

Ohio Advocates for Medical Freedom
Anthony DiBiase
Proponent Testimony for HB193
September 12, 2017

Chairman Young, Vice Chair DeVitis, Ranking Member Lepore-Hagan and members of the Economic Development, Commerce and Labor Committee, my name is Anthony DiBiase. Thank you for allowing me the opportunity to provide testimony to support HB193. The following information needs to be known as to why this legislation is needed.

1. Flu vaccine mandates are a result of federal directives, financial penalties and accreditation standards. They are not based on evidence of hospital-acquired influenza infections.

Healthy People¹ was a federal health initiative that began in 1979. In the most recent version, Healthy People 2020 recommended a goal of achieving a 90% flu vaccination rate among all healthcare personnel.³ Healthcare entities were incentivized through the Center for Medicare & Medicaid Services (CMS) to report their employee flu vaccination rates with $\geq 90\%$ as the ideal goal. If healthcare entities failed to report their vaccination rates, 2% of their CMS reimbursement dollars would be withheld.⁴ Additionally, the Joint Commission (our nation's foremost healthcare accrediting organization) shadowed the Healthy People 2020 federal health initiative and included contracted non-employees (through vendor credentialing) within the $\geq 90\%$ vaccination goal.⁵ This arbitrary goal was not established from any evidence-based science or documentation of hospital-acquired influenza infections. The resulting influenza vaccine mandates were purely a top-down federal directive rather than a true bottom-up medical imperative. In fact, per the Ohio Department of Health and the CDC, Ohio hospitals do not keep any records of hospital-acquired influenza.⁶ No mechanisms are in place to determine if these flu vaccine mandates are impacting the desired outcome of reducing rates of hospital-acquired influenza infections.

2. Vaccines are the only pharmaceutical products with federal liability protection.

The repeated declarative mantra that "vaccines are safe" has been parroted by the media and the pharmaceutical industry for many years. However, due to increasing vaccine injury law suits against vaccine manufacturers and the subsequent decline in vaccine production, federal legislation (the National Childhood Vaccine Injury Act of 1986) was passed that shielded vaccine manufacturers from liability of injuries and/or deaths from vaccines. This federal statute indemnifies the entire vaccine industry from civil liability and violates our Ohio Constitution by dismantling each Ohioan's guaranteed right to an open jury trial in the State of Ohio.⁷ The legislation also created the National Vaccine Injury Compensation Program⁸ (VICP) to compensate victims and/or their families for vaccine injuries and death. To date, about \$3.2 billion dollars have been paid out from the fund for injuries and deaths due to vaccines, with flu vaccines being cited among most of the VICP compensated petitions.⁹ Also, in 2011, despite industry claims, the U.S. Supreme Court ruled

that vaccines are “unavoidably unsafe.”¹⁰ In contrast to perceived benefits, influenza vaccination comes with recognized risks,¹¹ and flu vaccines contain known carcinogens and toxins,¹² as well as other chemicals that have unknown effects on the human body. These facts, and the annual variations of vaccine components, place flu vaccines in the arena of experimental medicine.¹³ Also, per section 13 of the FDA-approved flu vaccine package inserts, many of these products have not been evaluated for carcinogenic, mutagenic or their potential to impair fertility.¹⁴

3. Healthcare professionals and organizations do not agree with flu vaccine mandates.

The 2012 National Vaccine Advisory Committee (NVAC) recommendations³ on achieving the Healthy People 2020 goal of ≥90% flu vaccination resulted in employers **changing their conditions of employment** and making an **annual medical procedure** (flu vaccination) a mandatory requirement. In most cases, only employer-approved medical exemptions were permitted and no opportunity was given to opt out for personal, philosophical or religious reasons. This discordant NVAC committee had a serious lack of unanimity as reflected by the various opinions and concerns of its participants, independent professionals and other affected groups. Most of the submitted statements expressed concerns over the suggested coercive approaches to implementing flu vaccine mandates, and most felt that employers should allow for exemptions based on “personal autonomy” and/or other valid reasons to opt out.¹⁵

