

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

I respectfully submit this testimony as a proponent of HB 248, while acknowledging that there are some concerns over specific language and implications, but in favor of the premise of the bill. I am not a certified professional in law or science, but I read through a significant amount of literature on both sides. I will try to address a few of the specific questions presented by the committee members during the first hearing and provide additional perspective on why I perceive the issue at hand to be so grave and why a legislative remedy like HB 248 seems both appropriate and legally justified. I fundamentally take the position that everyone must be given equal access to all enjoyments regardless of a vaccination decision and that any decision should be based on ethical persuasion, not coercion, threat, harassment, incentives, or discrimination.

Governor DeWine's Vax-A-Million program is far more than a reappropriation of our tax dollars that could have been spent helping small businesses that were crippled by the lockdowns. It is about far more than the stocks that elected officials hold in the vaccine manufacturers. It is about far more than a double standard—one in which much less consequential acts such as giving out coupons for using a certain pharmacy were frowned upon to the point where [Walgreens had to settle a lawsuit](#). It is manipulation that borders on coercion and, ultimately, is about control. Rather than honestly addressing or even acknowledging the countless meritorious objections citizens and doctors have raised regarding the COVID-19 vaccines (a lot of which have been supported by published papers in academic publications), anyone who disagrees with the official narrative, including doctors, has been personally attacked, ostracized as acting selfishly, stoking fear, and spreading dangerous "misinformation". Moreover, employers, businesses, and now our state's own government are manipulating personal health decisions by offering incentives to entice adults and minors alike to take this experimental vaccine.

Definitions of experimental:

- based on untested ideas or techniques and not yet established or finalized (Oxford Dictionary)
- serving the ends of or used as a means of experimentation (Merriam-Webster Dictionary)

The first denotation is indisputable. Regardless of the history of the mRNA technology's development, its mass-deployment is unprecedented, and many licensed professionals have put their reputations and careers on the line to dispute the official narrative touting its impeccable efficacy and downplaying the possibility of any and all short-term and long-term side effects. The second denotation is something that many are considering due to both scientific and circumstantial information, only amplified by the sheer magnitude of manipulation and coercion of individuals into accepting it. It is understood that this bill is not a science bill, but science is inevitably referenced in support and opposition to the bill. To that end, consider the following quote from [93 Israeli doctors](#), as well as the sources at the end of the document:

"It should be emphasized to the public that even vaccinated people can be infected and infect, and that the same rules of conduct apply to everyone without connection to vaccination status. We must stop pointing the finger of blame at the unvaccinated, and we must stop violating the rights of the individual. We must immediately stop all forms of exclusion and separation between people in the public sphere."

Corporations that possess a large share of essential markets such as food, retail, health care, finance; institutions like universities; and the government officials subservient to corporate influence, are leading the charge in the manipulative tactics. This is the main issue that needs to be swiftly resolved. Each individual should perform a voluntary risk-benefit analysis based on all the facts available and make an informed choice on his or her own body and not be treated as a second-class citizen for taking a course of action with which others disagree.

#### Remarks on Common Statutory Considerations, Including Civil Rights and Response to Rep. Lepore-Hagan's Question on Comparing HB 248 to a Woman's Right to Choose

The following deals primarily with government-instituted requirements which are explicitly banned under this bill. The next section deals with precedent that supports the power to enact the premise of the bill, especially on private institutions.

We are told constantly that *Roe v. Wade* is the law of the land, whether we like it or not. If we are to believe that this precedent is to be accepted, then it seems that the same logic applies in arguments against vaccination mandates, vaccine passports, and even mask requirements. Note the following excerpt:

“This right of privacy, whether it be founded in the Fourteenth Amendment's concept of personal liberty and restrictions upon state action, as we feel it is, or ... in the Ninth Amendment's reservation of rights to the people, is broad enough to encompass a woman's decision whether or not to terminate her pregnancy.”

