

SubHB435 Interested Party Testimony

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Representing Equal Protection for Posterity

House Commerce and Labor Committee

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Chairman Stein, Vice-Chair Johnson, Ranking Member Lapore-Hagan, and Members of the House Commerce and Labor Committee,

Thank you so much for this opportunity to provide written interested party testimony regarding HB435. I am the Ohio Chairperson for Equal Protection for Posterity, but perhaps more notably for this bill, 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. I also do work in research ethics. **My views are my own and do not represent the views of my university.**

I fully support legislation that protects medical autonomy. **However, SubHB435 does not achieve that goal.** In this written testimony, I will first describe the aspects of this bill that fall short of protecting the medical autonomy of Ohioans, then I will provide additional justification for protecting medical freedoms in Ohio.

First, and most importantly, this bill as written does nothing to prevent employers from requiring vaccines of their employees. The availability of exemptions does not imply that these exemptions will be granted. Employers are violating the medical privacy of their employees by obtaining information on their vaccination status. Do employers ask about HIV status? Vaccination against other pathogens? Other medical history? Thus, codifying the tracking of vaccine status and exemptions from vaccination into law sets a dangerous precedent. Furthermore, this bill clearly opens the door for vaccine passports, by allowing businesses to

request vaccination documentation from anyone. States like California and New York are already making vaccine passports a reality – is that the model we want for Ohio? Vaccination documentation for going to the grocery store? While that may sound facetious, grocery stores went above and beyond the governor’s earlier mask mandate by requiring masks even of individuals that had medical exemptions from wearing masks. Thus, this bill does nothing to protect the medical autonomy of Ohioans.

Second, this bill carves out specific groups of people, denying them protections under the law. Both medical professionals in children’s hospitals and ICUs, as well as students training for those areas, are specifically excluded. What about nurses that “float” in hospitals? What about students that do clinical rotations? Will they be protected? Not only does this aspect of the bill deny equal protection for all Ohioans, it introduces confusion. On this same note, this only protects workers at their current employers. Again, unequal protection, and confusion.

Third, this is a COVID-19 specific bill. While the legislators may believe that this is the issue of utmost importance, it also necessitates this legislative process to start over when the next pandemic hits. As an infectious disease epidemiologist, not only am I aware that this is not the first pandemic in recent memory (remember H1N1? ¹), I have also had recent conversations with other public health officials, as well reading the scientific literature, of additional “pandemics” that are being predicted. It was also well-documented during the HB 248 proponent testimonies that healthcare workers lost their jobs for not complying with employer mandates for the flu shot... even when individuals had justified medical reasons and religious objections to those mandates. Restricting this bill to only COVID-19 is short-sighted.

Lastly, and importantly, the lack of an emergency clause renders this bill useless². Likely thousands of employees and college students around this state have already been subjected to vaccine mandates. Many have already lost their jobs, and many others are at threat of losing their jobs. Students may have left their universities and/or were removed from their training

¹ <https://www.cdc.gov/flu/pandemic-resources/pandemic-timeline-1930-and-beyond.htm>

² https://www.theohiopressnetwork.com/news/ohio/special-report-ohio-house-bill-435/article_a2a092f6-212e-11ec-9ab0-9f0b5fc6ca55.html?fbclid=IwAR3fle9q0bj5MvSH1jCFOT1vZxFviBvopE0I7BOldOjKgJqEdDWhXQYTI6E#utm_campaign=blox&utm_source=facebook&utm_medium=social

programs due to these mandates. In other words, it is too late for many people. Moreover, there is no clear enforcement in this bill. There are no penalties in cases of discrimination or wrongful termination. In other words, this bill has no teeth.

Now, allow me to reiterate the importance of medical freedom legislation that provides real protections for individuals.

