

Chairman Peterson, Vice Chair Wilson, Ranking Member Craig and Honorable Members of the Senate General Government Budget Committee, thank you for considering my testimony on Sub HB 218.

My name is Michelle Cotterman. I am a wife, a mother, a registered nurse, and a certified natural health professional. I am standing before you today as a proponent of medical autonomy, privacy, informed consent, and of vaccine choice as a policy in Ohio. We are facing an unprecedented time where the federal government is strong arming private businesses to require their employees as a condition of employment to receive a COVID-19 mRNA or adenovirus vectored liability-free pharmaceutical product. As an “essential frontline worker”, I worked through the early days of the pandemic, I carried permission slip to be out past curfew when the rest of Ohio was told to stay home. I am a naturally immunized person. Many healthcare places of employment are not recognizing natural immunity and are requiring naturally immunized employees to receive a COVID-19 vaccine despite scientific evidence showing that natural immunity is long lasting and effective.<sup>1 2</sup> Consider this Cleveland Clinic study demonstrating that individuals previously infected with SARS-CoV-2 do not receive additional benefit from vaccination.<sup>3</sup> It seems that our "healthcare

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<sup>1</sup> *Equivalency of Protection from Natural Immunity in COVID-19 Recovered Versus Fully Vaccinated Persons: A Systematic Review and Pooled Analysis.* (2021, September 21). MedRxiv.  
<https://www.medrxiv.org/content/10.1101/2021.09.12.21263461v1>

<sup>2</sup> *Zywicki vs. Washington.* UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF VIRGINIA. (2021, August 03).  
<https://fingfx.thomsonreuters.com/gfx/legaldocs/zdvxoywrpx/ZywickiComplaint.pdf>

<sup>3</sup> Shrestha, N. K. (2021, June 19). Necessity of COVID-19 vaccination in previously infected individuals. Retrieved August 17, 2021, from <https://www.medrxiv.org/content/10.1101/2021.06.01.21258176v3>

heroes" of yesterday, are now healthcare zeros based on their medical status and history of pharmaceutical product consumption.

I am concerned about the future of my two beautiful and perfectly healthy, naturally raised, sovereign children. I am concerned about the discrimination facing our young adults as they approach their years in university and entry into the workforce. I am wondering if my children will have a place or even if they will be considered hireable based on the pharmaceutical products they have declined to consume.

I want a codified law that prevents vaccine mandates, protects medical privacy in all aspects of life, and honors the fundamental human right of prior, free, and express consent.

I have great concern with language in Sub HB 218 listed in the order of priority as follows:

1. It does not prevent COVID-19 vaccine mandates or protect medical privacy in the workplace, higher education, or daycare to 12th grade settings. Instead it provides for exemptions to mandatory policies based on medical, philosophical, religious, and natural immunities which essentially codifies a "vaccine passport" in order to work or receive an education.
2. The protections offered expire in 2025. Our fundamental human right to prior, free, and express consent does not come with an expiration date.
3. The bill, lines 287-294 does not appear to prevent unreasonable or discriminatory accommodations to those who have submitted a written statement of exemption. For example, does the language

prevent an employer from reassigning an employee to a job site that is 2 hours one way from their home or penalize them by making them ineligible for merit raises? Perhaps this could be remedied by amending the language to read "Once the employee submits the written statement, the employer shall accept and honor the exemption and shall not terminate or discriminate against the employee with respect to the compensation or the terms, conditions, or privileges of employment because the employee claimed the exemption."

4. Exemptions do not apply to students or employees in children's hospitals or intensive care or critical care units of a hospital. Lines 133-137 state that in this situation the private college or public institution "shall make a good faith effort to provide equitable instruction and training for a student who refuses a COVID-19 vaccine" product. Lines 315-318 state that in this situation an employer "shall make a good faith effort to provide equitable employment for these employees who have not accepted the COVID-19 vaccine" product. What is a realistic representation of a "good faith effort" in either of these circumstances?

I respectfully ask that the legislative body amend Sub HB 218 to correct the problematic language and protect Ohioans from intrusive government and corporate policies. Thank you for your consideration.

Respectfully,

Michelle Cotterman, RN, CNHP