

Testimony of Donna Jo Kazee
Proponent, House Bill 248
House Health Committee
May 25, 2021

Chair Lipps, Vice Chair Holmes, Ranking Member Russo, and Honorable Members of the Health Committee:

Thank you for this opportunity to provide testimony in support of House Bill 248 (HB 248). I am a former biomedical engineer, mother of two, and advocate for health freedom, consumer rights, and informed consent. I have two children with various medical conditions, some of which are associated with vaccine adverse events. Our son was born with an undetected bowel birth defect, malrotation, and shortly after he received a hepatitis B vaccine, he stopped breastfeeding and became very ill. His bowel had twisted on itself -- a volvulus -- and he lost over 80% of his small intestine. We spent 11 weeks in the NICU, he endured three major bowel surgeries, central line placement, liver failure, and even accidental narcotic overdose.

We were told he had about a 30% chance of making it to his first birthday, and if he did, he would need a small bowel and liver transplant by age two. The odds were so stacked against him that when he went into liver failure and I asked to try a newly discovered therapy, I was told by a team of neonatologists and surgeons that the kindest thing was probably to let him die. Key to his survival was keeping him from getting sick, as his extreme short gut left him with secondary immunodeficiency. Like many mothers of immunocompromised kids, I spent those first weeks and months fighting all germs – real and perceived. Everything was sanitized, visitors were screened for signs of illness, outings were cut short if someone seemed sick, and our baby was watched constantly for any symptoms so that we could seek intervention as soon as possible.

The relatively recent argument has been that everyone else should be vaccinated to protect those immunocompromised individuals because they cannot be vaccinated. First, it should be realized that many immunocompromised individuals are partially or fully vaccinated^[i], at most skipping the live-virus vaccines, and some experienced vaccine injuries that caused or contributed to their immune issues^[ii]. One of the most heartbreaking advocacy calls I got was from the mother of a kid awaiting transplant who was being told he must be caught up on vaccines.^{[iii][iv]} The hospital immunologist was only exempting him from the few vaccines he had received and reacted to as an infant. The child's own fears and his mother's concerns to be cautious were secondary to the medical team's demands. **How is it that we have gone from patient-centered, individualized medicine to one-size-fits-all and doctor-knows-best-or-else?**

Because vaccines are tested and approved via healthy subjects, it is unknown what the effects will be on the larger, sicker population until they are released. As a doctor friend of mine says, “Nobody should die from preventive medicine.” Balancing risks and benefits is a challenging process that should be done for each individual. **How could I, nearly losing a child to a vaccine injury and dealing with his lifelong disability, ask another parent to take that risk? Whose life is more valuable?**

Second, some vaccines shed. Prior to the 2015 Disneyland measles outbreak, Johns Hopkins had posted visitor guidelines for immunocompromised patients that excluded those recently vaccinated with live-virus vaccines.^[v] The risk was well-known and accepted. After a great deal of attention to the signs and printed guidelines, Johns Hopkins removed the live-vaccine reference (see Figure 1). St. Jude still has the live-vaccine precautions in the cancer^[vi] and transplant^[vii] patient care guidelines. **Is it more important to convey a real risk or to preserve a narrative?**

Third, vaccines can and do fail, which is why we have boosters. We do not titer check routinely, so there is no way of knowing who is theoretically protected. If vaccines conferred a magic bubble of protection around the vaccinated individual – and they don’t because you can still transmit some infections by contact – then it would be important to know how many people were actually immune. Merck was sued by two researchers who alleged fraud with the efficacy data in the mumps portion of the MMR vaccine^{[viii][ix]}, but the trial outcome was private^[x]. The mumps outbreak on the USS Fort McHenry among fully vaccinated crew showed the world that vaccine failure is a reality.^{[xi][xii]} **How are vaccinated people less of a threat then?**

