

Chairman Lipps, Vice Chairman Holmes and Ranking Member Russo. I am Dr. Elizabeth Laffay. I'm a practicing physician. I see patients one by one. I do my best job every day to listen to and educate my patients, who are sometimes disclosing information about themselves or showing me physical symptoms that they have not shared with anyone else. That relationship is intimate and personal. Have you ever been to the doctor? Can you imagine yourself vulnerable in an exam room? Now imagine there is a government official in the room with us, or your boss, weighing in on how you should care for yourself based on their opinions and needs. Significant decision making arises from these personal conversations: options regarding how best to handle your own health including disease prevention and processes. This is informed consent.

In order to make an informed decision, you need to have facts. In our current culture, we have not been afforded all of the facts. Scientific discussion is being censored to a level that it is not being allowed. We have been heavily directed by misleading propaganda (i.e.) bold statements about how these injections can stop spread and prevent infection in the injected individual though this has not been proven and there is real time evidence to the contrary. We have been largely kept from seeing all of the consequences that these injections have been clearly, though quietly, associated with including neurological damage, convulsions, illness, death, continued spread and contraction of the disease (i.e.) according to VAERS, a passive and notoriously underutilized reporting system, there had been nearly 4,000 deaths and 11,000 hospitalizations through April 30th. To put this into perspective since we don't have the denominator representing injected persons, the rotavirus vaccine was pulled from the market in 1999 for 15 cases of intussusception, where the gut telescopes on itself, which is not even always life threatening. Having this information as readily as being told everything is "safe and effective" would and should weigh heavily into an individual's own risk assessment during decision making.

As a patient, I am a doctor's dream. I am healthy. I choose to live in a way that supports my immune system by taking vitamins, eating whole foods, moving my body, actively decompressing stress and spending time with family, friends and in nature. Given this work that I put into my health, it might make sense for me to decide to rely on my own immunity. It is not my responsibility to put the health of the greater good before the health of myself as an individual, though it is my decision to make. MAYBE you are a patient who is immunocompromised for an uncontrollable reason and consequently unable to rely on your own immune system as readily. Your risk benefit ratio looks completely different than mine and you may choose to decide, knowing all of the facts, that an injection is less of a risk for your own situation than the illness and therefore choose the injection. As a patient, you have that right.

I will not accept the idea that my right to make medical decisions in my own best interest is less important than another patient's right to make theirs. The constitution was not set to protect the rights of certain populations. It was based on protecting our rights as individuals. As legislators, it is your duty to insure those rights remain intact.

It has always been our right to weigh a decision regarding a medical treatment or therapeutic based on our own individual risk assessment. Autonomy. Informed consent. These are the founding principles of ethical medicine.

When did it become an employer or university's right to make these decisions FOR us? When did my health become their responsibility? And to that end, since when do they even have the right to know what medical choices I have made?

Ohioans need the vaccine choice and discrimination protections included in HB 248. I strongly urge the committee members to vote YES on this vital legislation.

Thank you and I am happy to take questions.