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Rough Draft

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ARCH: Good morning and welcome to the Health and Human Services Committee. My name is John Arch. I represent the 14th Legislative District in Sarpy County and I serve as Chair of the HHS Committee. I'd like to invite the members of the committee to introduce themselves starting on my right with Senator Murman.

MURMAN: Hello. I'm Senator Dave Murman from District 38, and that includes seven counties to the south, west, and east of Kearney and Hastings.

WILLIAMS: Matt Williams from Gothenburg, Legislative District 36: Dawson, Custer, and the north portion of Buffalo Counties.

B. HANSEN: Ben Hansen, District 16, Washington, Burt, and Cuming Counties.

ARCH: Also assisting the committee is one of our legal counsels, Paul-- excuse me, T.J.-- have to look here-- T.J. O'Neil; our-- and our committee clerk, Geri Williams; our committee pages, Jordon and Sophie. A few notes about our policies and procedures. Please turn off your-- or silence your cell phones. This morning, we will be hearing two bills and we'll be taking them in the order listed on the agenda outside the room. The hearing on each bill will begin with the introducer's opening statement. After the opening statement, we will hear from supporters of the bill, then from those in opposition, followed by those speaking in a neutral capacity. The introducer of the bill will then be given the opportunity to make closing statements if they wish to do so. For those of you who are planning to testify, you will find green testifier sheets on the table near the entrance of the hearing room. Please fill one out and hand it to one of the pages when you come up to testify. This will help us keep an accurate record of the hearing. We use a light system for testifying. Each testifier will have five minutes to testify. When you begin, the light will be green. When the light turns yellow, that means you have one minute left. When the light turns red, it is time to end your testimony and we will ask you to wrap up your final thoughts. When you come up to testify, please begin by stating your name clearly into the microphone and then please spell both your first and last name. If you are not testifying at the microphone but want to go on record as having a position on the bill being heard today, please see the new public

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hearing protocols on the HHS Committee's webpage on NebraskaLegislature.gov. Additionally, there is a white sign-in sheet at the entrance where you may leave your name and position on the bills before us today. Due to social distancing requirements, seating in the hearing room is limited. We ask that you only enter the hearing room when it is necessary for you to attend the bill hearing in progress. The agenda posted outside the door will be updated after each hearing to identify which bill is currently being heard. The committee will pause between each bill to allow time for the public to move in and out of the hearing room. We request that you wear a face covering while in the hearing room. Testifiers may remove their face covering during testimony to assist committee members and Transcribers in clearly hearing and understanding the testimony. Pages will sanitize the front table and chair between testifiers. This committee has a strict no props policy. And with that, we will begin today's hearing with LB645 and welcome, Senator Hansen.

B. HANSEN: Thank you, Chairman Arch and members of the Health and Human Services Committee. Sorry, I'm still gathering my thoughts after trying not to fly into the ditch on the way here on I-80. So all right. My name is Senator Ben Hansen, that's B-e-n H-a-n-s-e-n, and I represent District 16, which includes Washington, Burt and Cuming Counties. LB645 provides for enhanced penalties for violations of directed health measures committed by public officials. Any public official who signs, authorizes, or enacts a directed health measure and violates such measure shall be subject to punishment under the law in one of two ways. First, if the violation of the directed health measure is punishable as a criminal offense, it shall be punished by the imposition of the next higher penalty classification or for violation of the directed health measure is a punish-- is punishable by a fine only, the amount of the fine imposed shall be three times the amount. Public officials means any official from the county, district, or city-county health department as defined in Section 71-1626, an official within the Department of Health and Human Services, the Governor, a mayor, a city manager, or any other official who signs, authorizes or enacts a directed health measure. For the past year or so, I have seen individuals, families and businesses-- business owners suffering under the yoke of the so-called directed health measures. These DHMs have caused lawsuits, businesses to be severely hindered or closed, schools closed out of fear, and the

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political climate becoming much more divisive over egregious oversteps of the local governing authority. Now, I understand the concerns a public official argues in enactment of these directed health measures. But when the people who enact these orders are not abiding by them, that is something I cannot and will not tolerate. I'm sure we've heard of mayors and governors throughout the country and even our own President breaking these directed health measures. And if public officials are going to force people, families, and business owners to abide by these DHMs, then they better be the first ones demonstrating their support. I feel it is a slap in the face when our elected officials who are so adamantly in favor of all these directed health measures don't lead by example. LB645 holds our public officials accountable to their own laws. There have been so much-- there has been so much inconsistency over this pandemic and the people are tired of it. There has been fearmongering, businesses closed, and skyrocketing childhood suicide rates. Those who expect others to abide by the laws they create and don't follow them themselves should not be in office. That concludes my opening statement, and I thank you for your attention. And I open to any questions that you might have.

ARCH: Are there questions for Senator Hansen? Seeing none, thank you very much.

B. HANSEN: Thank you.

ARCH: We'll now invite the first proponent for LB645 to speak. Seeing none, the first proponent for LB645. Welcome.

JACK CHELOHA: Good morning, Senator Arch and members of the committee. My name is Jack Cheloha, that's spelled J-a-c-k, last name is C-h-e-l-o-h-a. I'm the lobbyist for the city of Omaha and I want to testify in opposition to LB645 this morning. The city of Omaha, as most of you know, is roughly 450,000 people on the eastern border of our state. We have seven elected city council members who are part time and a strong mayor system of mayors full time. With that, and within their home rule charter, the city has certain rights and obligations relative to protection of their citizens. Also, within Chapter 14 of state law, it explicitly says that we have the authority to enact directed health measures. And so with that, we oppose this measure based on the fact that we have the authority to enact directed health measures. But we don't think that an enhanced penalty should be

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out there for anyone who happened to vote for that. I mean, this-- this pandemic we're facing now is-- is unprecedented times for most of us living. I mean, the last time we went through this was in roughly 1918, I believe. And so the COVID-19 is a highly contagious disease. And with that, the Omaha City Council has enacted and then extended directed health measures and particularly the requirement to wear a face mask in certain situations. Finally, I want to talk about a little bit the penalty here in terms of how it's classified. I mean, certainly we want to have it follow within the equal protection clauses of the U.S. Constitution and the Nebraska State Constitution. We feel that this would be in violation because the penalties for those who happen to vote for something would be enhanced and they would be treated than the other members of our seven council-- council who happened to not vote for it. It just makes no sense. But it's also written, you know, very broadly that any public official who would sign or authorize or enact a health measure, for instance, our city clerk who happens to do the paperwork would also be subject to these double penalties, which to us is unfortunate. And we just feel that this bill, for various reasons, have-- have no merit at this point in time and we would oppose it. I'll try to answer your questions.

ARCH: Thank you. Are there questions? Senator Murman.

MURMAN: Thank you, Senator Arch, and thank you for testifying. Do you think that a public health official has more responsibility to the public when very onerous-- onerous things are placed on the public?

JACK CHELOHA: Well, thank you for the question. Senator. I think any elected official has a responsibility to their constituents. And with that, you know, each office has different responsibilities. In this situation, the city council in particular has the right to enact legislation to protect the safety, health, and welfare of its people. And therefore, they have the right and obligation to act accordingly. And then in terms of, you know, following it, they're all public citizens and they have the same, you know, duties as any citizen to follow their own laws and to lead by example.

MURMAN: Sure. We're not only talking about elected officials here, but also unelected officials. And-- and they are not responsive or I guess don't have the ability to be voted out of office as the elected officials do.

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JACK CHELOHA: I can understand that. But I'm only here today, Senator, for the elected officials of Omaha; and they oppose this bill.

MURMAN: OK, thank you.

ARCH: Other questions? I have one.

JACK CHELOHA: Yes, sir.

ARCH: Do you happen-- do you happen to know the history up to this point-- you may not off the top of your head-- as to the number of citations the city of Omaha has issued for violation of DHMs? I saw an article in the paper, I don't know, a week or so ago that was mentioning it.

JACK CHELOHA: Right.

ARCH: But I-- I didn't know if you had any access to that information.

JACK CHELOHA: I'm trying to recall the same article, Senator. I remember reading it. It seems to me the number that stands out is-- is we're roughly in the 100 category, if I recall correctly. And I don't remember if some of those were warnings or some were actual citations. I think in Omaha, the max penalty for a violation, I think is \$100 and that's what I recollect from that article. But if you want, I could try to find it and get it-- get it to you.

ARCH: I-- I'd really appreciate that.

JACK CHELOHA: OK.

ARCH: Because I didn't know, for instance, I didn't know whether that is primarily individuals or whether those are businesses. I know that some churches have received some citations. That'd be-- that'd be very helpful.

JACK CHELOHA: Yes, sir. I'll get that. In the meantime, maybe I'll check with our police department and see if they have a better record system--

ARCH: OK.

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JACK CHELOHA: --beyond the story in the newspaper.

ARCH: All right. Thank you. Any other questions? Seeing none, thank you very much.

JACK CHELOHA: All right. Thank you.

ARCH: The next opponent for LB645. Seeing none, would anybody like to testify in the neutral capacity? Seeing none, Senator Hansen, you're welcome to close. And as you come up, I will mention that we did receive one letter which was in opposition to LB645. We also received one written testimony this morning from the League of Municipalities-- Nebraska Municipalities, also in opposition to LB645. You may close.

B. HANSEN: Good. Just to kind of maybe clarify a little bit concerning the last testimony. Now, we're not arguing directed health measures like elected officials, certain ones have the right to make those. We're not saying they don't. We're not saying they're bad. We're just trying to make sure that the people who sign off on one or who have veto power, that's what we're trying to accomplish with this, such as a governor or a mayor, a city administrator, not the clerk, but the people have a veto power to be able to say, look, if I sign this, this is going to happen. If I don't, it's not going to happen. Those are the people who we're trying to hold a bit more responsible. I did include city councils and I didn't include the Legislature or kind of groups of elected officials such as that, because that might muddy the waters a little bit because there are some who are going to vote against it. There's some who might vote for it. So I wouldn't hold all of them responsible for-- for-- for how the vote turned out. So that's why I just did mainly executive branch type officials who were going to sign off or create them during a declaration of emergency of a directed health measure. So those who-- who we were trying to-- what we were trying to accomplish with this bill. I know it's not a perfect bill. But-- and I think-- I just read the article you're talking about, Chairman Arch. I think they, I might be wrong, I think in Omaha, unless there's Lincoln, I think they just gave out eight citations, eight to ten citations, but they had like over 100--some warnings. And so-- and I think they were primarily individuals or business owners too. And so luckily, I think the state of Nebraska, I think we, you know, I think the state of Nebraska is a pretty responsible state and I think we have done well. It's just that I'm

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looking at the-- trying to read the tea leaves here a little bit and seeing what's going on in the country and just try to get ahead of this a little bit and be a little proactive so we don't start seeing this happen more and more in the state of Nebraska. And this might just be a shot across the bow for those who do sign off on these directed health measures. So with that, I will take any more questions if you guys have any.

ARCH: Are there any questions for Senator Hansen? Senator Cavanaugh.

M. CAVANAUGH: Thank you. Good morning, Senator Hansen.

B. HANSEN: Morning.

M. CAVANAUGH: At the League of Municipalities, they pointed out that this is a different penalty for certain people for the same criminal offense. Have you consulted with the Attorney General's Office to ensure that this is constitutional?

B. HANSEN: No, I have not.

M. CAVANAUGH: OK. That would just be a concern that I have that maybe we can work on.

B. HANSEN: Makes sense. Thank you.

M. CAVANAUGH: Thank you.

ARCH: Other questions? Senator Williams.

WILLIAMS: Thank you, Chairman Arch, and thank you, Senator Hansen. I'm just not sure what we're trying to accomplish with this. There's been tremendous pressure on public officials to try to do what's right during strenuous periods of time. And I don't see where trying to hold them to a higher standard than the businesses and the citizens solves the problem that I'm seeing that we have. So I'm throwing that out as a statement--

B. HANSEN: Yep.

WILLIAMS: --and would like to hear your response.

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B. HANSEN: That makes sense. I think what we're trying to accomplish with this is not just holding them a little bit more accountable, but when you're going to make a directed health measure, typically without a vote of the people, I mean, because it's an executive action that has the potential to close businesses down, close churches, affects people's lives, you know, in a negative way, in a negative way to some extent. I think the goal was just to hopefully they'll not think twice about what they're doing, but know that if they are going to make these executive actions, these directed health measures that they're going to be held a little more accountable. I think that's kind of what we were trying to accomplish with that. That's how I felt like what we could do.

WILLIAMS: And we're holding them more accountable by creating a higher penalty for them if they violate the--

B. HANSEN: Yes.

WILLIAMS: --directed health measure. OK, thank you.

ARCH: Thank you, Senator Williams. Are there other questions? Seeing none, thank you very much.

B. HANSEN: Thank you very much.

ARCH: This will close the hearing for LB645. And we will now open the hearing for LB251. Senator Cavanaugh, you are welcome to open.

M. CAVANAUGH: Good morning, Chairman Arch and members of the Health and Human Services Committee.

ARCH: Good morning.

M. CAVANAUGH: My name is Machaela Cavanaugh, M-a-c-h-a-e-l-a C-a-v-a-n-a-u-g-h, and I have the privilege of representing District 6, west-central Omaha. And I'm here today to introduce LB251. LB251 proposes to lower the age at which a teenager can agree to organ donation and can elect to have organ donation designation on their driver's license ID or state ID. The current age for this in Nebraska is 16. LB251 would make it 14. Other states vary with age a young person can donate organs or designate that wish to the state ID or driver's license. Out of the states that designate an age, a dozen

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other states already use 14 years of age and even 13 years of age. I would like to point out, I think this is a really important point, that this bill does not change parental or guardian rights in the anatomical gift statute other than the age at which an unemancipated minor can agree to organ donation. It just allows when a youth goes and gets, usually it would be like a farm permit to drive to school because they're 14 right now. You can do it at 16, but because they're 14 and they can get that permit a little bit younger, it allows them to designate or indicate that this is something that they are interested in. It does not take away a parent's right in that-- that moment. If that is an option, unfortunately for an anatomical gift to be given, it does not take away a parent's right to make those decisions. Marigold Helvey, a constituent of mine, brought this idea to me as part of her Girl Scout project. I commend her efforts. Marigold has solicited support for this idea and done her homework well. She's here to tell you about her project, so I will let you hear from her and take any questions that you might have.

ARCH: Thank you, Senator Cavanaugh. Are there questions? I have one, and maybe there will be a testifier to follow as well that could answer this. I guess I appreciate understanding that parental right and what-- what is that parental right currently? I mean, I know I know all we're talking-- you testified all we're talking about here is changing the age, not that part of the statute. What-- what is the parental right if somebody at 16 now designates?

M. CAVANAUGH: if somebody at 16 designates and-- and they die and their parents want to donate their tissue or not donate their tissue or their organs, that they have complete control over that.

ARCH: So they-- they can--

M. CAVANAUGH: Yes, I had a--

ARCH: --it's a-- it's a request.

M. CAVANAUGH: Right.

ARCH: It's a-- it's a wish on the part of the child.

M. CAVANAUGH: I actually-- I had a parent who had a child die that was 17 and the child had indicated organ donation. And they decided

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because of the process that they would do tissue donation, but not organ donation because of keeping the child on a ventilator. And they-- they could have done neither if they so chosen. But that was their right, even though the child had indicated the donation. I hope that answers your question.

ARCH: It does. Thank you.

M. CAVANAUGH: OK.

ARCH: All right. We will now take the first proponent for LB251.

MARIGOLD HELVEY: Hello. My name is Marigold Helvey, M-a-r-i-g-o-l-d H-e-l-v-e-y. I'm 14 years old and a freshman at Westside High School in Omaha. As a part of my Girl Scout Gold Award project, I talked to my senator, Machaela Cavanaugh, about the need for more pediatric order-- organ donations and LB251. Right now you have to be 16 in Nebraska to register as a donor, but in many states the age is lower. I'm going to be getting my learner's permit soon, and I think teens in Nebraska should be able to say if they want to be a donor when they get their school or learner's permit at the age of 14 or 15. I actually already took the test for my learner's permit. I passed. So I got to see how it works. When you go to the DMV and fill out the application, there is a question whether you wish to be an organ donor. If you say yes, they put a little heart on your license. When I went to the DMV, the question was actually already on the application for my learner's permit. And of course, I said yes. But with the current law, they won't put the heart on my license and answering that question didn't really do anything or actually get me registered. LB251 would change that so 14- or 15-year-olds who answer yes on their application for a school learner's permit will be registered. You can also register to be an organ donor with Live On Nebraska on their website. A lot of people have asked about parents. When a teen registers to be a donor, the parent has to make the final decision if a tragedy happens. That is required in Nebraska's law and LB251 wouldn't change that. LB251 is just giving teens a chance to say their wishes and get registered on the list. Organ donation is a sad thing to think about, and it's definitely not something most teenagers have on their mind. But most-- but those conversations in families are important and can save lives. In addition, teens who get their school or learner's permit are considered mature enough to drive a car.

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Therefore, we should also be considered old enough to share our wishes about organ donation. LB251 wouldn't require anyone to be a donor or force them to decide if they aren't sure. It would just give 14-, 15-year-olds the option to register when they get their school or learner's permit if they want to. LB251 will start important conversations with teens and their families and it will make a difference so children who need a transplant don't have to wait as long and they can get a better match. I want to say thanks to Senator Cavanaugh and please vote yes for LB251. I also brought letters of support from other teens and doctors. They were emailed a few days ago for the official record.

ARCH: Thank you. Thank you. Are there any questions from the senators? Senator Hansen.

B. HANSEN: Thanks for coming to testify.

MARIGOLD HELVEY: Yeah.

B. HANSEN: Are you nervous?

MARIGOLD HELVEY: A little.

B. HANSEN: What's the Girl Scout Gold Award project? Is that like the final, like the last thing you have to do?

MARIGOLD HELVEY: Yeah, it's like the Boy Scout.

B. HANSEN: Like their project they have to do to become an Eagle Scout?

MARIGOLD HELVEY: Yeah.

B. HANSEN: OK, so after you get this done, then that's the last thing you have to do?

MARIGOLD HELVEY: Kind of, yeah.

B. HANSEN: Well, congratulations.

MARIGOLD HELVEY: Thank you.

ARCH: Any other questions? Seeing none, thank you for coming.

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MARIGOLD HELVEY: Thanks.

ARCH: The next proponent for LB251. Welcome.

COLLEEN JORDENING: My name is Colleen Jordening, C-o-l-l-e-e-n J-o-r-d-e-n-i-n-g. I'm here on behalf of my daughter, Ryan. Ryan was the daughter every parent wanted and the friend everyone needed. She excelled at everything she did from academics to sports, especially cheerleading and stunting. She had the most infectious laugh that lit up her face, exposing two deep dimples in her cheeks. At the age of 13, she already knew she wanted to do with her life. She had plans of going to the University of Nebraska at Lincoln and being a Husker cheerleader or a Scarlet. She also knew she wanted to major in sports medicine. Within a split second, all of her hopes, dreams, and goals were gone due to a distracted driver. Our day went from planning what to have for supper to planning on donating her organs. We had never had that conversation as we were planning on never losing a child. I have no idea what Ryan would have wanted as we never talked about dying. The only conversation we had was while watching the movie Poltergeist. Her older sister asked if-- what we would do if she came through the TV like in the movie, to which Ryan said, unplug it. I have faith that Ryan would have continued her generous personality and said, I don't need it. Give it to someone who does. Ryan became a hero at the age of 13 by saving 5 lives with organ donation and 11 others with tissue donation. Since her selfless donation, so many of her friends have come to me and said that they will be marking the box to be an organ donor when they get their driver's license. Even parents have come to me and said that they had that conversation with their child, so they are aware of their choices. Like many other parents, that was not a conversation I had until I took my older children to get their learner's permits and they asked what the box meant. Of course, they were not able to check the box until a few years later. As a previous DMV employee, almost every child under the age of 16 would mark the box and I would have to give them the news that they legally could not give that authorization until the age of 16. Of course, this is not a conversation you want to have with your children, but it is one that needs to be addressed sooner than later. If I would have had the chance to have that conversation with Ryan, I know that even at the age of 13 years old, she would have wanted to save other children like the three that she was able to do.

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ARCH: Thank you for your testimony and thank you for coming this morning. I'm so sorry for your loss.

COLLEEN JORDENING: Thank you.

ARCH: Any questions from the senators? Seeing none, again, thank you.

COLLEEN JORDENING: Thank you.

ARCH: Next proponent for LB251.

KYLE HERBER: My name is Kyle Herber, K-y-l-e H-e-r-b-e-r, and I'm the president and CEO of Live On Nebraska. Our organization has been facilitating organ and tissue donation in our great state for the past 42 years. Honoring the decisions of Nebraskans to give life to others is not only a great responsibility, but also a privilege we take very seriously. Despite all its challenges, 2020 was a record-breaking year for donation in Nebraska. More than 740 heroes, as we call them, gave the gift of life in our state; 214 organs were transplanted from those donors, and thousands of people will heal from the gifts of donated tissue. As great as this news is, right now there are more than 300 Nebraskans and 100,000 Americans who are waiting for an organ transplant. Some will wait days, some years. Some will never get the opportunity to receive a transplant. In the U.S., 20 people die each day because an organ wasn't available for them in time. At Live On Nebraska, our vision is that no one will wait for an organ transplant. We are committed to maximizing each gift of donation and partnering with other organizations to make more organs available for transplant. But ultimately, the ability to provide more organs for transplant relies on more people saying yes to the gift of life. Colton Jensen was one of those people who said yes. He was 16 when he made the decision to register as a donor. In many ways, it came as no surprise to his parents. Colton was known for his generosity. In fact, he was a volunteer firefighter in his small community of Hoskins. But knowing that he had taken the steps to register himself gave his parents, Josh and Emily, assurance and peace when they learned he had the opportunity to donate following a tragic accident. Colton's mother, Emily, said that words can't even begin to explain how proud she was of Colton's decision to register. It was exactly the type of individual he was-- always giving to others. The outcome of Colton's decision to donate was tremendous. His organs saved 5 lives, and his

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donated tissues could end up healing as many as 100 people. His parents say they are comforted knowing that Colton lives on and seeing what his selfless act has done for others is amazing. There are several reasons why we support LB251 and lowering the minimum age to register as a donor to 14. Today's youth are invested in their communities and committed to making a difference. For those that choose to register as a donor, their decision will carry with them throughout their life unless they choose to change their donation status later. The decision they make at age 14 could have profound impact on others decades later. Additionally, youth currently applying for their school and learner's permits are being presented the donation registration question, even though they are not eligible to register. We have heard from many families that their child checked yes, only to find the red heart that symbolizes donation was not on the permit when they received it. It only makes sense that if these teens are being presented the opportunity to make a choice about donation, their decision should be counted and observed. Committee members, in my 15 years with Live On Nebraska, we have never encountered a situation where family members of a registered donor under the age of 18 chose not to honor their wishes in some form of their child. These donations have resulted in miracles for dozens of patients on the waiting list and hope and peace for their families. It is my desire that every donor family would have the same hope and assurance in their time of tragedy. Thank you for your time and consideration of this bill. On behalf of Live On Nebraska and all of Nebraska's donation and transplantation community, I ask you to please vote yes to advance LB251 to the floor. Any questions?

