

August 17, 2021

Re: HB248

Melinda Cooksey Bekos, MS, PhD
924 Eastwind Dr.
Westerville, OH 43081

To Whom It May Concern:

Thank you for formally accepting this correspondence as my formal testimony in support of HB248.

Anti-vaxxers. Conservatives. Misinformed conspiracy theorists. Rural folks. That's the near 50% of the American population that hasn't gotten the COVID-19 vaccine? I keep hearing this stereotype. And I am here to tell you that there are other sides to this story.

I live in a midwest/middle-class neighborhood. My kids have all their standard vaccines. I'm informed (I have a Ph.D. in Integrative Medicine with a graduate minor in Research Methods and Statistics). I'm not a political person, I haven't even watched the news since 2015. I am not any of those stereotypes. And, I did not get this 'vaccine.'

Scripted like it's written to further divide us, these mainstream narratives create new lines of 'us v. them' and new checkboxes to discriminate against. Anything that serves to isolate and segregate us more is in nobody's highest Good.

The methods I learned in graduate school are hugely absent from 'the science' driving our current worldview. I can't show you a well-reputed, peer-reviewed research article to substantiate the lack of research, knowledge, and reporting available. That's not how it works.

The fact that our language of trusting 'the science' and 'the numbers' is so embedded in our current dialogue/headlines is perhaps part of 'the' problem. I spent 15 years in academic medicine. I studied 'the science' and 'the' research methods that help one arrive at 'the numbers.' I'm heartbroken at the state of *that science and* humanity.

I've heard myself telling a lot of people about this class experience I had that almost sums up my confusion and despair. In one of my early research methods courses, we were divided into 10 or so groups of 10 or so students. Each group was given a data set and a statement. Our task was to support the statement with statistical analysis of the data set. An hour or so later, most of the groups had successfully done so. When the class regrouped to share our findings, we learned that we had all had the same data set with *conflicting* statements.

The purpose of the lesson? *Statics are tools to manipulate numbers*. If you fish data long enough, you will find a statistical tool that can prove your point. That's called *Post Hoc Analysis* of data. Post Hoc Analysis is sometimes called 'data dredging' because it can produce associations and 'conclusions' that are fallacious. It is not good science. But, yet, it seems to be the Modus Operandi of the COVID pandemic and subsequent public health effort.

Maybe, sadly, we are just living in a post hoc era of humanity? After the fact, we edit the story, doctor the images, and contrive a reality that fits the 'statement' we are trying to prove at that moment. (Which could well be exactly the opposite of a statement being proven a week, month, or year before.) Daily, we're exposed to blatantly contradictory things side-by-side each dispelling the other. It's truly not possible to know what is what, much less whose version of whatever is right. This is all the more reason for those who pray and meditate to do so.

When it comes to this 'vaccine,' my inner guidance told me to go back to what I learned first: research methods and statistics.

Clinical Trials & Informed Consent:

An unarguably true truth of the COVID-19 'vaccine' rollout ... this is a mass clinical trial that isn't slated to end until 2022 (Moderna) and 2023 (Pfizer). Johnson & Johnson [states](#) its vaccine will be available 'until the emergency use declaration is terminated.' These drugs are made available under [emergency use guidelines](#) per our government, they are **not** approved drugs.

I work regularly with patients considering participation in a clinical trial. It's a thoughtful process. The researcher has an established bar to meet along lines of disclosure, informed consent, and ethics. It is a big choice for the patient. *Does the risk of receiving this experimental drug/procedure etc. outweigh the risks of not giving it a try?* The answer is personal and unique to each individual. And, both choices are OK.

They actually both HAVE to be OK. Basic [Human Subject Review](#) language limits enticements to recruit subjects into studies and *prohibits any penalties* if they don't participate. But, yet, we are seeing substantial enticements (money, lotteries, raffles, scholarships) applauded by the mainstream voice and penalties (travel passports, college admissions, employment mandates, vaccine-only admittance to public events) dangled by 'the powers that be.' The basic principles of ethical human subject use have been hijacked.

How can we entice young people with scholarships and the masses with lotteries to enter into a clinical trial for a condition that they have 91% - 99+% of surviving anyway? This isn't 'the science.' There has never been a clinical trial in the history of organized medicine that has gone down like this.

Crimes Against Humanity [lawsuits](#) are popping up worldwide, based on breach of the established [Nuremberg Code](#). The Nuremberg Code was written in 1947 and stands (stood?) as the most important document in the history of ethics and medical research. It was to act as a

blueprint for guiding principles ensuring the rights of human subjects in medical research, even and especially in times of global crisis. It clearly states that informed consent overrides public policy.

