

## Witness Testimony

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Here are my key concerns:

- As of May 28, 2021 seven people under the age of 20 and 25 people under the age of 30 have died of COVID-19 - <https://coronavirus.ohio.gov/wps/portal/gov/covid-19/dashboards/key-metrics/mortality>
- Median age for Covid-19 is 80 in Ohio that is higher than the average of all deaths. <https://www.cleveland.com/healthfit/2020/12/ohio-residents-dying-younger-than-they-did-10-years-ago-report-says-two-cuyahoga-county-areas-have-a-37-year-difference.html>
- Per Pfizer 800-879-3477 - Vaccine FDA Approved for emergency use only
- Alternative treatments like Ivermectin (has been on the WHO safe list for 50 years)
- 90% COVID-19 fatalities has subnormal D3 - Fauci takes 600 IUs daily
- COVID-19 vaccines potentially have side effects that the current administration, drug companies and media are quick to suppress and labeled as fake. The following is taken from <https://www.americasfrontlinedoctors.com/> which the media is committed to discrediting likely for political reasons.
  - They are not acting like vaccines, according to the common definition of a vaccine. The investigational COVID-19 vaccines were granted emergency use based upon reducing symptoms only and not based upon preventing transmission of SARS CoV2. Once the trials are completed, Moderna October 27, 2022 and Pfizer January 31, 2023, the data will be analyzed and at that time it may be possible to know if either or both vaccine candidates reduce viral transmission. There has never been a situation where a vaccine candidate was rolled out to millions of healthy people under such a bizarre set of facts.
  - The experimental vaccine only lessens symptoms. The effective rates reported of 90% or above, refer to minimizing the symptoms of COVID-19, not immunizing you against the SARS CoV-2 virus. That is why the CDC is still recommending wearing the mask after you take the experimental “vaccine.” You are still at risk of getting the virus. It is similar to taking Tylenol to reduce the pain of a headache not a cure or avoiding of the headache.
  - You do not need to be vaccinated if you have already contracted COVID-19. Typically people who catch an illness develop natural, life-long immunity and there is no reason to think SARS-CoV-2 is different in this regard. Persons who already had COVID were excluded from the initial trials (which is strange given that now recommend it to people who already had the illness.) There is evidence the covid vaccine might actually be more

dangerous for persons who have already had the illness in that they seem to develop an exaggerated reaction to the vaccine.

- The experimental vaccine uses new technology never before used in a vaccine. All current and past vaccines use antigens, something the body detects as foreign to us. In total contrast, some of the COVID-19 vaccines use modified RNA to program our cells to make an antigen. Then, after our cells make the antigen, our immune system fights against it. For the first time, the immune system is trying to attack something our bodies have made. Will the body consider it “self” or “foreign?” This needs to be studied dispassionately and carefully before dispensing to millions of healthy people worldwide. We know autoimmune disease will occur as it always does in some percentage of standard vaccines. But we are concerned it will be in much higher percentages with this new technology. Understand, you are agreeing to be in a medical study when you take any of the COVID-19 vaccines.
- The “vaccine” may make you sicker than if you hadn't taken it, especially the elderly. The vaccine may cause a paradoxical reaction, called ADE Antibody-Dependent Enhancement. These enhanced antibodies are extremely dangerous to people as they actually help the virus get into the cell! If the vaccinated person with ADE is later exposed to the virus, they will have a much more serious reaction than if they hadn't taken the vaccine. Studies show that the elderly may be more prone to ADE. The previous unsuccessful attempts to create a vaccine against SARS-CoV1, MERS-CoV and RSV, all coronaviruses, all failed due to this antibody-dependent enhancement, or ADE.
- . Inflammation at the placenta of pregnant women who receive the vaccine have been reported. Caution if you desire future pregnancies. The “vaccine” is designed to create antibodies to attack the viral s-protein. That protein is very similar genetically to the proteins made by the placenta. Some reported cases of inflammation have been made. We urge extreme caution for those of you that desire future pregnancies. This reaction could affect future childbearing. We just do not know.
- There are effective, safe, affordable prevention and treatment medications for COVID19. 3 of 3 During the pandemic, well over 250 studies have shown that hydroxychloroquine or ivermectin is a safe effective affordable medication to prevent and treat COVID-19. Additional supplements including Vitamin D, Vitamin C, Zinc and Quercetin have all been found to be beneficial in the treatment of COVID-19. For the cost of over-the-counter supplements, and a generic medication, usually less than \$25, the majority of people can be treated. We know it makes much more sense to take medications that have been used billions of times across the world, that have been FDA approved for decades with unimpeachable safety record, than to try an experimental new technology. The non-Western world uses hydroxychloroquine liberally and enjoy 1% of the COVID-19 death rate of Western nations.
- Deaths due to COVID-19 simply do not justify the use of any “experimental vaccine.” We now know the death rate for COVID-19 in all ages in the US. According to the CDC, the chance of surviving SARS-CoV-2 without any treatment at all: age 0-19 (99.997%) 20-50 (99.98%) 50-69 (99.5%) and >age 70 (95%). 80% of deaths are over the age of 70 with an average of 2.6 other serious medical conditions. Only 6% of deaths occur in persons without known serious problems. The average age of death of a COVID-19 patient exceeds the average national life expectancy. Thus, most of the reported COVID-19 deaths died with COVID-19 not from it. The death rate is very low for most people, similar to the seasonal flu. Would you be willing to take an experimental medication

that reduced symptoms only for the flu? We should focus on the highrisk groups for deaths from COVID-19, those 70 years or older with multiple diseases.

- The known risks of vaccines can be serious. Vaccines currently available have reported known risks including neurological diseases such as transverse myelitis, Bells' Palsy, multiple sclerosis, autism, and Guillain-Barre. These have already been reported with the new COVID-19 "vaccines." The FDA limited the Phase 3 trials and shortened the traditional trial periods and now, the entire world's citizens are the subjects of the study. We are administering the vaccine to people at low or exceedingly low risk
- The experimental vaccines should be compared to other therapeutic medications to accurately determine their risk vs benefit. Whenever you take any medication, ask yourself, is the risk of taking this medication worth the benefit? If the "vaccine" can only lessen symptoms, it should be compared to other medications that do the same, like Tylenol or hydroxychloroquine. The latter two win the risk vs benefit comparison hands down.

- Above suggest no justification for emergency use of experimental vaccines!