ARCH: Thank you. Are there any questions from the committee? Senator Hansen.

B. HANSEN: Thanks for coming to testify. Just got a question about trends.

KYLE HERBER: Yeah.

B. HANSEN: So in your experience, because you've been doing this, you've been with us for 15 years--

KYLE HERBER: Yep.

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B. HANSEN: --is that what you said? So the trend of people willing to donate, become an organ donor is probably going up--

KYLE HERBER: Correct.

B. HANSEN: --would you say, with each kind of age group, with each generation kind of?

KYLE HERBER: Yeah.

B. HANSEN: How about the trend of people needing organ donations? Are we seeing more and more like, say, 10 years ago we needed, you know, moderate amount of kidney transplants. Now we need a high amount or like is there-- I'm trying-- just trying to figure out the health of our society,--

KYLE HERBER: Sure.

B. HANSEN: --figuring out, OK, can we keep up with demand? You know, what else is going on? Just kind of curious to know your thoughts.

KYLE HERBER: So demand always outweighs the number of organs that are available. Because of that, they're very selective of who they allow to be placed on the list for transplant. So even though there's-- there's been 100,000, there's been over 100,000 for the last decade of people waiting in the United States, that number really hasn't moved a ton. It does go up. It does go down slightly. But because we're not increasing the number of organs available enough, they're not listing every single patient that probably could be listed for transplant.

B. HANSEN: OK, makes sense. All right. Thank you.

ARCH: Senator Williams.

WILLIAMS: Thank you, Chairman Arch. And thank you, Mr. Herber, for being here. With your experience, knowing the difference in age between 14, current law being 16 and the-- do you see any difference in mental capacity, mental judgment, mental maturity of someone to be able to make that informed decision at age 14 versus 16?

KYLE HERBER: I think every individual's different. I remember very well when I was 14 and when I was 16 and there probably wasn't much

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difference. I have a 13-year-old daughter that's soon to be 14 that's very, very mature. So I think every individual is different. That's what's nice about this bill. And the current law that we have is that until you're 18, your parents have final say of what you can and can't or what-- what will be donated or what won't be donated.

WILLIAMS: Thank you.

ARCH: Other questions? Senator Murman.

MURMAN: Thank you, Senator Arch, and thank you for testifying. It's been a long time since I applied for a learner's permit or driver's license, of course. I do realize that I think when you apply for a learner's permit or driver's license, either one, you have the opportunity right in front of you to check the box. I'm not sure if a person has a driver's license or a learner's permit, excuse me, and they-- or school permit and then do they have to take another driver's test when they get their driver's license?

KYLE HERBER: I honestly do not know. That'd be a question for the department.

MURMAN: The reason I ask, and I'm thinking it would be very helpful to have that opportunity in front of an individual often. So having it done at 14 would be a benefit, a tremendous benefit for organ donations.

KYLE HERBER: So the question is on every application--

MURMAN: Yeah.

KYLE HERBER: --for learner's permit, school permit, and then motor vehicle permits. So I would assume they have to fill out that application at 14 and then again at 16 and then when they end up getting the permanent one thereafter.

MURMAN: Thank you. And I assume that if they apply online for the driver's license, I'm not sure if you can do that at 16 or if you have to take another driver's test or how that works. But even online, they would have the opportunity to--

KYLE HERBER: That's correct.

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MURMAN: --check the box.

KYLE HERBER: Correct.

MURMAN: Thank you.

ARCH: Other questions? I have one. So what's the process for changing your mind?

KYLE HERBER: Yes, you can call our organization and we can take your name off the registry or include your name on the registry. You can do it online via our website as well as you can go to the-- to the Department of Motor Vehicles and change your status within their database and then we're notified thereafter.

ARCH: So when you get your, let's say, very beginning, get your first permit, you-- that information is transmitted to your organization--

KYLE HERBER: Correct.

ARCH: --and they're in the database then in your organization.

KYLE HERBER: Um-hum.

ARCH: And so the communication is there between the DMV and your organization. And so if at some later point an individual adult, whatever age, changes their mind, when their license is renewed, then would that heart disappear from their--

KYLE HERBER: Correct.

ARCH: --from their permit or their license--

KYLE HERBER: Yep, yeah.

ARCH: --if they were older?

KYLE HERBER: And then if it's done through the DMV, we get a-- we get a weekly data feed from them, which would pull their name out of the database--

ARCH: OK.

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KYLE HERBER: --if they do take their name off.

ARCH: OK. For an adult organ donor not directly related to this bill, but for an adult organ donor, if they have that indicated on their license, is there any process that's necessary after when-- when the opportunity arises to donate organs or is that an automatic process because that's a legally binding document?

KYLE HERBER: That is a legally binding document. Therefore, that is as defined by statute, that is legal authorization to proceed with donation.

ARCH: OK.

KYLE HERBER: We still work with those family members very closely to make sure they're aware of-- of what their loved ones wishes were. And very, very rarely do we ever have any pushback or concern with that.

ARCH: So it's very similar to an advanced medical directive.

KYLE HERBER: Exactly.

ARCH: Thank you. Any other questions? Seeing none, thank you very much for your testimony.

KYLE HERBER: Thank you.

ARCH: Next, proponent for LB251. Seeing none, is there anyone that would wish to testify in opposition to LB251? Seeing none, is there anyone that would wish to testify in the neutral capacity? Welcome.

MARION MINER: Good afternoon, Chairman Arch and member-- good morning, rather, Chairman Arch and members of the Health and Human Services Committee. My name is Marion Miner, M-a-r-i-o-n M-i-n-e-r, and I'm here on behalf of the Nebraska Catholic Conference, which advocates for the public policy interests of the Catholic Church and advances the gospel of life through educating, engaging, educating and empowering public officials, Catholic laity, and the general public. And I do want to begin by acknowledging, you know, the work and the generosity of the people who have engaged in this process. You have certainly my respect and-- and I wish you all consolation as well if you've had a family member who has died and generously donated organ--

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organs and/or tissue. The Conference is taking a neutral position on LB251. But we do think it appropriate to offer some cautionary comments regarding the proposal to lower the age of consent to 14 years old. The last time Nebraska's version of the Uniform Anatomical Gift Act was amended, which was in 2010 by LB1036, the Conference offered neutral testimony in part to urge caution on this very issue. The substantial revision of the act being proposed at that time included a provision that would have lowered the age of consent for making an anatomical gift to 13 years old. That proposal was later amended to make the age of consent 16, which is the law today. When the 2010 bill was amended to change the age of consent to 16, the Conference posed the question of whether the Organ Donor Registry should be able to register even a 16-year-old without the knowledge and consent of his parents. Whether to become an organ donor is a serious decision that calls for mature reflection. A 14-year-old may not be confronted with the question of whether he should register to be an organ donor before the moment he is offered that option when signing up for a school permit. That decision, if it is to be an informed one, has to take into account not only what the process will look like at the end of one's own life, but also the toll it might take on the immediate family who should be aware of their child's status as an organ donor before the child is close to death after a fatal injury or serious illness. Parents do have the right under the act, as has been mentioned, to revoke their child's decision to donate if the child dies while a minor. But if this is the first time that the parents are being confronted with this issue, it puts them in a very difficult situation, given the urgency of that decision and the surrounding circumstances. And I also think it's important to point out that I want to push back just a little bit on the concept that parents do have complete control over that decision because the statute specifies that they do have the right to revoke, but only-- only parents who are reasonably available. So if-- in that sense, it's more kind of an opt-out provision than an opt-in-- opt-in provision when it comes to parental consent. I do also want to note that in the Catholic Moral Tradition, the free and voluntary gift of organs after death is legitimate and justified by the principle of charity. It is an act of self-giving that can be noble and meritorious. Whether a 14-year-old should be consent without the-- should be able to consent without the permission of his parents and perhaps even without their involvement is the basis for our concern. So I do want to reiterate,

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you know, our admiration and respect for those who have donated and especially with regard to families who've lost a loved one. And-- and we admire their generosity by all means. But we did want to illustrate our concern just with the parental involvement issue in particular. So we offer that for your consideration. And thank you for your time this morning.

ARCH: Thank you for your testimony. Are there any questions from the senators? Seeing none, thank you very much.

MARION MINER: Thank you.

ARCH: Is there anyone else that would like to testify in a neutral capacity? Seeing none, Senator Cavanaugh. I would mention that for LB251 we received six letters previously and they were all proponents and we received no written testimony this morning.

M. CAVANAUGH: Well, thank you all for your time this morning. And again, thank you to Marigold for bringing this to me. I think that this has been a great conversation to just talk about organ donation broadly in the state of Nebraska. And I appreciate Mr. Herber being here to share about a little bit more about the work that Donate Life does to help save lives. In the letters that the committee received, you'll see some from some medical professionals that say that one person's organ donation can save 100 lives. And-- and so, you know, it is a tragedy when-- when you lose a loved one, but the opportunity presented to save someone else's loved one is-- is really-- is really great. And I just appreciate the sensitivity of this issue. And of course, as a parent, I-- I-- I can't imagine being in that position of making that choice about a child. But knowing what my child's wishes are would be very helpful. And to-- to Mr. Miner's concerns as-- as a parent, again, I would never want to take away a parent's right in that moment to make those choices. And this legislation does not do that. It just encourages youth to engage more in this endeavor. So with that, I will take any questions that you might have.

ARCH: Are there any questions? Seeing none, thank you very much.

M. CAVANAUGH: Thank you.

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ARCH: And this will conclude the hearings for this morning. A reminder to the committee, we have a 1:00 briefing. Thank you.

ARCH: Good afternoon and welcome to the Health and Human Services Committee. My name is John Arch. I represent the 14th Legislative District in Sarpy County and I serve as Chair of the HHS Committee. I'd like to invite the members of the committee to introduce themselves starting on my right with Senator Murman.

MURMAN: Hello. I'm Senator Dave Murman from District 38, and I represent seven counties to the southwest and east of Kearney and Hastings.

WALZ: Hi. My name is Lynne Walz and I represent Legislative District 15, which is all of Dodge County.

WILLIAMS: Matt Williams from Gothenburg, Legislative District 39: Dawson, Custer, and the north portion of Buffalo Counties.

M. CAVANAUGH: Machaela Cavanaugh, District 6: west-central Omaha, Douglas County.

ARCH: Also assisting the committee is one of our legal counsels, T.J. O'Neill, and our committee clerk, Geri Williams. A few notes about our policies and procedures: First, please turn off or silence your cell phones. This afternoon we will be hearing three bills. We'll be taking them in the order listed on the agenda outside the room. The hearing on each bill will begin with the introducer's opening statement. After the opening statement, we will hear from supporters of the bill, then from those in opposition, followed by those speaking in a neutral capacity. The introducer of the bill will then be given the opportunity to make closing statements if they wish to do so. For those of you who are planning to testify, you will find green testifier sheets on the table near the entrance of the hearing room. Please fill one out and hand it to one of the pages when you come up to testify. This will help us keep an accurate record of the hearing. We use a light system for testifying. Each testifier will have five minutes for this particular bill to testify. When you begin, the light will be green. When the light turns yellow, that means you have one minute left. When the light turns red, it is time to end your testimony and we will ask you to wrap up your final thoughts. When you

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come up to testify, please begin by stating your name clearly into the microphone and then please spell both your first and last names. If you are not testifying at the microphone but want to go on record as having a position on a bill being heard today, please see the new public hearing protocols on the HHS Committee's webpage on-- at nebraskalegislature.gov. Additionally, there is a white sign-in sheet at the entrance where you may leave your name and position on the bills before us today. Due to social distancing requirements, seating in the hearing room is limited. We ask that you only enter the hearing room when it is necessary for you to attend the bill hearing in progress. The agenda posted outside the door will be updated after each hearing to identify which bill is currently being heard. The committee will pause between each bill to allow time for the public to move in and out of the hearing room. We request that you wear a face covering while in the hearing room. Testifiers may remove their face covering during testimony to assist committee members and transcribers in clearly hearing and understanding the testimony. Pages will sanitize the front table and chair between testifiers. And the committee has a strict no-props policy. With that, we will begin this afternoon's hearing with LB569. Welcome, Senator Pansing Brooks.

PANSING BROOKS: Thank you. Good afternoon, Chairman Arch and members of the Health and Human Services Committee. I am Patty Pansing Brooks, P-a-t-t-y P-a-n-s-i-n-g B-r-o-o-k-s, and I represent Legislative District 28 right here in the heart of Lincoln. I'm here today to introduce LB569, which adds a defi-- a definition of Lyme disease to Nebraska Statutes and allows a physician to prescribe, administer, or dispense long-term antibiotic therapy to eliminate infection or control a patient's Lyme disease symptoms. According to the Centers for Disease Control-- and I have passed out some information from the CDC to you-- Lyme disease is-- is the most common vector-borne disease in the United States. It is transmitted to humans through the bite of infected black-legged ticks. Typical symptoms include fever, headache, fatigue, and a skin rash called eryth-- erythema migrans. If not treated, it can spread to the joints, the heart, and the nervous system. The Centers for Disease Control website states that, quote, early diagnosis and proper antibiotic treatment of Lyme disease can help prevent late Lyme disease-- late Lyme disease, unquote. I was asked by Nebraskans who have suffered from Lyme disease to bring this legislation because our statutes are currently silent on this health

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hazard. There's nothing expressly within our own statute-- statutes that prevents doctors from prescribing antibiotic treatment. But the lack of explicit-- the-- the lack of explicit authority is preventing access to this important therapy. That is in part because Lyme disease is hard to diagnose since it has not been acknowledged. And doctors-- some doctors worry that they may be subject to disciplinary action for prescribing treatment for this recently recognized disease. It is my hope that having a law that explicitly authorizes doctors to treat the disease will increase access to care. Several other states have already concluded the same thing. The definitions included in LB569 contains standard language from other states with laws related to Lyme disease, including New Hampshire, Massachusetts, and Vermont. These are states with some of the highest rates of Lyme disease. While Nebraska has fewer cases than those states, people in our state do contact the disease-- contract the disease, excuse me. The testifiers behind me will expand on the need for legislation and will tell you their own personal stories. As it so happens, I have a personal story of my own to tell. I was actually bitten by a deer tick on my hip a few years ago while in Minnesota. I-- I found the tiny tick. They're so small you can barely see them. And I called the doctor in Minnesota and they said that I needed to bring it in as long as I had it. They tested it and said, yes, it did have Lyme disease in it, so they tested the tick rather than me. And I then soon thereafter got the quintessential symptom on my hip, which is a bullet. It looks like a bullet. The rash actually looks like a bullet. I have a picture of it, which I will not show you, you'll be all glad to hear. Anyway, they had to put me on a huge dose of antibiotics. Fortunately, I was able-- I did it for 21 days, not the normal 10 days, and they were very high dose, so high that my fingernails started peeling back. But because they got to me so quickly, I have not had any-- any problems since I was fortunate enough to be in Minnesota where they recognize and treat and heal Lyme disease. But it is so serious in Minnesota that they have support groups for people who have ongoing ramification and lifelong disabilities and symptoms from undiagnosed and untreated Lyme disease. So I can tell you Lyme disease is something to take seriously and we should do everything we can to ensure access to early treatment. And for those reasons, I ask you to advance LB569 to General File and also-- excuse me-- I-- because of COVID, I want to read this letter into the record, if you don't mind. I-- we don't have

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as many testifiers because of COVID and I do want to get a doctor's letter into the record, if that's OK, if you're willing to--

ARCH: As part of your opening statement, you're free to do that.

PANSING BROOKS: OK, if you'll indulge me. So this-- this letter is from Dr. Stephanie Peterson from Lincoln, Nebraska. She works at-- at Avant Total Health. Dear Sen-- Dear Senator Arch, as a licensed and experienced practitioner in Lincoln, Nebraska, I'm writing to endorse and fully support LB569, an act to define terms and provide for the treatment of Lyme disease as-- as prescribed for people in Nebraska. I request this lett-- letter to be included as part of the public hearing record. I support the LB569 because of the ever-increasing prevalence-- prevalence of Lyme disease in Nebraska and need for long-term therapy. My practice consists of many patients who have-- who have Lyme disease. As I have gotten to know them and care for them, I have witnessed the difficulties and hardships they face seeking and enduring treatment. Although protocols are elaborate consume much of their time, I have-- have observed their healing and recovery. Otherwise, the current standards for treatment are not of the appropriate type and length to restore their health. Lab testing has been proven to lack sensitivity for accurately detecting the presence of Lyme infection. The large number of false-- falsely negative tests are leaving patients stranded with their symptoms because some practitioners rely on positive results for treatment. Allowing practitioners to prescribe and follow long-term antibiotic protocols based on clinical evaluation and high probability of Lyme disease will ease patient burdens. A 2014 study reported the quality of life for those with chronic Lyme disease was significantly poorer than other chronic diseases. The harm-- hardships included increased activity limitations, expenses, and need for medical care. For those in Nebraska, many are forced to seek the proper specialized care outside of the state borders, which not only costs them additional money but also more time. Time is taken away from their jobs, their personal goals, and their families. Short-term bi-- antibiotics less than or equal to 14 days are not sufficient for many of these patients, especially for those with chronic Lyme disease and/or those with coinfections. A particular component of the skin has been shown to provide protection for the pathogen responsible for Lyme disease, thus causing resistance to eradication by short-term use of common antibiotics like ceftriaxone. However, long-term use of antibiotics,

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tetracycline and macrolides are shown to significantly improve symptoms or even cure chronic Lyme disease. With so many patients requiring more than the common but not evidence-based recommendations for two-week antibiotic treatment, it is imperative that this bill is passed. The legislation would provide the local resources for Lyme patients to receive appropriate medical treatment. With improvement of their symptoms, they would be able to function better with their families and society. Sincerely, Dr. Stephanie Petersen from Lincoln, Nebraska. So-- and-- and as I stated when-- a few years-- I think it was probably about seven years ago that I did-- that I did get Lyme disease. And my treatment in Minnesota was a three-week course of antibiotics and it was long. I did have repercussions from it, but I have not had anything since because they got it so early. Thank you. And I'll answer any questions you might have.

ARCH: Thank you. Are there any questions? Senator Walz.

WALZ: I just-- I'm sorry that that happened to you, first of all, Senator Pansing Brooks.

PANSING BROOKS: Thank you.

WALZ: When you say it was a-- a three-week ongoing, how many times did you have to have the treatments or was it a one-time treatment that-- how-- what was the process?

PANSING BROOKS: For-- for the antibiotics, it was every day, so similar to like if we take antibiotics for two weeks where it's every day, which is a pretty long course these days, because there are now five-day packets. But it was-- it was every day for 21 days. And that's why-- I mean, it was pretty serious, but compared to what-- the stories that you will hear after me, it's-- it was nothing.

WALZ: All right. Thank you.

PANSING BROOKS: Thank you.

ARCH: Any other questions? Seeing none, thank you very much.

PANSING BROOKS: Thank you.

ARCH: First proponent for LB569. Welcome to the HHS Committee.

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MARY ANN STALLINGS: Well, thank you. Good afternoon, Chairman Arch and members of the Health and Human Services Committee. My name is Mary Ann Stallings, M-a-r-y A-n-n S-t-a-l-l-i-n-g-s, and I am the mother of Jamie Sullivan. And she is unable to be here today, so I will tell her story. My name is Jamy Sullivan and I'm in Lincoln, Nebraska, resident, former school board member, and small business owner. My daughter, son, and I all have Lyme. Lyme disease infection can result in acute and chronic manifestations that include symptoms such as extreme fatigue, joint pain, migraines, sleeplessness, cognitive dysfunction, migrating pain, gut disorders and, in extreme cases, death. In a study by CDC, chronic Lyme disease treatment variations are common: 57 percent for four or more months and 32 percent were treated for more than a year. Loraine Johnson, CEO of lymedisease.org, states that as many as 3 million people have chronic Lyme disease in the United States and nobody knows the best way to treat them. The key finding here is patients who are now well or who report substantial improvements have taken long-- longer courses of antibiotics. New data from the U.S. Centers for Disease Control and Prevention indicates that cases of Lyme might be as much as 10 times higher than official records. Former President Trump signed a Tick Act into law December 20 of 2019, in response to this and other CDC findings that suggest an estimated 476,000 Americans contract the illness every year, not the 35,000 or 40,000 annually that has previously been reported. With Nebraskans traveling to different states, then it can only be expected some will return with Lyme disease and will need to receive treatment here. This is exactly what happened to me. I traveled to the East Coast with a Nebraska doctor and his wife to help care for their four children while on vacation. I do remember taking ticks off the kids. About a month later, I found it hard to participate in high school activities. Months later, the doctor tested for Mono and strep. Both were negative. For the next 20 years, I visited specialists in Mayo Clinic but never received a diagnosis. And none of the medics-- medicine prescribed helped my chronic symptoms that were intermittently very severe. Over the years, I have coped and pushed through the pain and fatigue and created a thriving photography business, providing for my family. But then a severe Lyme episode ravaged my body and it became impossible to work full time. Since I was the sole provider of the family at this time, we consequently sold our dream home and my studio in order to pay for my medical bills. During this low time, I finally discovered I had Lyme, but I could not

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find a doctor in Nebraska that could help. So I went to Colorado. Having to travel a long distance while sick is an additional burden Nebraska Lyme sufferers go through. Some of us even need to live in other states to receive IV treatments, like I did. Lyme takes more than a physical, emotional toll. It takes a huge financial toll. I have spent at least \$70,000 with doctors in Colorado. Since many people cannot work with untreated Lyme, they claim disability and/or file for Medicaid and state assistance. I am now caring for my daughter with acute chronic Lyme. It's been said that the cost of early treatment of Lyme for three months of antibiotics is roughly \$150. The national average of care for acute chronic Lyme is \$2,600 to \$3,400 a month for pain relief, physical therapy, and other treatments. In Nebraska, most physicians are reluctant to treat patients with chronic Lyme disease beyond the two to four weeks of antibiotics. As a result, patients in Nebraska may have to go outside the state to receive treatment. While there is still much we don't know about Lyme disease, long-term antibiotic therapy helps eliminate the infection and controls the patient's symptoms. It is imperative we take action to help Nebraska citizens now and be proactive because until recently, we attributed Nebraskans with Lyme solely to traveling. But in June 2019, state health officials identified established populations in Douglas, Sarpy, and Saunders County. It is now important for Nebraskans to understand Lyme disease. Patients who suffer from chronic Lyme disease should be able to get the therapy they need to help them live productive and healthy lives right here in Nebraska. In addition, physicians should be able to prescribe, administer, or dispense long-term antibiotic therapy for a therapeutic purpose to eliminate infections or control a patient's symptoms if such a diagnosis and treatment are documented in the patient's medical record by the prescribing licensed physician. I have learned a great deal about Lyme during my journey and I'm happy to answer questions or direct you to others who are able. One specific question people ask is, why does it take so long to heal? Part of the answer is Lyme exists in three forms. These three different forms require different antibiotics to target them and a systematic approach to do so. I'd like for this letter to be part of the public hearing record in support of LB569, please. Thank you.

