

Friday, August 20, 2021

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 Jacob Eilerman, and I am an Actuary (Associate of the Casualty Actuarial Society) and the reason I support House Bill 248 is because everyone should have a CHOICE when it comes to their medical decisions without coercion and the threat of losing one's livelihood.

As an actuary and someone that holds degrees in Mathematics (Statistical Concentration), Economics, and Actuarial Science, I have been evaluating a lot of the decisions being made by governments, schools, and businesses over the last year from a number's perspective. My wife is a pharmacist (PharmD) so we have a unique combination in our household to evaluate the events of the past year both mathematically and medically.

On Friday, August 13, 2021, I went out to the Ohio COVID-19 Dashboard to gather some data. I gathered the most up-to-date percentage of population vaccinated by county and compared it to the most recent two weeks (7/22/21 – 8/4/21) cases per 100,000 of population in each county. We are being told that we must get the vaccine to stop the spread. If that is the case, I would expect the counties with the highest percentage of the population vaccinated to have the lowest cases per 100,000 in population, or for the percentage of population vaccinated to be at least a significant predictor of the recent case rate. A simple linear regression model with the dependent variable (Y) being the most recent cases per 100,000 population and the predictor, or independent variable, (X) being the percentage of population vaccinated in a particular county. For the percentage of vaccinated in a county to be a significant predictor at the 90% confidence level, the p-value would need to be less than 0.10. The regression had a p-value of 0.390392, which clearly displays that it is NOT a significant predictor of the current case rate. Therefore, it does not appear that these vaccinations are NOT EFFECTIVE in stopping the spread. Below are a few highlights from the data:

- Statewide Average of % of Population Vaccinated: 50.47%
- The 13 counties with the lowest cases per 100,000 of population are all below the Statewide Average
- Delaware County has the highest vaccination percentage at 64.7%, but ranks 44 out of 88 counties in the cases per 100,000

With many hospital systems in Ohio colluding on the same day to announce that they were going to mandate the vaccinations for their employees under the threat of termination, I would like to point out some additional numbers. According to the Vaccine Adverse Events Reporting System (through August 6<sup>th</sup>, 2021, the following adverse reactions have been reported after COVID vaccination:

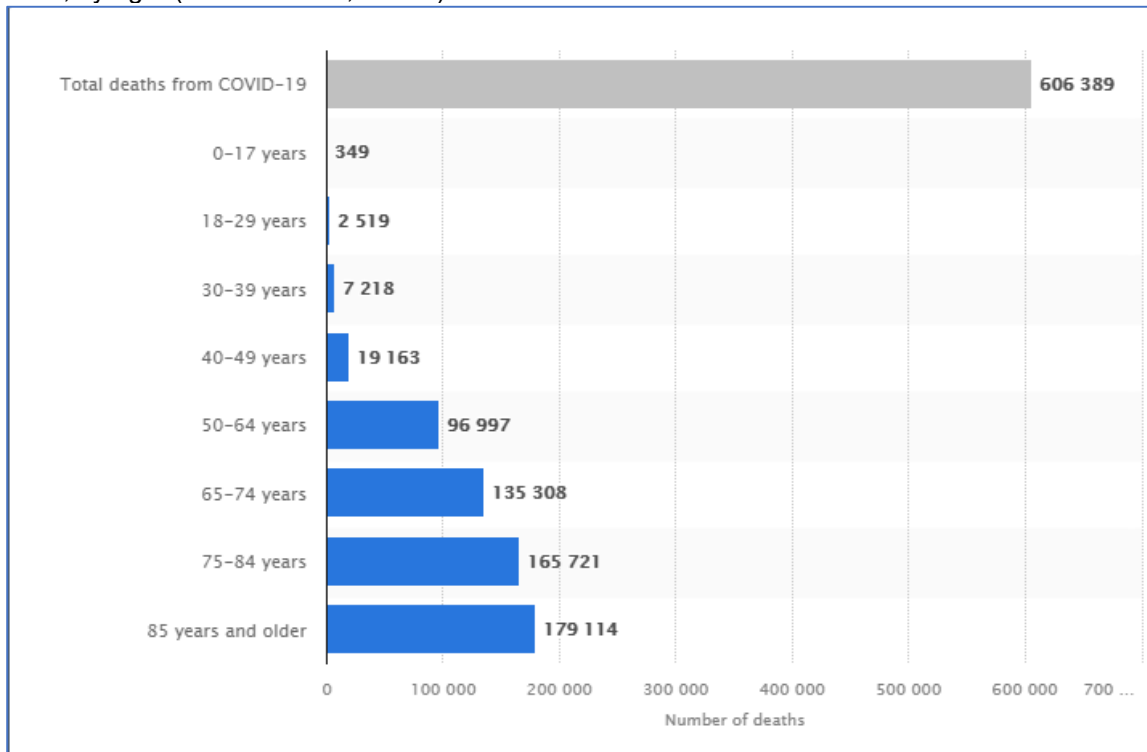
- 12,791 Deaths
- 51,242 Hospitalizations
- 5,282 Anaphylaxis
- 1,505 Miscarriages
- 5,590 Heart Attacks
- 4,371 Myocarditis/Pericarditis (Heart Inflammation)
- 16,044 Permanently Disabled
- 2,554 Thrombocytopenia/Low Platelets
- 4,461 Bell's Palsy
- 13,140 Life Threatening

