

Good morning Distinguished Health Committee Chair Lipps, Vice-Chair Holmes and Ranking Member Russo,

My name is Todd Hockman and I am a life-long resident of the State of Ohio. As a well-educated, conservative, married, Father of two residing in Bexley, OH, I have been deeply troubled by the unilateral and wickedly authoritarian decision making of Governor DeWine and his Conspiring Associates. Moreover, I am a proud member of the Citizens Action groups, Ohio Stands Up! (www.ohiostandsup.org) and Make Americans Free Again (www.makeamericansfreeagain.com) which have filed Claims in U.S. Federal District Court challenging the Governor's declaration of a "health emergency" in the State and the unconstitutional and draconian response of his administration. I am also well versed in the subject matter as I am a Principal in a Corporate/Enterprise Wellbeing firm; the Company offers corporate wellness programming to assist Employers and their Employees in the development of sustainable behavior for improved health and wellbeing. The purpose of this correspondence is to offer my **Testimony in SUPPORT of HOUSE BILL 248** and its effort to preempt the premeditated shackles of oppression and tyranny on behalf of the Citizens of the great State of Ohio.

As the House Bill Sponsor Representative Gross expressed "This is a matter of freedom. The purpose of this legislation is to allow people to choose to do what they feel is best for their own body and protect individuals from any consequences or hardships for choosing one way or the other." Gross also noted that the Constitution grants U.S. citizens the Inalienable Rights of Life, Liberty and the Pursuit of Happiness. I wholeheartedly concur and believe that where there is RISK, there must be CHOICE.

Prophetic words were spoken by Benjamin Rush MD, a Signer of the Declaration of Independence when he stated "Unless we put medical freedom into the Constitution, the time will come when medicine will organize an undercover dictatorship. To restrict the art of healing to one class of men and deny equal privilege to others will be to constitute the Bastille of medical science. All such laws are un-American and despotic and have no place in a Republic. The Constitution of this Republic should make special privilege for medical freedom as well as religious freedom."

How did we arrive at this moment when ***We the People*** of Ohio need to reassert our Right of Vaccine Choice/Anti-Discrimination? As included in one of my many email correspondences to Members of the Ohio House and Senate in support of HB 90/SB 22 during this alleged "health

crisis,” I would again like to submit two pieces of substantiating evidence to provide additional support for **HOUSE BILL 248** and why ***We the People WILL*** reassert our Rights to Bodily Autonomy/Integrity in the State of Ohio. For your files and dissemination among your colleagues, I have attached a deeper legal investigation of Federal Agency behavior during COVID-19 in a piece that appeared in *Science, Public Health Policy and The Law* Volume 2:4-22, October 12, 2020, entitled *Data Collection, Comorbidity & Federal Law: A Historical Retrospective* as well as a Legal Filing in U.S. Federal District Court in Ohio submitted February 3, 2021 requesting a Temporary Restraining Order, a Preliminary Injunction and an Order to Show Cause against HHS, CDC, NCHS et al. **These documents argue that the CDC willfully failed to collect, analyze, and publish accurate data used by elected officials to develop public health policy for a Nation in crisis. More specifically, the CDC has violated the Federal Paperwork Reduction Act (“PRA”), Information Quality Act (“IQA”) and Administrative Procedure Act (“APA”) law and in doing so, bypassed essential oversight by the Office of Management and Budget (“OMB”)/Office of Information and Regulatory Affairs (“OIRA”), who are legally empowered by Congress with ensuring information compliance and data integrity for all Federal Agencies upon which policy decisions are made that affect/impact the welfare of the General Public.**

Suffice to say, the responsibility to collect, analyze, and publish data accurately, transparently and with unquestionable integrity increases exponentially during a national crisis. Nearly 14 months later, evidence continues to accumulate to demonstrate the Willful Misconduct by Federal, State and Local Officials in the irreparable injury sustained by many Ohioans including me and my family. In other words, if the State of Ohio had curated and presented an accurate, contextual portrayal of the alleged “health crisis” with a current mortality rate of 0.17% (in 14 months) to its Citizens, would the Citizens of the State of Ohio permit its State Government to aggressively and unilaterally pursue an EXCLUSIVE policy of an experimental, Pharmaceutical Intervention under Emergency Use Authorization? This policy approach/posture is absurd, completely unacceptable and unconscionable particularly given the availability of safe, efficacious and inexpensive therapeutics like Hydroxychloroquine <https://virologyj.biomedcentral.com/track/pdf/10.1186/1743-422X-2-69.pdf> and Ivermectin <https://covid19criticalcare.com/wp-content/uploads/2020/11/FLCCC-Ivermectin-in-the-prophylaxis-and-treatment-of-COVID-19.pdf> have. Moreover, not once during this alleged health crisis did I hear the Governor and the Ohio Department of Health discuss well-known and empirically validated methods for supporting and enhancing one’s own immune system in defense of a respiratory pathogen particularly given the clinical evidence that revealed many of the hospitalizations occurred in those with significant Vitamin D deficiencies.