ARCH: Thank you. Are there any questions? Senator Walz.

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WALZ: I have a question. Thanks for coming today and thank you for your testimony. It took a long time for you to get your diagnosis.

MARY ANN STALLINGS: Yes, and this is my daughter's diagnosis.

WALZ: OK.

MARY ANN STALLINGS: So it did take her a long time. She went to many, many doctors. She was up at Mayo. They just could not diagnose it. And finally, she found a doctor who did diagnose it.

WALZ: All right. Thank you.

MARY ANN STALLINGS: So-- but it took about 20 years, so.

WALZ: Thank you again.

MARY ANN STALLINGS: Um-hum.

ARCH: Thank you. Are there any other questions? Seeing none. Thank you very much for your testimony.

MARY ANN STALLINGS: Thank you.

ARCH: Next proponent for LB569. Welcome.

MARIGOLD HELVEY: Hi. My name is Marigold Helvey, M-a-r-i-g-o-l-d H-e-l-v-e-y, and I am here to read the testimony of my friend Tatum, who is unable to be here today because she's in quarantine. My name is Tatum Sullivan, T-a-t-u-m S-u-l-l-i-v-a-n. I'm 14 years old and homeschooled due to my health, though I plan to attend Lincoln Southwest this fall if I continue to feel better. For the last three years, I've struggled with feeling so sick, sometimes to the point where I couldn't move because of debilitating migraines and stomach pain that would also make me throw up. I couldn't sleep and I was extremely tired. Because of all that, I couldn't attend school or see friends. Up until November, we didn't know the cause. Before that, we went to lots of specialists and had scans, ultrasounds, blood work, a colonoscopy and endoscopy, but the doctors couldn't figure out what was making me feel so horrible and none of the medicines helped me. I tried at least 20 different ones. At that point, my mom called a doctor in Colorado to have a Lyme test for me. It came back positive.

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After having debilitating symptoms for so long, I started to feel better after treating the Lyme. I'm on a PICC line now where the doctor-- so the doctor can do higher dosages of antibiotics daily. I have one antibiotic four days a week and a different one three days a week. My recovery is slow and if I miss a day, the migraines and pain are back. But I am finally starting to get better and starting to sleep again. Not only do I have Lyme, but so does my mom. When she first started getting sick, she had to stop working and we had to sell our house and move to a tiny town where my dad got a job. We didn't know any of the-- any of the-- we didn't know of any treatment at the time, so most days she couldn't get out of bed. About two years ago, she spent six weeks in Colorado getting treatment when she couldn't find help here in Nebraska. I want to say thank you to Senator Patty Pansing Brooks for all her help, and please vote yes for LB569. I also want to say, as Tatum's friend, that I have seen her go through these things and I really hope you will support LB569.

ARCH: Thank you for your testimony. Are there any questions? Seeing none, thank you. Next proponent for LB569. Welcome.

ELIANNA HEYEN: Good afternoon. My name is Elianna Heyen, E-l-i-a-n-n-a H-e-y-e-n, and I'm a supporter of bill LB569. I'm in support of bill LB569. As bill LB59 states: If a physician licensed under the Uniform Credentialing Act diagnoses a patient with Lyme disease, the physician may prescribe, administer, and dispense long-term antibiotic therapy for therapeutic purposes to eliminate infection or control a patient's symptoms if such diagnosis and treatment are documented in the patient's medical record by the prescribing licensed physician. I have a strong reasoning behind my support of this bill. In 2019, I became mysteriously ill. I was bounced around to nearly every specialist in Lincoln, yearning for answers. My blood work was abnormal. I was told I had leukemia, possible blood clots, or I was just anxious. As I got weaker, I couldn't hold a glass of water, let alone attend school. A year after my symptoms began, I was granted answers from an orthopedic doctor in Lincoln. My left knee had become so swollen I was unable to walk. The doctor prescribed two weeks of doxycycline after diagnosing me with Lyme disease, the typical acute Lyme disease treatment. However, it was unsuccessful as I been infected for far too long for a two-week round of antibiotics to alleviate the horrific disease. Lyme disease bacteria, borrelia burgdorferi, is a complicated corkscrew-shaped bacteria that will hide in your body. There's nothing

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that Lyme disease does not touch. When infected without treatment long enough, it buries into all of the organs, hiding from your cells, stealing your memory, polluting your organs and wreaking havoc. Because my two-week doxycycline course didn't alleviate my symptoms, I traveled six hours to Missouri to see a physician for further Lyme disease treatment. My mother packed the car with high hopes, took off work, as her child vomited out the passenger window, headed for answers. My physician in Missouri instructed that long-term antibiotic therapy was the answer to ridding my body of the Lyme bacteria that controlled me. My treatment regimen began with many antibiotics, supplements, and lifestyle changes. I had a PICC line installed to administer medication long term. However, with a physician six hours away, I needed to locate a physician in Lincoln to monitor my treatment. Doctors in Lincoln declined to oversee my treatment. Physician after physician declined me. Finally, I found a physician locally who agreed to oversee my treatment and body response to the long-term antibiotics. My treatment involves weekly blood draws to ensure organ stability, weekly dressing changes, and close surveillance to ensure the safety of my body. Six months ago, I was a completely different person. I couldn't hardly hold a glass of water without tremors. I was exhausted but couldn't sleep. Walking was difficult. School was impossible. My life was flipped upside down and I began to accept this would be the rest of my life. A physician locally who agreed to oversee my-- oops-- the two weeks of doxycycline and a pat on the shoulder, "You'll be just fine," failed me. I now have a physician who did what others refused: treated me. I'm being treated with long-term antibiotic therapy and most of my symptoms have resolved. My blood work looks better and I'm almost back to the feeling I've yearned to feel over a year. To this day, my current physician is my hero. Our stories deserve to be heard. The International Lyme Disease and Associated Disease Society stresses that regulations regarding treatment, that treatment is not always a one-size-fits-all. When acute Lyme disease is left untreated, a more intense treatment, such as long-term antibiotic therapy, should be considered based on the severity and length of the patient's infection while under close monitoring. Physicians are licensed to evaluate this and should be protected in doing what is in the best interest of their patient and severity of disease. The International Lyme and Associated Dis--

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ARCH: Excuse me, if I could interrupt you for a second, since the red light has come on, if you have some closing comments that we-- please, please wrap up the testimony.

ELIANNA HEYEN: Oh, yes. People preach "listen to the science." Why are we picking and choosing to listen to science on some diseases but not others? This is why I support bill LB569 to allow physicians to dispense, administer, and observe long-term antibiotic therapy for Lyme. I'd like to thank Senator Pansing Brooks for introducing this bill and ask that you vote to support LB569.

ARCH: Thank you. Any questions from the senators? See none, thank you very much for coming today. Other proponents for LB569? Welcome.

MELINDA MARQUART: Good afternoon. My name is Melinda Marquart. It's spelled M-e-l-i-n-d-a; Marquart is M-a-r-q-u-a-r-t. I'm here today to testify in support of LB569 to allow physicians in Nebraska to treat Lyme disease with long-term antibiotic therapy when needed. My daughter was bit by a deer tick on her scalp in April of 2019 at our home in York County, Nebraska. She was seven years old at the time. She developed a bullseye rash at the site of the tick bite and then a fever, disseminating rashes, and swollen lymph nodes. She met the diagnostic criteria for Lyme disease, so our family physician in York prescribed her a course of amoxicillin and sent her home with the assurance that she would be fine in a few weeks. In spite of the antibiotics, she developed debilitating headaches, then severe dizziness, then memory loss and, finally, blindness. She could not walk or do schoolwork, and she had to be forced to eat and drink. We took her to five different doctors in Nebraska during that month that she was being treated because she just kept getting worse. At every turn we were told she would be fine once the 28-day course of antibiotics was complete. But after it was finished, she lost her vision and an MRI revealed lesions on her brain from the infection. An ocular disease specialist confirmed her vision loss was due to brain damage from Lyme disease. We finally found a doctor willing to attempt further treatment. My daughter was then given intravenous antibiotics for eight weeks, and her symptoms completely subsided during that time. But as soon as the antibiotics were withdrawn, the brain lesions came back, as did her headaches, dizziness, memory loss, and blindness. So we did another 12 weeks of antibiotics, and when they were withdrawn, the same thing happened. It took a full 18 months of

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intravenous and oral antibiotics before the bacteria were all finally killed. As of October 2020, her MRI and blood tests are finally clear and she is symptom free. She is now a perfectly healthy nine-year-old. I'm here today because my daughter was one of the lucky ones. Ninety percent of patients will achieve healing in four weeks, but about 10 percent will not. At present time, the overwhelming majority of doctors will not treat these cases. We went to doctor after doctor and they all said the same thing-- she would be fine after 28 days-- because they had no way to legally provide further treatment. Most health insurance companies will not provide-- cover treatment for Lyme disease beyond one single round of antibiotics. As I said, we were lucky. We had the time and resources to seek further treatment. We had the ability to pay the \$35,000 out of pocket for her antibiotic therapy. But what about the overwhelming number of patients who do not have that luxury? What about the patients who can't afford treatment that their insurance companies won't cover or who can't spend months searching for a doctor who's willing to violate standard practice by prescribing long-term antibiotics? LB569 is the first step in helping those patients who need more than four weeks of treatment to achieve complete healing. Thank you for considering it today.

ARCH: Thank you for your testimony. Are there any questions from the senators? Seeing none, thank you very much.

MELINDA MARQUART: Thank you.

ARCH: Next proponent for LB569. Seeing none, are there any who wish to testify in opposition to LB569? Seeing none, are there any who would like to testify in a neutral capacity to LB569? Seeing none, Senator Pansing Brooks, you are welcome to close. And I would say that with that, we have had two letters of support for LB569.

PANSING BROOKS: Thank you, Chairman. Thank you to the com-- full committee. I just want to thank the testifiers who came here today to tell these stories. You know, when I mentioned my course that was three weeks, I-- I was so-- we so quickly found it and they tested the tick so quickly, because they were ready for it, that I was able to overcome it. But as you can tell, there are people who need it much longer than that. And I wasn't trying to diminish the-- the seriousness of-- of what other people are experiencing and what needs to be done. So-- and I also want to thank-- thank Mary Ann Stallings

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for coming, Jamy Sullivan's mother. Jamy has been a longtime family friend, helped take care of our kids, traveled with us, and she's pretty precious in our lives and-- very precious in our lives, and so is her daughter, Tatum, who also has it. And I've watched all of this happening to them, just feeling so helpless. So I hope we can move this to the floor to help, as you've heard, others who have very serious issues. And we need-- we need to go forward and acknowledge that there may be a treatment different than the normal protocol of antibiotics that we're all used to in the state and try to do what-- what we can to participate in the treatment of Lyme disease. Thank you for your time. Happy to answer any questions.

ARCH: Thank you. Senator Walz, a question?

WALZ: Thank you so much. I-- I'm just curious, Senator Brooks-- Pansing Brooks, do you know or do you see any or do you know of any correlation between the states who allow that treatment and their ability to be able to diagnose it quicker than states that don't allow it and--

PANSING BROOKS: Well, certainly in Minnesota, no one-- you know, I-- I was asked to bring in the tick because I actually found it in me and I knew that we were supposed to watch out for this tiny-- and it's different than the wood tick that most of us are familiar with. It's a very tiny, little tick. And so it was-- it was still in me. And when I called and I pulled it out and they said, please bring it in, well, I don't think in Nebraska they would have asked me to bring it in or to have it tested. And so there's different protocol right there because they were so aware of it. And the fact that they've got all of these support groups all over the state in Minnesota alone, let alone Vermont and Massachusetts and other places, I do know that they are taking it much more seriously. And, you know, we-- we don't have as many, but we do have them, as one of the testifiers explained. So I-- I just-- I know that they're doing more active and-- and they're more ad-- more of an advocate about trying to treat and deal with Lyme disease in other states.

WALZ: Thank you.

ARCH: Thank you. Senator Hansen.

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B. HANSEN: Thank you, Chairman Arch. I just wanted to say thank you for bringing this bill.

PANSING BROOKS: Thank you.

B. HANSEN: I think anything we can do to mitigate any long-term effects from Lyme disease, because I've seen it in my office before. We usually have to take care of them when they-- when they become chronic.

PANSING BROOKS: Yeah.

B. HANSEN: They have all kinds of debilitating issues and joint issues, other kinds of stuff. And we've seen in the acute stage where they had that bullseye rash.

PANSING BROOKS: Yes.

B. HANSEN: And sometimes we say, OK, this is not normal, we'll get it checked out, but any kind of-- anything we can do to maybe help this out quicker, so I appreciate your bringing this bill. I think it's going to help.

PANSING BROOKS: Thank you.

B. HANSEN: And also I know there's a tick-- I think it's called the lone star tick-- that makes you allergic to meat.

PANSING BROOKS: Uh-oh.

B. HANSEN: I think that is horrible, and so-- and so--

PANSING BROOKS: [LAUGH] Is that true?

B. HANSEN: Yeah, it is. It's--

PANSING BROOKS: Well, Texas--

B. HANSEN: I always think-- I always think of that one. That one scares me just about as much as Lyme disease one. But I appreciate you bringing this bill forward. Thank you.

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PANSING BROOKS: Thank-- thank you, Senator Hansen. Those dang Texans, you know what? If it's a lone star tick, it probably originated in Texas.

B. HANSEN: Yeah, probably.

ARCH: Any other questions? Seeing none, thank you--

PANSING BROOKS: Thank you all. Appreciate it.

ARCH: --thank you very much, and this closes the hearing for LB569.

[BREAK]

ARCH: Good afternoon, and this will open LB643, the hearing on LB643. Senator Hansen, you may open.

B. HANSEN: Thank you, Chairman Arch and members of the HHS Committee. I had an opening that was about four or five pages long, but I'm not going to read it in the essence of time, because of the amount of testifiers we have who will give their honest opinion, which I think is valuable when it comes to a bill such as this, to hear from the people who it's going to affect or not affect, from the second house. I would like to reserve a lot of my time for them to speak. Instead, quickly, I would just like to read the bill because the bill is pretty self-explanatory: to maintain individual liberty, parental rights, and free market principles of the citizens and businesses of Nebraska during a state of emergency declared by the Governor, or any time-- any time thereafter, it is the right of each citizen, the right of parents with respect to their dependents, and the right of each business with respect to its employees to accept or decline a mandatory vaccination directive by the Nebraska state government; declining a mandatory vaccination directive will deliver no implication, penalty, litigation or punishment by the state-- by the state to the citizen, parent, or business. And I just want to reiterate and emphasize, this legislation is in no way against vaccines or the COVID-19 vaccine. The legislation is not. You will hear people's opinions about it, which I like to hear, and I think is appropriate to their feelings about mandatory vaccines. This is more saying the state does not have a right to inject anything into our bodies mandatorily.

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ARCH: Please.

B. HANSEN: And so that is in essence what this is trying to do. One of the things we're trying to accomplish is give the people of Nebraska at least some kind of platform to stand on if that ever happens. I'm assuming it's not going to happen. There's nothing that's telling me it's happening right now. But there's a lot of things that happened last year I never thought would happen. I never thought our government would close down churches or businesses because they were not essential. And so this is a little bit proactive instead of reactive. If our state government ever decides that they need to mandate, mandate a vaccine, it's going to happen pretty quick. And I'm hoping to give people something to use to defend their individual liberties and rights. And so with that, I will close my opening to answer any questions that you guys have of me. And I will stay to close, so after you hear everyone's testimony, I will also answer any questions. Thank you.

ARCH: Thank you, Senator Hansen. Are there questions from the senators? Senator Williams.

WILLIAMS: Thank you, Chairman Arch. I have a couple of really quick questions. First of all, for the record, has there ever been a request for a mandatory vaccine directive?

B. HANSEN: Not that I know of, no.

WILLIAMS: OK. Can you explain in the legislation where you say "a state of emergency declared by the Governor or any time thereafter", what, what is meant by that "or any time thereafter"?

B. HANSEN: That was one we did add in. What my assumption that, if they ever do mandate a vaccine and a declaration is over and they still want to mandate that same vaccine, again, that might give people some kind of protection against another mandatory vaccine.

WILLIAMS: Could another legal interpretation of that being that if there ever was a mandatory declaration, any time after that, for any reason, whatever, you could decline vaccinations?

B. HANSEN: It could possibly be interpreted that way.

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WILLIAMS: Would that be your intent to have it interpreted that way?

B. HANSEN: Not necessarily.

WILLIAMS: How would you like it interpreted?

B. HANSEN: It's pretty much about how it speaks for itself. I mean, especially, especially during, like, directed health measures. So, for instance, we have a directed health measure from the Governor, they want to mandate a vaccine. The state of emergency stops, but they still want to try to mandate that same vaccine, that might be when it's appropriate.

WILLIAMS: OK, thank you.

ARCH: Any other questions? Seeing none, thank you very much. To those who intend to testify, if you did not hear me in the hall. The rules are we're going to have a light system here. You'll have three minutes to provide testimony. They will be cleaning the chair in between, so give them a minute to do that. They'll move very quickly. When the red light comes on, you will need to stop your testimony. So please, please, time your-- please time your testimony. When you are completed with your testimony, I would appreciate it if you could exit that door so that another testifier could come in and we, and we could keep the hearing going. So with that, I will invite the first proponent of LB643 to please come and, and, and share with us. Thank you. If you have anything to hand out, please give it to the clerk. I mean, give it to the page and they will, they will distribute.

ALLIE FRENCH: All right. Hello, everybody, my name is Allie French, I'm here to speak as a proponent of LB643. It is unconstitutional and against the inalienable rights of the citizens of this country to be forced, coerced or tricked into vaccination. The government has no right to determine where one's religious beliefs begin and end. The government does not have a right to determine one's personal or philosophical beliefs when it comes to accepting or rejecting medical procedures. It is not that this is some giant conspiracy theory, but one long-term failed science experiment. Man has been attempting to prevent disease since the 1700s via vaccination and has been ultimately unsuccessful. The only exception being through improved sanitation, nutrition and water supply. They continue to add vaccine

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after vaccine and never return the intended results, whether you deny or accept the injuries and deaths that have happened because of these vaccines. If people want to take the easy way out and vaccinate because they don't have an understanding of proper health and wellness techniques, that is absolutely their choice. And nobody condemns them for it. Those who choose not to participate should have that very same right and not need the permission or disclosure to any person, establishment, agency or school. With that in mind, the number one opposition-- oppositional argument is the Supreme Court ruling from 1905 with Jacobsson. This ruling actually had absolutely nothing to do with mandating vaccines. What they found to be constitutional was that they could tax or impose a fine on people who refused a mandated vaccine. By doing so, the Supreme Court also by proxy acknowledged that at any time you do have the right to refuse a vaccine. The government might just have the ability to tax us for it. But either way, our body is sovereign to ourselves and we have the ability to choose for ourselves. Thank you very much.

ARCH: Thank you. Could have-- before you--

ALLIE FRENCH: Yes.

ARCH: Before you step aside, would you please state and spell your name so the transcriber will know?

ALLIE FRENCH: Absolutely. A-l-l-i-e for Allie and French, F-r-e-n-c-h.

ARCH: Thank you very much for your testimony.

ALLIE FRENCH: Thank you.

ARCH: Next proponent for LB643. Welcome.

BEN TAPPER: This is a comfortable chair.

ARCH: It is. Please state and spell your name to begin.

BEN TAPPER: My name is Ben Tapper, T-a-p-p-e-r. I am a doctor of chiropractic in Omaha, Nebraska, and I took the day off to be here today because these issues are very important to me. I've been studying the vaccine narrative for over a decade and my dad had studied it for over 40 years before he passed the baton on to me. I

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have witnessed vaccine injury. It's real. It's not rare, despite what you're led to believe or told. I've met many families that have lost a child due to a vaccine and I have seen a lot of vaccine injury firsthand in my office. It's truly devastating when you see it. It's heartbreaking. Now, this vaccine bill that Senator Ben Hansen has implemented, I think is very important. We need to protect our rights and freedoms during an emergency crisis. In 2019, the ACIP, the Advisory Committee on Immunization Practices, stated that they cannot force vaccinate, but they can force compliance. The World Health Organization also put together and stated that they-- the greatest threat to our health are those who refuse vaccinations. And I think that's very scary. Now, this vaccine put on by Pfizer and Moderna is also very terrifying. If you understand Pfizer's record. I have 15 minutes of research-- or 15 years of research that I have to cram into three minutes here. But Pfizer, to give you an history, they have, they have the largest fraudulent track record in U.S. history. They have paid out the largest fine in U.S. history, a \$2.3 billion plea deal for misleading the public, billions of dollars in bribing doctors and also racketeering, fraud. They, they got-- they were fined, found in violation of the Nuremberg Code when they were using Nigerian children against the parents' consent and using them as guinea pigs. Vaccine companies, you know, there is a vaccine courts that have paid out \$4 billion in injuries. But one thing that's very important that we understand, that vaccines also contain ingredients that are very harmful and might go against our spiritual and religious beliefs, like aborted fetal cell lines or debris or DNA or proteins. A lot of people say, well, that cell line is only from two cell strains from the 60s, and that's not true. You might read a blog online, but aborted babies are being used every day to create new cell lines for more vaccines. And to give you an example, WI-38 and MRC-5 cell strains are currently used in the production of-- of the MMR vaccine, the chicken pox, Hepatitis A, shingles, rabies and polio vaccines. And so despite what we're told, there's aborted fetal cells in these vaccines, and the package inserts will say that as well. And I would love to submit those to you. And if you would like any form of information on that, then I'd be glad to give that to you. But my studies of the nervous system, issues of the nervous system, disease of the nervous system-- and these vaccinations are very invasive, especially when a baby is born. The nervous system is developing at a rapid rate and these vaccines are absolutely invasive. There's a better way. We don't need

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to fear this disease or diseases in general. Your body has an immune system that is fully capable of overcoming diseases like corona, and it's far greater than a government or CDC and these administrative doctors have led us to believe. You can be well. We must not live in fear of germs. And blaming germs on disease is like blaming the droplet-- or blaming the flies for the trash.

