

May 23rd, 2021

Dear 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 Emily Kullman and I am a mom, USCG veteran, and professor of Exercise Science. There are three main reasons that I support House Bill 248 as explained below. These three reasons are:

- 1) *Being forced to receive and/or show proof of an experimental vaccine is coercion, and a violation of personal autonomy.***
- 2) *Scientific information is not being adequately explained to the general population for them to make an informed decision. Many of the public health mandates and recommendations for COVID-19 are not science-based.***
- 3) *Mandating an experimental vaccine sets a dangerous precedent for future medical interventions.***

My Background

I have a Ph.D. in Human Bioenergetics, spent 3 years as a postdoctoral research fellow at the Cleveland Clinic Lerner Research Institute in the Department of Pathobiology, and currently work as a professor of Exercise Science at Cleveland State University. I have spent the last two decades of my life involved in research with human subjects. Many of the protocols in which I've been involved include higher risk and/or invasive procedures. Also, many of these studies involved populations with multiple comorbidities. As such, I have a good understanding of physiological principles and scientific methods, as well as the importance of informed consent, and protection of human subjects. Below I provide in-depth reasoning for my support of HB 248.

- 1) *Being forced to receive and/or show proof of an experimental vaccine is coercion, and a violation of personal autonomy.***

The COVID-19 vaccine is experimental in nature, not only because it is a new virus, but because the mRNA vaccine methodology has never been used in humans, nor has it been thoroughly tested in animal models to ensure short- or long-term safety and efficacy. It is also my understanding that before an individual receives the vaccine, they must sign an informed consent form. For any private or public entity to mandate this experimental vaccine, consent will be forced, which is coercion. As written in David Resnik's *The Ethics of Research with Human Subjects* (2018, page 115) "Coercion involves the use of force, intimidation, or threats to make someone comply with a demand or request. A threat could involve the prospect of physical, psychological, or economic harm, including the loss of a benefit that one is entitled to." Clearly, denying goods, services, employment, education, etc., based on vaccination status, or marking those who are not vaccinated by forcing the use of masks and/or other marking devices, such as stickers on

badges (as was done at the Cleveland Clinic for flu vaccination status when I worked at the Cleveland Clinic) is coercion and a violation of personal autonomy.

Getting this vaccine, or any vaccine for that matter (such as the flu vaccine) should be a personal choice. Every year in the United States, millions of people choose to eat healthy, regularly exercise, not smoke, minimize alcohol intake, avoid putting any harmful chemicals in their body, and practice responsible sexual behavior. By doing so, they avoid developing or dying from diseases that kill millions of Americans every year. This is because we have the freedom to choose what goes into our bodies and how we treat our bodies. Vaccines should not be any different. There are recommendations based on risk, and people can choose what is best for themselves and their children. Yet, under many circumstances, citizens are not being given a choice on getting vaccines, or are being penalized for not getting the vaccine by having service withheld or being forced to wear a mask, even if they have naturally acquired immunity.

Some may argue that this is no different than mandating other vaccines, like Hepatitis B or the MMR vaccine (for which exemptions exist, and most people choose to get anyway). This is not the case with COVID-19. Hepatitis B, measles, mumps, and rubella have all been well-studied and there is vastly greater depth of understanding of these diseases than of COVID-19. Furthermore, the vaccines for these illnesses have undergone the rigorous short- and long-term research trials and testing required for FDA approval. In looking at VAERS data, adverse side effects for essentially all FDA-approved vaccines are extremely rare. However, with the COVID-19 vaccine, VAERS data indicates noticeably higher numbers of adverse side effects, including death, following the COVID-19 vaccine. Speaking from personal experience, in the two 4-hour shifts that I volunteered at the CSU Mass Vaccination Clinic, I was made aware of two immediate adverse reactions to the vaccine, at least one of which required emergency medical treatment (I worked as door greeter, so I was not directly involved with the vaccination process – there were likely many more that I was not aware of). In addition, I had multiple students call-off from class because they were too sick to attend due to having gotten the vaccination. I have never seen this happen because of a vaccine before. Having served overseas in the US Coast Guard (CGC Midgett 94-96, CGC Polar Sea 96-98), I've had many vaccinations. The only one I can remember making me sick was the Yellow Fever vaccine, which caused an achy arm and a fever for 1 hour, after which I was fine. The reactions to the COVID-19 vaccine are not typical, and the long-term effects are also unknown. Individuals should be informed of their risk to benefit ratio and allowed to decide for themselves if they want the vaccine.

2) Scientific information is not being adequately explained to the general population for them to make an informed decision. Many of the public health mandates and recommendations are not science-based.

Last November (2020) during the week of Thanksgiving and the week after, I was sick with COVID-19. Prior to being infected, and several times thereafter, I have donated blood to the Red Cross, which has allowed me to monitor the status of my COVID-19 antibody response, and potentially

provide convalescent plasma to those that may become severely ill with COVID-19. Since having COVID-19, I have tested positive for antibodies with every donation, and as recently as April - my most recent donation. Please note that the Red Cross tests for COVID antibodies for both the spike protein, as well as the nucleocapsid protein, which is another component of the virus which allows the Red Cross to decipher between individuals who have been vaccinated vs. those who have actually been infected with the virus. Testing positive for antibodies 6 months after being infected does not come as a shock to me, since the scientific literature has indicated lasting and effective immunity in those that have been infected with COVID-19 (see research articles [here](#) and [here](#)). Furthermore, recently published research indicates that naturally acquired immunity is likely BETTER than vaccine acquired immunity, particularly with regards to protection from the variants (See NIH directors blog [here](#) and scientific article [here](#)).

