

IN SUPPORT OF HB 193

Chairman Young, Vice Chair DeVitis, Ranking Member Lepore-Hagan, and members of the Commerce and Labor Committee, thank you for allowing me to provide testimony on House Bill 193.

My name is Dr Sherri Tenpenny. I am a resident of Cuyahoga County where I live and work as an osteopathic medical doctor. I am board certified in three medical specialties. Since 2000, I have invested more than 20,000 hours of personal time investigating the adverse impact vaccines can have on health. I have written two books on this topic and I have produced 8 DVDs. My online and print articles have been translated into at least 10 languages and my radio presence has an international reach.

I am here today to support HB193, and to support a HCWs right to refuse the flu shot. It is my personal and professional opinion that the flu shot should be completely voluntary. Vaccinating should never be required in exchange for job. I will list five reasons you must support HB193, with supporting evidence.

Reason #1 to support HB193: Giving ME (or a HCW) a flu shot does not prevent YOU (or patients) from getting the flu.

- More than 200 viruses can cause influenza-like illness. The symptoms are identical to symptoms caused by influenza viruses and can only be distinguished by laboratory confirmation.
- What is little known is that influenza viruses are not the primary cause of influenza-illness.
- Using the CDC's own data¹, I personally tabulated CDC annual reports over an 11-year period, from 1998-2008. I found that influenza viruses caused flu-like illness **only 13.9% of the time**.
- This means, at best, **an effective flu shot would have prevented 14% of the cases of flu**.
- The Cochrane Collaboration is a global network of independent researchers and professionals. Their reports are valuable because they are free from commercial sponsorship and other conflicts of interest.
 - The 2010 Cochrane Review² on Influenza concluded, "There is **no evidence** that flu shots affect complications, such as pneumonia, and no evidence flu shots **effect transmission.**" This means a flu shot does not stop the spread of the flu.
 - The 2013 Cochrane Review³ on Influenza concluded: "There is **no evidence** that (only) vaccinating healthcare workers prevents laboratory-confirmed influenza or its complications in individuals aged 60 or over in nursing homes. **There is no evidence to mandate compulsory vaccination of healthcare workers.**"

Reason #2 to support HB193: Flu shots do not prevent lost days from work.

- a. The 2004 Cochrane Review⁴ examined 25 reports with nearly 60,000 adults and concluded: “Vaccination of healthy adults only **reduced risk of influenza by 6%** and only reduced the number of missed work days by less than one day, **actually 0.16 days**. The report concluded: **“Universal immunization of healthy adults was not supported by this review.”**
- b. Ten years later, the 2014 Cochrane Review on Influenza⁵ concluded: “Influenza vaccines **have a **very modest** effect in reducing influenza symptoms and working days lost** in the general population, including pregnant women.”

Reason #3 to support HB193: Flu shots contain problematic ingredients, with potentially serious side effects.

I will mention only four. I have provided you with a list of ingredients of all vaccines. *Please look at the yellow highlights on page 2:*

- **Triton X-100** is a detergent that can damage cell membranes, disrupt mitochondria and cause a rapid decline in cell function, **all of which are conditions that can lead to cancer**.
- **Polysorbate 80** is a chemical that can cause infertility and anaphylactic shock.
- **Formaldehyde** is a chemical that the National Toxicology Program which is part of HSS, officially listed formaldehyde as a known human carcinogen in 2011.
- **Thimerosal:** yes the multi-dose flu shots still contain 25mcg of mercury per dose.
- It is important to note that **INJECTING** a substance into a muscle for absorption into the body is very different from **INGESTING** or **INHALING** that same substance.

Reason #4 to support HB 193: Flu shots are not safe, reactions are not rare and treating complications are costly.

- All FDA-licensed vaccines pose inherent risks of harm. In 2011, the US Supreme Court acknowledged that vaccines are **“unavoidably unsafe”**
- As of November 2013, the federal Vaccine Adverse Event Reporting system, commonly referred to as VAERS, has received more than **93,000 reports** of reactions, injuries, hospitalizations, including 1,080 deaths, **following influenza vaccinations**. The VAERS search engine found **10,932 cases with serious side effects** for Fluzone, the most commonly used flu vaccine.
- Between Jan 2006 and Dec 30, 2013, The National Vaccine Injury Compensation Program has paid out \$944 Million⁶ in adjudicated claims for flu shot injuries. Forcing vaccinations through employment requirements will increase this number.

