

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

Thank you for the opportunity to provide proponent testimony for Sub HB 248. I am a family nurse practitioner with over 15 years experience in healthcare, including 8 years in critical care. I am here as a concerned citizen to advocate for bodily autonomy and freedom for Ohioans. Previously, I emailed members of this committee a personal narrative of why this bill is important to me.

I would like to begin with some facts and background regarding vaccine risk, quoted from the CDC:

- “no vaccine is actually 100% safe or effective for everyone because each person’s body reacts to vaccines differently.”
- “Congress passed the National Childhood Vaccine Injury Act (NCVIA) in 1986”
- “The NCVIA established a committee from the Institute of Medicine (IOM) to review the literature on vaccine reactions. This group concluded that there are limitations in our knowledge of the risks associated with vaccines... the IOM identified the following problems:
 1. Limited understanding of biological processes that underlie adverse events.
 2. Incomplete and inconsistent information from individual reports.
 3. Poorly constructed research studies (not enough people enrolled for the period of time).
 4. Inadequate systems to track vaccine side effects.
 5. Few experimental studies were published in the medical literature.”
- “Rare side effects and delayed reactions might not be evident until the vaccine is administered to millions of people... the federal government established the Vaccine Adverse Event Reporting System (VAERS)... to monitor adverse events following vaccination.” (CDC, 2020).
- “VAERS accepts and analyzes reports of possible health problems... If it looks as though a vaccine might be causing a problem, FDA and CDC will investigate further and take action if needed.” (CDC, April, 2021).

Since inception of VAERS, 8,028 petitions for injury were determined to be compensable and total compensation is approximately \$4.5 billion. (Health Resources & Services Administration HRSA, 2021). While that may not sound like a lot of people, when a person suffers a life altering injury, it does not matter how rare it may be- it is significant and life altering.

I have concern about annual vaccinations. Vaccines given more frequent will hold higher incidence of adverse effects. This is well documented in VAERS. Influenza vaccine was added to the adult vaccination schedule in 2005. Over half of the compensated injury petitions were from Influenza vaccine- 4,104. The second highest adverse effect had 1,273 cases compensated. (CDC, April, 2021). I include this data to note that Influenza vaccination, by far, had the highest number of injury claims and compensation. This concerns me to require a flu shot annually.

I know 3 women who were hospitalized within 2 weeks of a covid-19 vaccine. One seen in the emergency department and diagnosed with an enlarged heart- which she did not have before. One was admitted into critical care positive for covid. She was not ill for over a year during the pandemic, until after receiving the vaccine. She was hospitalized for a week, and was able to recover and discharge

home. Another, not so lucky. She was in critical care in a coma for over 6 weeks. She has survived, but is still hospitalized and will never be the same. I cannot, and will not, ignore the risk that I am seeing with my own eyes. The risks appear to be potentially significant.

Per the CDC, there have been 4,647 reports of death related to Covid-19 vaccines. (CDC, May, 2021). The same webpage states a review of these cases has not established a causal link to the vaccine. This leads me to question the credibility of the CDC. Historically, there have been many safety concerns with vaccines. For example, a rotavirus vaccine RotaShield was pulled off the market in 1999 based on 15 VAERS reports of intussusception in infants. (CDC, 1999). VAERS was used appropriately to identify a safety concern and protect the public. But now, we have over 4,600 reports of death after covid vaccines and it is somehow immediately dismissed. What is happening? Rather than taking a pause- governmental agency has now expanded use to children, and may be recommending a booster dose in the fall. This is absolutely unacceptable. What is further unacceptable, is mandating someone to take this product into their body.

During sponsor testimony, I heard many questions about how to support this bill and simultaneously protect people who are immunocompromised or unable to take a vaccine. I appreciate this concern. I would like to offer a suggestion for reasonable accommodation. Employers are equipped to do this, in the same way that they provide accommodations for an employee with a disability or for religion. In a hospital or medical facility, most healthcare personnel would take a vaccine, and vaccinated staff could provide care for the unvaccinated patient. While this would take additional coordination, it could easily be done with basic screening and planning. This same intervention would not be applicable to public settings. In the past, the burden of personal safety was with the individual and not a business as far as communicable viral illness. If only we had five million dollars to provide services to vulnerable people unable to take a vaccine...

This evidence shows risk of adverse effect from these noted vaccines, up to death. Both vaccines have individual risk- what will happen if people take them at the same time or in close proximity? No one knows, because that has never been studied. It would be irresponsible to recommend them concurrently at this point, and it is irresponsible to mandate that someone comply with this experiment. Statutes regarding organ donation hold that bodily integrity is preserved even after death. You cannot take organs from a deceased person without their expressed prior consent. If we preserve bodily integrity for the dead, then we must also afford this right to the living. People should not be coerced into taking an invasive medical procedure in exchange to receive an education, be gainfully employed, or to participate in society.

I would like to close by repeating, per the CDC, "no vaccine is actually 100% safe or effective for everyone because each person's body reacts to vaccines differently... the Institute of Medicine (IOM)... concluded that there are limitations in our knowledge of the risks associated with vaccines..." (CDC, 2020). Thank you for your time. Ohioans must have freedom and the right to bodily autonomy. Please vote yes on HB 248.

Sincerely,

Autumn Schaeff

Autumn Schaeff, MSN, NP-C

References

CDC. (1999). Withdrawal of Rotavirus Vaccine Recommendation.

<https://www.cdc.gov/mmwr/preview/mmwrhtml/mm4843a5.htm>

CDC. (2020). Overview, History, and How the Safety Process Works.

<https://www.cdc.gov/vaccinesafety/ensuringsafety/history/index.html>

CDC. (April, 2021). Vaccine Adverse Event Reporting System (VAERS).

<https://www.cdc.gov/vaccinesafety/ensuringsafety/monitoring/vaers/index.html>

CDC. (May, 2021). Selected Adverse Events Reported after COVID-19 Vaccination.

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/adverse-events.html>

Health Resources & Services Administration HRSA. (2021). Data and Statistics.

<https://www.hrsa.gov/sites/default/files/hrsa/vaccine-compensation/data/data-statistics-report.pdf>

Health Resources & Services Administration HRSA. (2021). Petitions Filed, Compensated and Dismissed, by Alleged Vaccine, Since the Beginning of VICP, 10/01/1988 through 05/01/2021.

<https://www.hrsa.gov/sites/default/files/hrsa/vaccine-compensation/data/data-statistics-report.pdf>