When employers threaten a person's livelihood over their personal decision over whether to take an experimental vaccine (because recall, these are not yet FDA approved), this is both undue influence and coercion. Coercion occurs when an overt or implicit threat of harm is intentionally presented by one person to another in order to obtain compliance. Undue influence, by contrast, often occurs through an offer of an excessive or inappropriate reward or other overture in order to obtain compliance³. These both violate informed consent, a cornerstone of medicine, which should be both voluntary and include a recognition of risks and alternatives⁴. When an employer, service provider, or any such entity requires vaccination or else would deny a job or service, this is both coercion and inducement, and violates informed consent. I recently interviewed a bioethicist on the ethics of vaccine mandates⁵. **I strongly encourage you to read this article**, as it clearly makes the point that these mandates are **unethical and unjustified**:
<https://allinohio.com/the-ethics-of-vaccine-mandates/?fbclid=IwAR0mP5PacSUxtqevTb9OGw3IUuyEXo-W8YgubjVssdSY6dSWm8x3r78sbvk>

There are those that believe that constitutionally protected freedoms should be put aside in the case of a scary pandemic. The above cited interview strongly counters that argument, but allow me to briefly further emphasize a few points. Analyses of case-fatality rate and infection-fatality

³ <https://www.msudenver.edu/irb/guidance/informedconsent/coercionandinfluence/>

⁴ <https://www.ama-assn.org/delivering-care/ethics/informed-consent>

⁵ <https://allinohio.com/the-ethics-of-vaccine-mandates/?fbclid=IwAR0mP5PacSUxtqevTb9OGw3IUuyEXo-W8YgubjVssdSY6dSWm8x3r78sbvk>

rate by both the CDC ⁶ and world-renowned epidemiologists⁷ show the survival rate of COVID-19 is >99% in individuals below 70 years of age, and >95% in individuals greater than 70 years of age. The vast majority of individuals infected with SARS-CoV-2 have relatively mild disease, or are often asymptomatic. This is not to say that individuals have not died from COVID-19, or have had severe cases with potentially long-lasting effects. But, it makes no sense to require a medical procedure on an entire population when the burden of severity is felt by a minority.

Recent studies have shown that COVID-19 vaccine efficacy is waning^{8,9, 10, 11}. Additional studies show that there is no additional benefit of vaccination in individuals who were previously naturally infected ^{12, 13}. Studies also show that the rate of transmission from fully vaccinated individuals is statistically indistinguishable than from unvaccinated individuals ^{14, 15, 16}. While “follow the science” has been the mantra throughout this pandemic, vaccine mandates do not acknowledge these recent scientific developments.

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

⁶ Most recent CDC document now presents in terms of deaths per million, no longer as a percent:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/planning-scenarios.html>

⁷ <https://www.who.int/bulletin/volumes/99/1/20-265892/en/>

⁸ <https://www.nejm.org/doi/full/10.1056/NEJMc2112981>

⁹ <https://www.nbcnews.com/news/world/israel-sees-drop-pfizer-covid-vaccine-protection-still-strong-severe-n1273101>

¹⁰ <https://www.cnn.com/2021/07/23/delta-variant-pfizer-covid-vaccine-39percent-effective-in-israel-prevents-severe-illness.html>

¹¹ https://www.medrxiv.org/content/10.1101/2021.07.29.21261317v1?fbclid=IwAR3fTvClwd1J6i-B2oHJelQzkBQmgt_7uW8LYwmJU7FtABqWjiPozMk895I

¹² <https://www.medrxiv.org/content/10.1101/2021.06.01.21258176v3>

¹³ <https://www.medrxiv.org/content/10.1101/2021.08.24.21262415v1?fbclid=IwAR37gQIFdN8BBpXHMCPxQzFg-8b2y572v55EPl47PqiNvkaUtenIxuRATY>

¹⁴ <https://www.cdc.gov/mmwr/volumes/70/wr/mm7031e2.htm>

¹⁵ <https://www.medrxiv.org/content/10.1101/2021.07.31.21261387v4>

¹⁶ <https://www.ndm.ox.ac.uk/files/coronavirus/covid-19-infection-survey/finalfinalcombinedve20210816.pdf>

and the pursuit of happiness. That to secure these rights, governments are instituted among men... “

Vaccine requirements very clearly violate the above. Some people have lost their lives, or their lives have been forever changed, after taking a vaccine, which was often mandated by their employers. There is a related passage in the Bible:

Romans 3:8 KJV: “And not rather, (as we be slanderously reported, and as some affirm that we say,) Let us do evil, that good may come? whose damnation is just.”

In other words, if there are adverse consequences to vaccines, do we require them “that good may come”? The Apostle Paul says that is “slanderous”.

Thank you for this opportunity provide 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. I implore the committee members to very seriously consider this testimony and how your vote will affect the freedoms of Ohioans.

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