

Testimony of Michelle Cotterman, RN
President, Health Freedom Ohio
Support Senate Bill 311
Health, Human Services and Medicaid Committee
June 24, 2020

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

Thank you for considering my written testimony in support of Senate Bill 311. My name is Michelle Cotterman. I am a registered nurse, mother, and the president of a non-profit organization, Health Freedom Ohio (HFO). HFO is a grassroots organization made up of Ohioans, many of whom are professionals educated in the fields of science, allopathic medicine, and natural health. Like many Ohioans, our members have been directly and adversely affected by the “stay at home” orders initiated and signed by the Director of the Ohio Department of Health.

In the beginning of this outbreak, we were told that measures needed to be initiated in order to “flatten the curve”. The initiatives never included reducing infections or deaths related to the virus, but rather to spread them out so as not to overwhelm the hospital systems. We were informed by the ODH Director that 100,000 Ohioans were already infected and that we could expect 6,000 to 10,000 new cases per day. Those assumptions and predictions never materialized.

On May 11, 2020, HFO published an article. “Epidemiological Investigation of COVID-19”, where we discussed the strengths and weaknesses of the various epidemic models used by the ODH Director. Ultimately, we found that if a model is to be used for making policy, it needs to use actual observed data, not only parameter values. The inclusion of presumptive cases and deaths into the numbers presented to the media and withholding real-time data, such as current hospitalizations and only reporting cumulative numbers, is misleading.¹

We are concerned that the Director of the ODH and the Governor have tunnel vision and have vastly ignored indirect outcomes of economic and social burden, including deaths resulting from lockdown. The increased stress from economic hardships leading to increased drug overdoses, suicides, domestic violence, and the inability for Ohioans to receive “non-essential” healthcare led to an increase in indirect deaths related to COVID-19.

On May 21, 2020, Association of American Physicians and Surgeons wrote a letter to Vice President Mike Pence, the Chair of the United States Coronavirus Task Force. The letter was signed by hundreds of physicians and medical professionals. In the letter they state:

¹ Health Freedom Ohio. 2020. *Epidemiological Investigation of COVID-19* [PDF File]. Retrieved from <https://healthfreedomohio.org/resources/Documents/Epidemiological%20Investigation%20of%20COVID-19.pdf>

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“Our patients have suffered needlessly in pain and physical decline with disease progression because of short-sighted government edicts to stop all non-emergency care that is unrelated to COVID19. Some patients now face inevitable death because the diagnosis and treatments were delayed too long. Too many of our patients have suffered far more from the psychological, physical, and economic effects of the shutdown of communities and businesses than the direct impact of COVID 19 itself.”²

On June 18th, HFO published another article, “Review of the CDC Report, Excess Deaths During COVID-19 Shutdown”. In this review we find:

“The consequences of imposing statewide social, medical, and economic restrictions in exclusive consideration of a singular diagnosis has significant deleterious consequences on the population as other health and medical needs may not be able to be met under such restrictive circumstances. There have been lasting economic effects on the healthcare system [6]. This is important when considering proposed legislation that might restrict the powers of the Director of the Ohio Department of Health. If the restrictions hadn’t been so strict, much of this could have been avoided. Regular care for individuals with chronic conditions should have been maintained. Nursing homes should have allowed some level of access to patients’ loved ones.”³

We are also concerned with the practice of solely relying on individuals trained in pharmaceutical-based healthcare and medical trade organizations when shaping public health policy. It is an unfortunate situation where financial relationships between these individuals/organizations and the pharmaceutical industry are extensive and corruption rampant.⁴ We believe that it is time for an overhaul of this over -100-year-old law. We would like to see a wider panel of experience included during the decision-making process when it comes to future pandemic response in the state of Ohio. We support SB311 and we hope you will support it, too. Please vote “yes” on SB311.

² Association of American Physicians and Surgeons. 2020. *Letter to Vice President Mike Pence* [PDF File]. Retrieved from

<https://drive.google.com/file/d/1qLidZSYRxeX7olvsL693szBwTiRyDOX7/view?usp=drivesdk>

³ Health Freedom Ohio. 2020. Review of the CDC Report, “Excess Deaths During COVID-19 Shutdown” [PDF File]. Retrieved from

<https://healthfreedomohio.org/resources/Documents/Excess%20Deaths%20During%20COVID%206-17-20.pdf>

⁴ Moynihan, R. (2020). Financial ties between leaders of influential US professional medical associations and industry: cross sectional study. *Bmj*, m1505. doi: 10.1136/bmj.m1505