The court refuted the proposition that a life should be considered to begin at conception, noting a perceived lack of consensus among scholars in “medicine, philosophy, and theology” on that point. The same may be true of any attempt to establish that a government would have a compelling interest to support vaccination mandates and mask requirements. A world in which the government's power to restrict abortions is limited, while at the same time not applying the same reasoning to vaccine and mask mandates, seems like a double standard. Colloquially, arguing “my body, my choice” in support of abortion but not in support of vaccine choice also seems like a double standard. Those that object to mask and vaccine requirements could easily argue that such government-imposed mandates cause distress and harm to physical and mental health, as well as infringe on medical privacy.

The often-cited *Jacobson* case, which occurred much earlier than many relevant laws and decisions, some of which are contained in the next section, dismissed dissenting scientific conclusions and the prospect of adverse impacts on the individual partially because the court assumed that the legislative body took that information into account when instituting the smallpox vaccine mandate in good faith. The end of this document contains links to scientific arguments against blanket policies of mandating masks and vaccines. However, it is conceivable that good faith generically is absent if, in a hypothetical scenario, a legislature is found to make decisions based on personal interests, such as inside trading to make bank on health-related stocks, including those of vaccine, mask, and respirator manufacturers, for example. Recall that [a judge in Ashland County concluded that the Ohio Department of Health's insinuation that a restaurant failing to enforce a mask mandate qualified as an immediate danger to public health was “never factually established nor scientifically demonstrated”](#). If anything, the implication of *Jacobson's* granting of expansive police powers to the state should embolden the legislature with

regard to the constitutionality of the premise of the bill. Protecting individuals from being coerced into making a medical decision seems like a compelling government interest.

#### Precedent That Justifies Provisions on Private Businesses, Including Addressing Rep. Cutrona's Concerns on Infringing Upon Property Rights

Conceivably, precedent that can be argued to have eroded the fundamental rights of citizens, especially when continually built upon, has its effects on the court of public opinion. Some constitutional attorneys like KrisAnne Hall fundamentally disagree with the notion of “protected classes”, arguing that either every category under the sun should be a protected class or nothing should be considered a protected class, in part based on the property rights of private establishments. This commentary was in response to [the Supreme Court's decision in \*Bostock v. Clayton County\*, in which Justice Gorsuch concluded that sexual orientation fell under the category of “sex” in existing law, and, therefore, the plaintiff's civil rights were violated for having been fired by his employer for the reason of being homosexual](#). It is also understood that Ohio is an at-will state, but [attorneys can still build a discrimination case](#), such as by discovering whether or not an employer's stated reason for firing an employee, such as submitting a report late, is consistent with historical employment decisions. Regardless, such is always addressable by the legislature.

All this to say that protected classes have been created by federal laws such as the Americans with Disabilities Act and Civil Rights Act, as well as on a state level with Chapter 4112 of the Ohio Revised Code, to include race, color, religion, sex, national origin, age, and disability. There is even the Genetic Information Nondiscrimination Act, which prohibits health care and employer discrimination on the basis of genetic information, including genetic testing and family medical history. Some argue that vaccination status is already within the protected class of disability due to disability including perceived impairments, of which a medical condition of perceived lack of immunity to a certain disease is a part. However, explicitly adding it at a state level would remove the possibility of arbitration. There may be special cases such as a one-on-one relationship with an at-risk individual and a secretary that warrant special attention before anything is finalized, but it seems reasonable to at the very least treat vaccination status as a protected class. It is conceivable that immunocompromised individuals also maintain rights under the Americans with Disabilities Act by nature of their medical condition, and HIV explicitly.

The larger problem that needs to be resolved is the mega-corporations using their influence to drive these medical decisions. It is not just about coercion and threats, but also incentives like discounts, which is putting pressure on individuals to make a medical decision in order to “fit in” rather than due to a desire to become vaccinated. In the past, [Walgreens was prosecuted by the Department of Justice for offering coupons to individuals to use their pharmacy, even those that used federal benefits programs contributing to fulfilling those expenses](#).

