

## Written Testimony HB 618

11/16/2020

Chairman Wiggam, Vice Chairman Stephens, Ranking Member Kelly, and members of the State and Local Government Committee:

Thank you for allowing me proponent testimony for HB 618.

I am a Board-Certified Doctor of Naturopathy and Board-Certified Holistic Health Practitioner. My duty as a Naturopath is to empower people to overcome illness with their body's natural ability to heal. I look at root causes and focus on addressing health problems, not suppressing them and providing a pill for every ill. I am supportive of allopathic medical intervention for acute emergency medical care.

I am providing proponent testimonial for HB 618 to reverse all past, current, and future orders from the Ohio Department of Health regarding the pandemic unless first approved by the Ohio General Assembly.

What I have witnessed since March 2020 is some of the most erroneous health advice, I have ever seen in my last 10 years as a natural health professional. Not once has Governor DeWine, the Ohio Department of Health, Amy Acton, Lance Himes, Wexner Medical, or anyone that is being interviewed or setting mandates, even on a county level have they spoke about the importance of the immune system and its tightly linked relationship with nutrition and lifestyle. 11.7 million Ohioans have been told to believe they are "sick" even when they have no symptoms. **Have you ever had a cold or the flu with no symptoms?** No.

The Ohio Department of Health and Governor DeWine are teaching and influencing people to believe they are ill and this is very dangerous for people's mental health and leads to germaphobia, mysophobia, hypochondria and factitious disorders.

Ohio's drug overdoses are the highest they have ever been. Based on my calculations Ohio overdoses may very well exceed total confirmed COVID-19 deaths by the end of this year. Male suicides are up in my county as well as the whole state.

| <b>Ohio Overdose Deaths</b>                |              |              |                               |              |               |
|--|--------------|--------------|-------------------------------|--------------|---------------|
| <b>Yellow = most deaths for that month</b> |              |              | <b>Red = most deaths ever</b> |              |               |
|  | <b>2016</b>  | <b>2017</b>  | <b>2018</b>                   | <b>2019</b>  | <b>2020 *</b> |
| <b>January</b>                             | 302          | <b>484</b>   | 284                           | 306          | 336           |
| <b>February</b>                            | 293          | <b>479</b>   | 302                           | 282          | 338           |
| <b>March</b>                               | 342          | <b>428</b>   | 319                           | 354          | 360           |
| <b>April</b>                               | 299          | <b>482</b>   | 281                           | 321          | 381           |
| <b>May</b>                                 | 283          | 459          | 325                           | 329          | <b>532</b>    |
| <b>June</b>                                | 278          | <b>415</b>   | 302                           | 335          | 401           |
| <b>July</b>                                | <b>380</b>   | 379          | 336                           | 365          | 245           |
| <b>August</b>                              | 350          | 317          | <b>367</b>                    | 329          | 97            |
| <b>September</b>                           | <b>388</b>   | 387          | 334                           | 329          | 13            |
| <b>October</b>                             | <b>377</b>   | 349          | 310                           | 349          | 0             |
| <b>November</b>                            | 368          | 357          | 287                           | <b>391</b>   | 0             |
| <b>December</b>                            | <b>390</b>   | 318          | 317                           | 338          | 0             |
| <b>Total deaths</b>                        | <b>4,050</b> | <b>4,854</b> | <b>3,764</b>                  | <b>4,028</b> | <b>2,703</b>  |

Source: Harm Reduction Ohio analysis of Ohio mortality data as of Sept. 29, 2020

\* 2020 numbers are preliminary, ongoing and updated weekly.

Source: <https://www.harmreductionohio.org/may-2020-deadliest-month-ever-for-overdose-death/>