A 2011 report by Harvard Pilgrim Health Care, Inc. for the U.S. Department of Health and Human Services (HHS) stated that fewer than one percent of all vaccine adverse events are reported to the government:

“Although 25% of ambulatory patients experience an adverse drug event, less than 0.3% of all adverse drug events and 1-13% of serious events are reported to the Food and Drug Administration (FDA). **Likewise, fewer than 1% of vaccine adverse events are reported.** Low reporting rates preclude or slow the identification of “problem” drugs and vaccines that endanger public health. New surveillance methods for drug and vaccine adverse effects are needed.”

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COVID has also affected specific demographics, the elderly and those with comorbidities. Please see the below graph of “Number of coronavirus disease 2019 (COVID-19) deaths in the U.S. as of August 4, 2021, by age” (Sources CDC, NCHS):



Does it even make sense for a healthy individual with no known comorbidities under the age of 50 to receive the vaccination based on the possible side effects? More children under the age of 18 die from the flu annually, 477 during the 2018-2019 flu season (Source: CDC (National Center for Immunization and Respiratory Diseases)).

With statistics like this, how can we possibly allow employers to threaten employees with job loss? How can we allow businesses to discriminate against individuals that choose to not get a vaccination that clearly can have severe side effects, especially when the drug manufacturers are NOT LIABLE! Individuals should always be in control of their own medical treatments and have a CHOICE! This is NOT the America that I grew up in. We are forcing people to receive a medical treatment to obtain “papers” to be a full member of society. I cannot support that society. Therefore, I believe that House Bill 248 should be passed IMMEDIATELY! We need to stand up for individual liberty! NOW IS THE TIME!

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

Sincerely,

Jacob F. Eilerman, ACAS

October 6, 2021

To the House Commerce and Labor Committee,

Chairman Stein, Vice Chair Johnson, Ranking Member Lepore-Hagan, and Members of the House Commerce and Labor Committee, thank you for the opportunity to provide opponent testimony on House Bill 435.

My name is Jacob Eilerman, and I am an Actuary (Associate of the Casualty Actuarial Society) and the reason I am against House Bill 435 is because everyone should have a CHOICE when it comes to their medical decisions WITHOUT COERCION and the threat of losing one's livelihood.

As an actuary and someone that holds degrees in Mathematics (Statistical Concentration), Economics, and Actuarial Science, I have been evaluating a lot of the decisions being made by governments, schools, and businesses over the last year from a number's perspective. My wife is a pharmacist (PharmD) so we have a unique combination in our household to evaluate the events of the past year both mathematically and medically.

From an economic perspective, we are currently experiencing a labor shortage in this country. There are supply chain issues in many industries. By allowing the mandating of the Covid-19 vaccines, we will further exacerbate this problem. We will be artificially reducing labor supply from all workers to only vaccinated individuals when shots are mandated. This is only going to make shortages worse and increase inflation. This is basic supply and demand economics! It makes absolutely no sense to mandate vaccines that DO NOT prevent transmission of the disease and create further labor shortage issues at the same time, especially in health care! Both VACCINATED and UNVACCINATED can spread the disease.

- Please reference the link for a peer-reviewed study of hundreds of countries that found NO global correlation between vaccine rates and case rates:  
[https://link.springer.com/article/10.1007/s10654-021-00808-7?fbclid=IwAR0J32m9zGYd1TjOWagkidHJ1qEylKs8z8HLIHesC\\_gQ3kEjrURPKTbpw5A](https://link.springer.com/article/10.1007/s10654-021-00808-7?fbclid=IwAR0J32m9zGYd1TjOWagkidHJ1qEylKs8z8HLIHesC_gQ3kEjrURPKTbpw5A)
- Using data from the Ohio Covid-19 dashboard and a linear regression analysis, I also found that vaccination rate by county in Ohio was NOT a significant predictor of recent case rate from 7/22/21 – 8/4/21. Please refer to my House Bill 248 proponent testimony from August 24th for additional details.

