

*The Dewey Foundation
Institute of Equine Practicality*

House Bill 248 Testimony – Scott Chaffins (August 18, 2021)

Chairman Lipps, Vice Chair Holmes, Ranking Member Russo, and Members of the House Health Committee, thank you for the opportunity to provide testimony on House Bill 248.

My name is Scott Chaffins and I support House Bill 248. I am a former research scientist with a background in drug development. And I have witnessed firsthand the many benefits of modern medicines.

I have tremendous reverence for those who enroll in clinical trials knowing full well the dangers of human experimentation. I have directed people to clinical trials when asked for assistance. Most were terminally ill patients who had not responded to approved treatments. Others were healthy adults who wanted to contribute to the greater good. They chose to provide human data to support the approval or rejection of drug candidates, sacrificing their personal safety to save lives. They are true heroes.

However, I also know the potential perils of clinical trials. And I have a genuine verifiable concern regarding the forced vaccination of people using experimental COVID-19 vaccines.

To be clear, the vaccines are indeed experimental. If you read the clinical trial protocols listed below, you will find that subjects are divided into experimental and control groups. The term “trial” is a euphemism. It is used to minimize the fear associated with the more apt term: experiment.

The COVID-19 vaccine candidates submitted for adult use are in the middle of 2-year phase III clinical trials.

<https://www.modernatx.com/sites/default/files/mRNA-1273-P301-Protocol.pdf#page=122&zoom=auto,-187,694>

<https://www.fda.gov/media/144416/download>

Normally phase III is the last step before approval or rejection.

In this phase, the investigational new drug (IND) undergoes testing for efficacy and adverse events. This step normally takes from one to four years. The term “investigational” is a euphemism for a concerning but more appropriate description of the candidate: experimental.

<https://www.fda.gov/patients/drug-development-process/step-3-clinical-research>

An Emergency Use Authorization (EUA) allows the use of vaccine candidates that are in earlier phases of development when there is no approved alternative treatment available.

However, the FDA makes clear the requirement for informed consent and the right to refuse the vaccine.

“FDA must ensure that **recipients of the vaccine are informed**...of the known and potential benefits and risks, **the extent to which such benefits and risks are unknown**, that they have **the option to accept or refuse the vaccine**...” [emphasis added]

<https://www.fda.gov/vaccines-blood-biologics/vaccines/emergency-use-authorization-vaccines-explained>

The COVID-19 vaccine clinical trials in adults require a 2-year follow-up for serious adverse events (SAEs) or death.

“Safety assessments will include monitoring...SAEs from Day 1 through **Day 759** or withdrawal from the study.” [emphasis added] (Page 12)

<https://www.modernatx.com/sites/default/files/mRNA-1273-P301-Protocol.pdf#page=122&zoom=auto,-187,694>

The Pfizer vaccine study in subjects ages 16 and over has the same requirement. (Page 15)

<https://www.fda.gov/media/144416/download>

Children ages 6 months to 11 years only require a 1-year monitoring period in the Moderna clinical trial and just 6 months in the Pfizer clinical trial.

<https://www.clinicaltrials.gov/ct2/show/NCT04649151?term=vaccine%2C+children&cond=coronavirus&cntry=US&draw=2>

<https://clinicaltrials.gov/ct2/show/NCT04796896?term=NCT04796896&rank=1>

The COVID-19 clinical trials using our children as subjects will be completed before the corresponding studies in adults. The FDA has allowed researchers to submit the most misguided and dangerous experimental designs in its 115-year history. And our children will suffer the consequences.

“Previously, approval of a product for pediatric use used to take approximately **nine years after approval of a product for adult use.**” [emphasis added]

<https://coronavirus.jhu.edu/vaccines/report/covid-19-vaccines-for-children-aspiring-towards-a-safer-world>

Some will deflect from the truth by pointing to the sheer volume of jabs as evidence of safety. But quantity is no substitute for quality in time-dependent studies.

The FDA cannot divine the future. Only the year 2022 will tell if the COVID-19 vaccines are truly safe for use in adults.

But the FDA is likely to bow to the CDC and abdicate what was once their exclusive domain.

Our elected officials and experts are stating that the FDA is likely to approve the COVID-19 vaccines for adult use in the fall.

If the FDA permits this, it will be the largest protocol deviation since the establishment of the Food and Drugs Act of 1906. And it will mark a return to the quackery of patent medicines.

The primary stated goal of vaccine mandates is the prevention of disease spread.

This is especially true in settings where we have the potential to expose the vulnerable.

It is a noble but misguided effort.

Neither the FDA nor the CDC state that the vaccines have been proven to prevent disease spread among the vaccinated. In fact, the CDC made this admission to our healthcare teams in January.

“Explain that we don’t yet know if the vaccine reduces transmission of SARS-CoV-2.”

https://www.cdc.gov/vaccines/covid-19/downloads/VaccinateWConfidence-TipsForHCTeams_508.pdf?fbclid=IwAR2v7CacadVLtUH05dGHnup3Cri-kUJru_zN4imwO3eZz4tcIO1xXYVo8SI

The COVID-19 vaccine EUAs were signed by the FDA with the stated goal of a reduction in disease severity. They never said that the vaccines would stop the spread of disease.

But our experts failed to correct those who deluded themselves by assuming that the COVID-19 vaccines could stop the spread of the disease. This is scientific malpractice.

And, although the CDC claims that the COVID-19 vaccines are safe, the FDA has not reached this conclusion. You will not find this statement in any of their publicly available documents.

Only the FDA has the authority to assess vaccine safety. And they have not stated that the vaccines are safe because it would be an abandonment of their role in the drug approval process.

The fact that we are only midway through phase III clinical trials in adults, combined with the realization that vaccines do not prevent the spread of the SARS-CoV-2 virus calls into question both the wisdom and necessity of vaccine mandates.

Our elected officials have been scrambling to find legal precedents that would support forced vaccination. But they can no longer cite the public good as a basis for their mandates. It would be unethical to spread such disinformation.

The failure of COVID-19 vaccines to prevent disease spread, their unknown long-term health effects, and the right to refuse the vaccine under the FDA EUAs favor choice. This right is embedded in the FDA regulations, the Constitution, and will be reaffirmed under House Bill 248.

Thank you once again for this opportunity to provide testimony in support of House Bill 248.

Sincerely,

Scott Allen Chaffins, M.S.

Founder, Chief Cook, and Bottle Washer
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