ARCH: Thank you for your testimony. I'm sorry, the red light has come. Thank you. Next proponent for LB643. And there's people in the room, so if you come in late, perhaps we could try to keep a line. But please-- no, please, please, please move forward. When you begin--

ROBERT BORER: Senators--

ARCH: --please state and spell your name.

ROBERT BORER: My name is Robert Borer, B as in boy-o-r-e-r. Thank you for listening. I'm speaking in support of LB643 for the following reasons. Medical pharmaceutical products are often harmful and deadly. Vaccine makers enjoy immunity. Back in the 80s, they lobbied Congress for indemnity for their products. Why? Because they were dangerous and hazardous and they caused a lot of harm and they were going to go out of business if they didn't get indemnity. So the vaccine-- the National Childhood Vaccine Injury Act was, was passed, which absolved vaccine manufacturers of all liability for harm caused by their products. If vaccines are always safe and effective, there wouldn't be any need to force them. This is about personal responsibility and freedom. Our state Constitution, "All persons are by nature free and independent." Compul-- consent, compulsory vaccination violates fundamental human rights, notably the right to prior free and informed consent for medical interventions, common law, state and federal statutes, Nurem-- the Nuremberg Code and the 2005 UNESCO Declaration on consent is on-- excuse me, Bioethics and Human Rights established the necessary, necessity of informed consent. Consent is the antithesis of compulsion. We have a fundamental right to make our own health care decisions. No one is more interested in keeping me alive and healthy than I am. Government doesn't know what's best for each individual. Government doesn't know everything. Government isn't my doctor. Government shouldn't be allowed to practice medicine and big pharma shouldn't be allowed to manipulate government officials. For government to mandate a specific medical practice to be it-- is to

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exceed its scope of responsibility. It's downright silly. Vaccination practice is a one-size-fits-all practice. This is absurd. Everyone isn't the same and everyone doesn't have the same needs. Vaccine practice is presented as a single cure-all. In other words, it doesn't matter whether you take care of yourself or not, whether you eat a healthy diet or not. Get the vaccine, you're going to be good to go. We should all know that's absurd on its face. Allopathic medicine a very-- is a very narrow-minded and flawed system of health care. It's all pharmaceutical based. Medical training is very defective. Critical thinking is not part of the curriculum. It's about finding a set of symptoms and then suppressing them with a drug or going to surgery. They get no training in diet and lifestyle management. There are other ways to prevent disease besides drugs and vaccines. And I would argue that drugs and vaccines don't prevent disease at all. I'm sorry, my time is short. I'll send it-- I'll send this to you. The contagion theory behind the idea of infectious disease has never been proven. Harvard Medical School and public health doctors at the time tried-- conducted experiments to try to prove the contagiousness of the Spanish flu and they could not do it. I've got the JAMA, JAMA article to send you. Pellagra and scurvy were once thought to be infectious diseases. They were-- it was discovered that they were nutritional deficiencies or the result of certain--

ARCH: I'm sorry, sir. The red light-- the red light has come on and you are certainly free to send us additional information.

ROBERT BORER: Thank you for your time.

ARCH: Thank you. Next proponent for LB5-- excuse me, LB643.

BRANDY WHITMORE: Hi, thank you. My name is Brandy Whitmore with-- Brandy with a Y, Whitmore, W-h-i-t-m-o-r-e. I'm a registered nurse in the community. I've been a nurse for almost 14 years. I'm also a mother. I've raised children here for the last 17 years. I can tell you that I have personally witnessed vaccine injury repeatedly over and over. I've vaccinated people. I've participated in vaccination clinics. I have witnessed it. It is prevalent. The problem with vaccinations, I'm gonna tell you in medicine they teach us we have to evaluate risk versus benefit with everything, with treatment, with surgery, with medications. It's risk versus benefit. The problems with vaccinations is that we cannot, we cannot determine what the risks are

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because there-- it's not mandated. I know that as a nurse, if I have a patient or a client that has a disease process, many of those it is mandated that I report them to the Department of Health and Human Services. In the case of vaccinations, it is not mandated that I report vaccination injury. In fact, I have never worked at a clinic where it is even a policy of how to report vaccination injury. It is prevalent. If we are looking at mandating any vaccines, we have to at least be able to evaluate the risks. With our pharmaceutical companies being exempt from any compensation, why are we going to continue to study and research why it is that we're seeing so many vaccination injuries if we cannot even have some type of reporting system in which we even evaluate the risks of those such vaccinations? I personally have experienced vaccination injury as a nurse in 2017, when I took my last flu vaccination that it was mandated, excuse me, by my facility. And that is the case for many nurses. There are hardly any facilities that you can work at anymore unless you are-- take their vaccinations. In 2017, I had an autoimmune response. My joints froze within eight hours' time, I could not move my neck by the end of the day. It was the next week that my doctor started testing for rheumatoid arthritis and it was still not acknowledge that it was a vaccination injury. This is common. We don't acknowledge it. We won't watch for it. We won't study it. But it is prevalent, highly undocumented. And it is, it is a problem. Thank you for your time.

ARCH: Thank you for your testimony. Next proponent for LB643.

GUS VONSTINGO: Hi, I'm Gus Vonstingo, G-u-s--

ARCH: Wait, please, just a second.

GUS VONSTINGO: --V-o-n-s-t-i-n-g-o.

ARCH: OK, we have-- we just have to make sure the microphone picks that up for the transcriber.

GUS VONSTINGO: I'm ready when you are. Good afternoon, ladies and gentlemen. Just a little bit of my background-- I'm going to start this so I keep track-- I was accepted into medical school at University of Columbia, Missouri. I decided not to go. I was working in a hospital at the time and intuitively I was watching medicine actually destroy patients' lives, and I decided that I didn't want to

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just do that for a living. I had sort of just a weird gut reaction. I loved architecture and civil engineering, so I went and have become very successful in those two areas of my life. Subsequently, I had some doctor run-ins or some issues that doctors couldn't help. I got back into the health field and I've studied it as an avocation, which means it's pretty much my other livelihood, but I don't make any money from the field. I run several large health groups. I want to give you guys a little bit of a rundown of why vaccines are so dangerous and to not give people the right to choose can be very harmful. About 15 years ago, before I started having kids, I started studying the effects and I ran across a doctor that was eventually prosecute-- persecuted by the major medical establishments, lost his life eventually. But what he taught me was how to detect strokes in-- in patients or people that have had vaccines. And I was just curious, do you guys know what a stroke does to the face when you have a stroke? Any acknowledgment? Do you know?

ARCH: I'm sorry, you can't ask questions. It's--

GUS VONSTINGO: OK.

ARCH: We ask questions. But go ahead and tell us.

GUS VONSTINGO: Think about that. The question is, do you know? OK, so what-- now I'm gonna answer my question. What you look for is the eyes either start to cross, go up and down or sideways. You'll also notice the mouth start to sag. You'll see some drooping, you might see some discontinuity in the face. So a stroke has those very apparent facts. I've watched over 50 kids at my, my family, my extended family, my friends constantly come back from their vaccine appointments and then proceed over the next few days to have extreme vaccine reactions. And I have pleaded with these people not to get vaccines. Of the ones that stop, many of them got better, but the ones that continue their vaccine schedules, many of them developed autism. And I can tell you, there's nothing worse than watching your kid not being able to learn how to read, not be able to play with other people or, or to just horrible reactions to everything in life. Like noises are really bad. So if we were to mandate people get vaccinations, these are the kind of people that would never, would never have a chance. There are some people that are extremely susceptible to vaccines. Their immune system is already compromised. I've done a lot of studies with vaccines.

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Clearly I'm gonna run out of time here in just a second. But the, the other, the other thing I wanted to say, and I want to just highlight the corruption of the medical field. The pharmaceutical makers such as Pfizer, Merck and GlaxoSmithKline have had to pay billions in criminal fines for what they've done. The Rockefeller Group has systematically destroyed alternative medicine from over 100 years ago. We know Bill Gates today. You guys know Bill Gates? His dad, his dad or-- great, I'm sorry, great grandfather, Frederick Gates, actually started the process of destroying medical schools back in 1900. This process is not new. It has been going on for a very long time. That's why you never really hear. There's no really, I mean, you look on anywhere. You get shut down really fast on Facebook. I've been extremely censored on Facebook because of my medical views. So thank you for listening.

ARCH: Thank you for your testimony.

GUS VONSTINGO: All right.

ARCH: Invite the next proponent for LB643.

STEPHANIE REMUS: My name is Stephanie Remus, R-e-m-u-s. My daughter was "invaccine injured" 11 years ago, which sent me on my journey to understand better what happens. And what I quickly learned is that actually a vaccination is a medical procedure which should be regulated by informed consent. That individual decision based on information that they've collected and evaluated in conjunction with their own medical history, lifestyle, genetics and medical advice is their decision period. Our doctors are not doing a good job because they don't have time or education to help people understand the risks that are with these. We are raising children today to contribute to society, to use critical thinking and aspire to jobs and a life that is fulfilling. If we get to the point where those desires are halted by the forced injection of any chemical or medicine, we are ruining their future. Today, people look for recommendations everywhere. Doct-- FDA recommends what food to eat, doctors recommend medicines. All of these are recommendations, not requirements. As free citizens, we have to have the rights as a parent to decide what's right for our own children. If you choose to feed a sedentary child junk food and not let them exercise and then you change your mind and want to help them get healthy, that's great, because you had the choice to do that.

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If you vaccinate your child with a DTaP and all of a sudden they have high fever and seizures, you can't go back and change your mind. A vaccine is not reversible. It may seem like an absurd comparison, but is a reality that's part of the choice in vaccinations. As I said, the vaccinations are a medical procedure, and all procedures require informed consent. Informed consent requires that a patient know all potential risk before they choose whether or not to have that medical procedure. If vaccinations are safe, why are there 18 ICD medical code specific to legal injury? Why should we believe that their product is safe when there's no legal recourse for that product? Please understand I'm not at all against people's right to choose to vaccinate. That is their choice, just as it is mine as a parent not to vaccinate. The FDA-- one point I wanted to make is FDA's Title 21 states that the maximum micrograms per weight of a pound that's deemed safe in aluminum in an eight-pound infant is 18 micrograms per day. Yet at birth, one vaccine contains 225 micrograms. We don't understand impact. And to force a vaccination is to impact the future of our children. Please don't do that. Thank you.

ARCH: Thank you for your testimony. Next proponent for LB643.

ADAM FOGARTY: Hello, senators and everybody else here today. My name is-- first name Adam, like Adam in the Bible, last name Fogarty is spelled F, Frank, -o-g-a-r-t-y, and I am here today as a proponent of LB643. I think it's a vital exercise in government to defend the, the, the citizens, to protect and defend the citizens. I think that's why you guys exist. But it's been so distorted and twisted around that it's turned into being here to defend and to protect corporate profits. And this is the reason why there's so much money behind these motions to add vaccine mandates through state legislatures. We're not being paid. None of us are being paid. And we have hundreds of people here today screaming at the top of our lungs, holding down our passion to be civil, because that's the cut-- the cloth we're cut out of, to tell you guys that we need you to stand in our corner. Not only to protect and defend from future mandates, but also from corporations that are right now making these mandates as a prerequisite for employment. And you guys are our last bastion of, of, of hope to stand against this, because otherwise-- this is really the first time I know of in world history where adults have been targeted for vaccination. It's probably happened, I'm sure, but by-- it's never happened in Nebraska. And so you tell me what's changed. What is it about these

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\$400,000-- 400,000 people who have died with COVID, not even of COVID, right? They died with COVID, that has fundamentally changed our philosophy on allowing people to exercise their God-given sovereignty and make their own decisions about their own body. Thank you.

ARCH: Thank you for your testimony. Next proponent for LB643. Welcome to the HHS Committee. Please state and spell your name.

COLLEEN FOGARTY: My name is Colleen, C-o-l-l-e-e-n, Fogarty, F-o-g-a-r-t-y. I am a retired RN. I worked 18 years in pediatric intensive care and I experienced damage to children that was not recognized as to what it was. And personally, after 911, the hospital wanted a whole crew of RNs to take care of patients from smallpox, because they felt like that was going to be the next weapon that the terrorists were going to put upon us. And because I was older and my children were raised, and I didn't want the younger RNs to go through it, I volunteered. And we were told we'd be taken care of, which was a lie. And my reaction to the smallpox was in encephalopathy, headaches that were horrible. I could not deal with noise. Just one little example, when my husband came home and turned the TV on, it was so loud, I screamed at him and I tried to take the remote from him. And I got the remote, but I did not know what to do with the remote. I had no idea. And I was supposed to go to work, and so I went to the car and I could not-- I had no idea how to drive that car. Well, this was my experience, and luckily I did recover. Some people don't, like my girlfriend who ended up with Guillain-Barre and died. Vaccinations for all of us are not safe, and this particular one hasn't even been studied. In fact, it's an RNA derivative biological approach that may change our DNA. They don't know. Nobody knows, because truly the tests have not been accomplished yet. I beg you to give me my right to refuse. And I remember when I was told in the hospital after this that I had to take a vaccination each year and they said, are you allergic to mercury? And I'm like, you are nurses and doctors asking me if I'm allergic to mercury and we can't even have mercury in our thermometers anymore. Of course, all of us are. But it was mandatory. And if I wanted to work, I had to take it. So I had to make sure I had several days off to deal with the headaches afterwards. I didn't have a severe reaction as I did after the smallpox, but each time it was a problem. And I feel like it has jeopardized my immunity, which I think would have been just fine without all these vaccinations. I really appreciate your listening and I would really like your support.

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ARCH: Thank you for your testimony. Next proponent for LB643. Please, somebody step up.

TYLER HACKBART: Afternoon. I had a big speech written out.

ARCH: Please state your name and spell it for us, please.

TYLER HACKBART: Tyler Hackbart, T-y-l-e-r H-a-c-k-b-a-r-t. I had a big speech written out, and I feel like speaking from the heart is better. It seems to be more received from you guys. And I just want to tell you, I appreciate you guys being in the positions you're at, sacrificing the time you have and representing us. Faith is the assurance of things hoped for the conviction of things not seen. We make faith decisions every day, whether we realize it or not. Our faith in our vehicles to get us here, the faith in the traffic lights to go at the right time, to let us through traffic in a safe manner, to send a text message, the EMS that create a cell signal. All that we have faith in every day without thinking a single shred of time about it, really. What we're talking about today is using the best evidence we have. You can find all the statistics that I can find on the VAERS website, Vaccine Adverse Event Reporting System. You can see all kinds of, all kinds of reactions happening from these COVID vaccines, even just last year. And so you can find all that. But what I'm really talking about is using the best evidence that you have and then making a faith decision. That's all it's really about. We're fortunate to live in the country we live in, to have the amount of information we have to be able to make those decisions. But we just need to have the courage to do the right thing and make the right decision. And forcing a vaccination, I'm one person personally who I am at risk. It was an autoimmune disease. I could have a terrible reaction to a vaccine. And I have never been vaccinated in my entire life. My three beautiful kids have never been vaccinated in their lives and they are bright, bright, vibrant, amazing young children. And I see people in practice every day. I'm a chiropractor. I see people in practice a day, every day. I see families come in, I see kids that are fully vaccinated on schedule. I see kids that are not vaccinated on schedule. And I can tell you from my experience that the kids that are not vaccinated, from my experience, seem to have a vibrant vitality that is not matched in the other group. I can't explain it to you. I'm just telling you exactly what I see. And so to force that vaccination on kids, I know this bill is LB643, and so I am for the freedom to choose

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for myself and for my family. I'm just asking you guys to help us out too. Thank you for your time.

ARCH: Thank you for your testimony. Next proponent for LB643.

DANNA SEEVERS: Do I have to sit?

ARCH: Yes, please, so they can hear you on the microphone.

DANNA SEEVERS: OK, that's going to be hard for me. Hello.

ARCH: Please state and spell your name.

DANNA SEEVERS: My name is Danna Seevers, D-a-n-n-a, last name is Seevers, S-e-e-v-e-r-s, and I'm from Seward, Nebraska. I'm a wife, business owner, mother of five children. And I want to thank you for the opportunity to speak with you today. I hope you'll pay attention to what I'm saying and not look down, because I really want to know that you're listening. Thank you. So with each vaccine injection, we know there's an element of risk. And with the risk of harm from a medical procedure, there must be a choice, especially considering vaccine manufacturers are completely exempt from any liability and money from our government's national vaccine injury compensation program is nearly impossible to obtain for the average citizen. I want you to know that I'm not an anti-vaxxer. Actually, I like many other people here, I am a previous vaxxer. Twenty-one years ago, I took my child to all her well-baby appointments and she received all scheduled vaccines. However, after a serious adverse reaction to her 18-month shots, I began questioning and researching only to discover a shocking amount of issues around vaccines I didn't even know existed. Based on my research, we later chose not to vaccinate the next four children that we have. Our process involved hundreds of hours of research, and it was by far the most difficult parenting decision we ever made. For the past 20 years, we've been mostly quiet about that decision, fully realizing we went against the mainstream medical recommendations. Sadly, the more we researched, the more we realized, despite what we're told, the science surrounding vaccines is most definitely not settled. And our personal experience underscores that. Fully vaccinated as a child, my husband recently had a very serious adverse reaction after a rabies vaccine. So serious it caused a physician to call off the series of shots we were initially told he must take to

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avoid dying of rabies. Another reminder to us that vaccines do cause harm to some people. Look, I know vaccine hesitancy is a huge concern of pharmaceutical companies and public health officials, but Nebraska has some of the highest vaccine rates in the country. According to the CDC, Nebraska kindergartners are 96.9 percent vaccinated for measles, 97.4 percent for whooping cough and 96.3 for chickenpox. Out of nearly 27,000 kindergartners, only 441 are unvaccinated. So I think maybe you really should be asking, do you really want to draw attention to this matter? Because I believe mandating vaccines of any kind is only going to shine a brighter light on this issue and it will force good people of Nebraska to organize, rise up and have to defend our strongly held personal beliefs and religious convictions. So I ask you, please preserve our rights as Nebraska citizens to choose which medical risks we are willing to take. I don't want to pull my kids out of school and I don't want to move out of the state. We love Nebraska for giving each family a choice, be it for religious reasons due to the use of aborted fetal cell lines or reasons related to the risk of injury and side effects. I urge you to leave room for individual freedoms and trust and allow Nebraskans to make their own decisions. Good law-abiding citizens shouldn't be forced to accept a narrative prescribed by a profit-driven pharmacy industry that largely influences and controls our unelected public officials. So in closing, I just want to quickly highlight that my oldest vaccinated child--

ARCH: Well, I'll have to ask you to end the testimony. I'm sorry.

DANNA SEEVERS: -- is the only child that has medical problems. Thank you, all.

ARCH: Thank you for your testimony.

DANNA SEEVERS: Can I leave a copy of my testimony for the, for each person?

ARCH: You can provide that to the page. Yes.

DANNA SEEVERS: Thank you.

ARCH: Next proponent for LB643. Welcome.

GWEN EASTER: Welcome.

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DANNA SEEVERS: Please state your name and spell it for us.

GWEN EASTER: My name is Gwen Easter, G-w-e-n E-a-s-t-e-r. This bill was brought to my attention last, last week. I'm concerned about LB447 being introduced in the legislation session to remove parents' right to, to exempt their children from vaccination requirements when enrolling them in a licensed childcare facility by the discretion of the Health and Human Services Department. I feel that this bill is being hastily introduced because of the goal is to include the COVID vaccination in the future and possibly others. We know that, according to the CDC, that there are COVID deaths of children and young adults under 25-- zero deaths of children and adults under 25 in Nebraska. The state dashboard states that 20 people who died of COVID under the age of 35 or four, four and four younger-- were four younger people, not to make light of those who passed away from COVID-19, but must also have, had-- must have the-- they may have had other conditions that contributed to their deaths. There are, there are almost 200-- 20-- excuse me, almost 2 million people in Nebraska. There is not enough data to show how vaccinations of children will affect their future growing, growth or if a child may die from the vaccination like we know, know for sure it has killed some adults. Again, I feel this is a hasty bill and there may be some parents that can, can financially afford to keep their children at home, but most parents cannot afford to do so and, and need their childcare services. I am also concerned about the low-income families that are attending the early childhood learning centers, that are partnering with the school systems, that are monopolizing the childcare industry and offering free childcare services to low-income parents. Low-income parents do not need to be put in a position to choose vaccination or not to receive childcare services. We do not want our kids to be guinea pigs and used for data collection for, for this vaccine, vaccination. Lastly, this bill creates more problems for private childcare business owners, especially childcare providers who are already struggling to compete with free early childhood facilities. I am not suggesting that money is more important to them, but take, taking parents' rights to decide, decide can cause parents to pull their children from our childcare businesses. And unfortunately, most daycare providers do not qualify for COVID relief. Just as, for example, there was a stipend that was given, a COVID relief stipend that was given. But only, only people who, providers who billed in July was received the \$1,200. So I

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am against this, this bill. And also I don't want to be forced as a childcare provider to have to get a vaccination. And there are personal reasons that I don't want to disclose here to why.

ARCH: Thank you.

GWEN EASTER: I think it's always the right of the parent to decide, not the government. Thanks.

ARCH: Thank you very much for your testimony. Next proponent for LB643.

BONNI MECKEL: Good afternoon.

ARCH: Good afternoon.

