Michael Furci's Witness Testimony (In person if possible)

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

My name is Michael Furci, and I am a Certified Family Nurse Practitioner who has been helping individuals reach their optimum health and performance for over 30 years through diet and exercise. I support House Bill 248 because it secures the right to choose whether one desires a medical intervention without coercion or discrimination for millions of Ohioans.

An infamous period in our history occurred because of WWII, the Nuremberg trials. On December 9th, 1946 an American military tribunal started proceedings on war crimes and crimes against humanity with humans being used in research (History of research ethics, n.d.). German physicians experimented on untold thousands of concentration camp prisoners against their will leaving many dead or permanently disabled.

A direct result of the Nuremberg Physician trials was the Nuremberg Code, which states, "The voluntary consent of the human subject is absolutely essential" (National Institute of Health, n.d.). The code goes on to explain that individuals will have the power of choice without force, fraud, duress, or other ulterior forms of coercion (Shuster, 1997). Consent means having enough knowledge to understand the subject at hand, e.g., the means, possible hazards, inconveniences, and health effects, to allow an individual to make an informed decision. In the state of Ohio individuals are not making informed decisions to take the COVID19 shots. Although the Nuremberg Code does not have the strength of law, it was the first international agreement to advocate informed consent and voluntary participation (History of research ethics, n.d.).

Although an influential document in the history of ethics, the Nuremberg Code pertains to human experimentation without informed consent. However, what about informed consent for medical treatment or preventative treatment, i.e., vaccines? This issue was addressed in 2005. With a consensus of 193 countries including the US of the UN Educational, Scientific and Cultural Organization (UNESCO), adopted the Universal Declaration on Bioethics and Human Rights (UDBHR) (Truth Tube, 2018). In Article 6 of the UDBHR, informed consent is applied to preventative, diagnostic, and therapeutic medicine (United Nations Educational, Scientific and Cultural Organization, 2006). However, perhaps most notably in Article 3 it states the individual's health and welfare supersede the interest of the public and science (United Nations Educational, Scientific and Cultural Organization, 2006).

Putting the individual's rights above the collective or society is in direct line with the founding principles of the US as elucidated in the Declaration of Independence but is in stark contrast to mandatory vaccine policies. Pushing aside individual rights for the better of society is a slippery slope. If we do not pass HB 248, where does the medical tyranny end! What medical intervention will be forced on individuals next?

In closing I would like to remind people that the number one and two most preventable causes of death in the US are smoking and obesity. I would also like to remind people that it is a person's right to eat and smoke how much they want, no matter the health consequences to themselves or the economic costs to the nation. And all the data shows the top risk factors that influence COVID 19 severity are age, obesity, type 2 diabetes, another comorbidity (e.g., hypertension), and vitamin D3 deficiency. Only one of these risk factors is not modifiable.

A 2021 study, which included 838 patients, concluded that vitamin D3 supplementation upon admission to the hospital reduced fatalities from COVID19 by 62% (Nogues et al., 2021). The researchers also found those treated with vitamin D3 were 80% less likely to be admitted to the ICU (Nogues et al., 2021). Why aren't our government leaders clamoring for a vitamin D3 supplementation passport? Or, most importantly, why haven't our government leaders discussed the importance of modifiable risk factors and their linear relationship to the severity of COVID19 symptoms and death?

Thank you once again for this opportunity to provide testimony on the need and the urgency of passing House Bill 248.

Sincerely,

Michael S. Furci

References

- History of research ethics. (n.d.). Retrieved from <u>https://www.unlv.edu/research/ORI-HSR/history-ethics</u>
- National Institute of Health. (n.d.). The Nuremberg code. Retrieved from <u>https://history.nih.gov/research/downloads/nuremberg.pdf</u>
- Shuster, E. (1997). Fifty Years Later: The significance of the Nuremberg Code. New England Journal of Medicine, 337, 1436-1440. doi: 10.1056/NEJM199711133372006
- Truth Tube. (2018, April 28). Mary Holland UN April 26, 2016 part1. [Video file]. Retrieved from <u>https://www.youtube.com/watch?time_continue=30&v=gyRR-srQeVE</u>
- United Nations Educational, Scientific and Cultural Organization. (2006). Universal declaration on bioethics and human rights. Retrieved from <u>http://unesdoc.unesco.org/images/0014/001461/146180E.pdf</u>
- Nogues, N., Ovejero, D., Marta Pineda-Moncusí, Roger Bouillon, Dolors Arenas, Julio Pascual, . . . Garcia-Giralt, N. (2021). Calcifediol treatment and COVID-19-related outcomes. The Journal of Clinical Endocrinology & Metabolism, dgab405, <u>https://doi.org/10.1210/clinem/dgab405</u>