

## Testimony in Support of House Bill 248, May 22, 2021

Chairman Lipps, Vice Chair Holmes, Ranking Member Russo, and Members of the House Health Committee, thank you for the opportunity to provide proponent testimony on House Bill 248.

My name is Michele Coldiron and I am a retired teacher and co-founder of a non-profit religious organization. I support House Bill 248 because my personal impact is one I am sure is experienced by many in the great state of Ohio. I am completely up to date with vaccines, as is my family, but there are many reasons why a person like myself would choose not to take the Covid-19 vaccine. I have experienced pushback from my family, a situation which is quite remarkable given the fact that these vaccines are all Emergency Use Authorization (EUA) only.

1. There is the religious aspect. As a Catholic, I am committed to not helping propagate the culture of death via the indiscriminate use of vaccines created with the use of embryonic stem cells, ESC. There are other avenues of research and production for the development of vaccines, and only by resisting the—I can only guess—easier path of ESC research will these other avenues be able to flourish. Even within the Catholic community there are differing opinions as to what constitutes a grave sin when it comes to these vaccines.
2. These particular vaccines have “Emergency Use Authorization” only. The normally required longitudinal studies to ascertain the safety of the vaccines was forfeited in the rush to get these vaccines to market and stem the perceived crisis of our time. However, a cursory view of historical precedent will show you that this is imprudent.
  - Many drugs are introduced and later taken off the shelf as more knowledge comes to light about adverse effects, thalidomide is an example from my youth. A friend of mine’s mother used the drug in the 1950’s, and she as well as her siblings ended up with abnormal uteri and and she and at least one sibling later developed uterine cancer, in her case, while she was pregnant. We all know the even more severe results of usage of that drug, with children being born with no limbs, for example. It would never have been approved if these side effects were known beforehand and it was removed from market when these effects became known and so far as I know, the requisite safety studies were done beforehand.
  - A recent discussion on vaccine adverse effects with respect to children is available at <https://www.aier.org/article/why-we-must-not-be-forced-into-vaccinating-our-children-from-covid-beware/> In this article, from

paragraph 8 and on, the author discusses side effects of different vaccines, and mind you these are drugs which DID undergo years-long safety testing! In fact, to my knowledge, no vaccine has ever been forced on any population as untested as these mRNA vaccines are. The adenovirus-based vaccines have more history, I understand, but the result of them, the creation of a de novo spike protein in the body of the recipient is the same end point as the mRNA vaccines, and all are potentially harmful (see VAERS discussion below). In fact, in Europe where there seems to be more caution, both adenovirus vaccines have been pulled in various markets for safety reasons.

- A friend of mine's cousin who lives abroad died a week ago after receiving only one of two AstraZeneca CoviShield vaccines. This hits close to home, for sure, and the numbers will only go up.
  - As an example within the more elderly than I population—I am 66—another close friend's parents, both of whom had both doses of the Pfizer vaccine became sick several days after meeting with another son who had had one shot only (the next day he fell sick to the Covid too). His mother's blood sugar spiked to over 500, and after that the virus began to multiply in her body even though she felt no symptoms. Luckily she was already in hospital for the blood sugar (she did not have diabetes previously) and they were able to get the viral load under control with Regeneron. Her husband developed severe headaches and fever, went to hospital and later his oxygen level went down to 78. In their case, it seems the cure was worse than the disease. Of course we won't know because no longitudinal safety study on such a possibility was ever done!
  - And remember mine is only one anecdotal account, I am sure my experience can be multiplied many times over! That is the point of the VAERS system, and it is recording an ever growing number of severe adverse effects as well as death (over four thousand <https://childrenshealthdefense.org/defender/vaers-cdc-adverse-events-covid-vaccines-surpass-200000/>). The numbers are available on the VAERS website and remember these are voluntarily given, and known therefore to be low.
3. Another point, people who have had Covid are not being properly assessed by T-cell testing, and antibody testing has been shown to be not accurate enough to be used as a definitive for all people. The T-cell test, T-Detect, came on the market March 5. Until all people are properly assessed for prior disease there should be no vaccine given, for people with prior exposure to Covid have a much greater risk for serious disease <https://www.medrxiv.org/content/10.1101/2021.01.29.21250653v1.full.pdf>
  4. Which brings me to my own case. I was driving a speaker from Rwanda throughout northern California last February and dropped him off on February 28 near Fresno, CA. The young lady who was helping me worked