BONNI MECKEL: My name is Bonni Meckel, B-o-n-n-i, last name is M-e-c-k-e-l. I am a registered nurse and I have been so for going on 10 years. I have to support decision in vaccines. Because as a nurse, even with medications and treatments, I don't know how many times I've had a patient say, do I have to? Morally, legally, ethically, I have to say, no, you don't. I can encourage, I can educate. But it's not my business nor my choice to make that for them. I've worked with pediatric clientele as well. I can tell you it's a scary sight to see a child that's been vaccine damaged or an adult that got Guillan-Barre syndrome from getting a flu shot. There is such a risk to say that you have to get your vaccines. It's a personal choice and it's a liberty that we're insured. I don't need to share statistics and studies because there are a lot of us here, and I'm sure you've heard it all. But it's a slippery slope, in my opinion, because what's next? What, what is the state going to say that we have to do next? You all probably been to a health care facility or an office, what about if they told you you had to do this? It's not their decision. It's not the state's decision. It's not an office's decision to say you have to do this. There are far too many dangers. Vaccines are a one-size-fits-all, too. It's, it's the only drug out there that there's no liability to the vaccine manu-- excuse me, manufacturer. And also that it's the same dose for everybody. Someone before we spoke on mercury, it's still in there. They're allowed trace amounts. Trace amounts are still very, very fatal and dangerous. I urge you to let us to continue to have our freedoms. I'm on the front lines. I see

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it. I've seen COVID. I mean, there's a COVID vaccine, to each their own on that. I've treated COVID, I've had COVID. It's, you know, it's-- you can't say that this vaccine is the savior, because I know it's-- it will probably try to be slipped in. But I urge you that no state has stopped at just one mandating-- or one vaccine "mandation". It will go across the board and we'll all be affected, because we all know someone or someone's family or someone's child that's been injured. That's all I have. Thank you.

ARCH: Thank you very much for your testimony. Next proponent for LB643.

DAN SCHIERMANN: Good afternoon.

ARCH: Good afternoon.

DAN SCHIERMANN: My name's Dan Schiermann, last name S-c-h-i-e-r-m-a-n-n. I don't have the statistics to share, I just have a story to share, just my own personal experiences over the last 10 years of being a health care professional and nurse as well, an RN. And every day, you know, people will come in and they will have the choice called informed consent, whether they will receive a vaccination for various things, pneumonia or the flu during the flu season. And they have that option and that choice. And even though I may choose personally not to get one of those from my own experience and from my own son's experience when he was two and got the DTaP vaccination and had a very bad reaction, full body eczema, couldn't sleep. His whole body was inflamed. The answers weren't there. It took weeks to get things better. And I'm thankful that he was able to heal from that. We changed the course. I'm not an anti-vaxxer. I was a previous vaccinator of my own children. I've, you know, I don't tell people not to get vaccines. That's not my right. It's not my-- if I believe differently, then I should have that choice to make that, that, that decision based off of my own experience. And so the reason that I'm the proponent of LB643 is because I believe that we all should have that, that choice. And that if not, just like when I give one of my patients the choice, I don't try to dissuade them or persuade them. I let them make that informed consent decision. And if that right is taken from us, then as an American and as, you know, someone who took a Hippocratic Oath going into health care to do, to not do harm and to do well to the patients, we just need to remember

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that each person is individual and people are not all created equally as far as their bodies and how they respond to things. And we need to protect the rights of those who either-- whether it's for religious reasons, whether it's for medical reasons, for all of the different reasons that people choose not to get vaccinated, we need to continue to protect that right. Especially with a vaccine that has not had long-term testing as much as they may say that in different words, it's been tested, it's in the testing phase. And we just need to be cautious about doing those kind of things and continue to preserve our rights as Nebraskans, especially. We want to-- you guys represent us here as Nebraskans and we just ask that you would do that. So we're looking to you to be-- help in that area. And we just appreciate you listening and hearing our own stories and our own experiences.

ARCH: Thank you for your testimony. Next proponent for LB643.

BETHANY CANNON: Hi, my name is Bethany Cannon, B-e-t-h-a-n-y C-a-n-n-o-n, I'll try to keep this very brief for you. I could stand before you today because multiple roles in my life as a health care provider, as a community member. But I'm here before you today as my most important role, and that's one of mother. I have two children. Colby [PHONETIC] is a first grader at OPS and May [PHONETIC] is four in part-time child care and part-time preschool. And as their mother, nothing is more important to me than their health and safety. I'm also a planner and diligent researcher. I gain information almost to the point of obsession before making a decision, especially big decisions that involve the two most important people in my life. I've done my research. I have attended hours and hours of seminars on this topic, and I've consulted with pediatricians. I've weighed the risk of immunizations versus the risk of not. And after all of this, I have chosen not to vaccinate my children. And let me tell you, these kids are among the healthiest that I've seen. They haven't had as so much as an ear infection. They had not had need for an antibiotic in their life and they have nothing more than the occasional cold. It's a medical decision I've made because, just like any other medical intervention, immunizations have inherent risk associated with them, just as surgery does, just as medication does. And the unique thing about vaccinations is that unlike any other medication or surgeries, they have no-- these manufacturers and doctors have no liability for vaccine-related injuries. Each time we make these decisions as parents, we weigh the risk versus the benefit. I stand before you

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today to support LB643, because this bill will keep the decision on medical treatment in the hands of parents and guardians and out of the hands of the government. I'm not here to change anybody's mind on the subject of vaccinations because I truly believe that every person should make informed decisions for their health and for their family's health and not be penalized for it. I ask you to support LB643 and keep the choice of vaccination a family's decision and not the government's. Thank you.

ARCH: Thank you very much for your testimony. Next proponent for LB643.

TOM SEILER: Thanks for being here. Appreciate your attention. My name is Tom Seiler, S-e-i-l-e-r. I really don't have a lot to say because I just found out about this 4:00 yesterday working out in the garage. But it meant enough to me that I thought I'd better, I'd better head for this one because it's D-Day, and that's what my family, how we think on this particular subject. I knew a year ago in January when I heard about this laying in bed one day that it was going to be at my doorstep. And I believe it was a chemical weapon, this COVID thing. And I want to talk a little bit about that. But Matthew Henry once said "A danger discovered his half prevented". And in that thought, I guess, we the people see a danger and we're coming to you, the first line of defense to help us against that danger. And before I forget it, because I probably will, I wanted to say that the recourse against these companies, if something happens to you after you get the COVID vaccine, there is no liability. They're not liable if you get a shot and you start clucking like a chicken or whatever is going to happen to us physically. They're not liable. That's something, you know, when you're a little man and worked all your life, you have to take that in consideration. And the government is to protect the people from evil. And that's kind of your first job of business for you guys. And we come to you and trust in you and give you our input for that. And I'm a father, and I've got a daughter that's 16 and I've got a son who's 22, and our family at all costs will not take this shot. And I really mean that at all costs, we will not, because it would be, in our belief, a death shot. If it ain't the first one, it will be the consecutive ones because of what it does to our DNA. And a lot of people know about that. It's not hidden, but money drives the machine. So when you see how much money some of these companies have gotten, GlaxoSmith and Moderna and some of these other ones, and they've even

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got nanotechnology that they've, they have in some of this stuff, it's frightening. I-- it's, this is my body, so I'd rather spill my blood in another way if I have to protect my family. Because I have a family to protect. I'm older and it's harder, because when you're older, it's just harder. I mean, my conviction, my spirit is there, but the flesh is weak. I mean, I want to defend. I'm going to, if I can. So thanks for your time.

ARCH: Thank you very much for your testimony. Next proponent for LB643.

DARYL HACKBART: Hi, I'm Dr. Daryl Hackbart, D-a-r-y-l, Hackbart, H-a-c-k-b-a-r-t. I want to thank you so much for being here and doing this. I know, I take care of several of the legislators, and it's long. I mean, you're going to be here a long time today. And so I appreciate your time and your work into this. I just want to talk about, a little bit about in 1979, they came up with the vaccination injury fund for, for parents that were having, had adverse reactions. And quickly, the pharmaceutical companies went to work and lobbied Congress, Congress and in 1986 finally passed the vaccination act, where they were not held responsible anymore. And so if they were injured, they had to sue the government instead of the vaccine companies or the pharmaceutical companies. That changed everything. All of a sudden, the vaccine manufacturing went really high. When I was a kid, there was just maybe half a dozen vaccines that you got. And since that time, I don't know how many different doses. It's 60, 70 or whatever it is, it's really high. But even so, it's hard to sue the government. And even so, they've paid out over \$4 billion. Now, Harvard Medical School did a study and they found that the underreporting of the vaccine injuries is extreme. It's maybe 10 percent or less. And the reason being is because doctors, one aren't trained to recognize that there's an injury. And two, like myself, I want to take care of people. I don't want to take a day off to fill out the paperwork and send all this stuff in because it's a hassle and so on and so forth. So a lot of the things aren't reported. Well, just with the COVID vaccine, the first month there was 321 deaths. There was over 100 Bell's palsy cases. There was 4,800 reactions that were reported. Now, I see a lot of patients and we know a lot of people that got sick. They didn't get sick so that they couldn't go to the hos-- you know, I had to go to the hospital, but they got sick and pretty sick. And so a lot of these reactions are not being reported.

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And there's lots of studies out there that show there's more incidents of allergic reactions or allergies, autoimmune diseases for people that are vaccinated versus unvaccinated. And so I just believe that hopefully you guys will give us the opportunity, the people the opportunity to choose for themselves what they put in their body, because there is injuries and accidents and things that happen with some of these procedures. So thank you for your time and please vote for LB643.

ARCH: Thank you for your testimony. Next proponent for LB643.

CATIE MILLER: Hello, my name is Catie Miller, C-a-t-i-e M-i-l-l-e-r, thank you for all you do for the state of Nebraska. I'm here in support of LB643. I am here as a mom, a nurse, an employee and a concerned citizen. I'm watching medical freedom and the right to informed consent being taken away across the United States, and I don't want that to happen here in Nebraska. If I were to ask you of medications like ibuprofen or Tylenol have side effects or contraindications, would you agree with me? Would you agree that someone who felt that the side effects were too great or had a contraindication should not get those medications? My grandma can no longer take ibuprofen because she ended up having issues with bleeding that put her in the ER and getting a blood transfusion. Vaccines are pharmaceutical products just like ibuprofen and just like Tylenol. And like any medication, they have risks and contraindications to them. At this point, any person receiving a medical treatment procedure or medicine must give informed consent. And as a nurse, I have them sign the paper stating they understand. Their doctor or health care provider must go through the risks and benefits with them, and once they are informed, they must make a decision for themselves. We need to protect that. We need to protect the right of every person to make a decision based on their own health history and the advice of their doctor. We need to protect the right of every citizen, parent, business and employee to weigh the risks and benefits for themselves. The COVID-19 vaccine is new. The package insert says that we don't know all the side effects, adverse reactions or contraindications yet. We know they are happening. I want the right to decide for myself. I'm a nursing mom. I plan on having more children. Right now, we don't know what the COVID vaccine does to women's fertility. We don't know if it passes through breast milk. We don't know what if it-- what it does to unborn babies. We don't know. We do know that several women

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have had late miscarriages or stillbirths after receiving the vaccination. I'm not going to risk my children or future children with this vaccine. I work at the hospital as a nurse on the labor and delivery unit. What if my hospital mandates the COVID vaccine and I have to decide whether to take the vaccine or lose my job, whether to protect-- so protect me with LB643. Protect my rights to look at the risks and benefits and read the vaccine studies for myself. As a nurse, I believe in informed consent and the right for patients to choose. Just look at my field of nursing. It wasn't that long ago that doctors were putting moms out as a standard of care and pulling their babies out with forceps. Most of those mothers weren't given a choice. Mothers would wake up not knowing what happened to them. Barbaric, we say. And we were right. It was. We now, now know that having mothers awake and able to experience the labor is best for them. We know that empowering women in labor makes for the best outcome. Protect my patients' rights with LB643. Don't force a vaccine on them. When you put people in control of their own health care, you get better health outcomes. When you take medical decisions away from people, you don't get better health outcomes, you get trauma, trauma victims. Please protect us.

ARCH: Thank you for your testimony.

CATIE MILLER: Thank you.

ARCH: Next proponent for LB643. Welcome.

CRYSTAL PATZEL: Hello, my Crystal Patzel, first name, C-r-y-s-t-a-l, last name, P-a-t-z-e-l. I am by no means a professional. I've done my research though. I'm a mother of three, a wife, a Christian and an American. I believe strongly in our American rights and our rights to choose what we do and do not put into our bodies, whether it's vaccines, food, so on and so forth. I personally have experience with myself and others who have had adverse reactions to vaccines. I've seen numerous specialists who cannot determine what is going on with my body and have had more than a dozen surgeries due to health conditions related. My own goddaughter began having over 40 seizures a day after receiving her four-month shots and at 7 she passed away. So a girl never knew a normal life without medication and being hospitalized constantly throughout her very short time. And instead of celebrating her birthday with cake and presents, we now celebrate her

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birthday with balloons with messages. I personally believe that it is not up to the government to decide what we do or do not do with our bodies, it is our choice. It's my choice if I vaccinate my children. It's my choice if I get the flu vaccine or the COVID vaccine. It should not be up to the government. The government has far overreached in other areas. And where does it end? Does it just keep going? Are we going to lose all of our rights? What rights are or are not important for us? When does it end? I think a lot of government officials have forgotten that they work for us and they should listen to us. And that is all I have to say, thank you.

ARCH: Thank you for your testimony. Next proponent for LB643.

CONNIE REINKE: Hi, my name is Connie Reinke, and I am a Christian for LB643.

ARCH: Please spell your-- please spell your name for us.

CONNIE REINKE: It's C-o-n-n-i-e R-e-i-n-k-e.

ARCH: Thank you.

CONNIE REINKE: And I'd just like to say that I, I am not-- the COVID situation is, is something that's, that's affected our family. I have a brother-in-law that was 48 that had complications because of COVID. So I'm not speaking from not having gone through a situation where we watched him be taken off the respirator. I watched with my sister as he passed away. But the things that are going on related to COVID are just outrageous. And, and these things have to be stopped. I just ask for your help to stop this. To force people to mandate vaccines. Nobody wants to get COVID, but forcing it just feels very dangerous to me. And I, I'm very concerned about it. Being so close to what happened to our family, I started looking and watching what, what's going on. And the tracking, I wanted to know more about that. So I looked, I searched the Internet for is there a microchip in this vaccine? I didn't, I didn't see anything for microchip, anything related to that. But it said-- I found an article where Pfizer and Novax [SIC] were kind of celebrating that this vaccine is different than the ones of the past. This vaccine uses nanotechnology. And as I read further, it said that there's small pieces of metal that are very small. So it's not a microchip, but it's called nanotechnology. And

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that is the thing that, that we would be putting in our bodies is that is, is that smaller than a microchip, a nanotechnology. I just urge you to be on alert and to protect us, to keep us safe in Nebraska.

ARCH: I'll, I'll have to ask you to end your testimony.

CONNIE REINKE: OK.

ARCH: The red light has, has turned on. But thank you very much for your testimony.

CONNIE REINKE: You're welcome.

ARCH: Thank you for coming.

CONNIE REINKE: Thank you for listening.

ARCH: Next proponent for LB643.

REGGAN SIMONS: Good afternoon. My name is Reggan Simons, R-e-g-g-a-n S-i-m-o-n-s. I support Senator Hansen's bill to protect religious freedom and parental choice. Whenever there is a risk, there should be a choice. God has always made a way for my oldest son. I personally used to get all vaccines for myself and didn't know much about them. But just before my oldest son was about to go in for his two-month well-baby visit, a friend came over and we sat and chatted, as new moms do, about his upcoming appointment. She told me that her child had developed boils all over her little body and a fever for a week after her two-month vaccines. Her doctor told her, told her it was normal. We can all see where this world is going. I agree with Senator Hansen. Look how fast everything has happened with these mandates. We need to be proactive. A medical exemption is not good enough. Have you ever tried to get one? I tried to get a mask exemption for my son to attend school and his doctor said though he would qualify, she wouldn't provide one because it's gotten too political. And I should just quit my job, lose my health insurance and keep my son at home isolated from his peers. We see what's coming. Government will want to add a mandate for the COVID vaccine, a vaccine for a disease so horrible you have to have a swab shoved up your nose to find out even if you have it, because you don't have symptoms. A disease so horrible that 99 percent of people fully recover. And I thought my pediatrician was crazy and joking when she said there was a vaccine for diarrhea,

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a.k.a. the rotavirus vaccine. Look it up. It's on the vaccine schedule for every child. We often hear aborted fetal cells used in vaccines are the reason most solid Christians will decline them. But it's not just about the babies, though. It's about the hazardous waste, neurotoxins, carcinogens, animal parts, allergens, live viruses and bacteria injected into our children that's the problem. It's about, about the fact that my children are precious miracles and God chose me as their mother to protect and nurture them, not the government. Thank you, Senator Hansen, for your bravery and for standing up for us and for our religious freedom in Nebraska. I hope the rest of you will join him and stand up for us as well. Thank you.

WILLIAMS: Thank you for your testimony. Invite the next proponent. As you begin, if you would please state and spell your name. Thank you.

BRITTANY HOLTMEYER: Brittany Holtmeyer, B-r-i-t-t-a-n-y H-o-l-t-m-e-y-e-r. OK, so I'm a proponent for LB643. Where there's a risk, there must be a choice. I am a mom who was a pro-vaccinator because I did what I was told. And now I'm not an anti-vaxxer, I'm an ex-vaxxer. I am a mom to two boys, now healthy. I'm a mom who didn't sleep for four straight months. After my son's nine-month wellness visit, two days after that, he couldn't stay awake, couldn't hold his head up, couldn't stop throwing up and had 104 fever. My husband was out of town and my mom and I had to rush him to the emergency room for breathing treatments and for his chest to be cleared out. During all my research, I have also come to find out he also has a genetic mutation, MTHFR. More than 70 percent of our population has this and you may not even know it, and you should never receive one vaccine. While researching, reading all inserts, ingredients and now knowing there are aborted fetal cells, I highly encourage you to watch the nine-hour deposition of Stanley Plotkin. And we wonder why the number one death for 2020 was abortion. We have the right to refuse any vaccine. There has never been a vaccine that has been proven to be safe and effective, and it's not a one size fits all. In 1962, there were five vaccines in the childhood schedule. In 2008, there are over 72 different vaccines. Here we are with the highest vaccine schedule, yet we have the sickest generation of children. For Pete's sake, we have a clinic on every corner and Children's Hospital is nonstop growing. Most people think a child has to pass away for it to be a reaction when, in fact, there's asthma, food allergies, diabetes, child leukemia, developmental delays, tics, ADHD, etcetera, etcetera,

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etcetera. I pray for these babies and children every single night with my own boys. You know, I asked my pediatrician, has there ever been a test done to see who a child-- if a child that has been vaccinated versus a nonchild that has been vaccinated to see who is healthier? She said, wouldn't we love to see that test? I'll tell you my own study of my two boys. I have never heard more in my life. He's so alert to my second son, who's now 19 months old. He's never had no fevers, no Tylenols, no medications. What he has had is healthy living vitamins and chiropractic care. Psalm 133 or 139:13, For you are created in my innermost being. You knit me together in my mother's womb. I praise you because I am fearfully and wonderfully made. Your works are wonderful and I know that full-- full well. I just ask God why he didn't create-- why I didn't see that verse before I went in before his nine months. And maybe it's because this, his reaction has saved his brother and other family, friends of mine who have started to do their own research. We don't know what we don't know. So I am not for mandatory vaccines because it's not a one size fits all. Thank you.

WILLIAMS: Thank you for your testimony. Invite the next testifier to come up in support. Start by stating and spelling your name for us, please. Thank you.

GRETCHEN HESS: My name is Gretchen Hess, G-r-e-t-c-h-e-n H-e-s-s. And today, unfortunately, I apologize, I didn't prepare a speech because I'm having problems with my eyes currently due to health issues and I can't see to read it to you. So I'm just going to speak to you from the heart and so bear with me if it's not as smooth as I would like it to be. I want to thank Senator Hansen for your proposal of this bill. When I-- currently I'm a business owner here in Lincoln and also a mother of four children. I pulled them out of school this year and I'm home schooling them. I'll start with when this COVID hit, I began to do research like everybody. We sat in our houses and we were locked away and I started to do a lot of research. I have been a very sick individual my whole life. I am 42 years old and I-- when I went to go get my kindergarten shots, booster shots, I was paralyzed that evening and my legs just didn't work. For ten days I couldn't walk. I had to be carried to the restroom. I had to be carried everywhere I went. My mom just thought I was lazy, you know, she just tried to justify, didn't want to think that a shot could do that to her child. And so she called the doctor and asked them. My daughter says she can't walk

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and I'm having to carry her everywhere. And they said, oh, it can cause some muscle pain. So she thought I just had muscle pain and luckily I retained the ability to walk. However, throughout my life, I have severe allergic reactions to any kind of medications now: anaphylactic shock and also Stevens-Johnson syndrome, which basically burns your body from the inside out when you take medication. So I choose-- typically I err on the side of not taking any medication. My son was vaccine injured. As a mother, you know, you-- you want to do what's right and you want to listen to what people tell you is right, and you do do that. Unfortunately, I was going through a bad situation with a divorce. And so I wanted to listen to what my doctor and nurses were telling me. And I got a flu vaccine a month before he was born. He is an amazing child, brightest child I know, but we know he is injured. There's just something different about my child and it breaks my heart. So please, let people choose. Just like you do research when you go buy a vehicle. What you choose for your family, let others do their research and know that they have that choice. Thank you.

ARCH: Thank you very much for your testimony. Next proponent for LB643.

