

Testimony of Nadera Lopez-Garrity  
Oppose S.C.R. No. 10  
Health, Human Services and Medicaid Committee  
*February 26, 2020*

Chairman Burke, Vice Chair Huffman, Ranking Minority Member Antonio and honorable members of the Health, Human Services and Medicaid Committee.

Thank you for the opportunity to speak today in opposition of Senate Concurrent Resolution 10. My name is Nadera Lopez-Garrity and I am the mother of a child whose overall wellbeing compels me to be here today. I oppose S.C.R. No. 10 due to concerning proposed rule changes in the Ohio Administrative Code (OAC) 3701-36-05. I particularly oppose the financial incentives to penalize county health departments whose citizens decline a pharmaceutical product and the intention of publicly posting the rates of consuming such biologics, which not only has no bearing on true immunity but such disclosure would be in violation of Ohioans constitutional rights.

The proposed OAC 3701-36-05 rules outlined in paragraph B, section 10, seeks to increase the vaccination rates of children entering kindergarten, seventh and twelfth grades in accordance to section 331.671 of the Revised Code via financial incentives. Financially penalizing county health departments unless they meet such standards will not only lead to coercive tactics that are highly unethical and in violation of the Nuremberg code but fails to address the shortcomings of a practice that is not bullet-proof in neither preventing disease nor promoting good health, both of which the ODH has been entrusted to protect and improve, as they proudly assert in their mission statement.

The scientifically sound realities of primary, secondary and tertiary vaccine failure must be taken into consideration if we are to concern ourselves with the prevention of disease, promotion of good health outcomes and the assurance of “safe and healthy environments.” We recently witnessed this reality last fall when there was an outbreak of *Bordetella pertussis* (whooping cough) in Warren County Ohio. According to the Warren County Health District, 100% of those cases occurred among vaccinated individuals.

A staggering yet not surprising report considering the overwhelming body of peer-reviewed scientific evidence that have revealed the shortcomings of the B. pertussis vaccination program. In August, 2017, the ODH advisory board members failed to take heed of such evidence when a medical professional attended the ODH board members meeting, urging them to inform the public of the fact that when exposed to B. pertussis, vaccinated individuals are capable of contracting and spreading the bacteria unbeknownst to the them, since both the DTap and Tdap inoculations are toxoid vaccines, meaning that it merely attempts to elicit a temporary and limited immunity response against the toxoid released by the bacteria but not the actual pathogen. If primary vaccine failure does not take place upon inoculation, the temporary immunity an individual may amount to the toxoid tends to wain rapidly (secondary vaccine failure). Reportedly the efficacy wears off among 73% of the vaccinated individuals in 1 year and the remaining 34% wears off within 2 to 4 years. Additionally, peer reviewed scientific reports reveal that the genotype strains covered by the whooping cough vaccines have mutated (tertiary vaccine failure), making those who have been vaccinated susceptible to the pathogen and thereby affording them and our community, including those who are immunocompromised, nothing more than a false sense of security.

When presented with the above information that was also reported by the Food and Drug Administration (FDA), the response and sole concern of an ODH advisory board member, who happened to be a practicing physician, was that they did not want to create “smoke” and hinder the consumption of a product that evidently left a lot to be desired. The same physician revealed in that meeting that him and another doctor who had recently administered the DTap vaccine to him, did not know if it was safe for an adult to consume such a product, which is typically given to infants and children who have underdeveloped immune systems. Such revelations do not bode much confidence, right? But I digress.

The same types of failures are observed among other vaccinations, including the MMR vaccine manufactured by Merk, which has also been under litigation in federal court since 2010 on fraud charges, accused by their own virologists of significantly falsifying the efficacy data of the mumps portion of the vaccine by utilizing rabbit DNA. Another alarming fact kept from the public whenever mumps outbreaks occur but one that should be dully noted by anyone, especially departments that are concerned about “protecting individuals from disease” and trying to “assure a safe and healthy environment.” Live virus vaccine shedding from such products and the failure to avoid close association with susceptible high-risk individuals for up to six weeks following inoculation must also be taken into consideration if we are to truly concern ourselves with the prevention of disease and the promotion of a “healthy environment,” instead of financially incentivizing the uptake of these biologics. The Disney outbreak back in 2015, whereby over 38% of the cases were vaccine associated was a good reminder for that fact. Unfortunately they stopped reporting the genotype strain after that incident.

Some suggestions that may help the director of health adopt rules establishing both minimum and optimum achievable standards that would optimize the health of Ohioans include but are not limited to: the introduction of measures that would improve the Vaccine Adverse Event Reporting System (VAERS), which is a passive reporting system that captures less than 1% of adverse reactions, as evident by Harvard Pilgrim Study funded by the Center for Disease Control and Prevention (CDC). Such an initiative would make our State a pioneer in its quest to implement standards that would “protect” people from “disease and injury,” a concern noted in this concurrent resolution. Providing funding opportunities for scientific studies that would address the IOM’s urgency to conduct research to elucidate the factors that place certain people at risk of reactions would also go further in “protecting people from disease and injury.” Titer testing and genotype reporting could provide the information needed to asses measures that would “assure a safe and healthy environment.” The revision of truancy laws and employees’ abilities to abstain from leaving a quarantined environment of their comfort when sick could further prevent the spreading of disease and assure a “safe and healthy environment” for all, including the immunocompromised. We vaccinate for 16 infections, yet are exposed to countless of other pathogens on a daily basis to which no inoculations currently exist, and often times lose sight of what is truly important when it comes to supporting the immune system via the “promotion of healthy lifestyles” that cannot be achieved through standards that are driven by financial incentives.

Last but not least, the proposed OAC 3701-36-05 rules outlined in paragraph C, section 10 would violate our rights in accordance to the Ohio Constitution, which explicitly states in Article I, subsection 21 (A) that “No federal, state, or local law or rule shall compel, directly or indirectly, any person, employer, or health care provider to participate in a health care system.” A healthcare system “means any public or private entity or program whose function or purpose includes the management of, processing of, enrollment of individuals for, or payment for, in full or in part, health care services, health care data, or healthcare information for its participants.” It is unfathomable that such a potentially blatant violation of

Ohioan's constitutional rights have been considered but thankfully we have these checks and balances in place to give our legislative bodies the opportunity to honor and uphold that which is most sacred.

Keeping all the aforementioned in mind, I respectfully urge you to vote NO on S.C.R. No. 10 and prevent the progression of this concurrent resolution. Thank you.

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