

SB22 Proponent Testimony

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Representing Equal Protection for Posterity

House State and Local Government Committee

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Chairman Wiggam, Vice-Chair John, Ranking Member Kelly, and Members of the House State and Local Government Committee

Thank you so much for this opportunity to provide written testimony regarding SB22. I am the Ohio Chairperson for Equal Protection for Posterity, but perhaps more notably for this bill, my primary position and career is as an infectious disease epidemiologist. I have a tenured faculty position at a well-respected university in Ohio, have studied infectious diseases since 2000, and I have a PhD in epidemiology. I teach an undergraduate course in epidemiology. **My views are my own and do not represent the views of my university.**

I have prepared multiple written testimonies on related bills to this committee, and I sincerely hope you have taken the time to read them carefully, including the cited links, many of which point to published peer-reviewed scientific papers. For this hearing for SB22, I would like to add a bit more personal perspective. **I am a proponent of SB22** because this perspective is important yet lacking in the state response to COVID-19.

Science is never without debate. It is what leads to progress towards improving human health. There is never only one side that deserves consideration. That is why it is concerning when the governor and ODH director often use words like ‘the science is irrefutable’ and ‘all experts agree’. Just the mere existence of the Great Barrington Declaration ¹, signed by over 13,000 medical and public health scientists and over 40,000 medical practitioners, is evidence of this. That treatise and petition expresses the views of the ‘other side’ that does not get media attention

¹ <https://gbdeclaration.org/>

or the ear of government officials, and I highly recommend you take the time to read it. It was authored by highly reputable and accomplished scientists. Several infectious disease and public health experts have been outspoken on this matter and they have been vilified. Others have not been outspoken for fear of this same reaction from their colleagues. This article ² describes a reality that other scientists in the field have shared with me personally. As it relates to SB22, it is important to ask yourself, why then do we only hear one perspective? Is the science truly ‘irrefutable’? Since there is an actual debate in the science of COVID-19, why is only one side reflected in the response?

This is why I am a **proponent of SB22**: because the state’s response in 2020 to the COVID-19 pandemic demonstrates that a single elected official plus a single, unelected official appointed by that aforementioned elected official should not hold unfettered power over the economic and psychosocial well-being of an entire state. Before I elaborate on that point, I would like to briefly summarize what this bill does and does not do in that vein, because in previous hearings on similar bills, I have noted some confusion on these matters.

SB22 reinstates the balance of 3 equal branches of government that is the design of a constitutional republic. By creating a small, bipartisan committee that oversees decisions made by the governor and ODH director, and then extending the ability to extend or rescind orders to the General Assembly, the legislative branch regains the ability to represent their constituents. This is critical, since representatives and senators are directly accountable to their districts. SB22 does not take away the ability of the governor and ODH director to declare a state of emergency, or to initially put emergency orders in place. SB22 does however limit the duration of those orders, and puts oversight in place, so that “2 weeks to flatten the curve” doesn’t turn into “9 months and counting to make sure no one ever gets sick”. **I also request that the committee consider amending this bill to include the language that was added to HB90, which strengthens and clarifies much of the language.**

Now, please allow me to state how, in my personal view as an epidemiologist, not having legislative oversight in place, and having all decisions made by two individuals, is something we

² <https://www.wnd.com/2021/03/study-10-academics-support-firing-controversial-colleagues/>

must avoid in the future. First, let's recall the "models" that were used to lead the state into a spiral of business and school closures. As outlined in a white paper released by Health Freedom Ohio³, which I helped prepare, the models used by the state were flawed from the very beginning. As stated in the online seminar given by the modeler at Ohio State⁴, the projections were highly susceptible to changes in model assumptions, and it was "too early to tell" what the epidemic would look like in Ohio (the words in quotes are those of the scientist who developed that model, as given in his online seminar). Additional significant limitations of this model as well as other models used by the state are described within the white paper cited above. And yet, these models were used as the primary motivation behind 8 weeks of orders from the Director of the Ohio Department of Health. The model was treated as though it was conclusive, and at the time, the field was still learning a lot about COVID-19, and that was stated by the modelers. But if you didn't watch the seminar given by the modeler, you'd never know that.

