

Dear Members of the committee considering House Bill 248:

I have been an Ohio resident most of my life including the past 24 years. I have been a nurse in good standing in this state for that long as well, and have 30 total years of experience being a critical care nurse, 26 years of that experience in the Emergency Department. I currently work at the bedside in a TriHealth hospital in Butler County, Ohio. When the pandemic hit I actually had seen patients with some flu-like illness for several months before we knew what COVID was, I then worked multiple days wearing the same PPE because there was a shortage, (Please see the attached CDC guidelines for masks), I held clients' hands and reassured them because their families were forbidden to visit, I went several months without seeing my mother who was in a long term care facility, I have been around COVID without questioning my career choice for well over a year. My husband caught COVID and I caught it from him. I did all of that knowing there was no vaccine and I was comfortable doing so. I would gladly do it again.

Now there is a vaccine that seems to have a lot of side effects and even quite a few deaths associated with it: 39 confirmed cases of thrombotic events (blood clots), 155 confirmed cases of Guillain Barre syndrome causing paralysis, 730 cases of myocarditis or pericarditis (heart issues) these statistics are from the CDC. According to NEWSWEEK 970 people have died as a result of being vaccinated with this largely untested vaccine. There is no long-term clinical data to make an informed decision regarding this vaccine. It is just too new. Governor DeWine signed that State and public colleges could not mandate the vaccine, but hospitals who mandate it make it mandatory for thousands of college students.

If I were to join a medical study for a new medication I would have to sign informed consent. The hospitals are taking that consent away by coercing employees and threatening them with job loss. Keep in mind this drug is still only approved for emergency use and given the adverse events listed above, does not seem like something that would be easily given full approval by the FDA. Any consent states that you have come to the decision that the benefits out-weigh the risks, this is being taken out of our hands and we no longer have a choice with this mandate. We choose to feed our family and continue to be an expert at saving your family or we change careers.

I am so thankful that vaccines are being developed and I truly believe many vaccines save lives. In developing this particular vaccine, we have skipped steps and seem to be ok with adverse events which historically were not acceptable. When the H1N1 vaccine was being developed, for instance, 15 deaths were enough to pull it from the market.

I and my two girls who are studying nursing and sonography, my family who are in healthcare, and my co-workers who work tirelessly to care for our communities should have the right to choose whether or not we receive this experimental vaccine. An ultimatum is not a choice it is a threat. Hospitals (or other corporations) should not be able to mandate that we take something without knowing the long-term effects or that we feel the risk out-weighs the benefit. I like to think about this and compare it to the HIV cases. If you have HIV or I know you are at risk for HIV I am not allowed to ask you if you have been tested or if you are taking the drugs to treat it. And neither me nor my employer can mandate that you take the drugs to treat it or wear a condom to protect others. We all have the right to refuse even if it is not in our best interest. We teach this in nursing school that our clients' have the right to refuse. I would just like to advocate that healthcare workers have the same right without being threatened, or losing their jobs.

COVID has over a 99% survival rate. In 1952 the polio epidemic was in full force. There were 57,628 cases reported according to the American Institute for Economic Research and that year 3,145 people died from Polio. This is a mortality rate of 5.4% which means the survival rate was 94.6% and Polio had many disabilities associated with it including paralysis, so death was not the only thing to consider. This illness did warrant mandating vaccines and had 50 years of research in development of the vaccine. It also had a rocky start and the first vaccine developed had to be abandoned. The mortality rate of COVID just does not support a need for mandating a vaccine.

If we now or in the future want to mandate a vaccine I would number one hope that plenty of research had been done and that it was deemed incredibly safe. Then I would also hope that we would go through the proper legislative process and add that vaccine to the existing law, Ohio revised code 3313.671.

In closing the vaccine is too new. Natural immunity should be considered and employers should not be able to threaten employees to be part of an experiment without their consent. Thank you for your consideration.

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