

Dear Members of the House Committee,

I thank you immensely for taking the time to consider my testimony and position on the issue of maintaining healthcare choice, vaccine choice, and personal health information privacy.

I have been working in Miami Valley Hospital's Emergency Department for the past three years, and have had a front seat in the pandemic for the duration of it all. My department is within the region's leading hospital, a Level 1 Trauma Center; I often refer to ourselves as the county hospital. I'd like to submit my collective ideas that I've been holding on to for some time in regards to the COVID vaccine.

After the rollout of the COVID vaccines, we saw an influx of patients coming in for emergency check-ins for shortness of breath, breathing difficulty, cardiac related reasons, cardiac arrest after vaccine dose received, and loss of extremity feeling, in college-age kids and older. This is before the report of "six" adverse blood clots making the headlines. Mind you that the complaints that I very quickly listed relate to stroke and blood clots.

I am a mother of a three- and seven- year-old, and we have always followed a delayed and altered vaccination schedule compared to the CDC vaccination schedule designed for our children. For the past three decades we have been devoted patients at Pediatric Association of Dayton on Far Hills Avenue, but as of three years ago, we were dismissed for vaccine refusal. That practice no longer accepts any vaccine schedule other than the CDC's, regardless if the altered schedule makes sense or is spread by merely one month. Typically I eliminate the Rotavirus vaccine, the flu vaccine, wait until my child is age 3 or 4 to receive the MMR vaccine instead of the 12-18 months, etc. After a short but grief-stricken bout of trying to find a new, trustworthy professional, we found Dr. Julie Myers, D.O. in Centerville. I will type out my son's vaccine schedule below, and compare it to our country's immunization schedule:

Age	shot	CDC shot
Pregnant self	none	flu, Dtap
Birth	none	Hep B
1 mo	none	Hep B 2
2 mos	none	Rotavirus 1, Dtap 1, Hib 1, PCV 13, IPV 1
3 mos	Hib 1, Prevnar	
4 mos	Dtap 1, Hep B 1, IPV 1	Rotavirus 2, Dtap 2, Hib 2, PCV 13 (2), IPV 2,
6 mos	Hib 2	Rotavirus 3, Hep B 3, Dtap 3, PCV 13 (3), flu
7 mos	Dtap 2	flu
8 mos	Hib 3	
9 mos	Dtap 3	
12 mos	IPV 2	Hib 3, PCV 13 (4), MMR 1, varicella, Hep A 1, flu
15 mos	Hep B 2	Dtap 4, Hib 4, flu, Hep A 2
18 mos	no shot	Hep B 3, IPV 3, Hep A
21 mos	varicella 1	
24 mos	Hep B 3	flu
3 yrs	MMR 1	flu
4 yrs	IPV 3	MMR 2, Dtap 5, IPV 4, flu, varicella 2
4 ½ yrs	Dtap 4	
5 yrs	varicella 2	flu
5 ½ yrs	MMR 2	

My mother, a NICU nurse at Dayton Children's for over 20 years, helped me expertly design this "spread-out" chart for my son for his own health and protection, ensuring to timely appease any school or facility that mandates these shots. With his three-year appointment around the corner in August, I am even now considering declining his first dose of MMR.

I believe that baby boys, especially, are more susceptible to non-lethal but significant vaccine reactions. Not only did my good friend of Miamisburg, (her name kept private in this letter unless you reach out for further detail), lose her healthy baby boy after his MMR shot near his turning of 18-months in October of 2018, she must live with his death certificate reading "undetermined" for the rest of her earthly life. To wake up one morning and find her toddler son stone-cold, perfectly laid in his bed, and have no answers from any medical professional; no answer from an autopsy, to forever have his death determined as unknown, undetermined. This enrages me beyond explanation, and for any mother who has put their faith in our medical world to provide for their child and then instead to have suffered the same--sudden, inexplicable death.

