trials.

Why the double standard? It seems the reason to deny natural immunity is to force everyone to be vaccinated, whether they need it or not.

If the vaccines were safe, this policy would be less egregious. But they aren't safe. The younger you are, the greater is the risk of myocarditis. Reported myocarditis rates in 12- to 17-year-old males after vaccination are 100 times higher than for men over 65.

One study showed that teenage boys are 3 to 6 times as likely to be hospitalized for a post-vaccine case of myocarditis as for a case of COVID.

Myocarditis is a serious side effect, which can cause sudden arrhythmic death. After three months, 25% of kids with myocarditis have still not recovered. No one knows how common this side effect will be in the 5- to 11-year-olds since it was not reported in Pfizer's trial, which lasted an average of only 17 days after full vaccination for half the child subjects.

Dr. Eric Rubin, the New England Journal editor, said at FDA's 5- to 11-year-old vaccine advisory meeting: "We're never going to learn about how safe this vaccine is unless we start giving it."

FDA Committee has approved the Pfizer vaccine Emergency Use Authorization for kids aged 5-11.

In making this decision, the FDA conceded it does not know the long-term risks to these kids.

🤦‍♂️ *pic.twitter.com/aXFYt44I67*

— Techno Fog (@Techno_Fog) October 26, 2021

The FDA knows our children are the guinea pigs, and now you do too.

Did you know that in Philadelphia, Seattle and San Francisco children as young as 12 are being vaccinated without parental consent or notice? JAMA Pediatrics in July published an article calling for states to amend the law to allow children to consent for themselves.

Will New Hampshire support this attack on parental authority?

All pediatric COVID vaccines are used under EUAs. These remove manufacturer liability from the vaccines, unless willful misconduct can be proved.

Under the Public Readiness and Preparedness (PREP) Act, a finding of willful misconduct requires the manufacturer knew there was a problem with their vaccines, but sold them anyway.

The unforeseen consequence of the PREP Act is that it gives manufacturers a huge incentive to perform the most minimal testing of their products – because if they did not know there was a problem, they cannot be sued for misconduct.

Why are we allowing experimental products that have been inadequately tested, are dangerous in older children and were produced by a manufacturer who can't be sued to be injected into our children?

But these facts have been obscured by a smokescreen of fatuous "safe and effective" claims made by financially conflicted organizations.

Did they tell you that if your child is injured, you are unlikely to collect a penny? Did they tell you that the compensation program for EUA injuries has not

compensated a single COVID drug or vaccine injury — despite a one-year statute of limitations?

Under U.S. law, you have the right to refuse EUAs. And you must be informed of all that is known and unknown about risks and benefits.

But neither of these two requirements are being followed.

Since the pandemic, the rule of law has been tossed aside. I urge you to learn about the law governing the use of EUA products, so I have provided you the relevant section of U.S. Code.

Let me conclude by saying that given the loose regulatory milieu we are in, COVID vaccines will probably be licensed for everyone soon. That imprimatur will not brush away their serious problems.

Please prevent mandates of these extremely questionable products.

Sincerely yours,

Meryl Nass, MD

The views and opinions expressed in this article are those of the authors and do not necessarily reflect the views of Children's Health Defense.

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