Proponent Testimony
HB 248

To: The Health Committee

Submitted by: Janet Levatin, MD

May, 2021

I have been a pediatrician since 1982, and I have worked in many health care settings in New Jersey, Massachusetts, and for the last 10 years, Ohio. I have worked in emergency rooms, publicly funded neighborhood health centers, acute care clinics, my own solo private practice, and multi-specialty practices. I have treated patients with a wide variety of acute and chronic conditions.

Over the years, gradually, I have witnessed the set of procedures know as vaccination go from a somewhat casually recommended measure to the inappropriately forced procedure that it is today.

I was in practice in the 1980s when the 1986 federal National Childhood Vaccine Injury Act (NCVIA) was passed. It was "needed" because there were so many bad reactions to vaccines and so many resulting expensive lawsuits that pharmaceutical companies were going to stop producing vaccines; it was becoming unprofitable for them. The 1986 act, however, gave pharmaceutical companies and doctors who administer vaccines liability so there was no down side to ramping up the vaccine schedule. No down side to the Pharma and the medical profession, that is.

With no liability to worry about, the pharmaceutical companies, the government agencies and professional organizations, working together (and often with glaring conflicts of interest) have increased the pediatric schedule from the seven vaccines that were used up to the mid 1980s (polio, measles, mumps, rubella, tetanus, diphtheria, pertussis) to what we have today (add to the list above, Hepatitis B, hepatitis A, hemophilus influenza B, pneumococcus, varicella, human papilloma virus, influenza, secondary influenza some years, meningococcal, and rotavirus).

The adult "schedule" has also increased. Any vaccine that is on the pediatric schedule is also free of liability when given to adults, so we now see recommendations for adults to get flu vaccines and pneumococcal vaccines. They are told update their tetanus-diphtheria-pertussis and MMR shots.

Those producing and administering these injections have no stake in seeing that they are safe. Thus there are multiple problems with how vaccines are produced. True inert placebos are not used; instead new vaccines are frequently trialed agains other vaccines or the adjuvants contained in the vaccine being developed. This obscures the differences that would be found between the test and "placebo" groups. During the production trials, often the observation period during which side effects are noted is ridiculously short and/or the number of subjects studied is inappropriately low or lacking in diversity. But then of course the vaccine is recommended for everyone without exception. There is a systemic denial that later side effects of vaccines are attributable to the causative agent. Thus autoimmune, neurological, or other problems that arise weeks or months after injections are not attributed to the true cause.

Now we have COVID-19 vaccines that were brought to market at "warp speed," are not FDA approved, have no liability, and have poor efficacy and increasingly obvious negative side-effect profiles.

With all of these factors at play, it is unconscionable that *anyone*, child or adult, is required to take vaccines or suffer sanctions or consequences such as termination of employment or denial of school entry.

Vaccination is, at its heart, a set of elective procedures. No vaccine is a treatment for an illness. There is no reason a vaccine has to be given on any particular day, or ever. There should be NO pressure to consent to vaccination. It should be a procedure that is chosen or declined by a person for him or herself or for one's children, after true and thorough informed consent.

For these reasons I support HB 248. Let's make Ohio a place people want to stay or move to…. not a place that people are fleeing to move somewhere where freedom of choice in medical decision making is respected and embraced.

Respectfully submitted,

Janet Levatin, MD