Interestingly, models have not been used since those initial months, but business closures, mask mandates, school closures, curfews, etc. continue to be "ordered" with little solid data or model justification. While the governor cites data, media reports⁵ described in detail through reporter Jack Windsor's testimony on HB624 last year illustrate how these data are faulty. Kathryn Huwig's testimony on HB90 further elaborated on those points. And yes, I, as an epidemiologist have examined these data myself on multiple occasions and can confirm what Mr. Windsor and Ms. Huwig have said about the significant issues in data reporting. First, individuals are reported as "COVID hospitalizations" if they ever were indicated as a "COVID case" (which could be false positives, which is yet another issue) and were hospitalized at any time for any reason. For example, a person could have tested positive in March, and was hospitalized in November – that counts (and it shouldn't if we are only truly interested in public health impact of COVID19). Second, often the dates of case report, hospitalization, and death do not line up. People have dates of death in January 2020... which pre-date the pandemic. There are countless irregularities in the data that are frankly medically impossible – I won't belabor this point in an attempt to

³ https://healthfreedomohio.org/News-Views/8962174?fbclid=IwAR1AvhIrOwHEWjy_nObbRGedr2b3-XSfMdbY5-kHUzMOhOJBaF44yVihQ7s

⁴ <https://video.mbi.ohio-state.edu/video/player/?id=4888&title=Mathematical%20Models%20of%20Epidemics%3A%20Tracking%20Corona%20virus%20using%20Dynamic%20Survival%20Analysis>

⁵ <https://www.wmfd.com/article/governor-dewine-suppresses-data-disproving-covid-19-policies/3899>

keep this document at a manageable length, and I refer to Ms. Huwig’s earlier testimony to this committee for detail. You might say, well, messy data happens, it’s just a mistake. But these inaccuracies have a snowball effect, and since they are used to justify mandates, it is critical that the data are accurate. The state had an opportunity to use state-wide survey data to strengthen their case; as we show in another paper that I helped prepare ⁶, there are methodologic concerns about the validity of that study. **I strongly encourage you to read that paper (reference #6),** since tax dollars were used to conduct the study.

In addition, the literature suggests that a minority of transmission occurs via asymptomatic individuals ⁷. Mask mandates are based on this concept of asymptomatic transmission, and a wealth of scientific literature suggests that masks do not work to prevent infection or transmission ⁸. This literature is in peer-reviewed journals with good reputations. This is not conspiracy, but the media would lead you to believe this is all ‘fake news’. It has been disregarded, again making one side out to be ‘irrefutable’.

When decisions affecting the economy and well-being of an entire state are being made, they cannot be made by only a single unelected individual or that individual in collaboration with the governor. That is not how a constitutional republic form of government is set up. More importantly, it cannot be reasonably expected that a public health official can also have the expertise to consider economic and other implications. This was well-stated by an internationally-renowned epidemiologist, whose paper was one of the first to describe how initial projections on the potential case fatality rate for COVID-19 were overblown, and there would be wide-ranging other implications of a shutdown ⁹. **That article was published in March, and it was honestly prophetic.** A short emergency order, with oversight by the committee established by SB22, would alleviate this concern. Since science is purported to be the basis of policy development in response to a pandemic like COVID-19, this committee would serve as a “peer-

⁶ <https://healthfreedomohio.org/News-Views/9354321>

⁷ References cited at the end of this article: <https://healthfreedomohio.org/News-Views/9354321>

⁸ https://healthfreedomohio.org/all_about_masks Note that this link includes links to peer-reviewed published scientific papers, plus summaries for ease of the reader. All of the links can be verified as published papers.

⁹ <https://www.statnews.com/2020/03/17/a-fiasco-in-the-making-as-the-coronavirus-pandemic-takes-hold-we-are-making-decisions-without-reliable-data/>

review” board of sorts, which is one of the foundations of science. Such peer-review may have identified the flaws in the original model projections.

Please recall your oath of office, that your job is to uphold and defend the Constitution. The Declaration of Independence asserts,

“We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable rights, that among these are life, liberty and the pursuit of happiness. That to secure these rights, governments are instituted among men... “

The state-wide shutdown over COVID-19 has violated that central premise of this nation’s foundation. Those rights have been violated. The government has determined which jobs are “essential”, which feels a lot like communism. Churches have closed, which is a violation of the 1st amendment. Countless lives have been affected through job loss, delay in health care, and school closures. To be clear, these decisions have been driven by two people. Not the legislature that is directly accountable to their constituents, literally two people, one of whom is appointed and not elected. SB22 will remedy that imbalance of power. If legislators agree that mandates should be put in place, they get to vote that way, and use that voice that represents their constituents.

I would like to close by quoting Scripture. 1 John 4:18 says, “There is no fear in love; but perfect love casteth out fear: because fear hath torment.” The consequences of a fear-laden message have included increased suicides, depression, and drug use. A presentation of only one side of the science only provokes fear and not hope.

Thank you for this opportunity provide testimony. I would have loved to testify in person so that I could answer any of your questions, and I would welcome any opportunity to discuss these issues further.

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