

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 Tith. I am a realtor and former special education teacher who supports HB 248. I have many reasons I support this bill and will touch on a few.

I have deeply held religious and personal beliefs that do not allow me to receive a vaccine derived from or for which aborted babies were used in the development of a vaccine.

“The development of each of the three current COVID-19 vaccines currently in use involved aborted fetal tissue or human embryonic stem cell derivation lines:

* Johnson & Johnson/Janssen: Fetal cell cultures are used to produce and manufacture the J&J COVID-19 vaccine and the final formulation of this vaccine includes residual amounts of the fetal host cell proteins (≤ 0.15 mcg) and/or host cell DNA (≤ 3 ng).

* Pfizer/BioNTech: The HEK-293 abortion-related cell line was used in research related to the development of the Pfizer COVID-19 vaccine.

* Moderna/NIAID: Aborted fetal cell lines were used in both the development and testing of Moderna’s COVID-19 vaccine.”

It is also not just the covid vaccine that aborted fetal cells were used in the development of vaccines. Here is a list of others that do.

Varicella (chickenpox) vaccine
MMR (measles, mumps, rubella) vaccine
MMRV (measles, mumps, rubella, varicella) vaccine
Hepatitis A vaccine (Vaqta, Engerix, Twinrix)
Pentacel (DTap, IPV/Hib) vaccine

The ones that do not use aborted fetal cells use animal derived cells in the manufacturing process.

Although I believe businesses should have the right to operate as they wish, I do not believe this should EVER include a medical procedure for condition of employment. This crosses a very hard line. You are talking about injecting a foreign substance inside one’s body to remain employed. This will force someone to choose between making a living for their family and getting an injection they do not want. Employees should also not be treated differently or discriminated against for not receiving this medical procedure.

What we don’t hear is that the procedure is NOT without risk. According to a Havard Pilgram study the adverse events are rarely reported. It is actually 1-10% of actual adverse events that

happen after vaccination. There is a risk from both illness and receiving a vaccine. Therefore, we should never mandate or coerce anyone to take this product and it should always be up to the individual to make this choice. Healthy people are getting an injection that comes with risk and this should never be a condition for employment. It would be highly unethical to trade one group's theoretical risk for another group's KNOWN risk! See for reference.

<https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf> To add to this concern is there is no manufacturer liability.

Lastly, I stand for HB248 for my children. I am concerned about the United States history on experimenting on children. I also have extra concern because of the history of medical experimentation that has been pushed on minority populations and my children are half Asian. These experimentations include but are not limited to surgical experiments, pathogen and disease experiments including the Tuskegee experiment, radiation experiments, chemical experiments and pharmacological research.

I would also like to reiterate that I should never have to choose between my job or a forced medical procedure. Discrimination after making the choice should not be acceptable either.

Thank you for the opportunity to provide testimony on the need for and urgency of HB 248.

Sincerely,
Emily Tith