

Chairman Cutrona, Vice Chair Gross, Ranking Member Somani, and members of the Health Provider Services Committee:

Thank you for hearing my support testimony for HB 319, The Conscientious Right to Refuse Act.

It is vitally important for me as an Ohioian to have the right to refuse any drug or vaccine that violates my conscious and religious convictions AND does so without facing discriminatory actions.

Upon reading through the bill, HB 319 would have offered myself and my family some protection against discriminatory actions we encountered. For example:

<ul style="list-style-type: none">• Financial Coercion (5)• Treat Individual Differently (6)	<ul style="list-style-type: none">• The <u>university</u> my spouse worked at attempted <u>financial coercion</u> by mandating all employees to receive the covid 19 vaccine. My husband chose to end his career early due to the mandates.• <u>Differential treatment</u> also impacted my spouse. Because my husband cared about his students and wanted to see them complete their studies in his scientific area of expertise as he was the only one teaching this subject matter, he decided not to walk out of his contract once the mandates started. As a result of this, my spouse, as well as others who refused the vaccine, were required to undergo weekly testing in order to remain on campus. The testing was done in a student dormitory – where anyone could see the mandated vaccine “compliance” status of both employees and students – <u>divulging private medical information in a public space</u>.• During his final meeting with administrators, he made it clear the mandates and routine testing were the reasons for his retirement and his refusal to teach further on a part time basis, a common practice for retired professors. Numerous other faculty and administrative staff left the university after the imposition of the mandates.
<ul style="list-style-type: none">• Deny a Service (2)• Segregate the Individual (4)• Treat Individual Differently (6)	<ul style="list-style-type: none">• During the pandemic, our vet admitted no clients in with their pets.• When the vaccination campaign was well underway, our vet then started <u>admitting vaccinated clients</u> in with their pets – the <u>unvaccinated were not permitted to enter</u>.• As a long term client of our veterinarian, my family was denied admittance with our pets, who were severely ill with terminal illnesses leading to death. Not being able to be in appointments created unnecessary stress both on our companion animals and on us.• Our vet then changed the policy that <u>unvaccinated clients</u> could enter if they were able to <u>provide proof of a negative covid test</u> during the previous few days. The <u>vaccinated were free to enter</u> with no test.
<ul style="list-style-type: none">• Segregate the Individual (4)• Treat Individual Differently (6)	<ul style="list-style-type: none">• I can also attest students at the university my husband taught were segregated by some faculty during in-person class sessions.• The vaccinated students were identified so they could be grouped to work together in small groups, leaving the unvaccinated to work together – not only segregating the unvaccinated from the vaccinated, but clearly <u>divulging private medical information in a public forum</u>.• This segregation and being treated differently had negative psychological impacts on students – in one known instance a student was sufficiently coerced to get vaccinated against her and her parents’ wishes due to this and similar experiences.

I urge the committee to vote YES on HB 319.

Susan M. Rolland, MS
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