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TO: Chairman Lipps, Vice Chair Holmes, Ranking Member Russo, and
Members of the House Health Committee

My name is Dr. Sherri Tenpenny. I have been a practicing physician in the state of Ohio since 1985. I have spent the last nearly 21 years specifically researching vaccine adverse events and evaluating the risk:benefit analysis between natural infection versus vaccination. **I am testifying today in favor of HB 248** which will allow all Ohioans to have a clear choice of what they want to have injected into their body without fear of reprimands, repeated aggressive and unnecessary testing, and/or loss of employment.

Coronaviruses have been identified and in circulation for at least 60 years. There are thirty known coronaviruses, with four "garden variety" coronaviruses in circulation that can infect humans. These coronavirus strains account for up to 20% of annual influenza-like illness. The possibility of a person being exposed to, and even contracting illness, from a coronavirus is probably close to 100% in their lifetime.

The first exposure and/or infection by coronavirus generates what is known as "antigenic priming." This allows for natural immunity to the virus throughout most of a person's lifetime. Infection and innate immunity caused by one coronavirus give some level of cross-over protection to other strains. Therefore, the majority of people across the state have a level of natural immunity prior to vaccination.

In fact, ongoing testing of HEALTHY persons only serves to inflate the number of positive "cases". And, if these persons are completely well, this only demonstrates a past exposure to a coronavirus and documents natural immunity.

According to WHO and NIH, nearly 99% of people recovered from SARS-CoV-2 show detectable antibodies for at least 8 months after recovery and the risk reinfection is less than 0.03%. Since SARS-CoV-2 is at least 85% similar to SARS-CoV-1, it is likely this protection could even be lifelong.

Many highly credentialed medical doctors are speaking out, including **Dr. Peter McCollough**, (internist, cardiologist, and epidemiologist), **Dr. Ryan Cole** (pathologist) and **Dr. Michael Yeadon**, Pfizer's former Vice President and Chief Scientist who worked for Pfizer for 32 years in Allergy & Respiratory medication research division.

Dr. Bryam Bridle, Associate Professor of Viral Immunology at the University of Guelph in Canada, boldly declared *this week* that the spike protein created by all of the currently available US COVID-19 shots DOES cause serious health concerns, including but not limited to:

- thromboembolism (blood clots) that can lead to myocardial infarction, deep venous thrombosis (clots in legs), strokes and cerebral venous thrombosis (clots in the brain)
- pulmonary artery hypertension (typically fatal within 3 years, irrespective of treatment)
- protein anomalies in the brain, leading to ALS, dementia and cancer

I have identified TWENTY mechanisms of injury – how the covid shots WILL make you sick and possibly kill you. I have provided a copy of my eBook for each of you. If you go to www.DrTenpenny.com – you can also download a 2-page form that HYPERLINKS where you can read each of the studies for yourself.

According to the CDC, COVID-19 was the only cause mentioned on the death certificate for 6% of deaths. All other deaths had at least four additional co-morbidities listed as the cause of death. Why is it that when there are multiple confounding factors for death, COVID is the cause, and yet, if a death occurs after a vaccine, the death is caused by anything other than the vaccine?

Millions have decided they do NOT want these experimental injections in their body. The manufacturers clearly state that these shots **do not prevent COVID**; they may reduced symptoms, but they do not prevent infection, prevent transmission, or reduce mortality.

For those who have learned about the side effects of these products AND want to avoid these shots, **they MUST be allowed to do their own risk vs benefit analysis and have that choice.**


Further concerns for the future include a pipeline of >160 more COVID SHOTS [<https://www.nytimes.com/interactive/2020/science/coronavirus-vaccine-tracker.html>] and there are hundreds more for non-covid infections in the pipeline. This bill is not only about COVID, but about compulsory medical interventions that may be required in the years to come. If this starts now, **where does it end?**

If this bill is NOT passed, then every one of you on this committee will have blood on your hands if anyone in Ohio is injured or killed due by being forced to take these injections.

It is **YOUR JOB** to preserve freedom and personal autonomy. Please DON'T shuffle the responsibility to employers and hang them out to dry in front of OSHA and EEOC.

PASS THIS BILL and protect everyone in Ohio...including business owners. Please vote YES on HB 248.

Thank you for the opportunity to provide testimony and facts to support the passage of HB248. I'm happy to take questions now, by email or by cell phone as necessary. (cell is the best way to reach me)


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