with a lady who had died on February 5 of a heart attack it was later determined was due to Covid. My friend got sick February 29 and I got sick mid-March. Both of us were tested negative for antibodies in May (no-one would get near me in those early days). It is known that antibody tests are not conclusive especially when time has passed since recovery. I had health problems I considered significant from mid-March on, and I still have problems in my lower intestine to this day. I actually reached out to T-Detect and began the testing last week, and look forward to knowing if I truly had the disease or not.

5. I ALSO have an auto-immune disease, and although some say that is not a problem other scientists point to studies that it is a red flag for receiving the vaccine as the reaction can be several times worse and perhaps even death. Until questions such as this are ironed out for myself as well as others with conditions like mine, I do not want and no person should be mandated any vaccine whatsoever and certainly not be red-flagged for saying no to an experimental vaccine with no track record of safety.
6. I noted the peculiar lack of desire by media and authorities to support doctors in the front lines of the disease who were working to figure out effective treatment strategies utilizing drugs and techniques on hand. Many were very successful, yet their work has been neglected or vilified no matter how much corroborating data, allowing many people to die needlessly. It is NOT 'vaccine or nothing', there are treatments available! Check out testimony in the TX state senate or flccc.net for example for advice. The work of these doctors and others should be highlighted, not buried, especially knowing now of the growing number of adverse effects and unknown long term safety profile of these new vaccines.
7. Then, as I am sure others have pointed out, it is coming out that the death rate is on a par with a severe flu, year over year. It has probably turned out to be a "learning experience" to put it charitably, in how not to deal with potential bad news when confronted with a situation like this when the pictures out of China and Italy were so scary. Seasoned doctors and researchers at places like Stanford, Harvard, Oxford and more were cautioning prudence but the 'fear horse' was out of the gate...
8. Requiring the vaccine for entry into society only prolongs the fear and distrust associated with everything that has gone on in the past year. If anything we have learned that the CDC is not the last word in scientific knowledge, and that deliberate conversations with eminently qualified professionals with differing opinions should have been entertained from the get go. Instead all has been exacerbated by the deliberate rubbing out, or "canceling" by social media websites and in much of the main stream news media of any opinion differing from the CDC or the WHO, thus giving rise to innumerable conspiracy theories, many of which could have been avoided if only there was more transparency.

The above reasons serve as to why I believe it is wrong to force people to discriminate against those people in the state of Ohio who have chosen, because they have done research or for any other reason, to have to disclose the fact that they have not received the vaccine.

In closing, think of this. If the Covid-19 vaccines worked so well, wouldn't it be only those adults without it that would be at risk and not those already vaccinated?? When measles vaccines are administered, we don't worry about vaccinated people running into measles carriers do we? That is the whole point of the vaccine!

So why are we pushing this vaccination program and requiring proof to enter society? Does it perhaps not confer immunity to the recipient of the vaccine after all? The more one actually thinks about it, the less sense it makes. What are we doing!

Let us stop and think a bit about all of this before adding more injury to insult. There has been way too much fear mongering and chicken-littlism. Showing the good sense to protect those individuals who for above and probably more reasons choose not to be vaccinated from being discriminated against due to vaccine status is the correct and American thing to do and I certainly hope the Vaccine Choice and Anti-Discrimination Act is passed forthwith

Thank you once again for this opportunity to provide testimony on the need for and urgency of House Bill 248.

Sincerely,  
*Michele Coldiron, MS CUNY, MA Stanford*