As of May 28, 2021, nearly fourteen (14) months since the “Stay at Home” order, the State of Ohio has reported 19,861 Deaths allegedly “attributable” to COVID-19 in a Population of approximately 11,730,000 Citizens for a Mortality Rate of approximately 0.17%; further, nearly 78% or 15,413 of “COVID attributable” deaths were those > 70 years of age and 7,385 occurred in Long Term Care facilities. (<https://coronavirus.ohio.gov/wps/portal/gov/covid-19/dashboards/key-metrics/mortality>) (<https://worldpopulationreview.com/states/ohio-population>). According to the CDC as of May 23, 2021, **Conditions Contributing to COVID-19 Deaths in the State of Ohio** (<https://data.cdc.gov/NCHS/Conditions-Contributing-to-COVID-19-Deaths-by-Stat/hk9y-quqm>) included 9,435 Conditions of Influenza/Pneumonia, 8,405 Conditions of Respiratory Failure, 2,874 Conditions of Hypertensive Diseases, 2,259 Conditions of Ischemic Heart Disease, 1,968 Conditions of Cardiac Arrest, 1,803 Conditions of Heart Failure, 2,552 Conditions of Diabetes and 1,760 Conditions of Renal Failure to name a few Co-Morbidities. “For over 5% of these deaths (total), COVID-19 was the only cause mentioned on the death certificate. For deaths with conditions or causes in addition to COVID-19, on average, there were 4.0 additional conditions or causes per death.” (https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm) Those are CDC’s words not mine!

The empirical evidence also unambiguously suggests that children are the least vulnerable with respect to this coronavirus (with 7 unfortunate deaths under 18 years of age) out of an enrolled student population of 1,739,386 in the State of Ohio or effectively a 0% mortality risk. (<https://coronavirus.ohio.gov/wps/portal/gov/covid-19/dashboards/schools-and-children/children>). For purposes of context and according to the CDC, the State of Ohio in 2017 reported 28,008 deaths from heart disease, 25,643 deaths from cancer and 8,971 deaths from accidents ALL WITHOUT an Emergency Declaration. Unquestionably, the response by the State of Ohio continues to be excruciatingly disproportionate to the perceived threat of the virus nearly fourteen (14) months later with the now EXCLUSIVE policy push of an experimental, Pharmaceutical Intervention under Emergency Use Authorization. That the Administration is even attempting to foist the experimental gene therapy on School Age Children who have effectively have a ZERO mortality risk, is not only morally and ethically reprehensible but I would argue also criminally negligent.

As the attached documents reveal, the CDC has fatally compromised all COVID-19 data and consequently, adversely impacted **FEDERAL, STATE, and LOCAL PUBLIC HEALTH** policies regarding COVID-19. As a result of the **STATE OF OHIO** policies based on compromised data published and promoted by the CDC, Ohioans have suffered irreparable harm to employment, businesses, communities and families in historically unprecedented numbers. Anxiety,

depression, suicide rates, domestic violence, and substance abuse have all risen dramatically due to the economic hardships brought on by how **STATE** Governors including Governor DeWine decided to exercise their authority in response to the compromised data published by the CDC and the Ohio Department of Health. I wholeheartedly believe that an investigation is warranted by the Ohio Legislature of the lack of **DATA TRANSPARENCY/INTEGRITY promulgated by the EXECUTIVE BRANCH and the OHIO DEPARTMENT OH HEALTH based upon data that was inaccurate, unproven, never peer reviewed and therefore deliberately false and misleading.** In my many emails to the Sponsors of HB 90/SB 22, I recommended that the to-be-established, Health Oversight Committee formally initiate an Audit and request Public Records (possessed by the Governor and Ohio Department of Health) pursuant to the Ohio Public Records Act (“OPRA”):

1. Perform an Independent, Third Party Audit of ALL Death Certificates in the State that were allegedly ascribed to COVID-19 as the Cause of Death and identify Co-Morbidities that may also have contributed to reported Deaths. In other words, isolate the Deaths that were exclusively caused by COVID-19 from those in which COVID-19 was a contributing factor. As indicated above, the CDC has already compiled, collated, assigned and reported additional Conditions or Causes of Death in the State of Ohio.
2. Request a list of all Labs/Companies/Organizations responsible for providing testing results related to COVID-19 testing in the State of Ohio since January 1, 2020.
3. Request the number of “cycles” each Lab/Company/Organization was/is utilizing for PCR tests performed on Citizens in the State of Ohio since January 1, 2020.

As it relates to RT-PCR testing, according to initial instructions issued by the FDA and the CDC, a 40 Cycle Threshold (Ct) should be used to amplify specimens for COVID-19 testing as indicated on pages of 36/37/38 of the hyperlinked document <https://www.fda.gov/media/134922/download>. Yet in a stunning admission during a podcast TWIV (“This Week in Virology”) 641: COVID-19 with **Dr. Anthony Fauci on July 16, 2020**, Fauci stated that the PCR test is useless and unreliable for diagnosing COVID-19 when run at 35 cycles or higher (https://www.youtube.com/watch?v=a_Vy6fgaBPE&feature=youtu.be&t=260). PCR tests throughout the United States have been conducted above 35 cycles despite the fact that doing so can provide inaccurate results as much as 97% of the time (see <https://doi.org/10.1093/cid/ciaa1491>). More than one year since the beginning of the “health crisis,” it has become widely known and accepted that RT-PCR was never intended to be a diagnostic tool and therefore has little utility in a clinical setting as it has become notorious for the generation of false positive results particularly for the “asymptomatic.” In fact, the World

Health Organization ([WHO Information Notice for IVD Users 2020/05](#). Jan. 20, 2021) and CDC have both recommended that labs dial back the Cycle threshold ("Ct") as well as seek additional confirmatory testing for clinical accuracy for ONLY the symptomatic.