I have recently acquired an Associate degree in Communication from Sinclair Community College, and for my capstone project, I thought, why not- let's just Google search: "what communication theory can be related to the anti-vax crowd"? The top six search results and their links that pop up spew these headlines and additional phrases:

1. “The anti-vaccination infodemic on social media: A behavioral...: However, the anti-vaccination movement is currently on the rise, spreading online misinformation about vaccine safety and causing a worrying...” ([www.journals.plos.org](http://www.journals.plos.org))
2. “How to respond to vocal vaccine deniers in public- WHO: a vocal vaccine denier is defined in this document as a person who is not only denying scientific consensus but also actively advocating against vaccination...” (World Health Organization 2017 Regional Office for Europe).
3. “Vaccine hesitancy is a problem attracting growing attention and concern.” ([www.sciencedirect.com](http://www.sciencedirect.com))
4. “The online competition between pro- and anti-vaccination... Distrust in scientific expertise is dangerous... Results show that even if anti-vaccine narratives have a small persuasiveness, a large part of the population will be rapidly exposed to them. ” ([www.nature.com](http://www.nature.com))
5. “Conspiracy Beliefs, Rejection of Vaccination, and...: Many conspiracy theories appeared along with the Covid-19 pandemic. Since it is documented that conspiracy theories negatively affect...” ([www.frontiersin.org](http://www.frontiersin.org))
6. “Combating Vaccine Hesitancy: Teaching the Next Generation... In 1999, the anti-vaxxer movement, an organized body of people who refuse to vaccinate and blaming vaccines for health problems” ([www.ncbi.nlm.nih.gov](http://www.ncbi.nlm.nih.gov))

Well, this didn't answer my question. It was surely a lot to read as we dive into my entry here, and it slapped someone with my way of thinking with some shut-down labels: dangerous, misinformed, science-denier, nonconsensual, behaviorally problematic, conspiracist, rejecter.

Do you know what these Google search results say to me? Censorship. The rest of my thoughts:

1. Pro-vaccine
2. Anti-vaccine

Unnecessary and divisive labels meant to categorize people into black and white thinking.

Where is the label for: I think it's perfectly logical to want the ability to make decisions about each vaccine available on an individual basis for each of my children and myself?

Pfizer is going for full FDA approval and might have it by the end of this month, emergency approval has already been granted for 12-15 year-olds, and in September emergency approval will be requested for 2-11 year-olds.

How can you get granted EAU for an experimental drug in an age group that isn't having an emergency? To protect vaccinated adults?

Children don't stand a chance in this pharmaceutical industry that for decades have put profit ahead of doing what is right. Additionally but important to note, the pharmaceutical industry has not prioritized the research and development of cancer drugs for children. They rely on treating children with adult cancer drugs, which are far more dangerous, toxic, and aggressive on a child's developing body, because adult cancer drugs are some of the best-selling pharmaceuticals for companies such as Merck & Co., Pfizer, AstraZeneca, Bristol-Myers Squibb, and J&J.

Here is an incomplete current list of places making the COVID vaccine mandatory, either for employment or for on site services: Montgomery County Prosecutor's Office; WPAFB (when it is FDA approved); Atria Senior Living; Rocky River Senior Center; Continuing Healthcare Solutions; Newburgh Heights city employees; Supers Landscape; Cleveland State University; Kenyon College; Cleveland Clinic fertility center: spouses required to have two doses of vaccine before being able to be present for embryo transfers. Kroger has begun to mandate proof of vaccination in order for employees to de-mask. Those who do not wish to vaccinate themselves, are required to continue to wear their mask to keep their job and livelihood. A very inhumane way to identify who is clean and who is unclean.

As a writer wondering about her reader, I'm curious if you're celebrating right now in regards to these advances, or raising some eyebrows... but let's keep going.

How does one feel about the persuasion to vote YES on Ohio HB 248? How's this for propaganda: Vote YES, join the movement, on the Vaccine Choice and Anti-Discrimination Act.

This Ohio House Bill was introduced on April 6, 2021, and is in 25% progression (LegiScan). Per this Republican Partisan Bill, OH HB248 is to enact section 3792.02 of the Revised Code to authorize an individual to decline a vaccination and to name this act the Vaccine Choice and Anti-Discrimination Act.

Why should we do this? This is a stand for health freedom, for medical freedom; a vital legislation to protect vaccine choice for Ohioans now and into the future. If this legislation isn't passed, you can expect that vaccine mandates and vaccine passports will become a reality of our future. And even if you're fine with the traditional vaccines, even if you have always gotten the flu vaccine, that you swear up and down you've followed the CDC immunization chart for all your children and they are just fine, and even if you decided to get the COVID vaccine... Ohioans will be faced with the reality that any future vaccine can be mandated by the state, retailers, employers, schools etc., and we'll have zero to say about it. This legislation will protect all Ohioans from the dystopia that we're currently facing.

