

5/20/21

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 David Vernier and I work in healthcare in Northwest Ohio. The reason I support House Bill 248 is because I have worked hands-on with acutely ill COVID patients in a hospital setting and I have had and survived COVID myself. Furthermore, I have lab results documenting the presence of long-term antibodies against COVID in my blood. I fear potential discrimination against those of us who have natural immunity to SARS CoV-2 as well as coercion to undergo a medical procedure that is considered unnecessary and dangerous to survivors of COVID. This is well supported in the scientific literature. In fact, papers from the National Institute of Health and *The Lancet* noted that they hoped vaccine-induced immunity would reach the levels afforded by natural infection.

Since March of 2020, I have been reading the research on COVID, as I wanted to understand this virus that was spreading around the world. (My clinical doctorate is in physical therapy with an emphasis in evidence-based practice. I have written and lectured on evidence-based practice.)

When I received the news that my COVID test was positive I called my physician's office to discuss a plan of treatment. I was told there was no plan, that I was to drink water and take Tylenol, and head to the hospital if I began to have trouble breathing. I asked about medications and I was told there were no medications they could offer me. The only medications were for people in the hospital. I hung up the phone, sat alone in my house where I would be for the next 10 days, and realized I was on my own. So I began to study the science even more voraciously. My survival may very well depend on it.

I already knew that optimal levels of vitamin D greatly reduced the chances of the lethal cytokine storm that everyone was talking about. That was from an article on influenza deaths from 2015. Yet people were people pulled off social media if they mentioned this

fact early in the COVID epidemic. And not only did I find that there were treatments for acute COVID, I discovered that some family physicians in New York had been treating high risk COVID patients at home with a relatively cheap mix of medications that kept 85% of these patients from ever requiring hospital care. Let me say that again: 85% of high risk COVID patients were treated on an outpatient basis with an inexpensive medicine regimen that kept them from ever being admitted to the hospital.

When I heard the CDC state that fully vaccinated individuals could go without masks indoors, I wondered why there was no mention of COVID survivors being afforded the same freedom. The research was clear that COVID survivors had superior immunity to vaccinated individuals. This immunity has thus far been shown to last at least 7-8 months, while Pfizer is only estimating 6 months of immunity for their vaccine recipients. The CEO of Moderna is already talking about boosters as early as September. SARS Cov-1 survivors from 2003 have been shown to have immunity still, 17-18 years later. And SARS Cov-2 is about 80% similar to SARS Cov-1

As for the possibility of COVID survivors becoming reinfected again, everywhere this data has been looked at (the U.S, UK twice, Denmark, Qatar, China) the reinfection rate is always the same: less than 1%. Every country gets the same number. In January of this year *The Lancet* identified people who had been reinfected. They found 4. In the entire world they found 4. In an April article they had found between 18-24 cases.

New science continues to come out (and physicians are testifying to this in other state houses) that shows the vaccine poses an increased risk of side effects, including severe side effects requiring hospitalization, when given to COVID survivors. A Harvard-trained immunologist penned a recent letter to the FDA stating, "Vaccinating patients with [COVID]...is a clear and present potential danger to the health of these patients."

I am in favor of HB 234 to protect myself and other COVID survivors from being coerced into an unnecessary medical procedure, which poses a risk to us and to protect us from being required to have a different level of immunity than the general population.

The government in the UK recently issued a statement that during the next wave of COVID they project that 60% of the hospitalizations and 70% of deaths will come from fully vaccinated individuals, not those of us with natural immunity.

I hope your will quickly pass this bill to bring our state up to speed with the recent research findings and protect those of us who have survived COVID and launched a lasting immune response against this disease from discrimination, coercion, and a dangerous, unnecessary medical procedure.

Thank you once again for this opportunity to provide testimony on the need for and urgency of House Bill 248.

Sincerely,

David Vernier, PT, DPT, OCS, C-PS