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HB248

Representative Lipps

Aug 18, 2021

Dear Chairman Lipps, Vice Chair Holmes , Ranking Member Russo, and honorable Members of the House Health Committee:

Thank you for allowing me to write to regarding my support of HB248. I urge you to demand an emergency clause amendment so that people facing mandates get relief now.

I am writing as a concerned citizen in the great state of Ohio, to voice my support of HB248, medical freedom and anti-discrimination act. Let me first thank you, and the committee, for convening a special hearing on this very important initiative. I also commend Representative Gross for spearheading this momentous bill.

I have been a registered nurse since 1987, working in pediatric hematology and oncology. I have also been a nurse practitioner for the past four years in this same field. Through parts of my nursing career, I worked in adult hematology and oncology as well. During this time at the bedside, I have experienced tremendous personal suffering along with my patients, witnessed unspeakable trauma and pain, and am in awe at the courage, strength, and resilience of my little friends with cancer and other disorders. The families I have served have taught me so many lessons on love, compassion, kindness, and resolve. It is my experience that nurses do not live in fear of viruses, bacteria, or diseases. On my unit, we fear much more devastating conditions, such as intractable pain, hemorrhaging, progressive cancer, loss of limbs, and loss of life. Daily, health care workers are exposed to many known and unknown pathogens. We chose to serve, and we serve proudly and strongly. We want to continue to serve our communities, but mandatory vaccinations, the threat of this and the implementation of this, along with tyrannical mandates to undergo weekly testing, wearing masks, segregating vaccinated from the unvaccinated, essential and nonessential have caused many of us to pause and question the logic and science behind such decisions. We have never done this before, and many of us do not understand nor accept these measures because they are not based on science.

Putting science aside for the "experts", I'd like to speak on a personal level. First, I was a young novice nurse when we were all told to fear HIV and avoid "those people" with AIDS: do not touch them, the surfaces in their rooms, the toilets, no hugs, do not sit with them, you might "catch" AIDS. Are we really doing this again over a coronavirus? I was a nurse to HIV infected children, who contracted this through their hemophilia treatments. Don't hug these kids? Put them in isolation? That goes against everything human. It turns out, that many of the things the experts told us to fear during HIV outbreak, were false. The same is true for the coronavirus response.

I think that social isolation, segregating people, shaming people because of their health care choices, identifying people as "vaxxed" or "unvaxxed" is driving the separation in our country, it's driving mental illness, suicides, drug abuse, domestic violence and child abuse. Thankfully, children have not been hospitalized in great numbers with COVID or even with a positive test, but children are being

hospitalized due to major depressive disorder, behavioral outbursts, suicide ideations and attempts, and abuse. Where is our community outrage?

To be told that I don't care about people, I am endangering the lives of the people I serve, I don't care about my coworkers, community, grandparents, and the elderly because I believe in a person's right to bodily autonomy and the right to choose what is best for their health, is sickening to me. To be told that I have a moral and ethical obligation to the families I serve to take this experimental injection, or I don't care, is insulted. I was not questioned about my "vaccine status" when I told a young woman she was dying, and asked her what her end-of-life wishes were. No one seemed to care during the height of the pandemic who their nurses were, but now they do. I don't treat my patients and families any differently if they have chosen health care measures that I wouldn't choose-it's their right to choose. I would never refuse a patient assignment based on a diagnosis someone has, even if I am risking my well-being. I have administered chemotherapy, ministered to patients with radiation implants, administered toxic medications, exposed myself to HIV, chicken pox, cytomegalovirus, Epstein Barr Virus, herpes simplex virus, tuberculosis, meningitis, and all manner of blood borne pathogens and infections, wound infections, lung infections. I was not afraid. My Lord told me, "Do not fear, for I am with you." There were no gloves in patients' rooms until HIV! That was around 1990. We thought it was inhumane to don gloves before providing hands on patient care. There is healing power in human touch. But now 'universal precautions' with gloves, gowns, etc is "normal." Do we really want our health care providers to be behind masks and goggles forever, shielding their faces from their patients and families? This is inhumane and must stop.

