

Testimony of Nadera Lopez-Garrity
Senate Bill 311
State and Local Government Committee
November 17, 2020

Chairman Wiggam, Vice Chair Stephens, Ranking Member Kelly and honorable members of the State and Local Government Committee, thank you for the opportunity to speak today in support of House Bill 311.

My name is Nadera Lopez-Garrity and as concerned citizen with a journalistic background that has passion for unbiased research and reporting of the facts, which by its very nature affords me the opportunity to continuously learn and grow so I am better able to make the best decisions for myself, my family and my community at large, understanding that everything we do is intrinsically connected and as such impacts everyone collectively, I would like to take this opportunity to share why I support S.B. 311.

I wholeheartedly believe that everyone is essential and that ensuring the overall wellbeing of every life matters, which is why I think it is prudent and behooves us to support common sense policies and legislations that take EVERYONE'S wellbeing into consideration to the best of our abilities without sacrificing any one individual. I certainly do not have all the answers but I think it is prudent to share with you the "Great Barrington Declaration" that I noted in my proponent testimony for H.B. 618 yesterday, as both legislations address the same concerns and dire need for the checks and balances that our constitutional federal republic prides itself in upholding, yet has been woefully disregarded throughout these past 9 months. Almost a year of orders being made by a select few that have adversely impacted the lives of millions of Ohioans.

We NEED to do better. We MUST do better. We CAN do better. We all deserve it - without undermining the life or livelihood of any one being.

The Great Barrington Declaration was initiated and signed by more than 3,200 infectious disease epidemiologist and public health scientists, nearly 4,800 medical practitioners and over 73,100 experts who have grave concerns about the damaging physical and mental health impacts of the prevailing COVID-19 policies, such as what we have been experiencing in Ohio. Impacts that have given rise to the need for this legislation.

And although I am one who strongly believes that everyone's input matters, irrespective of credentials or titles, I can understand, appreciate and value the excellent question posed yesterday by a member of this committee as to whether any medical experts or professionals support S.B. 311. The answer was eloquently confirmed by one of the sponsors of this proposed legislation and I was not only pleased to see several experts co-sponsor S.B. 311, but also noticed other professionals within the medical and scientific fields submit testimony in support. I personally know several such experts, including doctors, epidemiologist, nurses, scientist, biomedical engineers and pharmacists who support SB 31 and voiced their concerns based on their expertise, knowledge and experiences.

In my humble opinion, the "Great Barrington Declaration" signed by thousands of experts across the globe on October 4, 2020, also proves why we need S.B. 311 and even offers focused approaches that could facilitate better policy-making decisions in the future.

So without further ado, here is an excerpt of what those experts declared:

“As infectious disease epidemiologists and public health scientists we have grave concerns about the damaging physical and mental health impacts of the prevailing COVID-19 policies and recommend an approach we call Focused Protection.

Coming from both the left and right, and around the world, we have devoted our careers to protecting people. Current lockdown policies are producing devastating effects on short and long-term public health. The results (to name a few) include... worsening cardiovascular disease outcomes, fewer cancer screenings and deteriorating mental health – leading to greater excess mortality in years to come, with the working class and younger members of society carrying the heaviest burden. Keeping students out of school is a grave injustice.

Keeping these measures in place until a vaccine is available will cause irreparable damage, with the underprivileged disproportionately harmed.

Fortunately, our understanding of the virus is growing. We know that vulnerability to death from COVID-19 is more than a thousand-fold higher in the old and infirm than the young. Indeed, for children, COVID-19 is less dangerous than many other harms, including influenza.

As immunity builds in the population, the risk of infection to all – including the vulnerable – falls. We know that all populations will eventually reach herd immunity – i.e. the point at which the rate of new infections is stable – and that... is not dependent upon a vaccine. Our goal should therefore be to minimize mortality and social harm until we reach herd immunity.

The most compassionate approach that balances the risks and benefits of reaching herd immunity, is to allow those who are at minimal risk of death to live their lives normally to build up immunity to the virus through natural infection, while better protecting those who are at highest risk. We call this Focused Protection.

Adopting measures to protect the vulnerable should be the central aim of public health responses to COVID-19. By way of example, nursing homes could ‘use staff with acquired immunity... Staff rotation should be minimized. Retired people living at home’ could ‘have groceries and other essentials delivered to their home. When possible, they’ could ‘meet family members outside rather than inside. A comprehensive and detailed list of measures, including approaches to multi-generational households, can be implemented, and is well within the scope and capability of public health professionals.

Those who are not vulnerable should immediately be allowed to resume life as normal. Simple hygiene measures, such as hand washing and staying home when sick should be practiced by everyone to reduce the herd immunity threshold. Schools and universities should be open for in-person teaching. Extracurricular activities, such as sports, should be resumed. Young low-risk adults should work normally, rather than from home. Restaurants and other businesses should open. Arts, music, sport and other cultural activities should resume. People who are more at risk may participate if they wish, while society as a whole enjoys the protection conferred upon the vulnerable by those who have built up herd immunity.”

Among the authors and signers of the “great Barrington Declaration,” are Dr. Martin Kulldorff, professor of medicine at Harvard University, a biostatistician, and epidemiologist with expertise in detecting and monitoring infectious disease outbreaks and vaccine safety evaluations. Dr. Sunetra Gupta, professor at Oxford University, an epidemiologist with expertise in immunology, vaccine development, and mathematical modeling of infectious diseases. Dr. Jay Bhattacharya, professor at Stanford University Medical School, a physician, epidemiologist, health economist, and public health policy expert focusing on infectious diseases and vulnerable populations. Many other co-signers with impressive resumes are listed at the bottom of the declaration.

Ultimately, I share this to highlight that there are thousands of professionals that have expressed concerns regarding the policies that have been implemented not only in Ohio but across the nation and the rest of the world, most of which emulate each other; thereby, signifying the need for S.B. 311.

As you all are aware, S.B. 311 would not prevent the governor or health director from making decision that they deem necessary during a pandemic. It would merely “prohibit the Department of Health (ODH) from issuing a general, mandatory statewide or regional quarantine or isolation order that applies to and is enforced against individuals who have not been either directly exposed to or medically diagnosed with the disease that is the subject of the order.”

It would also allow the General Assembly “to adopt a concurrent resolution to rescind certain ODH orders or rules for preventing the spread of contagious or infectious diseases” whilst ensuring that everyone’s input, including that of experts and the general public are taken into consideration from various well-rounded and informed perspectives, instead of a select few.

What better way to ensure that the lives of every single Ohioan is taken into consideration, than to have the people’s voices, including that of experts and other citizens from all walks of life be heard by our elected officials who have been entrusted with the honor of representing us all? What a notion to have no life undermined and undervalued by being considered less essential than another? What a notion to have everyone’s wellbeing taken into consideration in this process so we can minimize the deaths of despair, abuse, medical neglect, starvation, etc., that have also become prevalent as a result of the governor’s and director’s orders? What a notion to empower each other in ways that honors our bodies and support our God given temple via the various ways in which we can strengthen our immune systems instead of hindering with fear, loneliness, stress and neglect? To have everyone’s life truly and equally be taken into consideration as the most vulnerable, whom we love, cherish and value, SHOULD be considered in these decisions that impact us all, collectively as a State and nation.

We are fortunate to live in a country that has afforded us the opportunity and privileged to make decisions that benefits us all via the checks and balances that include the General Assembly. It is for that reason that I stand here before you as proud American citizen asking you to please vote YES on S.B. 311.

Thank you for your time and consideration. I am happy to answer any questions to the best of my ability.

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