HEIDI BARRY-RETTELE: Hi, my name is Heidi Barry-Rettele, H-e-i-d-i B-a-r-r-y-R-e-t-t-e-l-e. I thank you so much for listening today. I thank you for your service to our community. One of the things about being in leadership, I'm sure many of you understand, a good leader is a servant leader and a servant leader is always there to serve and listen to the folks that elect them into these positions. I'm not going to share a lot of-- many of the things that you probably already heard. But I will share is I come from a family who my grandfather was very well known in the ag industry globally, very well respected. A handshake from this man meant more to people than a whole stack of documentation, legal documentation. At his funeral, the ExxonMobil vice president came to his funeral, as did the Cargill vice president. My grandfather was a person that was commissioned to do quite a bit of work extensively on the scientific level of things. He would give his thumbs up or thumbs down if he thought it was for the good of the people. He went to an event, a global ag event in Europe and came home in the '90s or, excuse me, the late '80s, early '90s and was a shell of a man. This man was a man that served in the Second World War, was on a life raft for ten days. He was an absolute-- he was-- he was an absolute strong man of conviction. He knew how to survive, but he came

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home from this event and he saw-- he shared with me, I was the only person in the family he would talk to And he said he saw what-- what we were going to be enduring in the future. And he said everything, all of our ag industry is going to be absolutely, categorically, scientifically changed. And I said, what does that mean? We now know it's GMOs. He said, it's not only going to happen, it's going to start in our food system and it's going to elevate into the medical community. And he said, maybe not in my lifetime, but in yours. I really strongly believe that we will see medical tyranny and the pharmaceutical industry will end up eliminating humankind as we know it. That is absolutely, categorically occurring on a-- on the ag industry too. And many of you probably already know Bill Gates is definitely in that-- in that position and he's buying up land. But let me tell you, the man knows he loves money and he is going after every angle he possibly can to be in control of us. I hope and pray that each and every one of you, there's people all over the world watching, people I communicate with all over the world, and they are watching what you guys, what we here in the Heartland are doing, because they believe that we are the last bastion that we can choose to be the standing army against this egregious attack on humankind. Thank you so much.

ARCH: Thank you very much for your testimony. Next proponent for LB643. Welcome.

KRISTYN HANQUIST: Hi. Thank you. Thanks for having me and letting us come. My name is Kristyn Hanquist. K-r-i-s-t-y-n H-a-n-q-u-i-s-t. I am a wife and a mom of four. My story starts about ten-- ten years ago. My husband and I struggled for four years to get pregnant. We did all sorts of different things and spent thousands of dollars. And by the grace of God, we learned about the power of food. We changed how we were eating and six weeks later we were expecting our first baby. It completely changed our lives, so much so that I quit my high paid job as a corporate accountant and decided to spread the word about food because I wasn't seeing it happened-- happen in the medical world. I've been-- I've spent ten years helping people get healthy and in that time have learned that there are lots of things that could affect-- affect our infertility. One of them is vaccines. I have learned that vaccines are not tested for what they will do to fertility. And for that reason, I am a huge proponent of the bill that Senator Hansen has proposed. I do not believe that anybody should be

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able to put anything into our body that might affect it, whether it be near or far. So please vote in favor of this bill.

ARCH: Thank you very much for your testimony. Next, proponent for LB643.

REGINALD GILL: My name is Reginald Gill, that's R-e-g-i-n-a-l-d G-i-l-l. I'm not a native of Lincoln or Nebraska. I'm a retired military person and I live here by choice because I like the quality of life we enjoy here. The same token, my wife is originally from Republic of Vietnam, as are some of our family that live here, and they see the heavy-handed government interference in our daily lives. They just can't believe that we are embracing what they left Vietnam to get away from. And that's government overreaching control. One of the worst friendly fire incidents in the U.S. military history was not caused by a bomber's navigational error or by misdirected artillery fire. It was inflicted on soldiers who never thought that they would have any reason to think that they would have a problem. It was a vaccine injury administered by their own medics. Troops went to the Middle East to fight in the Gulf War in '91 and the Iraq War in 2003. We had a very poor, ineffective anthrax vaccine. They were working very hard to improve the vaccines. They didn't have enough time. And we decided finally to go to the Gulf region. What they did was they took the ineffective vaccine they had, they juiced it up with an oil called squalene. And instead of giving immunity, it triggered autoimmunity and what we've come to know as Gulf War Syndrome. And I learned about this by reading a book called Vaccine A by investigative journalist Gary Matsumoto. He went in to find out why these veterans from the Gulf were having these problems. And they were-- the government was trying to deny it because there's a culpability liability there. And they claimed it was the oil fires in Iraq that it causes, and he found out it was vaccine. I've got a personal business friend and business associate. He trains high line and Olympic athletes. So he's well versed in physiology and anatomy. He has three children that have vaccine injuries. And a lot of people say, well, oh, they have the same genes. They have different conditions. They're not the same disorders. I can remember being in the military myself, going through boot camp and basic, where they would hit us, you go through the line, you got a guy on the left, guy on the right and a little air gun. They give you your shots. You say, what is this? Don't worry about it. It's good for you. It's for your own protection. I'm

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tired of the government telling me things are my-- for my own protection. I'm the best one. I know my body. I'm the one who should decide that. And when I go into a doctor's office and they want to give me a vaccine, but they won't even take time to allow you to read the brochure that comes with it or even provide it in some cases, we don't have time. So I think--

ARCH: Thank you. Thank you very much.

REGINALD GILL: --we need to look at what the vaccines cause. We've already had deaths and injuries to the vaccine. So I guess my question here is, instead of being heavy-handed regulatory governance, I want our government to rule as elected servants, not as mandated rulers.

ARCH: Thank you very much for your testimony.

REGINALD GILL: Thank you. Sorry I ran over a little bit.

ARCH: Thank you. Next proponent for LB643.

TALLI KRATOCHVIL: Good afternoon.

ARCH: Good afternoon.

TALLI KRATOCHVIL: I'm Talli Kratochvil, T-a-l-l-i K-r-a-t-o-c-h-v-i-l. I want this vaccination for you. Therefore, I'm going to make you get it. On the flip side, if you don't want this vaccination that I want you to get, you're willfully endanger-- endangering others and do not care about your fellow human beings. No discussion, no rebuttal, no explanation. The travesty and manipulation of this is toxic psychopathy. It's like we forgot that we're all Americans and that health and wellness, emotional, mental, spiritual and physical of our fellow Americans beyond a 99.97 percent survival rate virus is crucial for our own success. Cancel culture is the epitome of an internment camp ideology where when somebody doesn't agree with you, you can inevitably eliminate them and not have any immediate consequence. If you're willing to push a vaccine that applies to a 99.97 percent survival rate, I remind you that in the three years we have documented of Jesus's adult life on this Earth, he openly violated the government mandated restrictions in handling the pandemic of that time, which was leprosy, which was completely unacceptable. No wonder he wasn't popular. No wonder he was so hated. No wonder he was killed because he

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unconditionally cared about the emotional and mental and spiritual well-being of a person more than a political agenda because people mattered. Virtue signal-- signaling and cancel culture has impacted all of this, and the real victims right now aren't those suffering through the virus. It's you. The real enemy is not the virus. It's not the government. It's fear. Fear is the most compelling and impactful tool that can control entire populations, to be so afraid of unlikely death that you forget how to live and love and what a friend is for. The government has no right injecting itself into our healthcare by requiring vaccinations of any kind. The ones who have succumbed to this global social infection are the real victims. May we find a cure soon. Thank you.

ARCH: Thank you for coming. Thank you for your testimony. Next proponent for LB643.

PAULA WILLIAMS: Hi, Senators. My name is Paula Williams, P-a-u-l-a W-i-l-l-i-a-m-s. I grew up on a farm in southwest Iowa, and then I went to junior high and high school in Omaha, and I really love the Midwest. I feel like there are no more-- I've never seen as beautiful skies as I have in the Midwest. And, you know, growing up on a farm, my parents were very interested in nutrition. And I'm so grateful because to this day, it's enabled me to be a very healthy, vibrant, beautiful 35-year-old woman. And it is so evidenced, as you have heard by other people who have spoken today, that our ideas and our understandings of the body through science are constantly changing. That's the beauty of science. It's not an orthodoxy. It's not a dogma. We are constantly learning new things. The head physician of immunology at Wake Forest University has even stated, we really don't know that much about the immune system. And so my parents instilled with me a very deep, deep curiosity of-- of knowledge and of being in my body and-- and going about that-- that wisdom and knowledge seeking on my own. And I have done my own research. I do not want to inject antibacterial antifungal monkey kidney liver cells, aborted fetal tissue into my body that passes through the blood brain barrier. And that is my choice. And it should always remain my choice. And I believe and I'm saddened that there has been so much loss of trust in the government, but I do believe that we can do the right thing. I think that you can do the right thing. I think you can uphold and honor what this country was founded upon, and that is acknowledging every single human as a beautiful, sovereign individual created in

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God's image. You can call that God, creator, Spirit, what have you. But we must honor and maintain that. Because when we don't, we have seen what has happened when we don't do that. We have seen what happened in Nazi Germany. We've seen what's happened in the Soviet Union. We saw what happened in Mao's China. Somehow in the name of this benevolent government that knows what's right, hundreds of millions of Chinese people died. We need to look at history and understand that we must always maintain the sovereign right of the individual. Thank you so much.

ARCH: Thank you very much for your testimony. Next proponent for LB643.

JANA VOLZKE: All right. Thanks, guys. Oh, sorry. My name's Jana Volzke, J-a-n-a, last name is V as in Victor-o-l-z-k-e. I didn't really write anything up because I didn't know if I'd be able to get out of work to be here. I will tell you when my husband was in chiropractic school we lived in Overland Park, Kansas, started our family. Growing up, my mom was a nurse. And so what I knew was to take Tylenol when I had a headache and by golly, vaccine-- vaccinate my-- my newborn baby. When she was 12 months old, she had a major adverse reaction, got very sick. Her body was a giant hive, if you will. You couldn't tell where one hive started and one ended. Her body was purple. Her ears looked like cauliflower ear that wrestlers get. Her lips were huge. It didn't look like my child. So my husband, being in chiropractic school, said, we're learning about this stuff right now. Like, this is crazy. We've seen what happens to the nerves in the brain when aluminum or heavy metals are dropped on it. I don't know if you've ever taken like a piece of hair or watched a piece of hair singe when you start it on fire and just and it crunches up and it's gone. That's exactly what happens to the nerves in your brain. So I began to look into vaccines and in what's in them and what we're putting directly into our-- our bloodstream that crosses that blood brain barrier. Anyways, I know you guys have heard a lot of the scientific stuff, but I just wanted to mention one thing about the-- the COVID vaccine has what is called the CRISPR genome altering technology. Basically, this technology will splice our DNA, our God-given DNA, then use lipid nanoparticles to repair the DNA, forever altering the genetic blueprint of our bodies. We're made pretty special by a pretty powerful God, and that would change it forever. And this stuff hasn't even been FDA approved. And there's no evidence

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of long-term safety and efficacy in any of this. So we're rolling out these things and they haven't even-- haven't even gotten through the gold standard of scientific testing. So I just want to leave you with this too. By the way, my daughter is healthy now. We quit vaccinations and our second daughter hasn't had any vaccines. We don't even have a family doctor because we don't-- we've lived back in Lincoln and since 2005 and we don't even have a doctor because we just don't get sick enough to go. Anyways, I just want to leave you with this. Bill Gates bought into the vaccine industry because the return of investment is astronomical. It's about the money. It's not about the health.

ARCH: Thank you for your testimony.

JANA VOLZKE: Thank you, guys.

ARCH: Next proponent for LB643. Is there anyone else?

ELIZABETH ZWIEBEL: My name is Elizabeth Zwiebel, E-l-i-z-a-b-e-t-h Z-w-i-e-b-e-l. I'm here to speak in support of the bill proposed by Senator Hansen. I have a speech. I'll get there. The online community talks a lot. And I saw some speculation about this bill and some criticism, and I wanted to address that. There were some comments made about the reason this bill is being introduced, saying that, you know, it's unnecessary, that, you know, there's not-- it's-- it's being introduced to counter a bill that doesn't even exist. The reason we need a bill like this is because of what we see going on in other states. I'm fairly new to this issue. I've been looking at it for the last couple of years. Before that, I had no idea. I vaccinated my kids. I did what I was supposed to do and I never questioned it. I signed all the forms that said I was informed. I wasn't informed. Informed consent does not exist if you based that on a CDC vaccine information statement. There's not enough information on there for anyone to make an informed decision about injecting something into their children. So, yeah, we do need to be proactive in this regard. And with conversations with friends, a couple pushbacks came my way that said, you know what? Why are you raging about this issue? This is, you know, you're talking about stuff that's not even, you know, it's halfway across the country. And I was just shocked when I saw the introduction of LB447 in my own state. And it's absolutely frightening to think that it came here so quickly. I wasn't expecting it. I made quite big arrangements to be here today, I live in Long Pine, so it's

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a four-hour drive to get to my hometown of Weston and then another 45 minutes to get here, because I do feel it's very important that we all get our voices heard. And I thank you all for being here and listening. And I wonder where Senator Cavanaugh is right now. She had responded to me with an email about justifying the vaccination and she made a comment that, you know, she understands that every parent-- it's a decision, you know, that every parent should have the ability to make. And I-- I find that very interesting. And I think that that's very important to note. She noted something about, you know, I understand the considerations that go into deciding to immunize your child, but at the same time, there's a bill being introduced that's basically trying to take that decision away from parents. We don't want our state to go in that direction. It's a bad, bad path to go on. I brought some information here. I have the vaccine injury table. Have you seen the vaccine injury table?

ARCH: You need to-- you need to conclude your testimony. If you have-- if you have material, the page will take material.

ELIZABETH ZWIEBEL: I have material. I do want to mention I have-- I have a specific case here that I would like you all to take a look at. I have a copy for everybody.

ARCH: Thank you.

ELIZABETH ZWIEBEL: You're welcome.

ARCH: Thank you for your testimony. Other proponents for LB643.

RONALD LAWSON: Ron Lawson, Ronald, R-o-n-a-l-d L-a-w-s-o-n. If you're in Lincoln, just let you know, dear Senators, I'm here today to support LB643. And would-- the fact that it confirms what is already a natural right of each person to decline to take any vaccine mandated by the government, even if it's mandated state of emergency. Every citizen has the duty to inform themselves about the best health measures to take to protect themselves and those they're responsible for-- I have five kids-- and has the right to refuse to take, you know, any measure, especially if that measure is, in their judgment, dangerous or unethical. Experimental vaccines like the COVID-19 vaccines are proving dangerous and even lethal, according to the Vaccine Adverse Events Reporting System. For example, CDC official

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Nancy Messonnier reported on January 6, 2021, that severe anaphylactic reactions were occurring at a rate of 10 times higher than the flu shot. And there are reports of over 300 deaths to the VAERS system in relation to new experimental coronavirus vaccines so far. And some vaccines are clearly made using abortion tainted human fetal tissue and thus grossly unethical for anyone to use. And mandating their use is a clear violation of every person's God given right to true liberty and their freedom of conscience and living out the demands of their religion. As such, it is a violation of Nebraska Constitution, which states in Article I, 1 that "All persons are by nature free and independent, and have certain inherent and inalienable rights; among these are life, liberty, pursuit of happiness," echoing the beautiful language of Declaration of Independence. The right to freedom of conscience is specifically written into Article I, 4 on religious liberty. "All persons have a natural and indefeasible right to worship Almighty God according to the dictates of their own consciences. No person shall be compelled to attend, erect or support any place of worship against his consent, and no preference shall be given by law to any religious society, nor shall any interference with the rights of conscience be permitted." Obviously, LB643 defends that conscience right. OK. As written, it needs to be amended to protect the rights of individual employees to decline any vaccine that their employer might want to require as a result of a state mandatory vaccine directive. And this would truly improve LB643 to protect everyone's right to decline a state mandatory vaccine directive should it be issued. And obviously oppose LB477 [SIC]. And in fact, I think the vaccine exemptions in Nebraska should be expanded to include philosophical objections to immunizations because of personal, moral, or other beliefs. And they exist in 15 other states, according to the National Conference of State Legislatures. And taking a vaccine should never become a criterion for participating in the full range of social and public life. And LB643 is an important support for that essential protection of conscience and the basic liberty that every Nebraskan should enjoy. Thank you.

ARCH: Thank you. Thank you very much for your testimony.

RONALD LAWSON: All right.

ARCH: Next proponent for LB643.

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ROY METTER: Good afternoon. My name is Roy Metter, R-o-y M-e-t-t-e-r. I live in David City. I am here representing my wife and five children, ranging in age from six months to seven years. My wife and I are incredibly blessed that God has entrusted us to these kids and we acknowledge just how unworthy we are as parents to be tasked with such a great responsibility in helping these kids to grow into mature, virtuous, and healthy adults. This task is far beyond any other task that life will ever demand of us. And we know that even our greatest efforts will fall short if we don't delegate our authority to the very being that gave us our children. That being is not almighty government. No, our children and their incredible immune systems were not given to us by the government and the pharmaceutical companies that this currently-- that it currently protects, funds, and advertises for. In 2011, a U.S. Supreme Court ruling, *Bruesewitz v. Wyeth*, determined that vaccines qualify as products that are, quote, unavoidably unsafe. This is defined as any product which, quote, in the present state of human knowledge, are quite incapable of being made safe for their intended and ordinary use, unquote. Thus, vaccine manufacturers are exempt from liability in the event they cause a disability or even a death. As a father, it is my duty to protect my children from things that are especially unavoidably unsafe. And it is the government's role to preserve that God-given natural right I have as a father. Considering the next bill that will be discussed will serve to inhibit that God-given natural right, there is no doubt that we need a bill like LB643 to preserve my liberty to potentially choose what is good for myself and my family. I believe LB643 will do just that. Therefore, I am absolutely in support of it and I ask you to be as well. Thank you.

ARCH: Thank you very much for your testimony. Next proponent for LB643.

ANN PENAS: Hi. My name is Ann Penas, A-n-n P-e-n-a-s. I'm very much out of my comfort zone right now. I didn't come here today to talk. I was just coming with my friends to be supportive. As I was standing around, I found myself kind of moved that I was physically able to be here. I'm a-- I'm just an ordinary mom. I have five kids ages 13 to 26. One graduated right at UNL, a couple are in college, one still at home. And my husband's not able to be here. I have friends and family who don't-- who aren't able to get this time off of work. So I felt moved I guess to-- to be here to talk because I-- I know everybody is

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really put off. We've all-- all of you, everybody here has struggled with COVID in many forms. One of my daughters was a senior. She couldn't do a lot of her-- her favorite sports: soccer she missed; she missed prom; graduation; went off to college. Things are different. I know we've all had different struggles right now. This is a very difficult time for all of us. One of the things I think that is important that we pass this bill is because we don't need more taken away from us. This is a freedom that we have as Americans to be able to choose what we put into our body, especially when we're talking about a vaccine. I won't go into detail about how I personally feel about the vaccine because I don't feel that that's really what this is about. I do not-- I would not take the shot myself, but others may choose to. But what I'm here for is to speak on behalf of our freedom of being able to have that choice. I do not think we should have that choice taken away from us. We-- I'd love to go to the movie. I love going and watching movies. I can't go to the movie theater right now or I can but there's very limited things to watch. There's games and things, you know, the high school. My daughter, my middle schooler, is in band. I haven't been able to watch her band performances. She has a musical. They tape it and then we can watch it online. And these-- these things, we're missing these things. And I don't have any rights to make the school allow us, as a parent, to see those things. But on this, I do have a voice. And I wanted to speak up outside of my comfort zone here and say, please vote in support of this. It is very important that we have our rights. So it-- it's just scary if we-- if we have this right taken away, what's next? And I wanted to thank Senator Hansen for thoughtfully bringing this forth and looking out for us. And thank you all for your time, because I'm sure it's been very tough times for you guys as well. So thank you very much. Appreciate it.

ARCH: Thank you very much for your testimony. Next proponent for LB643.

BROOKE SHEPARD: Good evening almost, I was going to say afternoon. My name is Brooke Shepard, B-r-o-o-k-e S-h-e-p-a-r-d, and I'm a Nebraska native and current resident of Lincoln. I'm here today to state my testimony in support of LB643. I am a mother and a doctor of nursing practice, as well as a family nurse practitioner. I provide my testimony not only as a person, but as a parent and also as a practitioner. LB643 needs to be passed to prevent discrimination from

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participating in society based on vaccination status. Vaccine mandates deny law-abiding citizens access to a free marketplace. LB643 should be supported, but it does need an amendment to protect employees when they refuse vaccines to make the bill conform to its stated intent of protecting individuals. All vaccines carry the risk of injury or death, so there has to be informed consent and the right to refuse any vaccine without penalty. The National Vaccine Injury Compensation Program to date has paid out over \$4.5 billion in compensation for injuries and damages caused by vaccines. These programs shield vaccine makers and providers from liability for subsequent injuries and deaths. And individuals injured, particularly by a COVID-19 vaccine, have one of only or one only option for compensation through the Countermeasures Injury Compensation Program. And that is only within a one-year limitation to file such claim. No legal or medical expert fees are covered. No pain and suffering is awarded. And lost wages are capped at \$50,000. And then there is also no judicial-- judicial appeal. As of January 22 of this year, there have already been over 9,845 COVID-19 vaccine adverse events and 329 COVID-19 vaccine deaths reported to the Vaccine Adverse Events Reporting System, otherwise known as VAERS. Short-term and long-term risks of new COVID-19 vaccines are still unknown, and vaccine manufacturers are shielded from liability through what is known as the PREP Act, and that's the Public Readiness and Emergency Preparedness Act. This alone is sufficient reason to allow free choice. Vaccine exemptions need to be expanded and preserved for many vaccines in the future. As of right now, America's biopharmaceutical research company have well over 200 vaccines in the pipeline. The U.S. vaccine market alone was well over six or sorry, \$36 billion in 2018 and is expected to reach over \$58 billion by 2024. And this is a very powerful industry with lots of resources to lobby and influence policy to remove religious freedoms and parental rights. The industry benefits financially from forced use.

ARCH: The red light has come on if you-- thank you very much for your testimony.

BROOKE SHEPARD: Thank you.

ARCH: Next proponent for LB643.

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JORDAN FREEMAN: Hi. I'm Jordan Freeman, J-o-r-d-a-n F-r-e-e-m-a-n. Thank you, Senator Hansen, for introducing this bill. I'm an accountant. I can sit here and probably tell you if you have a question, who exactly where in the codification each of you need to go look. What I can't tell you is what's going to happen with this bill, whether it passes or fails this committee, I can't tell you. I've sat here and done enough research to even tell you how vaccines impact my kids or what it does to the body or how to maintain healthy. I go to my doctor. I see my doctor and the doctor and I make decisions together regarding my children, because what I do know is I know my children. I know how they breathe when they're sick. I know how they breathe when they're healthy. I know their regular body temperatures. I know what upsets their stomach. You can't even tell me the names of my children. And you couldn't have told me my name if I wouldn't have just said it here. And I can sit here just like every mother here and tell you that my child was also vaccine injured. But you don't need another story. You've heard those. I'm here to tell you, as the others as well, is that we need this bill to preserve medical freedom, the choice to make a decision on what is injected into our children's body and the body of ourselves. That bodily autonomy has to be maintained. That's our number one freedom that cannot be taken away is the choice to choose what I do to my body. And that should be without penalty as well. So I do not believe you as the government or anybody in government has the right to make a sweeping decision for the entirety of a population that would have grave consequences for certain individuals within that population. So that's all I have. Thank you.