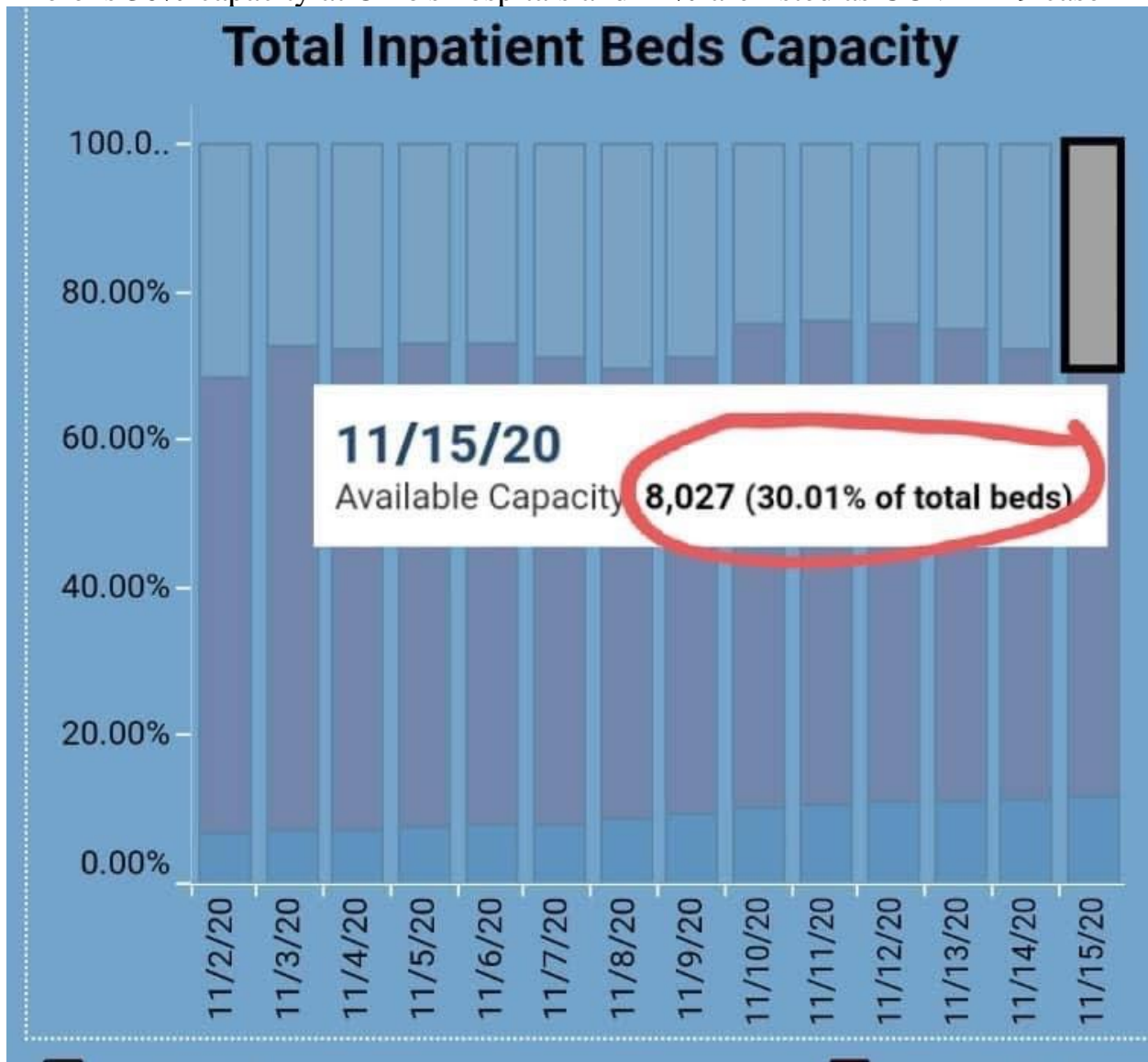
I am proud to be an Ohioan and even more proud to be an American. I take personal responsibility for my health. Many years ago, I developed a systemic illness and was severely immunocompromised. I never ever expected anyone to change their lives and cater to me. That's completely selfish to even expect anyone to change how they live for me. I knew the necessary precautions I had to take as I worked diligently to strengthen my immune system. All Ohioans need to take responsibility for themselves. At risk and the elderly population are the most vulnerable—not the general population. Look at the COVID-19 deaths, many are in nursing home/facilities.

**Lorain county as of 11/16/2020 has 90 confirmed COVID-19 deaths (though COVID-19 has not been isolated) and our population is 313,000 people!** I'm not concerned with cases! Ohio is mass testing people!! When has Ohio ever mass tested for viruses and been successful? Corona viruses mutate in every host. Viruses have to run their course!!! How can we even be certain they are not false positives? The Governor proved to us in one day how you can get both a positive and negative result.