“This case represents the government's strong commitment to pursuing improper practices in the retail pharmacy industry that have the effect of manipulating patient decisions.” – Stuart F. Delery, Acting Assistant Attorney General for the Civil Division of the Department of Justice, on Walgreens case

Later on, this point will be elaborated upon, but in essence these corporations want to make individuals “prove” they are not a “threat”, through vaccination cards, facial coverings, medical

documentation, negative tests, etc., irrespective of dissenting science which is plentiful, and in contradiction of the idea of due process and innocent until proven guilty. I perceive this problem to be so grave and rapidly propagating (within just the next few months) to the point where I would prefer exuberant fines and shutdowns of large corporations that go along with this discrimination. Such precedent was already set by the Ohio Department of Health unilaterally attempting similar tactics, wrong, right, or indifferent.

Once again, protecting individuals from being coerced into a medical decision as well as upholding their medical rights, equal protection, and health regardless of vaccine choice (because adverse impact is always a possibility) seems reasonable to be categorized as a compelling government interest under strict scrutiny.

### [Response to Rep. Liston's Inquiry Regarding Protecting the Immunocompromised and Those with Medical Conditions Which Render Them Unable to Take the Vaccine](#)

Most regulations on conduct by individual persons that are cited as precedent for normalizing vaccine mandates and differing treatment of individuals based on a vaccination decision, such as indoor smoking bans and seatbelt laws, deal with restricting actions, not inaction. The prospect of places of public accommodation mandating actions, such as "vaxxed or masked", deviates from such comparisons in that regard. Separately, consider the following scenarios:

- Individuals who undergo a tracheostomy are at increased risk from exposure to powders, aerosol sprays, cleaning liquids, tissues, and dust. Every time they go out into the public, there is always the possibility of unforeseen exposure to such items. Despite this, there is not a de facto ban on using such products imposed by places of accommodation to account for that small minority of individuals, but they are also not barred from access or employment of their choosing, as well as relevant accommodations for their specific condition, due to their statutory rights under laws such as the Americans with Disabilities Act. Here, the onus is on the individual to take extra precaution due to that individual's unique circumstance.
- Individuals with severe visual impairments are at an increased risk of being hit by a vehicle during a street crossing. Accommodations such as auditory traffic signals have been put in place in select locations to enhance equal access to travel, but such accommodations do not infringe on the rights of a particular individual. For example, there are no regulations that mandate a certain sound level emitted by vehicles, especially in a world with increased deployment of electric vehicles, for those that must rely on auditory perception to cross the street. It is only in the specific case that such an impairment is expressed or implied, such as by the visibility of a white cane, that a driver may be required to exercise caution in that scenario. No one is required to change their lifestyle simply for the possibility of encountering a person with a visual impairment one day.

Wrong, right, or indifferent, allowing enforced vaccination mandates is way more invasive than other laws cited as precedent. There are valid discussions that should be entertained regarding specific bill language and special cases such as an at-risk individual employing a secretary, as was brought up in the first hearing. Although it is important to ensure that any legislation does not have unintended consequences, the legislators should not lose sight of the backdrop and the overarching issue at hand. The emphasis on private institutions is an important part of vaccine legislation because mega-corporations have garnered large influence on the government (to the

point where some view large corporations and the government as one and the same), and the government and corporations are using the power they wield on Americans to compel them to make a decision about their own body. Once again, that decision should be made because they want to become vaccinated, not because their access to the supermarket, their job, or their education depends on it. Those with pro-vaccine views are free to persuade individuals of that viewpoint, but shaming, pressuring, coercing, bribing, or “positively” discriminating is a step too far. The references at the end are intended to show the COVID-19 vaccination may not be the right decision for everyone, and it should not be forced upon anyone. Even in a world where a large chunk of the population is vaccinated only because of an employer-enforced mandate, those individuals would likely have no respect for their superiors and fellow employees in favor of pushing that decision on everyone, which could lead to tension within the workplace.