ARCH: Thank you. Thank you very much for your testimony. Next proponent for LB643.

SAMMIE GARTON: Hello. My name is Sammie Garton, S-a-m-m-i-e G-a-r-t-o-n, and I come to you today as a mother of three, a public school teacher. And early on in my teaching, I learned that the attention span of most people is about one minute for every year of age, and we've certainly exceeded that here. So bear with us a few more minutes, but I'd like to start by just asking a real quick question. And that question is how many of us here are over the age of 35? I work with five- and six-year-olds, so I'm a pretty good guess, and I'm going to guess most of us are probably over the age of 35. And if you are unaware, in 1986 a National Vaccine Injury Act was passed and since then the vaccine schedule that is the standard American--

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the American Academy of Pediatrics standard vaccine schedule has more than doubled in size. And you and I as individuals over age 35 have more vaccines now, not with-- notwithstanding of annual flu shot than most six-month-old children. And I think that that's a really scary thing. And I think that Senator Hansen's bill today is a really smart bill for us to support because it allows parents to have that choice whenever something happens. And in this case of rather hastily introduced vaccine and-- and really not one that's even been approved yet comes down the pipeline, it allows parents the choice to say no, to say, hey, I want more time to look into this. I want to be able to make the best decision for my children. OK? I also want to go on record in case I run out of time that I am for sure opposing LB447. But as a parent, I feel like it is my job. It is my duty to take care of my children. And I don't have a sad story about vaccines for you. Thankfully, I started from the beginning doing a lot of research and doing a lot of thinking and not researching on the Internet and looking at Jenny McCarthy's blog as a lot of people have certainly accused me of over-- over the years, but doing some actual critical thinking. And I decided that my children are a gift from God and the way they have been. And it's my job to steward them. And supporting this bill is one way that I'm going to steward my children. And I would hope that all of you will take that into consideration and that you will certainly support this bill. And moving forward, you will continue to support the Medical Freedom Act, because our children are our greatest gift and it is our job to take care of them. Thank you guys for your time. I appreciate all you guys do for us. Thank you.

ARCH: Thank you for your testimony. Next proponent for LB643.

JULIE NULL: Hello. My name is Julie Null, J-u-l-i-e N-u-l-l. I'm a mother of six children, I'm a business owner, and I support medical freedom and I support LB643. I support the right of parents to make the correct decisions for their children. I support the mother who is caring for her vaccine-injured child and that she should not have to be subjected to continued forced vaccinations. We have experienced extreme government overreach over our lives this last year. How about we start treating the people who are sick, stop withholding medications from others? I'm actually going to a funeral tomorrow for an 80-year-old man who was sent home with a post monitor and told to come back when your oxygen levels are below 90 percent. Going to his funeral tomorrow. They didn't send him home with any medication. And

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no one should be forced to take a vaccination to have to feed their families or lose their job. I'm an employer and it is not my right to force that upon my employees. I totally oppose LB447. If the overreach like LB447 doesn't concern you, then we have elected the wrong people to be our voices. Thank you, Senator Hansen, for introducing this bill.

ARCH: Thank you for your testimony. Next proponent for LB643. Is there anyone else that wishes to testify?

KATHRYN DOLL: Thank you. My name is Kathryn Doll, K-a-t-h-r-y-n D-o-l-l. I had had a speech prepared, but after listening to everyone else, I'm going to make it a little more personal. My son was born in 2001. Back in 2001, we didn't have the Internet we have today so we could do our informed consent and research. And my son went from being a baby that would look you in the eye and-- and giggle to after a few more rounds of his vaccinations he would stare into space, just wouldn't look you in the eye. At that point, we knew something was wrong. It was obviously autism was the diagnosis that we came up with. And since then, I have done extensive research. Some people read books on weekends. I read medical journals, lots and lots of medical journals. And I can tell you that vaccines are the number one cause not only of autism, but of allergies, asthma, inflammatory diseases and retroviruses. I encourage you all to go and read some medical journals. The truth about vaccinations is out there. What we are being told is propoganda to sell vaccines. Our bodies, my body, these people's bodies are not for sale to big pharmaceutical companies. I would hope that you guys would all side on the side of caution and to side with freedom and the constitution on this. Thank you.

ARCH: Thank you for your testimony. Next proponent for LB643.

SCOTT STANGL: Hello, my name is Scott Stangl, S-c-o-t-t S-t-a-n-g-l. I am a proponent of this bill. Thank you, Senator Hansen, for-- for bringing it forward. It's a bill that is kind of a, you know, as other people have stated, do we really have to be this-- this forward in-- in proposing a bill like this? We've heard testimonies of, you know, constitution and our rights and such. And it's like this is, I mean, to me, it should be obvious to us that, that nobody should be able to dictate and mandate that we inject anything into our bodies. So why is this bill necessary to, to state the obvious? The-- I think it's

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necessary because we-- the current mood and the current atmosphere that is out there, there are people that are-- that are speaking such things, which-- which seems amazing to me that-- that we live in a day and age where people would think that, yeah, in order to do things or go here, be here, you have to inject something into your body. That discussion is out there. That talk is out there. And I, I really appreciate the forward thinking of this bill. And let's just put it to rest, all right? Let's just go on record. Let's have a bill, let's have a law that just-- that just lays it out that these things can't be mandated. Then, then we don't have to go through-- we don't have to go through the legal process. We don't have to worry about state getting sued and all the-- all these things. It just-- it just makes it easy and squelches the, the discussions that are out there. So, you know, I just would ask that you would be for this bill, put it out on the floor and just let's get it done and then we can move on. And it'll put a lot of people's minds at ease. And, you know, if people want to get the vaccine, they can. But-- but, you know, let's just have it on the books that we're not going to mandate that. That's not what we're about. That's what I ask. Thank you.

ARCH: Thank you for your testimony. Next proponent for LB643.

MARAH ARELLANO: Hi. My name is Marah Arellano, M-a-r-a-h A-r-e-l-l-a-n-o. I'm the mother of two little boys, a five-year-old named Jamison [PHONETIC], who's up to date on all of his vaccinations, and a 17-month-old named Tobias [PHONETIC]. While Jamison had a few wonky reactions to his vaccines, it wasn't anything more than expected. Tobias, on the other hand, was not so lucky. At four months old, he received a shot called PEDIARIX. It consists of a single shot that contains vaccines for diphtheria, tetanus, pertussis, hepatitis B and polio. By that night, he was high pitched, inconsolable, screaming, crying. This went on nearly all night and through the next day. By the next evening, I called his pediatrician's office bawling because I didn't know what was wrong with my child. They convinced me it was just a sleep regression and there was nothing to worry about. I watched my child, who was consistently meeting milestones early, regress. He stopped smiling at me. His personality was lost and he stopped doing many things that he was doing prior to that shot. I went back and forth with my husband on whether or not we should continue to vaccinate or to delay his next shot. But when I brought him in at his six-month appointment, I was bullied by nurses to force the same shot

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that I was-- that I felt terrible about to my core. I was watching my son like a hawk throughout the rest of that day and I didn't notice anything except him being a little bit more sleepy than usual. The next morning, as we were sitting on the couch, I noticed he was acting very strange. He almost seemed to be in a daze. I started taking a video to send my mom and as I did that, his eyes locked to one corner and his right hand almost periodically started to twitch. I realized he wasn't responding to me and after a minute he gradually started to come out of the state. I didn't know what just happened to my child, but I knew it wasn't normal. At this time. I noticed his soft spot bulging and I rushed him to his doctor's office. I tried showing at least two different nurses the video that I had taken, but I was brushed off and treated like I was crazy by the same women who bullied me into the vaccine just the day before. We left without answers. The next day the same thing happened. I called. They told me he was probably just tired. I watched the exact same regression that I had watched after his four-month appointment happen again. About a week later, I witnessed it. I witnessed it happen for the third time, this time with my husband by my side. I sent a message with the video to his doctor's office and fought for a week for them to refer him to a neurologist. His pediatrician agreed to send the video and we had an appointment within three days where the neurologist ordered testing, reviewed the video and diagnosed my child with seizures. The root cause of these seizures are still unknown. Not a single person wants to acknowledge the potential of vaccines being the cause. So my child has not been given a medical exemption. That means my freedom to choose what is best for my child is the only thing standing in the way of any further damage to my child's life or neurological health. If you take that right away from me, I'm the only one-- I'm the one that has to live with the vaccine-injured or even potentially dead child, not his doctor, not his neurologist, not his nurses, and certainly not you. If this were your child and you were only-- the only one advocating to protect them, would you be willing to take that risk? Because I am not. If you support LB447 and oppose LB643, then you are more of a threat to my child's health, well-being, and life than my healthy child will ever be to you. You were elected to be our voices, and I demand that you preserve my right to protect my own child and myself. Thank you.

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ARCH: Thank you very much for your testimony. Next proponent for LB643.

SARAH HOUSER: Sarah Houser, S-a-r-a-h H-o-u-s-e-r. You have heard many excellent testimonies today. I personally want to speak to one small part of the puzzle; namely, the notion that mandated health measures such as vaccines is based on science. My perspective comes from sociology, social psychology, and the philosophy of science. This connection is a case of mistaken identity. Science can tell us facts based on research, but science can never tell us our values. It's neither their role nor their skill set. Science exists to provide facts, and we choose our actions based on values, not to mention they aren't even good at facts. If you take an overview of science, there's vast cases of tunnel vision, omissions of suppression-- omissions and suppression of legitimate alternatives, logical fallacies including false choice, non sequiturs, failure to account for confounding factors, equating correlation with causation and reverting to fear tactics. The medical industry is biased. Speaking from a sociological perspective, bias is inherent in any institution, and medical industry is no exception. It may be unconscious bias, but it's easily co-opted for intentional corruption. There are plenty of factors which many of my fellow testifiers have mentioned that could reasonably be conducive to intentionally biased influence on medical industry decisions and directives. This story, this is not theoretical for me. I am a 41-year cancer survivor, which I am grateful for. But it was not without collateral damage. Some of the medical snafus that occurred to me then and-- and ever since I had surgery without anesthesia based on faulty logic, contributing to lifelong mental health challenges for me. I was lied to about whether an organ was removed from my body and I did not find that out till about a year ago. My husband was bullied into receiving a vaccine for a superficial injury resulting in a vaccine injury. I could go on and on. Others will surely have shared larger trends and statistics. But this happened to me and my family and could happen to you. I want you guys to preserve my right to choose whether a researcher's definition of safe and effective fits my values. Look closely at how that is, how those terms are defined in science and make sure that science stays in science and values stay in values. Thank you.

ARCH: Thank you for your testimony. Next proponent for LB643.

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BEN STANGL: Good afternoon, members of the committee, esteemed Senator Hansen. My name is Ben Stangl, B-e-n S-t-a-n-g-l, and I am a mechanical and nuclear engineer from Fort Calhoun. Thank you for hearing my testimony today and for accommodating all of us. I really appreciate that. I'm going to abridge what I had written down to read from so I can look at you face to face. This bill has been hailed as a proactive and preventative bill for what-- what hasn't occurred yet. But the temperament in our society is that there could be and talk of a mandate for a vaccine. We've already seen mandates ensue in other places. At the very onset of what we're seeing today, there have been opposition to mask mandates. And Nebraskans are not naive. We've-- we've witnessed the gluttonous overreach of government that ensued with lockdowns of small businesses, nonessential livelihoods being taken away, churches being shut down, other risque businesses being allowed to stay open, education postponed, as well as life-saving medical practices that have been also postponed so that-- so that we can address COVID instead. Those things happened and those things were mandated. A vaccine mandate is not-- is not an illogical next step. Mandating vaccines is a very-- the very next step in this assault on and passage of LB643 is prudent. I have a whole page of my own testimony, but personal health stories are awkward and also boring to me. So I won't bore you with more of those. But I will talk about my grandpa, Grandpa Merle [PHONETIC]. He was allergic to penicillin, which had been hailed as a wonder drug, quoting from The Washington Post, which goes on to say, in a July 11 article from last year: As researchers around the world chase a vaccine and treatments for the novel coronavirus, the quest echoes the race to mass produce penicillin in the United States and Britain during World War II. It was not a conflation by The Washington Post to compare the COVID vaccine to penicillin. Had penicillin been mandated, that could have proved fatal to my grandfather. I have an aunt who went mentally handicapped after her-- immediately after her two-year booster vaccination. Myself has had complications as well, and my children are in a similar vulnerable position. So pass this bill not just for me and my genetics and others here, but for everyone to retain their personal choice. I support the liberty to receive or decline a vaccination, but to mandate it for me and my family is as impactful as a matter of life or death to us. Thank you.

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ARCH: Thank you very much for your testimony. Next proponent for LB643.

TONYA CLOYD: Hi. My name is Tonya Cloyd, T-o-n-y-a, last name is C-l-o-y-d. I was not going to make it today, but I did because of the weather. Our school was shut down. So here I am. I just wanted to make a few points. I'm kind of going to be all over the place. But I got into this whole movement because our-- our firstborn, she's seven now, but she almost died from a vaccine injury when she was a year. She ended up having a contraindication to a vaccine, which at that point I was super pro CDC. I followed the vaccination schedule like, I mean, you couldn't believe it, how pro that side I was. And so to have this happen was like this slap in the face. But I'm so thankful that the Lord woke me up that way and realized it was so much pride. And-- and I just broke down and-- and just learned so much that I wasn't willing to look into before. So once that happened, I said, you know, vaccines are safe and effective. This is all I've ever thought. Like, what do you mean there's contraindications? You know, what do you mean death is-- can be a result of this? Like there's vulnerable populations then to these vaccines. And so that-- that could literally die from being vaccinated. So if you are mandating vaccines, you're mandating death to some people, whether, I mean, that's just, period. That's-- that's wild. So please don't be for mandating vaccines because you're literally going to mandate death to some people I met with Senator Hansen. I want to thank you because I saw this coming. I have been, like I said in this movement for six years. I saw what they did to California. I saw what they did to New York. And so I did meet with him and I said, we-- we-- I just want you to know this is coming for every state. This is coming for every state. They want to take away our rights to decline a vaccine or to space out vaccines to skip even one vaccine. So to just we need to be proactive and we really do because I-- like do not California or Nebraska, like this is Nebraska. Please don't do that. The CDC is not my doctor. It is, you know, vaccines are not my savior. I've seen a lot of mockery. A thing that said in vaccines we trust, which is obviously a mockery to in God we trust. As a Catholic, vaccination is not a rule of moral obligation and therefore it must be voluntary. If you do not allow it to be voluntary, if you wanted to mandate vaccines, then you're in favor of segregation, isolation, discrimination and total banishment from society based on someone's unwillingness. Last thing is, let's see, if

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you're willing to give up your rights during a crisis, someone will create a crisis in order for you to give up your rights. So I just think this bill is such a good thing to have in place. It'll just be the law. We can be done with it. Two more things with our liability-free products, they've never been tested on impairment of fertility, carcinogenesis, or mutagenesis. For COVID-19, the animal studies were not even complete. And Melinda Gates said that they wanted to start vaccinating people of color first. So that's a huge red flag. Like to skip, safety studies have no long-term effects and to know that we're going to start with people of color, like this is red flags. We just need to stop all of this and have a law in place.

ARCH: Thank you for your testimony.

TONYA CLOYD: Thank you so much.

ARCH: Thank you.

TONYA CLOYD: Thank you for [INAUDIBLE]

ARCH: Next proponent for LB643.

DONNA STELL LANE: Good afternoon. I'm Donna Stell Lane, D-o-n-n-a S-t-e-l-l L-a-n-e, and I want to thank you for your time. I just wanted to bring in the rear and say you've heard everything ad nauseum. What more do we need to understand that this is what we need in this state? I moved here because I believed in Nebraska. Don't let me down. We need this bill. Thank you for your time.

ARCH: Thank you for your testimony. Other proponents for LB643. Seeing none, are there any opponents for LB643?

MICHELLE WALSH: Chairman Arch and members of the committee, my name is Dr. Michelle Walsh, M-i-c-h-e-l-l-e W-a-l-s-h. I have been a pediatrician here in Lincoln for more than 22 years. I am the current president of the Nebraska Medical Association, testifying in opposition to LB643. The NMA has serious concerns over the drafting of this bill, its intent and the message that it sends for public health, and how this bill, if adopted, would be reconciled with existing vaccination requirements already in state law for schools and childcare centers. The way the bill is drafted, applying during a public health emergency or any time thereafter leads us to interpret

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that this bill as applying in perpetuity following the end of the current COVID-19 public health emergency or any other public health emergencies in the future. Nobody knows what the future holds and the NMA believes the application of this bill could limit future responses to public health emergencies. We believe this piece of legislation is a slippery slope to the state to adopt and would signal that Nebraska's unprepared or unwilling to react to public health needs. Currently, in Nebraska law, there's a requirement for children attending schools and licensed childcare centers to be immunized with limited exceptions. We have serious concerns that LB643 would be contradictory to these existing policies and would allow for parents to opt out of immunizations for no sincere reasons, even though the current pandemic has nothing to do with the standard immunization panel children now receive. If this bill were adopted, it would result in an increase in preventable diseases that children currently are immunized for and substantial drop in immunization rates. This would be, in effect, raise the risk of future types of preventable disease outbreaks, which have been under control for decades. It would then be extremely likely that we would be in a perpetual state of public health emergency with the state's hands tied and unable to react or eradicate the spread of disease due to LB643. Vaccines are not 100 percent effective. We must rely on herd immunity to prevent disease outbreaks. Already as many people have decided to not immunize their children, we are starting to see more outbreaks of measles, mumps, whooping cough, which are all known to kill. I would like to take you on a short walk in history. My dad's best friend, Marvin, [PHONETIC] was partially paralyzed from polio. He used to give me wheelchair rides as a child. He died at age 41 from pneumonia since his weakened muscles from polio couldn't fight it off. My husband's first cousin, Regina, [PHONETIC] is partially paralyzed on one side due to polio. This was not [INAUDIBLE] history. She's still alive. We don't see polio because of vaccines. Even when I was working in Kansas City, there were a lot of rural families that were not anti-vaxxers. They just didn't understand why you would go to the doctor if you were not sick. Often I would see these beautiful unvaccinated children come to the hospital. If they left the hospital alive, they would be neurologically devastated and would never be able to walk, talk, or live without assistance. This is preventable and more lives do not need to be lost or devastated. Additionally, I respectfully ask you to reflect on this past year, the pandemic. Think about the disruption

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this outbreak has caused you and the people you care about. This bill would allow a continued state of disease even when we have the means to stop the disease but choose not to. The unintended consequences of this bill will perpetuate the current states of unemployment, preventable health, social, mental, physical health and all of the above. We've already lost almost a half million people to COVID in the United States alone. I urge you to not advance LB643 from the committee. Thank you for your time.

ARCH: Thank you for your testimony.

MICHELLE WALSH: And if you have questions, I'm happy to take questions.

ARCH: Thank you. Other opponents for LB643. Is there anyone that would like to testify in a neutral capacity for LB643? Seeing none, Senator Hansen. While you're coming up, I would indicate that we received written testimony this morning for LB643. There were two proponents: Jessica Vogel, Stacey Skold; three opponents: Spike Eickholt of the American Civil Liberties Union, Julie Erickson, the American Cancer Society Cancer Action Network, and Cora Schrader for the Nebraska Nurse Practitioners. There were no neutral. We also received 33 letters for the record of proponents for LB643. You may-- you may close.

B. HANSEN: Thank you. I'll be sure to take my time. I think we struck a chord and that was just remember mentioning this to the HHS Committee not too long ago about whenever we decide to make a law or get rid of a law we're almost always going to hear about the lobbyists that the industry affects. But I think what matters more is listening to the people that actually come and drive an hour or two or longer to come testify and share their thoughts. I think it speaks volumes about what we're trying to bring forth here. And first [INAUDIBLE] say thank you to the committee about spending your time here listening to the testimony, I walked out there and talked to a lot of people out there, and they were just as grateful of introducing the bill as they were of you sitting here listening to them. It was pretty important to them, actually. A lot of them mentioned that. And you did hear from a variety of arguments from a variety of people with different backgrounds and education and reasons to oppose mandatory vaccines. Many shared relevant data and research, personal stories, reactions,

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observations. And I think we need to take this to heart. And that might also speak volumes about the necessity of this bill. And I just want to reiterate one more thing, that our goal with this legislation is not to limit one's ability to get a vaccine, just to protect one's right to not get one. That's-- that's-- that's the goal and the essence of this bill. And look at what we have learned as a Legislature from what happened last year. Look at how fast our government moved; the-- the approach to government overreach; the ability and power of the government to react to an emergency, how fast that was. And we have-- I think Senator Williams brought up a good point earlier about the necessity for this bill and why we're introducing it. But we have introduced other legislation this year in response to last year, whether it's protecting the right of tenants to stay in their homes, SNAP benefits, our Second Amendment rights, business protections. This is just one of them. And I heard from one of the testifiers, some other people where Senator Cavanaugh's at. And I just got to say she is engaged in this. For the record, she is in her office. She was listening. This is important to her. And so just as we have a right to choose to wear a mask, she also does too. But she is engaged with this. And-- and so I just want to make sure that's on the record, that she is here listening. And just in closing, I just want to say, where are we going to be at as the Legislature during the next emergency? This last time we were at home. We didn't have time to come up here and legislate if we thought something was important to protect the civil rights and the liberties of our citizens. So during the next emergency, where are we going to be at? That's why it's important to look at this now. When I talk about being proactive, that's what I mean. And I'm hoping we can take that to heart, discuss this a little more, because sometimes we only have ten days to introduce legislation and this might be the right time and strike while the iron is hot to protect our liberties. And with that I will close. Thank you very much.

ARCH: Thank you. Are there any questions for Senator Hansen? Seeing none, thank you very much.

B. HANSEN: Thank you. I appreciate it.

ARCH: This will close the hearing for LB643. The committee is going to take a 15-minute break before hearing LB447.

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[BREAK]

ARCH: We will now open the hearing for LB447. Senator Cavanaugh, you may open.

