

TESTIMONY BEFORE THE OHIO HOUSE HEALTH COMMITTEE
IN SUPPORT OF SUB. H.B. BILL 248
Kristine M. Severyn, Ph.D., R.Ph.
August 24, 2021, Ohio Statehouse, Room 313

Chairman Lipps and members of the Health Committee: Thank you for the opportunity to testify before you today about Sub. House Bill 248, which addresses current threats to medical informed consent in our state.

I live near Dayton, Ohio, and am a registered pharmacist with a Ph.D. in biopharmaceutics, specializing in pharmacology, toxicology, and drug kinetics. As a health-care professional I have extensively researched vaccine issues for thirty years. As former director of the Vaccine Policy Institute, I regularly travelled for ten years to Washington, D.C. and Atlanta, Georgia monitoring federal vaccine policy-making commissions at the FDA, CDC, and Vaccine Injury Compensation Program. I have written extensively on medical informed consent issues, including a law review article in the Journal of Pharmacy and Law at Ohio Northern University.

Please allow me to correct a common misconception about the effectiveness of COVID-19 vaccine. When we hear that COVID-19 vaccine is 95% effective, most people think that the vaccine protects 95% of those who take it. Nothing could be further from the truth.

First, COVID vaccine clinical studies involved detecting mild COVID symptoms, which can be similar to other respiratory diseases, such as the common cold. The studies did not determine if the vaccines protect from viral infection, transmission, hospitalization, or death.

Second, to make the vaccines look better than they really are, vaccine companies use statistical deception. Pfizer's 95% effectiveness number was calculated using the less accurate relative risk reduction, instead of the more accurate absolute risk reduction. Such deception leads to reporting bias, which affects how vaccine effectiveness is evaluated by public health authorities. COVID vaccine makers ignored FDA's instructions to report both absolute and relative risk reductions for the agency's review. Sadly, FDA overlooked its own advice, and lets the companies get away with reporting only the deceptive relative risk reductions.

In the Pfizer COVID vaccine clinical study, about 44,000 test subjects were divided into two groups of 22,000 each, one group receiving the vaccine, and the other receiving a "placebo" injection. Eight people in the vaccine group (8 out of 22,000 or 0.04%) developed mild respiratory symptoms and a positive COVID test, while 162 in the "placebo" group (162 of 22,000 or 0.74%) developed mild respiratory symptoms and a positive COVID test. This means that 99.96% of the vaccinated group and 99.26% of the unvaccinated group were NOT infected or sick from COVID. More than 99.2% of each group had the same outcome, whether vaccinated or not, with less than 1% absolute risk reduction in vaccine recipients. (See illustration below.)

How did Pfizer calculate 95% efficacy for its vaccine? It subtracted 0.04% (vaccinated illness incidence) from 0.74% (unvaccinated illness incidence). The difference was divided by 0.74% (unvaccinated illness incidence) to yield 95% efficacy.

Thus we see that working with small percentages, drug companies deceive the public. Unfortunately, this happens with other pharmaceutical products, not just vaccines. You see it every day in television drug advertising. Dr. Marcia Angell, M.D., who spent twenty years as an editor of the *New England Journal of Medicine*, documented unsavory practices of the powerful pharmaceutical industry in her 2004 book, *The Truth About the Drug Companies: How They Deceive Us and What to Do About It*. In his 2013 book, *Deadly Medicines and Organised Crime: How big pharma has corrupted healthcare*, Dr. Peter Gotzsche and others compared drug companies' fraudulent behavior to that of tobacco companies.

In addition to the above COVID vaccine statistical deception, Ohioans should be concerned about serious financial conflict of interest between medical organizations, e.g., the American Academy of Pediatrics, and drug companies. I documented this problem in my June 6, 2017 testimony before the Ohio Senate Finance Committee during state budget hearings, provided for you below.

This past spring, radio ads promoting COVID vaccine, with reference to the Ohio Department of Health and a voice message from Governor DeWine, were funded by the Pharmaceutical Research and Manufacturers of America, the trade group for drug companies. This organization employs eleven registered Ohio Statehouse lobbyists.