If this is the case, why would someone with naturally acquired immunity need to be vaccinated? Why do naturally immune people need to continue to wear a mask even though they have better immunity than those who have only been vaccinated? Why is this information not being shared by our public health officials? Why are people, even those who have been infected with COVID-19, being told that they MUST get a vaccine? If one has natural immunity, or has immunity from vaccination, why should they care if others get vaccinated? This brings me to my third and final point.

3) Mandating an experimental vaccine sets a dangerous precedent for future medical experimental interventions.

Skipping adequate testing for a vaccine to a virus that has an exponentially low mortality rate among healthy individuals sets an extremely dangerous precedent. It is unclear why this is being done, particularly considering the aforementioned ethical concerns and published scientific observations. The continual fearmongering, and the lack of transparency and education from public health experts, as well as the silencing of those who offer any criticism is appalling. It has been recently indicated that those who have had the vaccine will likely need boosters because of the variants, thereby putting more money into the hands of large pharmaceutical companies (it is worth noting that those with naturally acquired immunity are likely already immune to the variants). Additionally, the NIAID/NCI are already working on the next generation of coronavirus "super-vaccines" using nanoparticle technology that will supposedly pre-immunize us from future coronaviruses (see summary [here](#)). The concern over using these new technologies with malicious intent is valid, and worthy of questioning. As a matter of fact, this SHOULD be questioned, since they have the potential of directly impacting the survival of our species. As well, they should be thoroughly tested rather than brazenly injected into millions of people, while shaming and discriminating against those who prefer not to get the vaccine. The prevailing rhetoric is encouraging those who don't need the vaccine to get it anyway, in the name of protecting those that may be vulnerable. **But at what cost?** The long-term risks of this vaccine have not been studied. What if they effect fertility, or influence the genotype of offspring? I believe that the vast majority of researchers and clinicians are well-intentioned and want to truly

do what's best. However, there's a reason for the saying "the road to Hell is paved with good intentions." Cutting corners and skipping steps in the name of expediency has great potential to backfire, with severe and irreversible consequences.

Another consideration is that forcing vaccination among healthy individuals may actually hinder the ability to fully understand the virus and a healthy and effective immune response to the virus. As indicated above in the article by Ippolito et al. it turns out that targeting the RBD portion of the spike protein for the mRNA vaccine was not the best target...OOPS! So now vaccinated people will have to get a "booster" with updates to the mRNA profile, which will be modeled after the immune response of healthy individuals infected with the virus? How many more "updates" will people have to get to their vaccination as more is discovered? And what are the long-term consequences of these "updates"? Our bodies are not computers that can just be haphazardly updated.

I also believe that fast-tracking this vaccine technology opens the doors for a slippery slope into rushing unethical experimentation on other, more advanced technologies. For example, take CRISPR. This technology is currently being explored for the treatment of a multitude of diseases and involves directly editing a person's genome to disable the expression of specific genes. There is great promise with this technology in the treatment of some horrible diseases, but it is still riddled with unintended consequences. It is also unclear what the long-term consequences will be, particularly regarding genetic impacts on offspring. Here is a description of CRISPR technology : https://www.youtube.com/watch?v=6tw_JVz_IEc I only bring this up because it represents the future of disease treatment. It is a new wave of technology involving genetic engineering and needs to be approached with a high degree of caution. The COVID vaccine seems to be a first step towards making genetic engineering practices mainstream. Policy-makers need to be exceptionally diligent in implementing regulations as this era of new technology is ushered in.

I want to make clear that I am not opposed to advancing technology. I believe that there is real potential with scientific advancements such as mRNA therapies and CRISPR technology. However, these need to be studied long-term over multiple generations due to the likelihood of unintended consequences. This can be done relatively quickly (i.e., a few years) using animal models. In dire situations (which COVID is *not* for most people) there is also the availability of the "Right to Try" option. For instance, the COVID-19 vaccine could be encouraged among those who are considered high-risk, since their risk of dying from the virus is likely greater than adverse outcomes of the experimental vaccine. However, for relatively young, healthy people, there is absolutely no reason to use an experimental vaccine since the risk of dying or suffering debilitating disease from the virus is so infinitesimally low.

In closing

Isn't it interesting how so many people were against "Big-Pharma" before the pandemic, and now so many people practically worship it? Isn't it also interesting that those who are making the prevailing policies are also heavily involved in the development of these vaccines and technologies? Furthermore, they want to strip back the safeguards designed to protect

individuals, in the name of accelerating roll-out of experimental medical treatments for which the long-term effects are unknown. Mandating an experimental vaccine not only violates personal autonomy, it also sets a precedent for large-scale unethical pharmacological experimentation. God designed our bodies to be incredibly resilient, and our cellular machinery is well equipped to handle viral invasion and adapt to prevent further illness. For the vast majority of people, if they take care of their body, their body will take care of them. Further, as a mom and as a military veteran, I have a duty to support and defend the rights of my child, and the citizens of this great country. Ohio is the heart of the United States, and we need to stand firm for freedom in this nation.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Emily Kullman". The signature is fluid and cursive, with a long horizontal stroke at the end.

Emily Kullman, Ph.D.

Direct links to articles above (in the order in which they appear)

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7919858/>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7803150/>

<https://directorsblog.nih.gov/2021/05/18/human-antibodies-target-many-parts-of-coronavirus-spike-protein/>

<https://science.sciencemag.org/content/early/2021/05/03/science.abg5268.long>

<https://www.nih.gov/news-events/nih-research-matters/nanoparticle-vaccine-against-various-coronaviruses>