4. Aggressive influenza vaccination policies lead to coercion, discrimination & HIPAA violations.

Subsequently, these aggressive influenza vaccination policies (which reportedly are not uniformly applied to all levels of healthcare personnel and other employees) are coercive, are forcing medical procedures, are infringing upon a worker’s personal autonomy, are violating each employee’s right to informed medical consent,¹⁶ are violating some workers’ cultural practices or religious convictions, are violating the post-WWII Nuremberg Code¹⁷ and are destroying some employees’ ability to practice their trained career for the remainder of their lives. If flu vaccine exemptions are granted, many unvaccinated employees are still “shamed” and subjected to unreasonable masking policies and/or other punitive measures. By unreasonable, this means the unjustified wearing of a mask for their entire shift (many times up to 12 hours) regardless of the employee’s health status or their proximity to patients. By punitive, this means annual tagging of employees as either “unvaccinated” or “vaccinated” with a distinguishing emblem or insignia or direct statement (i.e. badge stating “*I’m not sick. I didn’t get a flu shot*”). In addition to this being a discriminatory act, it reveals an employee’s medical information and violates their HIPAA rights.¹⁸ Recently, a Canadian court deliberated this issue and judged that these “vaccinate or mask” policies are “a coercive tool” to force workers to get the flu shot.¹⁹ Several experts surrounding the case also concluded how these unreasonable policies publicly expose an employee’s private medical information.

5. Influenza vaccines are merely a guessing game with a very narrow margin for effectiveness.

Per the CDC,²⁰ determining which flu virus strains will be selected for each year's flu vaccine is "based on surveillance on which viruses are circulating and forecasts about which viruses are the most likely to circulate during the coming season." After testing several worldwide samples of circulating flu viruses, experts make an "educated guess" as to which 3 or 4 flu virus strains (among 200+) should be used in the upcoming year's vaccine. The after-the-fact effectiveness of the yearly influenza vaccine is not an exact science and is essentially another guessing game. It varies depending on how closely the guessed flu strains match the actual flu cases that end up being documented as prevalent. These efficacy estimates have ranged from 10-60%.²¹ An essential fact to remember is that "Flu vaccines do NOT protect against infection and illness caused by other viruses that can also cause flu-like symptoms,"²² but yet the CDC includes "influenza-like illnesses (ILI)" when statistically calculating the incidence of influenza.

In closing, when we allow the federal government or any entity to dictate an invasive medical procedure, we allow them to usurp our civil rights and that will lead down a slippery slope for humanity.

Ohio legislators need to stand strong against this federal overreach and Pass HB193.

Thank you for your time.

Sincerely,
Anthony DiBiase
Hartville, OH 44632

1 <http://health.gov/our-work/healthy-people/>

2 <http://www.ohiohouse.gov/committee/commerce-and-labor>, 19 May 2015 committee hearing

3 http://www.hhs.gov/nvpo/nvac/influenza_subgroup_final_report.pdf

4 http://www.hhs.gov/nvpo/nvac/influenza_subgroup_final_report.pdf, page 12

5 http://www.jointcommission.org/assets/1/18/R3_Report_Issue_3_5_18_12_final.pdf

6 <http://www.cdc.gov/hai/pdfs/stateplans/Ohio-DUA.pdf>, page 4

7 <https://www.legislature.ohio.gov/laws/ohio-constitution;jsessionid=09704e8f77ccab24ac5e8383c89a?0>

8 <http://www.hrsa.gov/vaccinecompensation/authorizinglegislation.pdf>

9 <http://www.hrsa.gov/vaccinecompensation/vicpmonthloctober15.pdf>

10 <http://www.supremecourt.gov/opinions/10pdf/09-152.pdf>

11 <https://vaers.hhs.gov/data/data>

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<http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf>

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http://www.hhs.gov/nvpo/nvac/influenza_subgroup_final_report.pdf, page 30

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