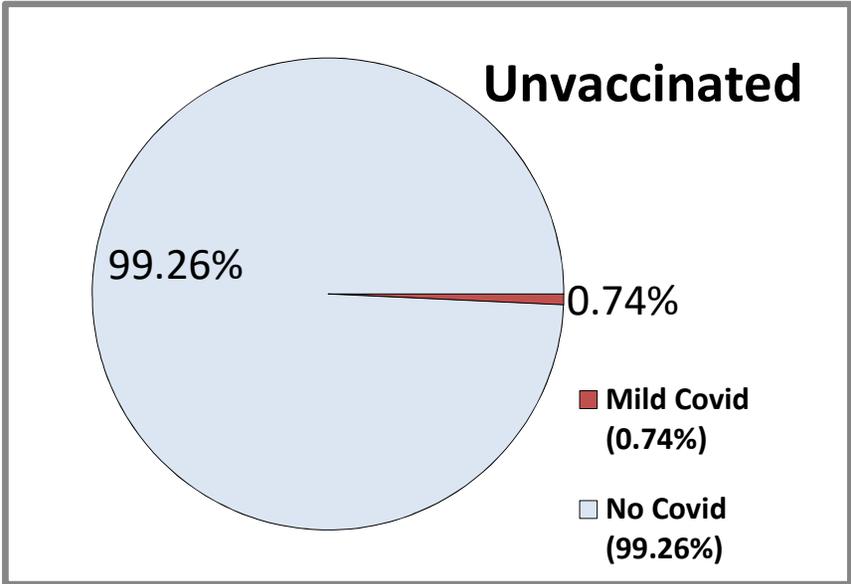
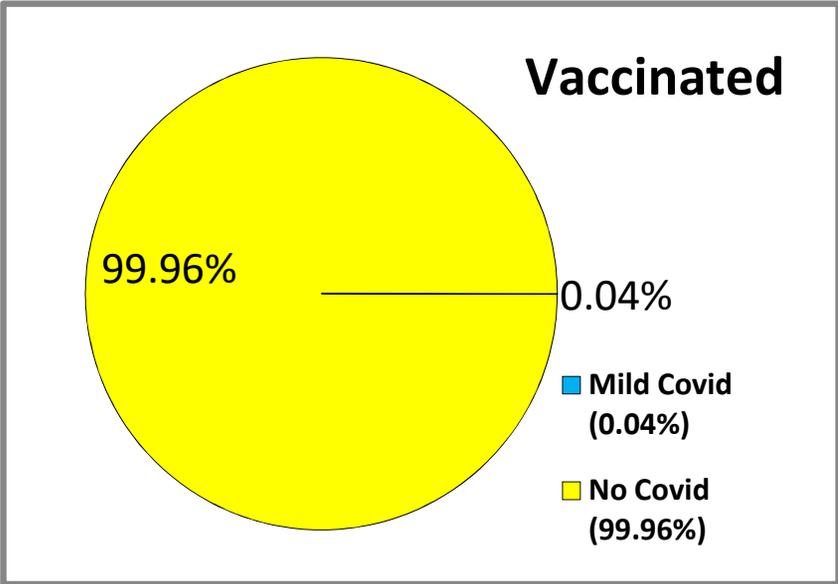
If you or a family member is harmed by a vaccine, you're on your own. Federal law prohibits suing drug companies for vaccine injuries and deaths (National Childhood Vaccine Injury Act of 1986). If you're lucky, state programs for the disabled may assist. Should Ohioans be compelled to be injected with pharmaceutical products with poor effectiveness and safety follow-up as a condition for daycare, school, college, and employment? Why should one industry have veto power over our lives?

Thank you for your concern and attention. I am pleased to answer any questions.

References

1. Doshi, P. Pfizer and Moderna's "95% effective" vaccines—let's be cautious and first see the full data. *BMJ*, November 26, 2020. <https://blogs.bmj.com/bmj/2020/11/26/peter-doshi-pfizer-and-modernas-95-effective-vaccines-lets-be-cautious-and-first-see-the-full-data/>
2. Brown, RB. Outcome Reporting Bias in COVID-19 mRNA Vaccine Clinical Trials. *Medicina* 2021, 57, 199. <https://www.ncbi.nlm.nih.gov/labs/pmc/articles/PMC7996517/pdf/medicina-57-00199.pdf>
3. Olliaro, P. et al. COVID-19 vaccine efficacy and effectiveness—the elephant (not) in the room. *Lancet.com/Microbe*, vol. 2, July 2021, e279. <https://www.thelancet.com/action/showPdf?pii=S2666-5247%2821%2900069-0>

Pfizer COVID-19 Vaccine Clinical Studies



Less than 1% absolute risk reduction

TESTIMONY BEFORE THE OHIO SENATE FINANCE COMMITTEE

Re. Sub. H.B. 49, Creating FY 2018-2019 Ohio State Budget

Kristine M. Severyn, Ph.D., R.Ph.

