

08/19/2021

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

Thank you for the opportunity to provide testimony in favor of House Bill 248. I am a Family Nurse Practitioner with over 20 years of experience. My employer recently mandated the experimental COVID vaccine as a condition of employment within our organization. Following is a statement I prepared and presented to the leadership and would like to share with you as testimony in favor of allowing Ohioans to make their own choice regarding vaccination.

Sincerely,

Michelle Hobbs, RN, MS, APRN - CNP

To Ohio's Hospice Leadership:

I sit writing this statement at 4:18 am on Saturday, July 31, 2021. I am awake at this hour because that is how concerned I am about your decision to mandate the Experimental COVID-19 Vaccine. I am concerned for myself, but I am more concerned for my co-workers. You see, I will seek a Religious Exemption because, for me, the decision to not vaccinate is a deeply spiritual issue. The Lord and I have wrestled with the question of vaccination for over twelve years now. I am a member of a church, and my family is in ministry, so I have religious support for an exemption. Some of my colleagues, on the other hand, have made their decision to not be vaccinated based on a personal, philosophical conviction (just as legitimate as my spiritual decision) and have shared with me that they are not members of a church that would provide documentation for a religious exemption. What options do they have?

By mandating this vaccine, you are putting us in a position in which we must choose to inject ourselves with an experimental substance, that we have researched and deemed unsafe for us, or lose our livelihood and the jobs that we dearly love.

Your email speaks of moral obligations to our patients, their families, and to each other. Please know that those of us who have chosen not to be vaccinated have not done so lightly. We realize our moral obligations and feel them quite keenly. Most of us have been in healthcare for twenty to thirty years. Some of us have spent most of those years in some type of Hospice or Palliative care. I have seen my co-workers go above and beyond their job descriptions by working extra hours, going to get a patient's medicines and supplies when no one else would help them, using their own pick-up truck to move furniture for a patient, etc. We would never do anything to put our patients or co-workers in danger.

I would ask that you remember that your nurses and PCSs went straight into the thick of the COVID infection last year, without a vaccine, and at the beginning of the outbreak, without proper PPE. They

lived up to those moral obligations, you speak of, in heroic fashion. But now, you force them to accept an experimental medical intervention, they have determined to be unsafe for them, against their will? Why do you not trust that we have done our research? We have studied the numbers. We have prayed. We have wrestled long and hard with this decision. We have not made it selfishly.

We have all seen the effects of COVID; some have suffered from the illness personally. We have also been seeing the devastation caused by side effects and adverse reactions to the vaccine. That's not such a popular topic in mainstream media, but we have seen it firsthand in our patients, family members, friends, and co-workers. In fact, one of our co-workers is currently hospitalized with possible transverse myelitis. When you look at the numbers published on the CDC's and Ohio Dept. of Health's very own websites, you will find the death rate from COVID, just yesterday (July 30, 2021), was 0.0175 and 0.0181 respectively. That is a death rate of less than 2%.

What is the rate of vaccine injury? We will never know because the healthcare system refuses to report it. The VAERS system, our means of reporting vaccine injuries, captures somewhere between 1% and 10% of the damage done. As of 07/07/21 VAERS had received 438,411 reports of adverse effects and 9,048 reports of death following the COVID-19 vaccine administration. These numbers, following the COVID vaccine, are higher than the reports received following any other vaccine since the inception of VAERS in 1990! Injuries reported include allergic reactions, Bell's Palsy, Transverse Myelitis, Guillain-Barre, blood clots, cardiac conditions, etc... We most certainly do not have an accurate picture of vaccine injury numbers, but I suspect it is higher than 2%. (That death rate could be lower if treated appropriately)

What is even more alarming than the reported injuries and deaths that we have so far, is the potential for Pathogenic Priming. Despite trying for decades, scientists have never been able to create a successful coronavirus vaccine due to Pathogenic Priming. Vaccines for SARS-CoV-1 (about 78% identical to SARS-CoV-2) repeatedly failed animal studies. The vaccine, given to mice, cats, and ferrets, initially looked like it worked well, but the animals got very ill and died when later exposed to the virus in the wild. They died of sudden severe cytokine storm.

Scientists have done over 50 years of active research to develop a Dengue vaccine, but the experimental vaccines failed when children, in the Philippines, were later exposed to the virus in the wild and 600 children died (Arkin, F. 2019). Criminal charges were actually brought against those decision makers.

Here in the US, however, vaccine manufacturers are not held liable for the injuries their vaccines cause under the National Childhood Vaccine Injury Act of 1986. This does not instill great confidence in the big pharma companies who will make millions off their vaccines but are not going to pay a cent if they injure someone.

The email informing us of the vaccine mandate stated that, "hospitalizations and deaths related to COVID-19 are increasing PREDOMINATELY in those who are not vaccinated against COVID-19." I have read 25 articles this week regarding breakthrough infections in fully vaccinated people. For example, the CDC reported that 74% of the outbreak in Massachusetts were fully vaccinated (Mishra, 2021). An article, published by CNN Health in April 2021, stated that the CDC reported 5,800 fully vaccinated

people caught COVID anyway (Tinker & Fox, 2021). The Associated Press reported that “vaccinated people carry as much virus as others” (Tanner et al., 2021).

Vaccine manufacturers state their vaccines are effective in preventing symptomatic disease. They do not claim to prevent the transmission of the virus. In fact, just this week, the Director of the CDC has stated that fully vaccinated people are now known to be spreading the virus and must now wear masks once again (Perrett, 2021). It makes absolutely no sense to mandate an experimental vaccine that does not stop the spread of the virus!

I assume, given the new CDC guidance, that protocols for vaccinated and unvaccinated employees should remain the same; masking, testing, handwashing, etc... What is the advantage of being vaccinated if it does not prevent me from spreading the virus to patients or co-workers and it does not change my approach to patient care?

Finally, the current COVID-19 vaccines are classified under an Emergency Use Authorization (EUA) from the FDA. They are not yet fully approved. It is prohibited to mandate a vaccine that has not been fully approved. The statute granting the FDA the power to authorize a medical product for emergency use requires that the person being administered the unapproved product be advised of his and her right to refuse administration of the product. See 21 U.S.C. § 360bbb-3(e)(1)(A) (“Section 360bbb-3”) (Liberty Counsel, 2021). This right to avoid the imposition of human experimentation is fundamental and has its roots in the Nuremberg Code of 1947 and has been ratified by the 1964 Declaration of Helsinki, and further codified in the United States Code of Federal Regulations. The executive secretary of the CDC, Dr. Amanda Cohn, stated that under an EUA, vaccines are not allowed to be mandatory (Liberty Counsel, 2021).

In healthcare, the guiding principle is “First, do no harm.” Mandating an experimental vaccine that has not been adequately tested is potentially very harmful. We have no idea what the long-term side effects could be, and we have already discovered its failure in preventing transmission. Given these facts, I ask you, “What is your moral obligation to honor the choice of your employees who have deemed the Experimental COVID-19 vaccines to be unsafe for them?”

In conclusion, I ask that you rescind this mandate and recognize each employee’s right to choose for themselves whether or not to be vaccinated. A right granted to us by the statute cited above and in accordance with informed consent, the standard in healthcare.

Thank you for meeting with us today and for hearing our concerns.

Sincerely,

Michelle Hobbs, RN, MS, APRN - CNP

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