**There are over 100,000,000 viruses surrounding us and over 200,000 viruses that humans can contract.**

**God did not fail us when he designed our marvelous created bodies.** They are fascinating machines!! All eleven body systems work super hard involuntarily. It is the most insulting thing I have ever witnessed to teach people to wear a mask taking away their God given right to breathe fresh air. Everyone is over-sterilizing their environments which pose serious health threats to all of us! I cannot even go in a store without feeling like I'm going to vomit from all the synthetic toxic chemicals being used. The public was not trained on PPE and all I witness is cross contamination, and face masks all over in parking lots that are becoming the new cigarette butts.

There is 30% capacity at Ohio's hospitals and 11% are listed as COVID-19 case



Source: <https://coronavirus.ohio.gov/wps/portal/gov/covid-19/dashboards>

# USA COVID NUMBERS

As of November 13, 2020

**10,588,169**  
**Total Cases**  
(~106 dots)

**235,629**  
**Total Deaths**  
(~2 red dots)



\*This graph was auto-generated.  
Metrics from covidtracking.com

One Dot equals 100,000 citizens.  
(3,282 dots)

Source: <https://covidtracking.com/>

The CDC has made it clear that 70.6% of people testing positive for COVID-19 are in FACE MASKS. If face masks work and everyone is complying, why are the numbers increasing?? Everywhere I go in NEO people are in two masks, a face shield shocked AND medical gloves.

From the CDC.

Those who get sick with Covid19:

Wear a mask ALWAYS: 70.6%

NEVER wear a mask: 3.9

<https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6936a5-H.pdf>  
pg 4

Morbidity and Mortality Weekly Report

TABLE. (Continued) Characteristics of symptomatic adults ≥18 years who were outpatients in 11 academic health care facilities and who received positive and negative SARS-CoV-2 test results (N = 314)\* — United States, July 1–29, 2020

| Characteristic   | No. (%)                    |                                   | P-value |
|--|----------------------------|-----------------------------------|---------|
|  | Case-patients<br>(n = 154) | Control participants<br>(n = 160) |         |
| Previous close contact with a person with known COVID-19 (missing = 1)                 |                            |                                   |         |
| No   | 89 (57.8)                  | 136 (85.5)                        | <0.01   |
| Yes  | 65 (42.2)                  | 23 (14.5)                         |         |
| Relationship to close contact with known COVID-19 (n = 88)                             |                            |                                   |         |
| Family   | 33 (50.8)                  | 5 (21.7)                          | <0.01   |
| Friend   | 9 (13.8)                   | 4 (17.4)                          |         |
| Work colleague   | 11 (16.9)                  | 6 (26.1)                          |         |
| Other**  | 6 (9.2)                    | 8 (34.8)                          |         |
| Multiple   | 6 (9.2)                    | 0 (0.0)                           |         |
| Reported use of cloth face covering or mask 14 days before illness onset (missing = 2) |                            |                                   |         |
| Never  | 6 (3.9)                    | 5 (3.1)                           | 0.86    |
| Rarely   | 6 (3.9)                    | 6 (3.8)                           |         |
| Sometimes  | 11 (7.2)                   | 7 (4.4)                           |         |
| Often  | 22 (14.4)                  | 23 (14.5)                         |         |
| Always   | 108 (70.6)                 | 118 (74.2)                        |         |

\* Respondents who completed the interview 14–23 days after their test date. Five participants had significant missingness for exposure questions and were removed from the analysis. Patients were randomly sampled from 11 academic health care systems that are part of the Influenza Vaccine Effectiveness in the Critically Ill Network sites (Baystate Medical Center, Springfield, Massachusetts; Beth Israel Deaconess Medical Center, Boston, Massachusetts; University of Colorado School of Medicine, Aurora, Colorado; Hennepin County Medical Center, Minneapolis, Minnesota; Intermountain Healthcare, Salt Lake City, Utah; Ohio State University Wexner Medical Center, Columbus, Ohio; Wake Forest University Baptist Medical Center, Winston-Salem, North Carolina; Vanderbilt University Medical Center, Nashville, Tennessee; John Hopkins Hospital, Baltimore, Maryland; Stanford University Medical Center, Palo Alto, California; University of Washington Medical Center, Seattle, Washington). Participating states include California, Colorado, Maryland, Massachusetts, Minnesota, North Carolina, Ohio, Tennessee, Utah, and Washington.

† Other race includes responses of Native American/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, and other; these were combined because of small sample sizes.