This bill does not prevent vaccine mandates in all cases for employment, and it does not prevent businesses from instituting vaccine passports. This will lead to DISCRIMINATION of individuals and groups of people. This is gravely concerning to me, and it should be to all of you! We risk creating a SECOND-CLASS society of unvaccinated individuals. No matter your vaccination status, this should set off alarm bells to everyone. As they roll out vaccine passport in New York City, 72% of African-Americans ages 18-44 are unvaccinated based on city data. They will be relegated to second-class citizens. I thought America had learned that SEGREGATION is WRONG. It is wrong based on all forms: race, religion, nationality, and MEDICAL TREATMENT! These mandates should be considered a violation of the Civil Rights Act of 1964 (Antidiscrimination Law).

Furthermore, these vaccination mandates are a clear VIOLATION of "The Nuremburg Code (1949):"

*The voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved, as to enable him*

*to make an understanding and enlightened decision. This latter element requires that, before the acceptance of an affirmative decision by the experimental subject, there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonably to be expected; and the effects upon his health or person, which may possibly come from his participation in the experiment. The duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs or engages in the experiment. It is a personal duty and responsibility which may not be delegated to another with impunity.*

If this does not concern you, I am not sure what will. Individuals must always have a choice when receiving medical treatments WITHOUT COERCION! These mandates, with the threat of losing one's livelihood, are COERCION!

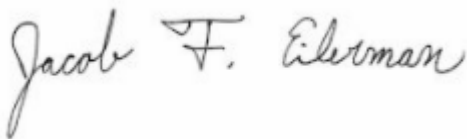
I recently read the obituary (<https://obits.oregonlive.com/us/obituaries/oregon/name/jessica-wilson-obituary?pid=200278331>) of Jessica Berg Wilson from Washington state. Here are a couple excerpts:

- “Jessica Berg Wilson, 37, of Seattle, Wash., passed away unexpectedly Sept. 7, 2021 from COVID-19 Vaccine-Induced Thrombotic Thrombocytopenia (VITT) surrounded by her loving family. Jessica was an exceptionally healthy and vibrant 37-year-old young mother with no underlying health conditions.”
- “Jessica's greatest passion was to be the best mother possible for Bridget and Clara. Nothing would stand in her way to be present in their lives. During the last weeks of her life, however, the world turned dark with heavy-handed vaccine mandates. Local and state governments were determined to strip away her right to consult her wisdom and enjoy her freedom. She had been vehemently opposed to taking the vaccine, knowing she was in good health and of a young age and thus not at risk for serious illness. In her mind, the known and unknown risks of the unproven vaccine were more of a threat. But, slowly, day by day, her freedom to choose was stripped away. Her passion to be actively involved in her children's education—which included being a Room Mom—was, once again, blocked by government mandate. Ultimately, those who closed doors and separated mothers from their children prevailed. It cost Jessica her life. It cost her children the loving embrace of their caring mother. And it cost her husband the sacred love of his devoted wife.”

The Nuremburg Code was clearly violated here, and it cost this wife and mother her life.

I am not anti-vaccine. I am for MEDICAL FREEDOM! People should always have a CHOICE in what medical treatments they receive based on INFORMED CONSENT! House bill 435 will not protect Ohioans' Medical Freedom. It either needs to be completely revised to provide the protections of House Bill 248, or House Bill 248 needs to be passed IMMEDIATELY! Time is of the essence.

Thank you for your time and God Bless,

A handwritten signature in cursive script that reads "Jacob F. Eilerman". The ink is dark and the handwriting is fluid and personal.

Jacob F. Eilerman, ACAS

November 29, 2021

To the House Commerce and Labor Committee,

Chairman Peterson, Vice Chair Wilson, Ranking Member Craig, and Members of the Senate General Government Budget Committee, thank you for the opportunity to provide testimony on House Bill 218.

My name is Jacob Eilerman, and I am an Actuary (Associate of the Casualty Actuarial Society). As an actuary and someone that holds degrees in Mathematics (Statistical Concentration), Economics, and Actuarial Science, I have been evaluating a lot of the decisions being made by governments, schools, and businesses over the last year from a number's perspective. My wife is a pharmacist (PharmD) so we have a unique combination in our household to evaluate the events of the past two years both mathematically and medically. The reason I am in favor of House Bill 218 is because it will protect Ohioans' Medical Freedom and will prevent segregation based on receipt of a medical treatment in our society. Everyone should have a CHOICE when it comes to their medical decisions WITHOUT COERCION and the threat of losing one's livelihood. However, before passing, I do believe that this bill NEEDS the following revisions via amendments:

1. The "sunset clause" repealing sections 3792.05, 3792.07, and 3792.08 of the Revised Code on September 30, 2025, MUST be removed. Ohioans' freedoms do not expire, and this protection on our Medical Freedom should not have an expiration date! Good government, at its core, protects individual liberty!
2. The bill needs revised to protect ALL Ohioans. There should be NO special interest carve outs to allow workers at Children's hospitals and employees in intensive or critical care units to be discriminated against. There is no reason to exempt Children's hospitals in the first place. Children are the least susceptible to Covid. Per the Ohio Department of Health Covid-19 dashboard (as of 11-26-2021), there have been 19 deaths in the age 0-19 range. This accounts for only 0.07% of the total 26,483 deaths in the state of Ohio.