From the approximate 4 minute mark of the podcast, Fauci asserts:

"What is now evolving into a bit of a standard is that if you get a cycle threshold of 35 or more that the chances of it being replication competent are miniscule ... We have patients, and it is very frustrating for the patients as well as for the physicians ... somebody comes in and they repeat their PCR and it's like 37 cycle threshold ... you can almost never culture virus from a 37 threshold cycle. So I think if somebody does come in with 37, 38, even 36, you gotta say, you know, it's dead nucleotides, period." In other words, no COVID-19 infection.

He goes on to say that when someone has a positive test ... "they don't give them the cycle threshold unless they go back and ask for it." [\[iii\]\[2\]](#)

Assuming that most labs in Ohio are following the FDA and CDC instructions, many if not most positive PCR tests are false positives. The false "cases" are then used daily to terrorize the public and to justify the draconian mitigation strategy of lockdowns, masking and social distancing and now the EXCLUSIVE policy push of an experimental, Pharmaceutical Intervention under Emergency Use Authorization. As evidenced below, it is well past time to remove "probable cases" from the "case" count and alter 14 day case reporting (as only 7 days is recommended by the CDC) from the aggregate data reporting by the Ohio Department of Health as it only serves to continue to terrorize the population and arbitrarily/deceptively maintain a false case threshold above the Administration's magical 50/100,000. As a prospective remedy for ALL data integrity issues within the State of Ohio, may I recommend a review of the attached document, "Trust in Science and Health Act" authored by Tom Renz, the attorney for the Citizen Activist group Ohio Stands Up! and Make Americans Free Again?

Cases per 100,000 — 5/30/21

52 new 'probable' cases added over prior 14 days

302 new 'confirmed' cases added over prior 14 days

	Cases	Cases/100,000
Probable cases over 14 days	2418	20.7/100,000
Confirmed cases over 14 days	6212	53.1/100,000
Total cases over 14 days	8630	73.8/100,000
Total cases over 7 days*	3037	26.0/100,000
Confirmed cases over 7 days*	2229	19.1/100,000

*The CDC averages over 7 days to understand community transmission, see <https://covid.cdc.gov/covid-data-tracker/#county-view>.

*all data taken from coronavirus.ohio.gov

It is readily apparent to those of us in the health space who possess proficiency in data analytics and who actually care about humanity that DATA TRANSPARENCY, QUALITY AND INTEGRITY has been fatally compromised at the minimum. **I DO NOT CONSENT** to unelected health administrators/bureaucrats attempting to corrupt science and its accompanying data to serve a nefarious agenda under the guise of "Public Health." If you need even more evidence, I strongly encourage you to read "COVID-19 Vaccine Efficacy and Effectiveness - The Elephant (not) in the Room" that recently appeared in the Lancet's Microbe that cautions that efficacy data should be contextualized with BOTH Relative Risk Reduction ("RRR") AND Absolute Risk Reduction ("ARR"). With the use of only RRRs, and omitting ARRs, reporting bias is introduced, which affects the interpretation of vaccine efficacy. The Absolute Risk Reduction for the COVID-19 "Vaccines" approximates a modest 1% which dramatically alters the Risk/Benefit profile of these Experimental Pharmaceutical Interventions authorized under Emergency Use that as an aside were never intended to prevent infection nor transmission for a threat of a pathogen that has a greater than +99% Survivability. Consequently, has true Informed Consent actually been delivered to Ohioans? Finally, I would like to acknowledge my daughter Ellis who suffered an Adverse Event from a routine vaccination 2 years ago at Age 10 during her Well Child Visit and inspired me to actually research the pharmaceutical interventions on the entire Pediatric, Immunization Schedule. Suffice to say, I was astonished and more than disturbed at what my research revealed and no longer simply accept the propaganda of "safe and effective" from a medical industrial complex and manufacturers who enjoy ZERO liability. I remain confident that *We the People* and our Representatives will move swiftly and decisively to **reassert our Individual Rights of Vaccine Choice/Anti-Discrimination through House Bill 248** and maintain the integrity of our Representative form of Government. Distinguished Health Committee, this is a defining moment in the history of our State, our Country and our World. On what side of history will you stand? Your Constituents are awake, alert and observing. May G_d Bless you, the State of Ohio

and the Republic of the United States! I appreciate the opportunity to submit my Testimony in SUPPORT of HOUSE BILL 248.

“It does not take a majority to prevail ... but rather an irate, tireless minority, keen on setting brushfires of freedom in the minds of men.”

- Samuel Adams

Respectfully,

Todd M. Hockman