Do I sound like one who denies the expertise of science? I stand with science. I stand with informed consent. I stand with freedom. I stand with healthcare professionals. I stand with Ohio workers. I stand with parents. I stand with students. I stand with this bill for the people, by the people.

In the year 1983, the total doses of vaccines for children from birth to age 18 consisted of 24 doses and 7 injections. As of 2020, we now administer 69 doses with 50 injections. The CDC child vaccination schedule is bloated and the manufacturers are non-liable in regards to any injury or death.

DOSES of VACCINES for U.S. CHILDREN from BIRTH-18 YEARS

**1983**

- DTP (2 months)
- OPV (2 months)
- DTP (4 months)
- OPV (4 months)
- DTP (6 months)
- MMR (15 months)
- DTP (18 months)
- OPV (18 months)
- DTP (4 years)
- OPV (4 years)
- Td (15 years)

**\*1986:**

Pharmaceutical manufacturers producing vaccines were freed from ALL liability resulting from vaccine injury or death by the Childhood Vaccine Injury Act.

**(SOURCE: www.cdc.gov)**

- DTP- Diphtheria, Tetanus, Pertussis (whole cell)
- OPV- Oral Polio
- MMR- Measles, Mumps, Rubella
- Hep B- Hepatitis B
- DTaP- Diphtheria, Tetanus, Pertussis (acellular)
- HIB- Haemophilus influenzae Type B
- PCV- Pneumococcal
- IPV- Inactivated Polio
- Varicella- Chicken Pox
- Td- Tetanus, Diphtheria
- Tdap- Tetanus, Diphtheria, and Pertussis
- HPV- Human papillomavirus (Gardasil)

**2020**

- Influenza (Pregnancy)*
- Tdap (Pregnancy)*
- Hep B (birth)
- Hep B (2 months)
- Rotavirus (2 months)
- DTaP (2 months)
- HIB (2 months)
- PCV (2 months)
- IPV (2 months)
- Rotavirus (4 months)
- DTaP (4 months)
- HIB (4 months)
- PCV (4 months)
- IPV (4 months)
- Hep B (6 months)
- Rotavirus (6 months)
- DTaP (6 months)
- HIB (6 months)
- PCV (6 months)
- IPV (6 months)
- Influenza (6 months)
- Influenza (7 months)
- HIB (12 months)
- PCV (12 months)
- MMR (12 months)
- Varicella (12 months)
- Hep A (12 months)
- DTaP (18 months)
- Influenza (18 months)
- Hep A (18 months)
- Influenza (30 months)
- Influenza (42 months)
- DTaP (4 years)
- IPV (4 years)
- MMR (4 years)
- Varicella (4 years)
- Influenza (5 years)
- Influenza (6 years)
- Influenza (7 years)
- Influenza (8 years)
- Influenza (9 years)
- Influenza (10 years)
- HPV (11 years)
- HPV (11 years)
- Influenza (11 years)
- Tdap (12 years)
- Influenza (12 years)
- Meningococcal (12 yrs)
- Influenza (13 years)
- Influenza (14 years)
- Influenza (15 years)
- Influenza (16 years)
- Meningococcal (16 yrs)
- Influenza (17 years)
- Influenza (18 years)

**2020**

TOTAL DOSES: 69  
Injections: 50  
*(3 Doses of Rotavirus are liquid)*

**1983**

TOTAL DOSES: 24  
Injections: 7  
*(4 Doses of Polio were liquid)*



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Advanced Pediatric, a Cleveland area pediatric practice, is embracing the idea that unvaccinated children are not safe, and must stay masked and distanced, even from others

on the playground (advancedped.com). How badly will we damage our children's social and emotional health with this kind of discriminatory action propagated by adults that are supposed to be protecting them?

So as I continue... Per the CDC website in the association with the COVID vaccine, VAERS reports that in the last four months we have recorded more deaths from the COVID vaccine than from all vaccines combined from mid 1997 through the end of 2013. As of May 14, 2021, there are 4,201 cases where the COVID-vaccinated patient has died within days to weeks after their intervention. 421 pages of patients' age, sex, location, date of vax, date of onset, who administered it, who the manufacturer is, whether they were taken to the ER, and the symptoms or prior health conditions if any.