Exclusion Criteria:

Exclusion Criteria explain who *cannot* participate in a clinical trial. Usually, if you meet any of the criteria, you are not eligible to receive the experimental drug/treatment/procedure. Because these are not 'usual' times, these drugs have been released '[under emergency use](#)' to the masses.

Both companies list pregnant and nursing women in their exclusion criteria. [Moderna's clinical trial synopsis](#) states ... *"Female participants of non-childbearing potential may be enrolled in the study. Non-childbearing potential is defined as surgically sterile ... or postmenopausal..."*

A woman simply shouldn't have to dig into the depths of documentation not made readily available to find this. But, yet, all 50 states consider the COVID-19 vaccine 'safe' and available to these very groups of women. How can both be true?

In my own world, I know a family where the sister-in-law lost her baby after getting her 'vaccine.' At her 36-week check in with her OBGYN she was told that she was far enough long for it to be safe for her to get the vaccine. They saw and heard a healthy baby. She got the shot. At the 37-week visit, there was no movement, no heartbeat. The baby had died.

What's worse, adverse event data for women of childbearing age and/or pregnant/nursing is being excluded from most reporting because these individuals do not meet inclusion criteria for the trial and thereby are not reported in its findings.

Should anything happen to a woman of childbearing age or to pregnant/nursing moms/babies in the interim or thereafter, there is no accountability or recourse. Women and girls are signing that right away when they go and get the shot. (Perhaps even posting a selfie on social media because the mainstreamed message encouraged us to do so to nudge our friends to do the same.)

From this week's news (June 24, 2021) the FDA warned about 'rare' adverse heart-related events in teenagers. But doctors and researchers say they still strongly recommend that Americans 12 and older get the injection. Why? Why would a 12-year-old with a 99.998% COVID survival rate get an injection that had any chance of serious cardiac (or other) concerns? Moreover, what if that teenager is a girl with 'childbearing potential?' This is a big choice for parents of teens to be making. Families deserve to have easy access to all the information (aka, proper informed consent).

To date, the CDC cannot produce a single study of vaccinated v. unvaccinated children. So why are we giving our children this shot? Is this a necessary risk? And, do we really allow scholarship

lotteries to entice this cohort of young people to take an experimental gene therapy drug? Apparently, the obvious mainstream media narrative is a big emphatic 'yes!'

Just because 'emergency use' allows people excluded from the clinical trial to get the drug, it shouldn't mean we give them sub-par informed consent. These people that meet exclusion criteria aren't part of the clinical trial and so they fall into a horribly strange category. That's a big risk, they deserve to be properly informed.

When I did my dissertation research, I had to sit there and watch the person read (and/or read to them) the informed consent, inclusion criteria, and exclusion criteria before I could watch them sign the line and enroll them in my study. This isn't what is happening when people are going to get their 'vaccines.' There are [lawsuits](#) claiming that proper informed consent documentation doesn't even exist and can't be produced.

People think the FDA has 'approved' these injections when really they have only been 'authorized,' which is far different. Women of childbearing potential don't know they're listed in the exclusion criteria. Informed consent is not happening. This is a mess.

False Advertising:

Commercials show teenagers saying, 'Thanks mom and dad for loving me enough to tell me I can get the COVID vaccine!' No list of side effects to follow like for the Humera commercial on just before. Ads recruiting children into clinical trials. It's unprecedented.

In October 2020, we were told that the mRNA technology *did not* prevent one from getting or transmitting infection, but helped lessen chances of death should you get it. In May 2021, this changed, the shots *do* protect you from infection. The drug manufacturers themselves admit the 'vaccine' could, for some people, make exposure to the virus even [more dangerous](#). What is true? Why don't we actually seem to know? Despite all of this actual literature and information in contradictory directions, why are we so clearly being sold one version of the mainstream narrative?

The public is being told to 'Go get vaccinated!' But, the word 'vaccine' isn't even accurate. This product going into arms doesn't meet the medical definition of a vaccine at all. [Harvard's Medical Dictionary](#) states: "*Vaccination: A method of protecting the body against disease by injecting parts or all of a microorganism that will cause the body to develop antibodies against the microorganism and later fight off disease.*" Dr. Fauci acknowledges that the primary function of these injections is to reduce the severity of illness, not prevent the infection or subsequent transmission. So, it's not, by definition, a vaccine then.

More accurately, these pharmaceutical products are gene therapies, information therapies, or mRNA technologies. Fauci, Harvard, and the history of medical education all agree. So, why then do we have a 'public health' campaign telling everyone to 'Go get vaccinated!' Maybe "Go get your gene therapy!" doesn't have the same commercial appeal?