- Guillain-Barré Syndrome, a potentially life threatening cause of paralysis, is a potential side effect of the flu shot. Between 1980 and 2005, 1,000 cases of GBS were reported after vaccination. Of those, 632 cases followed a flu shot.⁷
- Medicare estimates the cost to treat ONE case of GBS to be \$85,909 if the patient does not require a ventilator. If a patient requires time in the ICU and has been on a ventilator, that cost escalates to a whopping \$517,402.⁸
- Who pays these medical bills? Are we requiring HCWs to take on these risks, to avoid the flu and meet an arbitrary goal set by Healthy People 2020? The employee pays the ultimate price, with loss of their health and potentially even with the loss of their life.
- The costs of treating other potential side effects from the flu shot – extensive medical workups, long term medications for seizures and other neurological disorders - are not included when the “cost savings” of a broad based vaccination program is promoted. We really don’t know what the TRUE COST of the influenza program really is in the state of Ohio.

Reason #5 to support HB 193: Forcing an employee to be injected with a vaccination in exchange for employment has little support in science. Please see the study I have given you. I have highlighted some salient points for your convenience, but you might want to read the full study.

- Public health and Healthy People 2020 guidelines have widely promoted the notion that patients are put at risk by infected HCWs and vaccinating HCWs reduces that risk.
- Studies to support this premise are sorely lacking, as documented in the paper I presented. Please turn to page 5 and note the KEY POINTS.

In Summary, the reasons to support HB193 are:

- #1 – Giving ME (or a HCW) a flu shot does not prevent YOU (or patients) from getting the flu.
- #2 – Flu shots do not prevent lost time from work.
- #3 – Flu shots contain problematic ingredients that can cause serious harm to your health.
- #4 – Flu shots are not safe, reactions are not rare and side effects are costly.
- #5 – Most importantly, the evidence for vaccinating healthcare workers, if any, is heavily flawed and inconclusive at best.

- Knowing what you now know, how likely are you personally to run out and get a flu shot?
- Do you want those ingredients injected into your body...in exchange for your job?
- Are you willing to risk long-term disability... in exchange for your job?

Flu shots are not necessary to avoid the flu, even though they are promoted to be as good for your health as a B12 shot. Punishing an informed person who refuses the flu shot by firing them or otherwise discriminating against them, is a misuse of governmental power and overreach of public health.

Where will be stop with medicating in exchange for employment?

Please support HB193 and protect Ohio healthcare workers from possible harm from this vaccination. Their freedom of choice needs to be legislatively protected.

Thank you.

Dr Sherri Tenpenny, DO, AOBNMM, ABIHM, (AOBEM 1995 through 2006).
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¹ CDC: <http://www.cdc.gov/flu/weekly/fluactivity.htm> Weekly Flu Activity & Surveillance Reports. Oct.(wk 40) to May (wk 20) each year.

² 2010: Vaccines for preventing influenza in healthy adults. [Cochrane Database Syst Rev.](#) 2010 Jul 7;(7).

³ 2013: Influenza vaccination for healthcare workers who care for people aged 60 or older living in long-term care institutions. [Cochrane Database Syst Rev.](#) 2013 Jul 22;(7).

⁴ 2004: Vaccines for preventing influenza in healthy adults. [Cochrane Database Syst Rev.](#) 2004;(3)

⁵ 2014: Vaccines for preventing influenza in healthy adults. [Cochrane Database Syst Rev.](#) 2014 Mar 13;3.

⁶ 2014: <http://www.ers.usda.gov/media/925395/aer756.pdf> VICP Adjudication Categories

⁷ 2009: Guillain-Barré syndrome after vaccination in United States: data from the Centers for Disease Control and Prevention/Food and Drug Administration Vaccine Adverse Event Reporting System (1990-2005). [J Clin Neuromuscul Dis.](#) 2009 Sep;11(1):1-6.

⁸ 1995: Estimated Annual Cost of Campylobacter-Associated GBS and Guillian-Barre Syndrome. Agricultural Economic Report No. 756. pg. 12. Dollars updated from 1995 spending to 2105 equivalent.