Finally, vaccines may mask symptoms and contribute to outbreaks via asymptomatic spread and increased susceptibility. Pertussis-vaccinated individuals can carry the infection and spread it to others – which drives the whooping cough outbreaks in highly vaccinated communities.^{[xiii][xiv][xv][xvi]} Studies have shown that flu-vaccinated people can get the virus and shed it via passive respiration at a rate 6.3 times that of unvaccinated people with flu.^[xvii] A very recent Pentagon study showed that flu-vaccinated individuals are at higher risk for noninfluenza respiratory infections, including coronaviruses^[xviii], and another study indicated consecutive annual flu vaccination decreased effectiveness^[xix]. All of these situations mean that people who have been told they are protected and safe can unknowingly

put immunocompromised people at significant risk. **Why is it acceptable to demand testing and restrictions for people who decline vaccination and to ignore blatant issues with transmission by the vaccinated?**

A few years ago, there was a picture circulating of an immunocompromised girl receiving immunoglobulin therapy after being exposed to chicken pox. The mother posted a follow-up as well, after people asked whether the person who had chicken pox had been recently vaccinated. The mother said it did not matter.

One of the main arguments for vaccinating EVERYONE is to protect the immunocompromised children and adults who, in some cases, can't be vaccinated. The VARIVAX insert itself warns that vaccinated individuals should stay away from immunocompromised individuals for SIX WEEKS!^[xx] **Where is the outrage over all the recently vaccinated kids who are in school, child care, and the community at large? Where is the abundance of precaution and demand for knowing the actual risks?**

Having a child with secondary immunodeficiency, I can tell you that when he did go to school, it was the very obviously sick (and mostly vaccinated) children who made him ill. Kids whose parents believed that, since they had their shots, they were safe. Kids who came to school symptomatic with fever, vomiting, diarrhea, and cough/nasal discharge. Kids with Coxsackie virus, colds, conjunctivitis, flu despite being vaccinated, noninfluenza respiratory illness, strep throat, and others.

The lesson to me was that all symptomatic kids should remain home to prevent the spread of illness – vaccinated or not! It also taught me that I had virtually ZERO control over my child's exposures. The onus was on me in terms of where I allowed him to go because the reality is sick people are everywhere, and vaccination does not prevent transmission.

Some people compare vaccination to following allergy-safe protocols. Skipping a peanut butter sandwich at school never hurt anyone. Washing hands, staying home when symptomatic, building healthy immune systems, focusing on real health outcomes rather than pharmaceutical uptake – all of these carry no risk to the individual and help prevent harm to some vulnerable people. However, vaccination carries serious risks including death, vaccine manufacturers are exempt from liability and therefore less motivated to produce safer and more effective products especially in light of forced consumption, and vaccine safety data collection and analysis is largely driven by a passive reporting system with no incentives or penalties. **How can we mandate and coerce a product under those conditions, when it is estimated that only between 1 and 10% of vaccine adverse events are being captured^[xxi]? How can we bully and penalize individuals, taking away civil rights,**

when we do not hold this data collection to the highest standards – knowing that people are risking their very lives?

I urge each of you to vote YES for HB 248 to affirm our inherent rights to life, liberty, and the pursuit of happiness; to reinforce the concept of medical freedom as found in the Ohio Constitution; and to align with patient rights to full informed consent as defined in the Nuremburg Code, the Universal Declaration of Bioethics and Human Rights, and medical ethics. There is risk, and there must be choice. I am happy to answer any questions you have.

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The Johns Hopkins Hospital Patient Information

Original Date 9/05
Oncology Revised/ Reviewed 3/15

Care at Home for the Immunocompromised Patient

- Hand washing is the **best way** to prevent infection.
- Carry hand sanitizer with you at all times.
- Wash with soap and water or hand sanitizer
 - before and after you use the bathroom
 - before and after preparing or eating food
 - after touching pets or animals
 - after contact with someone who has an infection such as a cold or the flu
 - after touching surfaces in public areas (such as elevator buttons, handrails and gas pumps)
- Wear an N95 respirator mask when you travel to and from the hospital, when you are in the hospital, within two football fields of construction or digging, and in any public place.
- Tell friends and family who are sick not to visit. It may be a good idea to have visitors call you first.
- Do not take aspirin or aspirin-like products (such as Advil™, Motrin™ or Excedrin™) unless told by your doctor.
- You should wear a medical alert bracelet that identifies you as a cancer patient or bone marrow transplant patient at risk for bleeding or infection.
- **Keep a current medication list with you at all times.**
- Do not take any herbal products.
- Avoid grapefruit juice, which interacts with many medications.