Mainstream medical literature concludes high efficacy and safety in the COVID-19 vaccines. Assuming for the sake of argument that such conclusions can be taken at face value (and because those conclusions are being used to justify mandates and incentives), it should be sufficient to allow everyone to make their own medical decision based on informed consent and participate in normal life regardless of that decision. Anyone who is vaccinated should not fear coming into contact with COVID-19, because, in theory, vaccinated individuals are protected and need not worry about a severe case of COVID-19. If an unvaccinated individual is severely affected by COVID-19, such should be regarded as a consequence of that decision. Such holds true even in the case of a resurgence.

Quoting from the aforementioned letter by the Israeli doctors, “The increasingly prevalent opinion within the scientific community is that the vaccine cannot lead to herd immunity, therefore there is currently no 'altruistic' justification for vaccinating children to protect at-risk populations.”

It is not even clear that the vaccine significantly prevents transmission as opposed to symptoms, which were the primary focus of the clinical trials [as noted by this editorial in Bloomberg](#).

### Separate is Not Equal

Institutions are getting away with discrimination on the basis of COVID-19 vaccination status, and the government is largely allowing it. Cleveland State University announced that they would not allow unvaccinated students to reside in on-campus housing, while Centner Academy in Miami, Florida banned vaccinated teachers from interacting with students. The inflammatory rhetoric directed at those objecting to mandatory masks and vaccination has paved the way for division and segregation among the vaccinated and unvaccinated. In essence, a group of people is being regarded as inferior, but rather than judging them based on their choice of faith or their race, they are being treated as second-class citizens because of a personal medical decision.

### Papers, Please

Why did the [FBI](#) and [45 state Attorneys General, including our own](#), make such a big deal about fake vaccination cards? The “vaxxed or masked” campaign, along with the lifting of certain health orders only for vaccinated individuals, should answer that question. How will such edicts, whether enforced by government or corporations, that have differing sets of rules based on vaccination status be enforced if retained for the foreseeable future? In essence, citizens will be compelled to show their vaccination cards to enjoy the freedoms they took for granted, threatened with jail time for presenting a fake vaccination card. Proof of vaccination may be

shifted to a digital certificate depending on the level of perceived impact of fake vaccination cards. Furthermore, it seems that those who do not want the vaccine will be compelled to wear a mask in public.

Such is the basis for warnings that leaving the aforementioned unchecked will lead to the twenty-first century yellow star; in a “vaxxed or masked” world, a mask may be a symbol for everyone to see, mock, demean, insult, assault, and discriminate against the inferior class of citizens—not based on their faith, social status, or race, but based on a personal health decision. Rather poetically, [the Morrisons supermarket in England went viral for requiring individuals with medical exemptions to mask mandates to wear nothing other than a yellow sticker](#) in the name of making others “feel safe”. More broadly, it seems that corporations want to compel Americans to show something to prove they are not a threat to enjoy the freedoms they have on paper—whether that be a vaccination card, medical documentation detailing a condition justifying an “acceptable” exemption, or a mask. Perhaps one of the clearest indications that this ordeal is more about control and submission as opposed to protecting the public is that any type of facial covering, even a bandanna or a neck gator, is considered more appropriate than unvaccinated and unmasked, despite even mainstream literature concluding that such coverings are worse than doing nothing, not to mention the downplaying of side effects of both masks and the vaccine.

“No shoes, no service” protects businesses from liability if someone were to become injured, such as by stepping on glass. “No shirt, no service” is for indecent exposure. There have never been sweeping mandates to wash your hands when going into a public place. I have heard accounts from friends that some of the businesses with COVID-19 mandates hypocritically fail to routinely clean commonly-touched equipment such as card scanners at checkout. In addition, I have heard numerous accounts of citizens that have observed infrastructure being set up at businesses that appear to deal with verifying one’s vaccination status.

If you believe that this scenario is not going to happen, what is the harm in making sure of that?

We will enter this dystopian future only if you look the other way regarding such policies within your jurisdiction. You do not have to passively allow this to occur. It need not be a partisan issue.