It all feels more 'marketing campaign' instead of 'public health effort,' like when they advertise fruit loops as a healthy breakfast with whole grains. Gene therapies and mRNA technology could well be the world's saving grace, I'm absolutely open to that medical possibility. But why are they being sold to us as something else?

Let's not forget our government's 'good intentions' leading to the food pyramid and heart disease epidemic born from the [McGovern Commission](#). Or the Native American's smallpox epidemic following some 'well intentioned' blankets from the government. What about [drugs](#) like [Thalidomide](#), [Vioxx](#), and [Opioids](#)? What about [tobacco](#)? [Fraudulent food labels](#)? There isn't a good track record for trusting our government with our health. This is supposed to be a global pandemic and an organized public health response, not the biggest worldwide marketing plan to date feeding the pockets of the bureaucrats and pharmaceutical companies.

The Numbers:

I can hear some of you thinking, "Haven't you seen the numbers? This is a global pandemic and we all need to get this shot for each other!" Yes, I have seen the numbers. Yes, I do understand the notion and history of [Herd Immunity](#). Even if you have faith in the numbers we are seeing, alarm and crisis shouldn't justify collapsing well-established boundaries for safe, ethical research. Beyond that, I simply don't have faith in these numbers.

- In March 2020, this [directive](#) came indicating that COVID-19 was to be listed as the cause of death regardless of if the person had actually tested positive or if they had other diagnoses that contributed to their death.

In my own personal experience, I know a family where the brother fell in a parking lot and died from his head injury. His cause of death was listed as COVID-19. Another family's grandfather died under hospice care after battling lung cancer. Cancer wasn't his cause of death though, COVID-19 was. These stories sound like stories until you actually know the families firsthand. The numbers we are seeing don't make sense.

- Starting sometime in the summer of 2020, the CDC began clustering pneumonia, influenza, and COVID into a common 'PIC' determination. CDC reports from [July 2020](#) and [February 2021](#) clearly show it.

This makes for some really big spikes on charts and scary numbers.

- As of May 1, 2021, the CDC quit reporting on positive COVID cases in vaccinated people. According to their numbers then, there had been [9245 cases](#) in vaccinated people with 132 dying (or 1.4%). That doesn't look very good for these 'vaccines.' And forward going, we won't know anymore because the CDC isn't going to report it. We just won't know how many vaccinated people end up getting COVID anymore. No more numbers. No more data. No more story about the possibility on the books. The record will now start showing that vaccinated people are dying from natural causes and other conditions again.

· In my state of Ohio, our governor is boasting about his lottery and scholarship incentives and how they drove people to get jabbed. And as a result, COVID numbers are now down. But, and, if you're vaccinated and have COVID symptoms you don't have to get tested or quarantine. Fewer tests will indeed always create fewer positive cases. Are our numbers down? Nobody can actually know any more. It's all become so skewed.

It just isn't good science (or medicine, or healthcare, or public health).

So, while I loved the notion of following the science and the numbers enough to devote 2 extra years of graduate school to research methods and statistics, I have seen the pandemic numbers we are being shown. And with confusion, sadness, and awe ... I have no faith in them.

Going back to another research methods professor, one of his favorite things to say was, "Garbage in. Garbage out." If you have poorly collected or incomplete data coming in you will only have garbage to report on the other side.

I think humanity is in a very muddy place digging through a lot of garbage.

Herd Immunity:

Is there really any truth to this line that everyone should get the shot 'for one another.' You getting your shot helps me and all of humankind get toward herd immunity?

I feel like this part of the marketing campaign is vested in the hope that people aren't engaged enough to look past the ever-changing media-driven definitions sold to us. I only took 2 immunology classes in graduate school, but I know I learned that if herd immunity is what we are after, we need to be exposed to a disease, creating antibodies, and sharing antibodies. We can't do that masked, distanced, and separated into the 'vaccinated' and 'not vaccinated' sides of the stadium.

A bit of history ...

- 1920s: Initial discussions of Herd Immunity had nothing to do with vaccines at all but moved the idea from animals to humans.
- 1930s: [Definition](#) centered around "not just the distribution of immunity, but also the social factors determining exposure ... The idea intersected with eugenic notions of racial difference at a time when eugenic racism was ascendant."
- 1950s and 60s: Vaccine therapies brought the question to the fore, 'What share of the population had to be vaccinated to control or eradicate a disease?'
- Early 2020: Definition, according to the WHO ... "Herd immunity is the indirect protection from an infectious disease that happens when a population is immune either through vaccination or immunity developed through previous infection."
- November 2020: The WHO definition became ... " 'Herd immunity, also known as 'population immunity', is a concept used for vaccination, in which a population can be protected from a certain virus if a threshold of vaccination is reached. Herd immunity is achieved by protecting people from a virus, not by exposing them to it."