‡ Reported at least one of the following underlying chronic medical conditions: cardiac condition, hypertension, asthma, chronic obstructive pulmonary disease, immunodeficiency, psychiatric condition, diabetes, or obesity.

§ Community exposure questions asked were "In the 14 days before feeling ill about how often did you:" with options of "shop for items (groceries, prescriptions, home goods, clothing, etc.)" (missing = 1); "have people visit you inside your home or go inside someone else's home where there were more than 10 people"; "have people visit you inside your home or go inside someone else's home where there were 10 people or less"; "go to church or a religious gathering/place of worship" (missing = 1); "go to a restaurant (dine-in, any area designated by the restaurant including patio seating)" (missing = 1); "go to a bar or coffee shop (indoors)" (missing = 2); "use public transportation (bus, subway, streetcar, train, etc.)" (missing = 1); "go to an office setting (other than for healthcare purposes)" (missing = 1); "go to a gym or fitness center" (missing = 1); and "go to a salon or barber (e.g., hair salon, nail salon, etc.)" (missing = 1). Response options were coded as never versus at least once in the 14 days prior to illness onset. Some participants had missing data for exposure questions.

\*\* Other includes patients of health care workers (9), patron of a restaurant (1), spouse of employee (1), day care teacher (1), member of a religious congregation (1), and unspecified (1).

Source: Page 4, <https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6936a5-H.pdf>

Without microbes our immune systems are not activated. The immune system becomes suppressed and that is even more dangerous. Every day we leave our homes we risk death. Even at home we risk death. **Death is a part of life.** It's the price we pay for living. I care deeply for people and to help them live well because it is their birthright. Right now, there are more important things than making the general population suffer because of the at-risk and elderly population. The division amongst the public over face masks and the ugliness I witness daily is something I have never experienced in my whole entire life. WE must stop it **NOW**. WE need our state back **NOW!**

Lastly, I would like to add what the British Medical Journal Executive Editor has said about when good science is suppressed, Pharma and COVID-19,

**“When good science is suppressed by the medical-political complex, people die”** - *Kamran Abbasi, executive editor*

**thebmj**  
BRITISH MEDICAL JOURNAL

**"Covid-19: politicisation, "corruption," and suppression of science"**  
Kamran Abbasi, Executive Editor

Published 13th November 2020

**"When good science is suppressed by the medical-political complex, people die"**

**"The medical-political complex tends towards suppression of science to aggrandise and enrich those in power. And, as the powerful become more successful, richer, and further intoxicated with power, the inconvenient truths of science are suppressed. When good science is suppressed, people die"**

**"Politicisation of science was enthusiastically deployed by some of history's worst autocrats and dictators, and it is now regrettably commonplace in democracies"**

**"The UK's pandemic response relies too heavily on scientists and other government appointees with worrying competing interests, including shareholdings in companies that manufacture covid-19 diagnostic tests, treatments, and vaccines"**

**"Politicians and industry are responsible for this opportunistic embezzlement. So too are scientists and health experts. The pandemic has revealed how the medical-political complex can be manipulated in an emergency"**

**"Science is being suppressed for political and financial gain"**

**"Government appointees are able to ignore or cherry pick science—another form of misuse—and indulge in anti-competitive practices that favour their own products and those of friends and associates"**

**"Politicians and governments are suppressing science"**

**"Globally, people, policies, and procurement are being corrupted by political and commercial agendas"**

**"suppressing science, by..cherry picking or gagging scientists, is a danger to public health, causing deaths by exposing people to unsafe or ineffective interventions"**

**"Covid-19 has unleashed state corruption on a grand scale, and it is harmful to public health"**

www.bmj.com/content/371/bmj.m4425

Source: <https://www.bmj.com/content/371/bmj.m4425>

**This has been catastrophic to every single Ohioan.** I plead with the committee to vote **yes on HB 618** and restore our great state of Ohio. You all have a responsibility to help save every single one of us from this emotional and mental abuse, and to save the lives of so many including innocent children and elderly that are suffering because of isolation. Isolation is deadly. **Lockdowns are deadly and destroy the economy!**

We demand our lives back and that our unalienable constitutional rights as Americans be upheld.

*"Whoever can be trusted with very little can also be trusted with much, and whoever is dishonest with very little will also be dishonest with much."  
- Luke 16:10*

Respectfully,

Jennifer Eileen, BCND, BCTN, BCHHP