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Oncology Revised/ Reviewed 6/12

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 - after contact with someone who has an infection such as a cold or the flu
 - after touching surfaces in public areas (such as elevator buttons, handrails and gas pumps)
- Wear an N95 respirator mask when you travel to and from the hospital, when you are in the hospital, within two football fields of construction or digging, and in any public place.
- Tell friends and family who are sick, or have recently had live vaccine (such as chicken pox, measles, rubella, intranasal influenza, polio or smallpox) not to visit.
- It may be a good idea to have visitors call first.
- Avoid contact with children who were recently vaccinated.
- Do not take aspirin or aspirin-like products (such as Advil™, Motrin™ or Excedrin™) unless told by your doctor.
- You should wear a medical alert bracelet that identifies you as a cancer patient or bone marrow transplant patient at risk for bleeding or infection.
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funny thing how 3/2015 brings a slight change

Figure 1

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- [i] <https://physiciansforinformedconsent.org/immunocompromised-schoolchildren/rgis/?fbclid=IwAR2vOEVjUK6k2welp7qbs3cj7GRBk0ZSFuYbD3hg8Af9PUZsNIOKT7Tiqk>
- [ii] <https://www.hrsa.gov/sites/default/files/vaccinecompensation/vaccineinjurytable.pdf>
- [iii] <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6962534/>
- [iv] <https://www.chop.edu/news/vaccines-and-solid-organ-transplants-what-you-should-know>
- [v] https://www.hopkinsmedicine.org/kimmel_cancer_center/patient_and_family_services/patient_information/docs/Patient-Guide-Weinberg.pdf
- [vi] https://www.stjude.org/content/dam/en_US/shared/www/patient-support/st-jude-family-guide.pdf
- [vii] <https://www.stjude.org/treatment/patient-resources/caregiver-resources/patient-family-education-sheets/bone-marrow-stem-cell-transplant/transplant-unit-guidelines.html>
- [viii] <https://www.wsj.com/articles/BL-270B-613>
- [ix] <https://www.kellergrover.com/cases/whistleblower-actions/active-cases-whistleblower-actions/united-states-ex-rel-krahling-and-wlochowski-v-merck-co/>
- [x] <https://www.docketbird.com/court-documents/United-States-of-America-et-al-v-Merck-Co/ORDER-THAT-DEFENDANT-MERCK-SHARP-DOHME-CORP-MAY-ORDER-A-ND-OBTAIN-A-COPY-OF-THE-UNDER-SEAL-TRANSCRIPT-OF-THE-ORAL-ARGUMENT-HELD-ON-6-17-2019-SIGNED-BY-HONORABLE-C-DARNELL-JONES-II-ON-7-1-2019-7-2-2019-ENTERED-AND-COPIES-MAILED-AND-E-MAILED-amas/paed-2:2010-cv-04374-00258>
- [xi] <https://www.cnn.com/2019/03/13/politics/us-warship-quarantined-virus>
- [xii] <https://pubmed.ncbi.nlm.nih.gov/8041479/>
- [xiii] <http://www.pnas.org/content/111/2/787.full.pdf>
- [xiv] <https://www.ncbi.nlm.nih.gov/pubmed/26103968/>
- [xv] <https://www.bu.edu/sph/news/articles/2017/resurgence-of-whooping-cough-may-owe-to-vaccines-inability-to-prevent-infections/?fbclid=IwAR2IjmLqCHQyz9U1WywZQSIsv97jvJHTwqriTsj9HQBIfquaYqHxR68Pe3Fg>
- [xvi] <https://pubmed.ncbi.nlm.nih.gov/30793754/>
- [xvii] <https://www.pnas.org/content/pnas/early/2018/01/17/1716561115.full.pdf?fbclid=IwAR3jba0JWNWnbiZ8H4nRvNMgqafCqygwNSIAq8nXSGt0g7gHfxsh9i4VS44>
- [xviii] <https://www.sciencedirect.com/science/article/pii/S0264410X19313647>
- [xix] <https://www.ncbi.nlm.nih.gov/m/pubmed/23413420/>
- [xx] <https://www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM142812.pdf>
- [xxi] <https://digital.ahrq.gov/ahrq-funded-projects/electronic-support-public-health-vaccine-adverse-event-reporting-system>