I will give you an example here. As a nurse practitioner, I sadly sometimes must tell people the most devastating news: we think your child has cancer; you are here because we have identified a mass that may be cancer; we must rule out cancer with further testing. This is one of the hardest things for someone to say to a parent and child. And now I must break this news while wearing a mask. My families cannot even see the expression on my face, they cannot read the nonverbal communication that shows my compassion and agony at saying these words. Just writing these words brings tears to my eyes. I have some little patients who have never seen my full face in 18 mos. They were diagnosed at the beginning of this pandemic, and they are still receiving treatments, and they have never seen our faces! This has got to stop. It is dehumanizing to the providers and the people we serve.

We underwent specialized training in resuscitation efforts for the COVID patient, or suspected COVID patient. We were told "do not enter these rooms even if someone is coding, without the proper PPE. Take care of yourself first and leave the patient until you are properly garbbed up', because we are no good to anyone if we get sick. " This is along the same lines as "put your oxygen mask on first." But this flies in the face of unacceptable for nurses, because we put our patients first, above our own safety. We don't leave people in cardiac arrest in order to put on our PPE-if we can even find any PPE! But now, we don't care about people if we don't put them first by getting vaccinated on their behalf.

I must comment on the recent testimony of Dr. Crow from Akron Children's. Some of the statements were not true. We do have yearly mandatory flu vaccine "training" that we must all complete. Currently, there are the options of religious or medical exemptions for flu vaccination. But Dr Crow neglected to tell you what is stated on this exemption form: that you understand that you are risking the lives of the patients you serve by refusing the flu vaccine. There are several statements along these lines that you

must agree to, or the form doesn't go through. He also neglected to tell you that from 2013-2017 there were only medical exemptions accepted-no religious or philosophic exemptions. Prior to 2013, we had three means of exemption: religious, philosophic or medical. I don't know what happened in 2013, or why the policy was reversed in 2017. I am not aware of anyone who has been relocated because they declined flu vaccination. I work with one of the most vulnerable, immune compromised populations in the hospital, and I have never been asked to relocate or wear a mask during flu season because I have an exemption to flu vaccination. As a matter of policy, we were told, up until COVID, that the masks don't stop the spread of viral respiratory illnesses. Now suddenly they do? I also want to explain, that on the on-line flu "consent form," it is not obvious that the hospital accepts exemptions-you must look for this on the form. No one tells employees that there are exemptions. I disagree with Dr Crow about the safety and efficacy of wearing masks. These surgical masks are designed for 15 minutes of use. The operating rooms are supplied with extra oxygen because of prolonged mask use, and the masks are worn in the OR to prevent contamination of the sterile field, not to stop viral respiratory illness. I know people who have suffered tooth abscesses and chronic sinusitis because of mandatory masks. Masks are considered a medical device, and as such should not be mandated. I also must disagree with Dr Crow when he said flu vaccination is the best thing we can do to protect our patients. The best things we can do to protect our patients are hand washing, cover your cough, and stay home if you are sick. Are you aware that up until COVID, nurses were penalized for calling in sick, even during the flu season? Penalized, given points, written up because they called in sick. Every year I asked the question: why are we penalizing nurses for calling in sick, when the entire community is sick? People need to stay home when they are sick.

