

June 2, 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 Sarah Arend and I currently work in administration in a health care system with locations in Ohio and until last fall, provided wellness/health education and community outreach programming for a very large health system in northeast Ohio (until all of those things stopped being provided).

I am very concerned with the direction we (Ohio and our country) are rapidly moving in with regards to mandating the COVID 19 vaccine. My name may sound familiar to some of you, as I've called all of your offices regularly on my way to or home from work to encourage support for this particular bill.

The healthcare system I work for recently released their current policy on masking, which includes statements allowing very different standards for vaccinated versus unvaccinated healthcare workers. Healthcare workers who have been working as one team, shoulder to shoulder during the entire pandemic are now being encouraged to ostracize approximately one-half of their teammates in an effort to make things so uncomfortable, those choosing not to vaccinate will break down and get it anyway to avoid what's ahead for those who don't.

Please see an excerpt below from an email I sent yesterday (6/1/21) to a contact in our legal department. Very shortly thereafter, I received a phone call and was advised to "just ride it out. Most likely we'll be required to vaccinate and this will be a non-issue."

"In the policy under Procedure, in #3.d., it states, "For scheduled meetings, the organizer may limit in-person attendance to fully vaccinated individuals as long as a remote meeting alternative is offered."

I feel like there's an opportunity for improvement in this particular verbiage. "Separate but equal" didn't end well for anyone. As a litmus test, if a particular race, class or ethnic group were inserted into the statement in place of "fully vaccinated individuals" and it doesn't pass the cringe test, it potentially may not age well (especially considering the culture of judging things in current context – which we can't anticipate – versus the context of the environment at the time the statement/policy was made.

Finally, the last statement under Procedure - #4. Harassment of HCP [healthcare providers] based on vaccination status is prohibited." While obviously necessary, rings hollow following the statements in #3 that facilitate a two-class system (based on vaccination status) and a potentially hostile work environment (again based on vaccination status) between our caregivers who have up-to-now, worked side by side the entire pandemic.

If I'm at a meeting and we know Suzy is the only one unvaccinated and we all have to mask up because of Suzy, Suzy absolutely feels all the peer pressure and frustration being directed at her by meeting attendants because of her status. Again, I feel like it would be wise to be cautious with our verbiage and messaging (much like the gathering of COVID data that we're doing in anticipation of future litigation) and consider ways to unify the staff as opposed to dividing them.

It is absolutely imperative that we pass HB248. The pressure to take a vaccination that has been authorized for emergency use only is alarming. Policies making it uncomfortable for those choosing not to vaccinate are being implemented in an effort to unofficially "encourage" vaccination. Within my small circle of vaccinated peers, one experienced extreme vertigo with vomiting, one had extreme joint pain and inflamed lymph nodes (and sought testing for cancer just in case), one had mild flu symptoms and one had a grandmother who received the vaccination, reacted with a cytokine storm and recently passed away.

With risk there must be choice. With vaccine manufacturers bearing no responsibility for adverse events (nor the lawmakers pushing for mandates), the individual and their families are left to deal with the "new normal" post adverse event. Personally having a healthy husband with no risk factors who suffered a large stroke post mandated flu shot, the meaning of "informed consent" includes the understanding that when you agree to take a vaccine if/when an adverse reaction occurs, YOU are left to deal with the outcome and "normal" is never actually normal again.

Thank you for considering my testimony. Should you have any questions or wish to discuss further, please do not hesitate to contact me.

Kindest regards,

A handwritten signature in cursive script that reads "Sarah Arend".

Sarah Arend