Adverse events from drugs and vaccines are common, but underreported. Although 25% of ambulatory patients experience an adverse drug event, less than 0.3% of all adverse drug events and 1-13% of serious events are reported to the Food and Drug Administration (FDA) (Lazarus, Klompas). Low reporting rates preclude or slow the identification of "problem" drugs or vaccines that endanger public health. Barriers to reporting include a lack of clinician awareness, uncertainty about when and what to report, as well as the burdens of reporting. Reporting is not usually part of a clinicians' workflow, takes time, and is duplicative (Lazarus, Klompas).

To recap that last paragraph, we are constantly told those who decline vaccines for illnesses they themselves are at very little risk for developing complications from, are putting the immunocompromised at risk. What we don't often hear is that the procedure itself comes with risk and what that risk level is exactly is unknown. What we do know is that only somewhere between 1-10% of adverse events are ever reported largely due to medical professionals' lack of awareness on the subject matter. We cannot force healthy people to undergo a medical procedure for which the administrator of and manufacturer have no liability when we know there is innate risk. We can't trade one group's theoretical risk for another group's known risk.

We never hear any other side of this argument, it's censored from us and never presented to us.

Many of these VAERS reports are from assisted living facilities, and we can determine this by scrolling through the log of reports. Do you trust many assisted living facilities, or do you think many of them had a choice?

Without voluntary informed consent, medicine becomes violence.

One size does not fit all. All humans are not the same and have different risk factors for both the disease and the intervention. There is no greater danger to all of us than the dehumanization of others. Not trusting a vaccine, or any given doctor for that matter, does not make me a science denier.

Where there is risk there must be choice. Not ostracism. Vaccine choice and anti-discrimination.

People who are labeled as vaccine hesitant should really be called people who are hesitant to be coerced in the largest drug trial in history. Because it's the right thing to do? It's patriotic? To protect our community and, "although I am young and healthy, it's the right thing to do" (Ohio Dept. of Health).

The Ohio Department of Health's commercial targeted at teenagers and our youth, stressing the "don't hesitate, vaccinate" motto utterly disgusts me.

Let's think about Governor DeWine's ingenious Vax-a-Million. His raffle is a disturbing act of child coercion and a waste of money that we could be putting back into our communities. A predatory bribe to bait those who easily succumb to a gambling incentive. I wish we had this kind of monetary dedication to our homeless, to our schools, to our mental health hospitals, to our trash clean-up organizations for our cities, to students already accepted into colleges. To the small businesses who have had to close their doors for good. What are my incentives for not getting the shot? Life, liberty, and the pursuit of happiness.

You are not required to take a liability free experimental medical intervention in order to be considered a good person. Those who say you are, are either indoctrinated into a cult-like way of thinking and lack the ability to see anything beyond that, uninformed, or evil.

It's one of many elite U.S. institutions to be completely decimated and humiliated by Pharma. It was gradual, then inexorable, and now it's their identity.

It is incredible that vaccine reactions used to only exist in the minds of conspiracists, and now we pray for the recipients that they may make it through and only have to miss a few days of work. We don't know anything about long-term effects but that doesn't matter, because what about long-term effects from the actual disease? Everyone needs to do it anyway, even those at very little risk, because someone said so-- which is exactly what our Ohio Department of Health's televised commercial says to us. Even to those who have had COVID, and likely hold more immunity than the vaccine provides.

I'd rather not see us go down the road of having to show proof of immunity or vaccination in our society. Your health or inoculation status is none of my business, nor is mine any of yours. If we have been led to believe that we're somehow accountable to each other or anyone else for health or inoculation status updates, it is an error and in many cases unlawful. Even the Facebook profile photo frames that say "I've had my COVID vaccination" market the intervention. Never have I in my life seen such a public display of private health information, or seen it so normalized in conversation. And how dare somebody put up a Facebook profile photo frame that says, "I have an immune system," for how insulting and barbaric is that way of thinking? How insensitive, and ridiculous, and against science. How dare I stand up proudly for anything else in my life in regards to my approach to COVID? I'd

like to ask everyone, what changes have you made for yourself in this pandemic to benefit your health and wellness?

The way that I have questioned the pharmaceutical intervention so many times in so many ways throughout this discussion and at the very least find the timeline of events that have been transpiring to be odd, it may very well blacklist me from an exceeding amount of peoples' interest.

BUT, no matter what one may think, or ask me why I don't find something better to do with my time -

I very much hope that I have shown my support to the Health Committee.

What is more important than protecting my children's freedom and health?

Thank you for the opportunity to provide testimony on the need and urgency for the House Bill of HB248,

Kaylen Kichline

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