If this was actually about health, safety, and patient care rather than control and money, we would not be allowing hospital workers with Natural Immunity to be fired for not receiving a vaccination, especially during staffing shortages. Hospitals should be staffing Covid floors, critical care units, and intensive care units with employees that have Natural Immunity. This would protect both patients and employees more than the current mRNA therapeutics, which do not stop transmission of the virus. There have been 135 research studies affirming naturally acquired immunity to Covid-19. Please see the Brownstone Institute article "135 Research Studies Affirm Naturally Acquired Immunity to Covid-19: Documented, Linked, and Quoted" by Dr. Paul Elias Alexander (<https://brownstone.org/articles/79-research-studies-affirm-naturally-acquired-immunity-to-covid-19-documented-linked-and-quoted/>) for reference and links to all 135 studies.

We need to protect the Medical Freedom of all Ohioans, especially the frontline workers that were considered heroes in 2020! Especially, when we know that the safety record of these shots is worse than all prior vaccinations combined in Vaccine Adverse Event Reporting System (VAERS). As of November 12, 2021, VAERS ([openvaers.com/covid-data](https://openvaers.com/covid-data)) reports:

- 18,853 Deaths
- 94,537 Hospitalizations
- 8,082 Anaphylaxis reactions
- 2,996 Miscarriages
- 9,332 Heart Attacks
- 13,237 Myocarditis/Pericarditis
- 30,010 Permanently Disabled
- 4,387 Thrombocytopenia
- 21,089 Life Threatening Cases

A 2011 report by Harvard Pilgrim Health Care, Inc. for the U.S. Department of Health and Human Services (HHS) stated that fewer than one percent of all vaccine adverse events are reported to the government (<https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf>):

“Although 25% of ambulatory patients experience an adverse drug event, less than 0.3% of all adverse drug events and 1-13% of serious events are reported to the Food and Drug Administration (FDA). Likewise, fewer than 1% of vaccine adverse events are reported. Low reporting rates preclude or slow the identification of “problem” drugs and vaccines that endanger public health. New surveillance methods for drug and vaccine adverse effects are needed.”

3. This bill needs an Emergency Clause so that it takes affect as soon as possible. Many Ohioans' livelihoods are being threatened right before the holidays. Providing job security without being threatened to receive a medical treatment against one's will could be the best Christmas present that many could ask for this year.

From an economic perspective, we are currently experiencing a labor shortage in this country. There are supply chain issues in many industries. By allowing the mandating of the Covid-19 vaccines, we will further exacerbate this problem. We will be artificially reducing labor supply from all workers to only vaccinated individuals when shots are mandated. Per the Ohio Department of Health Covid-19 dashboard (as of 11-28-2021), 52.7% of Ohioans have received both doses of the vaccine. The percentage is significantly lower if we were to exclude the retired population. This is only going to make shortages worse and increase inflation. This is basic supply and demand economics! It makes absolutely no sense to mandate therapeutics that DO NOT stop the transmission of the disease and create further labor shortage issues at the same time, especially in health care!

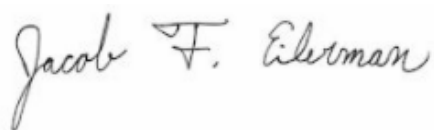
Furthermore, these vaccination mandates are a clear VIOLATION of “The Nuremburg Code (1949):”

*“The voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved, as to enable him to make an understanding and enlightened decision.”*

If this does not concern you, I am not sure what will. Individuals must always have a choice when receiving medical treatments WITHOUT COERCION! These mandates, with the threat of losing one's livelihood, are COERCION! The precedent set by these mandates will likely lead to further mandates. What is to stop employers from mandating testing for AIDS, testing for sexually transmitted diseases, or requiring other medical treatments? Do we really want the government and our employers in charge of what medical treatments that we receive?

I am not anti-vaccine. I am for MEDICAL FREEDOM! We have never had a one size fits all medical system in the United States, nor should we. People should always have a CHOICE in what medical treatments they receive based on INFORMED CONSENT! House bill 218 needs to be improved with the minimum above mentioned revisions and passed IMMEDIATELY! Time is of the essence.

Thank you for you time and God Bless,



Jacob F. Eilerman, ACAS