· And in December 2020 it changed again to ... "Vaccines train our immune systems to create proteins that fight disease, known as 'antibodies', just as would happen when we are exposed to a disease, but – crucially – vaccines work without making us sick. Vaccinated people are protected from getting the disease in question and passing on the pathogen, breaking any chains of transmission."

So, I guess it depends on which definition of herd immunity you want to work from?! But almost even regardless, general opinion is that herd immunity is unlikely. Because not enough people will choose to get the 'vaccine'/gene therapy? Because people aren't sharing antibodies due to masking and social distancing? Either way, anyway, not likely to happen.

Coronaviruses have been in nature for over [10,000](#) years and documented in humans for over 50 years. If not this variant, there will always be another, and another, and another. This isn't new knowledge.

So ...

In my view of 'the science,' it is perfectly normal and sought after to not know entirely what you're doing or what's going on. That is the point of 'the science.'

Be curious. Chase seemingly unanswerable questions. Prove ourselves wrong. Learn more.

But that version of the science requires Ad Hoc Data Analysis. It requires proper informed consent. It requires us to change track when adverse events are happening. It certainly requires us to report deaths/stillbirths/miscarriages and stop the trials, halt the 'emergency use,' at some threshold. It requires us to continue collecting the data as initially set forth and not change data collection criteria and procedures midway.

Don't skew the data set. Garbage in, garbage out.

I made a conscious choice 20+ years ago to *not* get indoctrinated into allopathic/western medicine. We all sort of know that the medical education apparatus indoctrinates the new physician into a dogma (precept, creed, principle, conviction, belief). The rest of their career they either play into that indoctrination or fight consciously to get out of it.

I didn't want to be indoctrinated into anything if I could help it. I felt pretty sure that this lack-of-indoctrination was an important part of the possibility toward 'integrative' medicine. The very definition of indoctrination is "*the process of teaching a person or group to accept a set of beliefs uncritically.*" I really wanted to exit graduate school with my critical thinking intact and wide open.

I can't believe this was the world the founders of the [first American medical school](#) imagined or hoped for back in 1765. I think they intended future physicians to be critically-thinking clinicians, not puppets of the pharmaceutical industry. Federal support for medical schools grew from \$27 million in 1947 to \$1.4 billion in 1966 to [6.2 billion](#) in 2020. Wow. Medical education has changed.

If you had asked me in February 2020 what I might do as far as vaccinating my family in the event of a pandemic, I would have been very open to the notion. I think things could have been 'played' differently that would certainly have moved my mind to places other than where it is now.

If masks were [the thing](#), the government could have sent a few good N95 masks early on. If staying healthy was the thing, we could have been given some [vitamins](#) with our stimulus checks. But instead, we were given confusion, isolation, and [fear](#). All VERY bad for our health.

We have been divided by 'us v. them' scenarios. We have been sold panic. Diverging viewpoints have been banned. The debates and stereotypes have torn families and lifelong friendships apart. Suicide rates are increasing. Humanity is a mess.

No matter what, no matter from what ... people are dying every moment of every day. Heart disease, accidents, illnesses, addictions, suicides, malpractice, murder, on, and on. It is a very true truth of life. Death. Unfortunately, a lot of us are choosing to spend the [precious time](#) we have in this life judging and arguing with each other, watching the news, blindly following the WHO's and CDC's everchanging guidelines, segregating ourselves from each other, and [shaming](#) those that don't see things the same way.

There has to be something better, right?

Because if you back it up and take out all the politics, propaganda, narratives, and lines to tow ... we are supposed to be able to make our own choices in situations like these. Just pause. It's true. Our HIPAA-protected medical information is ours to disclose or not. Our choice to participate in a clinical trial, or not, must be free of enticements or penalties. If you've chosen to get your vaccine, that's just fine. And for the other near 50% of the American population that chose not to, that needs to be just fine too.

It's a favorite gift to get to talk to so many people about such important things and hear all the incredible, deeply felt continuum of viewpoints and held beliefs. Even more, I hear these perspectives as they impact very most personal person, beyond just how they relate to news or politics. I know for sure that everyone is trying so very hard to live the best life possible during a really awful time.

That looks different for different people. And that has to become OK again. These 'vaccines' simply cannot be mandated on any level.

Sincerely,
Dr. Melinda Bekos

(Live links/references can be found within this article at MelindaBekos.com)