

## **SB311 Proponent Testimony**

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Representing Equal Protection for Posterity

Senate Health Human Services and Medicaid Committee

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Chairman Burke, Vice-Chair Huffman, Ranking Member Antonio, and Members of the Senate Health, Human Services and Medicaid Committee,

Thank you so much for this opportunity to provide written testimony regarding SB311. While I have previously testified before this committee as the Ohio Chairperson for Equal Protection for Posterity, my primary position and career is as an infectious disease epidemiologist. I have a tenured faculty position at a well-respected university in Ohio, have studied infectious diseases since 2000, and I have a PhD in epidemiology. I teach an undergraduate course in epidemiology. My views are my own. I hope you will find this expertise valuable in my written testimony.

I am a **proponent of SB311** because I believe that a single, unelected official should not have this much power over the economic and psychosocial well-being of an entire state, and the Ohio Revised Code must be revised in order to prevent this situation from happening again. When news broke of the COVID-19 “pandemic”, I was aghast at the response. I saw the incidence and hospitalization rates being reported around the world, then saw Dr. Amy Acton’s now-infamous “guesstimate” that Ohio would see 100,000 cases of the disease. That remark sent the state into a spiral – businesses and schools, including my university, started making plans immediately to close. That number made no sense because it exceeded numbers seen in larger populations. This was the beginning of a long string of bad projections. As outlined in a white paper released by Health Freedom Ohio<sup>1</sup>, which I helped prepare, the models used by the state were flawed from

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<sup>1</sup> [https://healthfreedomohio.org/News-Views/8962174?fbclid=IwAR1AvhIrOwHEWjy\\_nObbRGedr2b3-XSFmDby5-kHUzM0hOJBaF44yVihQ7s](https://healthfreedomohio.org/News-Views/8962174?fbclid=IwAR1AvhIrOwHEWjy_nObbRGedr2b3-XSFmDby5-kHUzM0hOJBaF44yVihQ7s)

the very beginning. As stated in the online seminar given by the modeler at Ohio State <sup>2</sup>, the projections were highly susceptible to changes in model assumptions, and it was “too early to tell” what the epidemic would look like in Ohio. Additional significant limitations of this model as well as other models used by the state are described within the white paper cited above. And yet, these models were used as the primary motivation behind 8 weeks of orders from the Director of the Ohio Department of Health. By contrast, a model out of the University of Washington had much more optimistic (and as it turns out, more accurate) projections, but those models were disregarded by the Director of ODH and the Governor. In addition to policy being driven by bad model projections, they were perpetuated by inaccurate data reporting, which has been evident in the daily press conferences and noted by the media.

While this sounds as a criticism of a single individual or perhaps small group of leadership, it points to the motivation for SB311. That is, when decisions affecting the economy and well-being of an entire state are being made, they cannot be made by only a single unelected individual or that individual in collaboration with the governor. That is not how a constitutional republic form of government is set up. More importantly, it cannot be reasonably expected that a public health official can also have the expertise to consider economic and other implications. This was well-stated by an internationally-recognized epidemiologist, whose paper was one of the first to describe how initial projections on the potential case fatality rate for COVID-19 were overblown, and there would be wide-ranging other implications of a shutdown <sup>3</sup>. A short emergency order, followed by review by JCRR, would alleviate this concern. Since science is purported to be the basis of policy development in response to a pandemic like COVID-19, JCRR would serve as a “peer-review” board of sorts, which is one of the foundations of science. Such peer-review may have identified the flaws in the original model projections.

I have also been made aware of the **parallel bill, HB 649** <sup>4</sup>, which has some language that would be of interest to include in SB311. Specifically, it is critical that written informed consent be

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<sup>2</sup> <https://video.mbi.ohio-state.edu/video/player/?id=4888&title=Mathematical%20Models%20of%20Epidemics%3A%20Tracking%20Coronavirus%20using%20Dynamic%20Survival%20Analysis>

<sup>3</sup> <https://www.statnews.com/2020/03/17/a-fiasco-in-the-making-as-the-coronavirus-pandemic-takes-hold-we-are-making-decisions-without-reliable-data/>

<sup>4</sup> <https://legiscan.com/OH/text/HB649/id/2186447>

collected from each individual being tested for any condition, including an infection that is the subject of an epidemic or pandemic. Further, if any human genetic data are obtained in the process of testing for a condition, these data must be confidential and are the property of the individual. This is standard in genetic research – genetic data cannot be used without informed consent. If the individual does not take possession of these test results, they should be destroyed.

Please recall your oath of office, that your job is to uphold and defend the Constitution. The Declaration of Independence asserts,

“We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable rights, that among these are life, liberty and the pursuit of happiness. That to secure these rights, governments are instituted among men... “

The state-wide shutdown over COVID-19 has violated that central premise of this nation’s foundation. Those rights have been violated. The government has determined which jobs are “essential”, which feels a lot like communism. Churches have closed, which is a violation of the 1<sup>st</sup> amendment. Countless lives have been affected through job loss, delay in health care, and school closures. As clearly summarized in the Health Freedom Ohio white paper, the epidemiology of this “pandemic” does not justify the immeasurable effect on Ohioans.

Thank you for this opportunity provide testimony. I **strongly encourage you to read the Health Freedom Ohio white paper (reference #1)**, which has a great deal more detail than would be appropriate to include in a written testimony. I would have loved to testify in person so that I could answer any of your questions, and I would welcome any opportunity to discuss these issues further.

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