June 6, 2017

Chairman Oelslager and members of the Senate Finance Committee: Thank you for the opportunity to address you today about actions by the American Academy of Pediatrics (AAP) to change Ohio Revised Code 3313.671 through the legislative budget process, instead of a stand-alone bill. I live near Dayton, Ohio in Senator Lehner's district, and am a registered pharmacist with a Ph.D. in biopharmaceutics, specializing in pharmacology, toxicology, and drug kinetics. For the past 26 years I have learned that medical professionals learn very little about vaccines in their education.

RC 3313.671 addresses exemptions to vaccinations for K-12 school attendance.

Changing this Ohio law through a budget amendment denies Ohio parents the right to express concerns to their lawmakers, not to mention the process violating Article II, Section 15(D) and possibly Article 1, Section 21 of the Ohio Constitution.

In its May 2017 "Immunization Policy Proposal" the Ohio Chapter of AAP states its goal to deny vaccine informed consent to Ohio families. Informed consent is a basic tenet of ethical medical practice.

The AAP has a history of serious financial conflict of interest with drug companies which manufacture vaccines. Please permit me to share a small fraction of such evidence:

- When vaccine makers could be sued for death and injuries caused by vaccines, AAP members served as highly paid expert witnesses to help defend the drug companies. Dr. Edward Mortimer, then at Case Western Reserve University, testified in a Stark County, Ohio court deposition of his and other AAP members assisting drug companies this way. Dr. Mortimer failed to disclose his ties to drug companies to *JAMA* (Journal of the American Medical Association), as did Dr. James Cherry from UCLA, who received nearly one million dollars from a vaccine manufacturer for his research (LA Times, 3/24/90, p. B3).
- In its 1990 report, "Are Scientific Misconduct and Conflicts of Interest Hazardous to Our Health?", the U.S. House Committee on Government Operations cited Drs. Mortimer and Cherry's lack of JAMA disclosures and conflicts of interest as a "danger to the public."
- Dr. Stanley Plotkin, inventor of the rubella vaccine (the "R" in MMR), testified in deposition that half of his income was derived from vaccine royalties.
- In the early 1980s AAP solicited its "friends in the business community" to build its new headquarters near Chicago. Over the next several years, hundreds of thousands of dollars were donated to AAP from drug companies, baby formula makers, and other companies.

- AAP worked with Congress to pass the National Childhood Vaccine Injury Act of 1986, which established a no-fault (and hence, no discovery) system to compensate those killed or injured by vaccines. The U.S. Taxpayer now shoulders vaccine makers' liability costs. As of May 1, 2017 the Vaccine Injury Compensation Program has spent nearly \$3.7 billion.
- Vaccines represent an economic boon for pediatricians. Profitable well-baby visits are timed to coincide with vaccination schedules established by the AAP and the Centers for Disease Control and Prevention (CDC). Indeed, one pediatrician recently testified to the Minnesota state legislature that he personally loses hundreds of thousands of dollars in income every year for giving his patients the right to opt out of vaccines.
- Drug company lobbyists can wear different hats. In the late 1990s, while collecting between \$50,000-\$100,000 from vaccine maker Wyeth for Texas lobbying activities, the same lobbyist collected \$25,000-\$50,000 from the Texas chapter of the American Academy of Pediatrics to encourage new vaccine mandates in Texas. Unlike Texas, lobbying fees are not public information in Ohio.
- As a front for Merck's campaign to enact a chickenpox vaccine mandate in Illinois, the company established and bankrolled the Illinois Children's Health Coalition (IHC). Upon investigation, the IHC was found to be no more than a public relations gimmick. Merck's similar campaign moved to Ohio with the introduction of SB 254 in 2000, this time using the name Ohio Varicella Vaccine Coalition.
- Similar productions were staged during 1999 hepatitis B vaccine hearings in Ohio, and later in hepatitis B vaccine safety hearings in Washington, D.C. The Washington state-based PKIDS (Parents of Kids with Infectious Diseases) favored mandatory hepatitis B vaccine legislation in Ohio, testifying in 1999 at the Ohio Statehouse. Carrying identical scripts, these out-of-state PKIDS moms also testified a few weeks later at congressional hearings in our nation's capital.
- In January 2017 the journal *JAMA Internal Medicine* expressed concerns that such links between patient advocacy groups and drug companies threaten the public trust.

In addition to the financial ties between AAP and the pharmaceutical industry, Ohio legislators should consider that vaccines don't always work and can be harmful. Recently publicized mumps outbreaks at Ohio colleges occurred largely in vaccinated students, as did recent measles and pertussis outbreaks across the country.

If the AAP wants to eliminate medical informed consent in Ohio, it should propose a stand-alone bill so that all sides can testify in legislative hearings, instead of using the back door legislative budget approach to sneak in what it cannot achieve in the light of day.

Thank you for your concern and attention. I look forward to answering any questions.