According to the Cochran review on flu vaccination, there is no evidence that vaccinated health care workers prevents the spread of flu or has prevented one single hospitalization due to flu. Our flu vaccination public health policy is a disaster, as the flu vaccine, at best years, is only about 30% effective, and has never been shown to have prevented one single flu death. On the contrary, there are many warnings on the flu vaccine inserts for adverse effects such as Guillain Barre, a paralyzing neurological event, Bells' palsy, and other toxicities. When Dr Crow stated that there was "no flu" in 2020, I want to ask, "were the hospitals testing for influenza?" I respectfully disagree with Dr Crow when he stated that "the armor we wear is vaccination." This is simply not true. The armor we wear is a healthy immune system, as we are exposed to thousands of viruses and bacteria daily. Where are the doctors at Akron Children's talking about supporting the immune system? Checking vitamin D levels and getting those levels above 60? There are hundreds of peer reviewed scientific studies on the positive effects of Vitamins D and C on our immune systems. Studies are being published now, showing that most people with serious COVID infections have a low Vitamin D level. A strong case is made for testing everyone in Ohio's Vitamin D level, to prevent all viral respiratory illnesses. This would be a simple, cost effective, public health initiative, but we cannot talk about it. It's not fancy, and you can't make money on it.

Dr Crow is mistaken when he says that the COVID vaccine was the driving force in reducing hospitalizations and death from COVID. You can check the Ohio data and see that the cases were already dropping before vaccination, and long before people were fully vaccinated. The same is true for smallpox and polio-proper sanitation and clean water were the driving forces behind reducing these two illnesses. He further stated that "the good of the many outweighs the desire of one." When did America become a utilitarian state? When did personal bodily autonomy get replaced with "the greater good?" it was the "greater good" in Nazi Germany to experiment on the handicapped, send the Jews to camps,

and sacrifice the weak for the strong. And let me tell you, doctors and nurses perpetrated many crimes in the name of “the greater good,” and “I’m just following orders.” Not here, not now, not in America.

I stand for health freedom for all Americans. I stand for bodily autonomy, and informed consent. I stand for religious freedom, and I am anti-discrimination. We cannot have informed consent if we do not know the long-term adverse events of these gene therapy injections. We don’t know the pregnancy outcomes for women who have taken these injections early on in pregnancy. I will tell you that our neonatal intensive care unit is overflowing with premature babies. Are we asking these women if they took the injections early on or before their pregnancy? I don’t think we are. That would be important data to collect. We were told thalidomide was safe, and that was a disaster to the injured children who were born with missing limbs because of it. The swine flu vaccine was removed from the market in 1976 because people started to die. We were told Zofran was safe during pregnancy, yet some children have been born with heart defects because of it. Now Zantac causes cancer. We experimented on African Americans at Tuskegee in the name of “science.” We forcibly sterilized young women because they “were not fit to be mothers.” Who decides what is right or wrong for me? Where do we draw the line between civil liberties and public health, as one astute representative asked Dr Crow? Where does medicine cross the line? I assume that those doctors and nurses in Nazi Germany were following orders. Should we, in 2021, blindly follow orders, and not follow our conscience and real science? Should we just comply, because it’s easier to listen? We have a fighting spirit in America. We were founded on a revolution for freedom. Nurses and health care providers need to stand up for freedom, for bodily autonomy, for personal rights, and the right to keep our jobs. We love being nurses, but many of us will be forced out because we will not comply with forced vaccination, mandatory testing (these tests are emergency use authorization only and they contain ethylene oxide, a known carcinogen), and perpetual mask-wearing. We already have a nursing shortage, jeopardizing the safety of our patients. Why aren’t we warning families about myocarditis in young people? Even the FDA put out the warning of myocarditis. How can our employers make a risk: benefit analysis for each one of us? We all have different risks, different bodies, different genetics, different environments, different beliefs. Are we, as health care providers, supposed to take all the risk to our lives and well beings by taking these experimental injections that do not have long term studies, because we need to keep our jobs? Will our employers pay for us if we are injured? Will we get workers compensation? Will insurance companies pay for our injuries? Are our families eligible for life insurance if we die?

I do not live in fear. I love serving the sick, the vulnerable, the suffering. In serving others, I serve my Lord. I totally support HB248 and health freedom. I am so grateful to you for pushing this hearing through. May God bless your efforts, and God bless those in Ohio who are fighting for our freedom, and may God bless America, preserve our freedoms, and our right to bodily autonomy.

Respectfully submitted,

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