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Chairman P. Scott Lipps, District 62
Health Committee
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Representative Jennifer Gross
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Representative Kent Smith, District 8
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<https://ohiohouse.gov/members/kent-smith/contact>

Regarding: Sub H.B. Number 248, Vaccine Choice and Anti-Discrimination Act

To the Health Committee:

My name is Miriam F Weiss. I am a retired physician and Professor of Medicine at Case Western Reserve University. I served the majority of my career as an academic nephrologist—caring for patients at University Hospitals, teaching medical students and house officers, and conducting research funded by the National Institutes of Health. I have additional expertise in Bioethics, having completed a master's degree in that field at Case.

I am submitting written testimony in support of SubHB248. My testimony emphasizes three points.

1. Vaccine mandates are based upon a single medical solution to the COVID-19 pandemic. In fact, alternative approaches, namely therapeutics, are effective and increasingly available. Our knowledge is constantly changing. To mandate a universal rule is simplistic and contrary to the evolving state of science.
2. Vaccine mandates and mandated disclosure violate ethical principles of patient autonomy, the beneficence of the medical professional and the principle of non-maleficence.
3. Mandating vaccines and vaccination disclosures incite discrimination and conflict amongst Ohioans, promoting feelings of virtue towards some and disgust towards others.

1. In the United States, public health officials and bureaucrats have promoted the idea that vaccination is the only way society can return to normal. Faced with one option, millions of Americans have accepted vaccination. Yet millions more remain uncertain.

In recent months, COVID-19 cases (and death rates) have decreased, seemingly in response to widespread vaccination. However, uncertainty remains. Do vaccinated people become asymptomatic carriers who can spread the virus to others? How long does protection last? Does vaccination protect against viral variants? Why are most people who have recovered from infection and have natural immunity advised to receive the vaccine?

It is a foolish over-simplification to equate vaccine-induced levels of antibodies against one viral component (the SARS-CoV2 spike) with immune protection. The human immune system employs multiple redundant pathways to protect against disease. A multitude of factors, immunological and individual, contribute to illness and recovery.

While vaccines have been developed at “warp” speed, therapeutics have lagged behind. Treatment protocols used with success in other parts of the world, and supported by strong research and clinical experience, have been reviled and hidden from view on mainstream and social media.

2. Currently available vaccines against SARS-CoV2 are NOT FDA approved. They are experimental treatments made available to the public under an Emergency Use Authorization (EUA). Guidance from the U.S. Department of Health and Human Services with respect to EUA states that “recipients be given the option to accept or refuse the EUA product.”

The Nuremberg code, agreed on by the major powers in the aftermath of Nazi atrocities, is the cornerstone of clinical research and bioethics. Informed consent for medical interventions is a universal right. In practice, fully informed consent must be given by a competent adult, voluntarily, and free of coercion. Violations of these requirements represent a form of assault, punishable by law. At present, lawsuits against mandatory vaccination have been filed in the U.S. and in Norway. A group of Israeli Citizens is seeking redress against vaccine mandates in the International Criminal Court.

Although vaccine manufacturers have been protected from lawsuits for injury or death caused by experimental vaccines, companies and individuals that mandate vaccination remain liable. In addition to standing up for freedom, the provisions of Sub HB248 provide Ohio businesses and institutions with strong guidance to avoid breaching foundational principles of medical ethics.

The ethical practice of medicine requires caring for one patient at a time, not a whole population. As a physician, it is my solemn duty to treat based on my detailed knowledge of the individual in front of me, in combination with the knowledge I have acquired through

my life-long study of medicine. Together, my patient and I must decide on an individual best strategy---both for prevention and for treatment in the event of illness. To mandate a change in this personal and private model is to destroy the sanctity of the therapeutic relationship.

3. To require a display of personal status such as vaccine passport endangers a free society and breeches privacy. Such a display reminds me of the “yellow star” required to be displayed by Jews in Nazi Germany. Totalitarian regimes seek to divide their citizens. Those with a vaccine passport can signal their virtue and those without are viewed with disgust. There are too many unknowns in this rapidly evolving area to institute a mandate which harms more than it benefits Ohioans.

Representative Gross, thank you for introducing HB 248, and in its revised form Sub HB 248

Representative Lipps, thank you for soliciting testimony for your committee.

Representative Smith, please vote **yes** on HB 248, and identify yourself publicly as supporting this bill.

Sincerely yours,



Miriam F Weiss, MD, MA