

OH HOR Testimony in Support of HB 319
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Chairman Cutrona, Vice Chair Gross, and Members of the House Health Provider Services Committee, thank you for hearing my support testimony for HB 319, “The Conscientious Right to Refuse Act”.

I am a military chaplain and local pastor who was medically retired on June 3 after 28 years and 30 days of service to my country. During my Ohio Air National Guard career, I served over 1000 days overseas in Afghanistan, Israel, Germany, Saudi Arabia, and most recently for five years at Hickam Airbase, Hawaii. During the vaccine mandate, I served on the Commanding General’s staff in the Office of the Command Chaplain at Pacific Air Forces. From my informed vantage point as both a critical participant in the Religious Accommodation process, and as one of the individuals likely injured by the vaccine, too many senior leaders across the Department of Defense were willfully ignorant, culpably lazy, or outright dishonest in unlawfully denying religious accommodation requests. While my testimony reflects my experience within the DoD, conversations with numerous civilian friends in Ohio reflect the same themes and tensions in the private sector.

When Secretary of Defense Lloyd Austin issued the “Mandatory Coronavirus Disease 2019 Vaccination of Department of Defense Members” on August 24, 2021, thousands of service members anxiously observing the vaccine rollout began applying for Religious Accommodation as the legally prescribed means of protecting their First Amendment right to freedom of religious conscience. Secretary Austin’s memo forced observant military members to wrestle with several matters of conscience: 1) Will this novel vaccine cause harm or offer protection? 2) Were the processes used to manufacture this vaccine moral and ethical? 3) If it is harmful and unethically produced, how does taking it impact my standing before God? and, 4) Given the previous questions, can the order itself be a moral order?

Of the more than 36,000 waivers sought during the COVID-19 vaccine mandate from August 24, 2021 until it was rescinded on January 10, 2023, the Army approved 6.04%, the Air and Space Force 2.31%, the Navy 1.02%, the Marines 0.52%, and the Coast Guard 0.29%. How is it possible that so few requests were approved when something so great as members' Constitutionally protected religious rights were at stake? Or, conversely, how could leaders justify seemingly blanket disapprovals when each request was meant to be handled individually on its merits? Commanders obviously concluded that failure to comply with the mandatory vaccine had "a real (not theoretical) adverse impact on military readiness, unit cohesion, good order, discipline, health or safety," but is this really the case?

From 1980-2022, the US military averaged 256 deaths by illness per year, according to the Defense Casualty Analysis System; however, there is NO increase in deaths by illness during the occurrence of COVID-19. The theoretical threats upon which commanders initially based their decisions did not materialize. The virus was less deadly than expected, service members were typically not in the threatened demographic, and the services adapted with virtual tools, risk-informed decision making, telework, shiftwork, robust sanitary procedures, and other creative solutions to mitigate the COVID-19 threat and remain mission effective and resilient. Commanders were willing to sacrifice the religious freedom of members based on the advice of experts within the medical field who yielded to an apocalyptic narrative accompanied by draconian prohibitions that proved to be harmful.

During this time, I was required to receive the COVID-19 vaccination. My job involved extensive travel and building strategic relationships with the Chaplain Corps and civilian religious leaders of countries throughout the Pacific Area of Operations. Though reticent to be vaccinated due to distrust of the science, I wanted to continue the vital effort of strategic religious engagement in the Pacific and reasoned away my objections. Before vaccination, I

easily passed a physical fitness test in 2020. After vaccination in 2021, I experienced a series of illnesses indicative of a failing immune system—paronychia, shingles, and pneumonia. For each illness, I sought treatment at Tripler Army Medical Center on Oahu; however, many of the symptoms persisted in 2022, and I simply thought these were the lingering side effects of pneumonia.

Further physical degradation and later blood tests determined the need for dialysis and a blood transfusion. This was shocking. A five-day hospital stay (the first in my life) resulted in a diagnosis of Multiple Myeloma Stage Three. Extensive chemotherapy began immediately, which was followed by a stem cell transplant. Since recovering from the transplant, I have been on maintenance chemotherapy that will continue the rest of my life expectancy, which is now shortened considerably.

Determining causality is a subject never far from one's mind after a terminal diagnosis. According to my oncologist, bloodwork from 2018 shows no abnormalities indicative of an onset of Multiple Myeloma. The growing number of adverse events related to the vaccine and the unknown effects of the mRNA spike protein on the immune system have led me to a conviction the vaccine compromised my immune system leading to Multiple Myeloma. The burden of proof is not on me to prove that my condition is definitively caused by the vaccine. The fact is, there is a temporal correlation between my vaccination and disease diagnosis. It is grievous to think that the country I love and serve may be responsible for my shortened life, but it is the reality I face.

A leadership failure of this magnitude and mandating a mass vaccination of US military members with an untested vaccine must never occur again. Denying citizen's their First Amendment Rights to Freedom of Religion must never occur again. HB 319 is a bulwark in a line of defense on behalf of the citizens of Ohio toward that goal. Therefore, I urge the Committee to vote YES on HB 319.