“What is right is not always popular and what is popular is not always right.” – Albert Einstein

REMEMBER YOUR OATH.

Appendix: Articles and Scientific Literature to Demonstrate COVID-19 Vaccination and “Vaxxed or Masked” is Not Right for Everyone, May Not be Effective, and Could be Harmful

- I. COVID-19 Vaccination
  - a. “Informed consent disclosure to vaccine trial subjects of risk of COVID-19 vaccines worsening clinical disease”  
<https://onlinelibrary.wiley.com/doi/10.1111/ijcp.13795>
  - b. “Worse Than the Disease? Reviewing Some Possible Unintended Consequences of the mRNA Vaccines Against COVID-19”  
<https://ijvtp.com/index.php/IJVTTPR/article/view/23>

- c. “MIT & Harvard Study Suggests mRNA Vaccine Might Permanently Alter DNA After All” [https://www.algora.com/Algora\\_blog/2021/03/16/mit-harvard-study-suggests-mrna-vaccine-might-permanently-alter-dna-after-all](https://www.algora.com/Algora_blog/2021/03/16/mit-harvard-study-suggests-mrna-vaccine-might-permanently-alter-dna-after-all)
  - d. “Study Finds Patterns in VAERS Data That Provide Evidence of Causality” <https://jameslyonsweiler.com/2021/05/17/study-finds-patterns-in-vaers-data-that-provide-evidence-of-causality/>
  - e. “93 Israeli doctors: Do not use Covid-19 vaccine on children” <https://www.israelnationalnews.com/News/News.aspx/304124>
  - f. “Highly cited COVID doctor comes to stunning conclusion: Gov’t ‘scrubbing unprecedented numbers’ of injection-related deaths” <https://leohohmann.com/2021/04/30/highly-cited-covid-doctor-comes-to-stunning-conclusion-govt-scrubbing-unprecedented-numbers-of-injection-related-deaths/>
  - g. “Vaccine Coercion - Prof. Risch and Dr. McCullough Speak Out” <https://rumble.com/vhdqop-vaccine-coercion-prof.-risch-and-dr.-mccullough-speak-out.html>
  - h. “Adverse Effects of Messenger RNA Vaccines: An Evidence Review from the Penn Medicine Center for Evidence-based Practice” <http://www.uphs.upenn.edu/cep/COVID/mRNA%20vaccine%20review%20final.pdf>
- II. Masks
- a. “All of The Best Studies Show Masks are Useless at Preventing the Spread of COVID” <https://theredelegants.com/all-of-the-best-studies-show-masks-are-useless-at-preventing-the-spread-of-covid-19/>
  - b. “Masking Children: Tragic, Unscientific, and Damaging” <https://www.aier.org/article/masking-children-tragic-unscientific-and-damaging/>
  - c. “Is a Mask That Covers the Mouth and Nose Free from Undesirable Side Effects in Everyday Use and Free of Potential Hazards?” <https://www.mdpi.com/1660-4601/18/8/4344/htm>
  - d. “The CDC’s Mask Mandate Study: Debunked” <https://www.aier.org/article/the-cdcs-mask-mandate-study-debunked/>
- III. Miscellaneous
- a. “Politicized Science: Lancet, NEJM retract studies on HCQ” <https://uncoverdc.com/2020/06/06/politicized-science-lancet-nejm-retract/>
  - b. “Immediate Use of Ivermectin Medicine Globally Can End COVID-19 Pandemic: Scientists” <https://weather.com/en-IN/india/coronavirus/news/2021-05-08-use-of-ivermectin-medicine-globally-can-end-covid-19-pandemic>
  - c. “One Year Later, Department of Health—When Under Oath—Still Cannot Justify 'Director's Stay at Home Orders'” <https://theohiostar.com/wp-content/uploads/2021/03/Quarantine-One-Year-Later-1851-Center-Press-Release.pdf>

Respectfully submitted,

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