M. CAVANAUGH: Thank you, Chairman Arch and members of the Health and Human Services Committee. I have good afternoon written down, but I guess it is now good evening. I am Machaela Cavanaugh, M-a-c-h-a-e-l-a C-a-v-a-n-a-u-g-h, and I have the privilege of representing District 6, west-central Omaha, here in the Nebraska Legislature. I'm here today to introduce LB447. I would like to begin by stating why I was not here for the previous bill and why I will not remain in-- to the end of the hearing-- this hearing as well. When I do not feel comfortable remaining in hearings due to the behavior of individuals in the hearing room, I always watch the hearing from my office, as has been the guidance given to senators. I'd like to let the committee staff and pages know that I am very sorry that they are not afforded the same opportunity as I am to excuse themselves from what is deemed a dangerous situation by the healthcare community. No one should have to sit in here and risk their health because of the ill-advised choices of other individuals. The goal of LB447 is better recordkeeping regarding immunization records of children. This bill requires the Department of Health and Human Services to maintain a database for immunization records to be accessed by childcare centers. We know this database as the Nebraska state as-- sorry. We know this database as the Nebraska State Immunization Information System or NESIIS. It also requires childcare centers to gain access to the database to enter immunization information or a copy of an exemption. Currently, childcare agencies by law required-- are required to report immunizations and exemptions to the Department of Health and Human Services annually. They can do this by mailing in copies of documents. With the passage of LB447, childcare centers will be able to directly upload documents and input information. Currently in statute 71-1913.01 of the Child Care Licensing Act, there are two exceptions allowing families to forgo vaccinating children. One is the medical exemption that remains unchanged in LB447. However, LB447 does remove the personal reason for exemption, and numerous individuals and religious-- religious groups have voiced concern about removing this exemption. Therefore, I am offering the committee AM109 which, I apologize, I should have passed out at the start-- to put AM109 to put language in the bill for religious exemption that aligns the Childcare

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Licensing Act with the school immunization statute. This amendment allows a parent or guardian to state that immunization conflicts with the tenets and practice of a recognized religious domination [SIC] of which they are a member or with the previous religious belief of the parent or guardian, their personal religious beliefs, sorry, not previous. LB447 does not change the immunizations that a child is recommended to enter that child day care or school. LB447 does not address the COVID-19 vaccination in any way. Let me restate that, that LB447 does not change the recommendations and requirements for vaccinations or timing of vaccinations for childhood immunizations. The goal of LB447 is better recordkeeping regarding immunization records of children. I'm sure you have already heard much testimony today in opposition to the bill without the amendment. I ask you to advance LB447 with the amendment of 109. I would also like to take a moment to thank our committee colleague, Senator Ben Hansen, for his remarks at the end in his closing of his previous bill. I was watching and I care very deeply about every bill that every senator brings, especially in front of our committee. And I take it very seriously to listen to the people of Nebraska when they come and testify before HHS. So thank you for your acknowledgment, Senator Hansen, and for being a great colleague. I would like to take another moment, Pat Lopez from the local health department here in Lincoln-Lancaster County had submitted testimony. And I'm going to try to quickly read it into the record before taking any questions. Good afternoon. My name is Pat Lopez and I'm here today representing the local health directors. We are in opposition to LB643. Nebraska is in the midst of fighting COVID-19, the biggest pandemic of our lifetimes. As of yesterday, 192,549 Nebraska children and adults have tested positive for COVID-19; 5,800 have been hospitalized; and 1,952 have died from this disease. COVID-19 has also greatly impacted our economy and our lives in many other ways. Our greatest hope to stop the damage and destruction caused by this disease are vaccines, which were just released for use in December. So far, Nebraska has administered 198,194 vaccinations, which is about 3.7 percent of our population. It is estimated that we need to get 75 to 90 percent of the population vaccinated to stop the ravages of COVID-19. If we do not achieve that level of vaccination, we will continue to deal with outbreaks and clusters of COVID-19 that will disrupt businesses, schools, businesses and government operations. We are in a battle for saving Nebraskans' lives and our way of life. Yet here we are at a hearing before the

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Health and Human Services Committee debating personal liberty and mandatory vaccination. Few measures in public health can-- can compare with the benefits of vaccines, both in terms of illness, hospitalization and death and in terms of economic benefit to society. In 2014, the U.S. Centers for Disease Control published an article in the Morbid-- Morbid-- I always have trouble with that word-- Morbidity and Mortality Weekly Report documenting the benefits from immunization during the vaccine for-- Vaccines for Children program between 1994 and 2013. For children born in those years, vaccination was estimated to prevent 322 million illnesses, 21million hospitalizations, and 732 deaths over the course of their lifetimes and a net savings of \$295 billion in direct cost and \$1.3 trillion in total societal costs. Clearly, mandatory immunizations has been a highly effective tool for improving the health of children and saving trillions of dollars in costs. Vaccines protect more than the vaccinated individual. They protect society as well. When immunization levels in a community are high, the few who cannot vac-- cannot be vaccinated, such as those too young for vaccination and those with a suppressed immune system, are protected because they are surrounded by vaccinated persons and do not get exposed to the disease. In essence, this is what herd immunity is about. Vaccinations have effectively curbed the spread of several deadly infectious diseases in the United States. Vaccine are cost effective tools for protecting children, college students, and adults against serious potential fatal diseases. The immunization of a majority of children has been achieved through school and childcare entry requirements, which have been shown to reduce the rates of disease. One of the core responsibilities of public health is to protect the health and safety of its citizens. Mandatory vaccinations are necessary to maintain public health, to prevent illness and death, and to ensure a robust school system and economy. Thank you. Again, that was Pat Lopez from the Lancaster County Public Health Department and just wanted to make sure that her letter was read into the record. And I will take any questions that the committee has about LB447.

ARCH: Questions from the committee?

M. CAVANAUGH: Yes.

ARCH: I have one, so I'm just taking a look here at AM109 for the first time. And-- and I see that you are reinstating (c), which is a written statement that the parent or guardian does not wish to have a

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child so immunized and the reasons, therefor. But then you are inserting after that a clause regarding religious exemption. Does that-- am I-- am I understanding that correctly?

M. CAVANAUGH: Yes. So-- so the original language strikes the-- a written statement for a parent or guardian who does not wish to have it. So they-- it reinstates it so that it can change it to be in line with what we have for schools.

ARCH: OK, so--

M. CAVANAUGH: So this language is-- the language here now, the affidavit, et cetera, from line 3 to line 8 is what is in statute currently for schools, vaccinations.

ARCH: OK, so-- so it not only reinstates it, but it adds some language. So I guess my question is, what is-- what is reinstated talks about the parent or guardian does not wish to have such a child so immunized and the reasons therefor, but it doesn't specifically explicitly say religious exemption. But here-- here it-- it would say the reason therefor would be religious exemption.

M. CAVANAUGH: Yes.

ARCH: Is that-- was that your intention with it, with this amendment?

M. CAVANAUGH: Yes. Because the previous amendment, the childcare, they never have religious exemption because a parent could just exempt themselves. So there wasn't a need for religious exemption. This puts, for the first time, puts religious exemption in there. So it's not a full parental exemption.

ARCH: OK.

M. CAVANAUGH: It's actually a religious exemption.

ARCH: OK, that was my question.

M. CAVANAUGH: Yeah.

ARCH: So-- so the only reason that a parent then could say I don't want my child immunized is a religious exemption.

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M. CAVANAUGH: Or medical.

ARCH: Or medical. That's right because--

M. CAVANAUGH: In a license--

ARCH: --that didn't--

M. CAVANAUGH: --in a licensed childcare facility.

ARCH: OK.

M. CAVANAUGH: So if-- if you want to keep your child at home or in a in-home childcare or other settings,--

ARCH: OK, thank you very much--

M. CAVANAUGH: --you wouldn't need any of that.

ARCH: --for that clarification. Any other questions from the committee? Seeing none, thank you very much.

M. CAVANAUGH: Thank you.

ARCH: You'll come back and close?

M. CAVANAUGH: No.

ARCH: No.

M. CAVANAUGH: I, well, probably not.

ARCH: OK. All right. OK, thank you. Are there proponents for LB447? Welcome.

MICHELLE WALSH: Thank you. Chairman Arch and members of the committee, my name is Dr. Michelle Walsh, M-i-c-h-e-l-l-e W-a-l-s-h. I'm a pediatrician here in Lincoln for more than 22 years, and I'm the current president of the Nebraska Medical Association, testifying in strong support of LB447 to strengthen immunization data collection in state-licensed childcare centers. And one thing I'm going to add before all of this, I would like everyone to know that more than 97 percent of Nebraskans vaccinate your children, their children. So

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you've heard from a very, very vocal 3 percent, less than 3 percent of people throughout this day. So please keep that in mind when you're hearing your testimonies. This bill is a product of a coalition of medical professionals and healthcare organizations that came together to examine immunizations practices and data in the state after we notified-- noticed an increase in immunization exemptions being claimed in the state school system. Vaccinated children pose much less risk of spread of disease when enough children are vaccinated to provide herd immunity. For example, the measles vaccine is approximately 98 percent effective, which means approximately 2 out of every 100 vaccinated children can still contract measles if they're exposed. Measles is so contagious that nine out of ten people in a room will get measles if they are not immune. And that spreads very quickly there. Already we've seen outbreaks of measles that will continue to increase and cause more public health problems as children go home and spread their illnesses to family, friends, neighbors, grandparents, etcetera. Children are not good at isolating. They often do not know to sneeze or cough in their elbow. The spread in daycares is much easier than in other settings, when they're putting things in their mouth all day, the next child put that thing in their mouth. They wipe their snot on whatever available surface they can find. Therefore, it's very important for these children to receive their immunizations. And having accurate immunization data coming from state-licensed childcare centers, data which is already a requirement of each state-licensed childcare facility, will allow public health officials to see trends and rises in nonimmunized children early on in our childhood population. The changes in this bill will streamline that process for those childcare providers and will allow DHHS to collect that data in a usable, reliable format, saving time both for the childcare providers and the staff that DHHS is overseeing at work-- during its work. When we met with representatives from DHHS, we were informed that there was currently incomplete data being submitted for some of these children where they were given dates before that the child was even born, which was obviously not accurate at all. Childcare providers do not want these-- their businesses closed down from a preventable disease outbreak, nor do they want other children exposed to them when there's-- unless-- when they have medical reasons preventing them from getting their vaccines. Therefore, these childcare facilities would benefit greatly from this bill, knowing that they are providing a safer place for children. The rise in

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philosophically based immunization exemptions claimed across the country are an unfortunate byproduct of the emergence of incredibly misleading information online, and Nebraska is not insulated from this problem. Not uncommonly. I have moms that will decide how to vaccinate their kids just by Facebook or something else. They don't base it on any research at all. And in a year of pandemic, our hope is that we can see some strong public policies regarding this vaccine. The statute needs to be modernized just to streamline this data so we can [INAUDIBLE] processes and put guardrails in place for the vaccine's exemption to reduce the potential for preventable disease outbreaks that would drastically affect these young, vulnerable children, the people that these children expose on a regular basis, and the businesses that provide for them.

ARCH: Excuse me for just a second. I'm going to have to ask you to stop. The red light is on. Are there any questions from the senators? Senator Walz.

MICHELLE WALSH: Yes.

WALZ: I'm going to finally open my mouth and talk for a minute. No. I just have a question regarding the current vaccinations that we have, that we've had for years and years and years--

MICHELLE WALSH: Yes.

WALZ: --just because I don't know the answer to this. Are we constantly studying the effects of those vaccines and how to make those vaccines better if they could be? I just don't know the answer to--

MICHELLE WALSH: They always constantly looking at the vaccines like we used to have the Prevnar, the pneumococcal vaccine that covered against seven strains of pneumococcal, which causes everything from pneumonia, meningitis, that type of thing. And then they bumped it up to 13 and then there will-- it in Canada and other places have a 17 strains. So there's always looking at trying to see is there other ways to prevent infection, prevent death, and prevent kids from dying? And keep in mind the kids are around the grandparents. When they started recommending vaccines for flu for children six months and older, it wasn't just the children that benefited from that. It was

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the parents and the grandparents is what we saw a huge benefit for them. When we introduced the Pevnar vaccine, again, it was the parents and grandparents that also benefited because it was less disease in those age populations too.

WALZ: OK. All right. Thank you.

ARCH: Thank you. Thank you. Thank you very much for your testimony.

MICHELLE WALSH: Thank you.

ARCH: Are there any more proponents for LB447? Are there any opponents? Since some of you have not been in the room previously, I want to just-- I want to reiterate some of the-- some of the guidelines that we're using for the hearing today. And that is that when you come up to the table, please state your name clearly and spell it before you begin your testimony. We are going to observe a light system here. And we are-- we are limiting testimony to three minutes for everybody because we have-- we've had a lot of people that want to talk. We want to make sure we get-- give everybody a chance. We-- I think out in the hall, it was-- it was mentioned to you that there's an option to also sign a white sheet that would indicate your name, that would indicate that you were here, and it would also state your position. And with that, we would ask the first proponent, or I should say, excuse me, the first opponent for LB447 to please come forward. They'll be cleaning the chair in between-- in between testifiers as well. So I'll just pause for just a moment, but they're awfully quick. Welcome.

KANE MALY: Do I say my name now?

ARCH: Your name and spell it for us.

KANE MALY: Kane Maly, K-a-n-e M-a-l-y.

ARCH: Thank you.

KANE MALY: My name is Kane Maly. I already told you this, but I'm a 15-year-old who is currently studying at Lincoln East High School and I have come here to oppose LB447. I know it might seem a little weird for a 15-year-old student to be giving a speech rather than taking their teachers' lectures. But I'm here because I believe in a very

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simple truth. I believe that the rights outlined in our Constitution should never be infringed by those in the government. And that's what I believe LB447 does. It violates a parent's rights to choose to exempt their children from mandated immunization. Only a few days ago, my mother mentioned this bill and its contents, saying that parents may lose their ability to choose what vaccinations their child can take. I looked at my mother and I asked, are there new vaccinations that are required by law for you to take? She responded, no, the government cannot require that I take a vaccine like the flu vaccine or shingles. I then replied, how is it that you as an adult are free to choose for yourself, but not to choose for your children? Why should the government tell you as a parent what is best for your child? Parents make many decisions for their children before they are even born and every one of them is with the child's life changing for the better in mind. These can include decisions like what hospital they're born at, their diets, or what the doctors are, what schools they go to, and why should this vaccine be any different? Parents have entrusted in every aspect of their child's life to choose what is best for them. No parents would willingly choose to make their child's life worse. And that's why I believe LB447 is wrong. It is wrong for that government to interfere with a parent's plan for their child's health. It is unconstitutional for LB447 to abolish exemption from immunization. And it is wrong for that state government to dictate to parents what is best for their children. Parents know their children better than anyone else possibly can. It is illogical for those in the government to mandate what they think is best for children. Removal of exemption is removal of choice. I oppose LB447, and I say that we must allow parents to willingly make those choices for their children without government interference. Thank you for your time.

ARCH: Thank you for your testimony. Next opponent for LB447.

ALLIE FRENCH: If you guys don't mind, I'm going to go next. The baby will be quiet. She loves it when you people talk. It just gets her going. All right.

ARCH: I see she likes phones too.

ALLIE FRENCH: It works for now anyway. Anything Mom likes, she likes too. My name is Allie French, A-l-l-i-e F-r-e-n-c-h. And I didn't mention earlier because it really shouldn't matter, but I think in

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this case it really does. I am also the founder and leader of Nebraskans Against Government Overreach. We have grown from not existing in April to over 5,000 members today and it's continuing to grow. We'd probably be closer to 20,000, but I very thoroughly vet our members, so it goes very, very slowly. And today what we're looking at with LB447, in our opinion, is a government overreach. We don't tell people that unvaccinated children should be kept out of public schools, even daycares. It doesn't matter. We all have the right under the Omaha charter, likely the Lincoln charter, the Nebraska State Constitution, the U.S. Constitution, to all have free access to public. And we don't discriminate on people because they don't agree with something, especially when it's vaccines. If you have a desire to keep your kid away from unvaccinated children, then you have to make alternative arrangements, just like Senator Cavanaugh, who is afraid of people who are absolutely healthy and happy and, as you can see, doing very, very well. You make special arrangements, but you don't get to take the rights away from others to quell that fear from a lack of supposedly perfect vaccines. If you don't have something, you can't spread it. If vaccines work, then you're protected. You don't need to be protected from people who aren't. And if illnesses come from healthy, unvaccinated children, why are we constantly and all-- I dare you to find me an outbreak that originated from an unvaccinated child. It doesn't exist. But you didn't-- but you know what does exist? Dozens and dozens and dozens of outbreaks across this country that always originate to a vaccinated person. And the greatest ways to tell is to look at the Navy ships. All of them are vaccinated. In 1986 when Reagan passed the law to force all military personnel to accept whatever vaccine the government deems necessary for service, they're all vaccinated. There's very rarely an exemption for military personnel, and yet their naval ships constantly have outbreaks, constantly. They all get vaccinated for the flu, still have flu outbreaks. All get vaccinated for the measles, still have measles outbreaks. And, you know, the other thing is getting sick isn't bad. Did you know that if you get the measles, you actually reduce your risk of cancer? You reduce your risk of allergies. You also get lifelong immunity without the harsh effects of a vaccine that might kill some people. Some people are lucky. They get through it all right. That's why we have to allow people to have the choice for themselves. Thank you.

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ARCH: Thank you for your testimony.

ALLIE FRENCH: Absolutely.

ARCH: Next opposition for LB447.

PAULA WILLIAMS: Hello again. My name is Paula Williams, P-a-u-l-a W-i-l-l-i-a-m-s. I know we're in Lincoln, but I went to junior high and high school in Omaha. I went to Christ King and Omaha Marian and UNO, and I wasn't Catholic when I went to school there and I wasn't Catholic when I left. And I find it quite alarming that this new amendment that has just been added in and I was able to overhear conversation that Cavanaugh had and Senator Arch asked some clarifying questions, which was that the language that she is striking is now going to be limited scope to only religious exemptions, that you must now belong to a recognized religious denomination. I don't subscribe to any religious denomination, and there are many people that do not subscribe to religious denominations and that should not prohibit them from receiving their-- from expressing their full right to-- to-- to not vaccinate their child and enabling them to receive childcare. I also find it really moving and telling that in this room and Allie French as an example, are mothers who are speaking, who are telling you about their children who have suffered vaccine injuries, mothers who are crying, whose heart is breaking in front of you, telling you their experience with injury, with vaccines. That breaks my heart. And I was moved to tears earlier because there is a reason that the Supreme Court in 1986 said that vaccines are unavoidably unsafe. That was how they-- the vaccine manufacturers were able to get liability because the Supreme Court said, well, of course they're unsafe. They are unavoidably unsafe. Therefore, we must double down and re-- and support and uphold everyone's individual right to assess risk for themselves, to be able to make their own choices for what they know to be right in themselves, and to not fear that they won't be able to have childcare, that they won't be able to receive an education for their children, and that they won't be able to lose their jobs. I mean, we're not ignorant here. We understand how this is now moving into adult mandated vaccines. So I vehemently am opposed to LB447 and I hope you are too. Thank you.

ARCH: Thank you for your testimony. Next opponent for LB447.

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ADAM FOGARTY: Hello, everybody.

ARCH: Welcome.

ADAM FOGARTY: My name is Adam Fogarty, first name Adam, like Adam in the Bible, last name Fogarty is F-Frank-o-g-a-r-t-y. I'm here to stand in opposition to LB447, taking a day off work. Nobody's paying me to be here. I'm not a funded lobbyist like people on the other side of this issue are. I'm like all of these other people. I'm just a person who comes from a community of people who has their own ideas about how we should take care of our own bodies and our own children's bodies. We tend to be successful. We tend to be healthy. We tend to actually kind of wonder why other people aren't trying to be more like us, tell you the truth. But we're not the ones forcing our ideas on people now either, you know. What we do for ourselves works. I'm 46 years old. I don't think I look that old. I'm a very healthy person. I'm extremely health conscious. I do not believe in vaccines as a-- as a-- as a safe or an effective medical intervention. What Senator Cavanaugh is doing is diabolical. She is taking a dagger shot at the heart of my community. And doing this at the last minute, she's essentially attempting to eradicate the 79-221, which states-- my phone's on low battery and I only have so much time so I'm just going to read the part that matters. It states: An affidavit signed by the student or if he or she is a minor by a legally authorized representative of the student, stating that the immunization conflicts with the tenets and practice of a recognized religious domination-- denomination of which the student is an adherent or a member of that immunization-- or that immunization conflicts with the personal and sincerely followed religious beliefs of the student. Had we known that she was going to put a red X through that last sentence, we would have had about how many more people here today? And she did that at the last minute. That's diabolical. It's unfair. It doesn't give us a chance to argue our-- our case. And we're hoping that you guys will stand in our corner and not allow her to get away with that.

ARCH: Thank you for your testimony. Next opponent for LB447.

COLLEEN FOGARTY: I'm Colleen Fogarty, C-o-l-l-e-e-n F-o-g-a-r-t-y, and as I testified before, I'm a retired RN. I did tell you that I had spent 18 years in pediatric intensive care, but my total time to be an RN was 43 years of which I spent time in a recovery room in the heart

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cath lab and so I've seen a lot. But what I'm going to focus on now is to finish my story about when I volunteered to take the smallpox vaccination and had that adverse reaction that I talked about earlier. And when I tried to report it, no one would believe me. I had to go to multiple people in the hospital, but they were all trying to blame it on anything but the vaccine, even though we had been promised that they would take care of us if we had a reaction. And when it came time to try to inform the CDC, I met very deaf ears. So you can see that I don't always trust the statistics that come out of the CDC because they don't collect the data. And I know that from personal experience. I also know that from talking to many RNs who were in ER with children coming in, having seizures after vaccinations and not-- and again being on deaf ears. My own great-niece had a profound seizure after her vaccination. Luckily, she is OK, although occasionally she'll still have a seizure. My other concern about stating that these vaccinations help keep children in school was my own precious grandson. The end of the story is OK. He is fine, but he woke up after his vaccination and he was urinating pure blood, frank blood. Well, we hoped it was a bad infection. It was not. There were no bacteria cells in his urine. Upon further examination, it was his kidneys. And the next day his joints were all swollen. He walked like a little old man. And with steroids and with a lot of love and a very special diet and keeping him out of school and taking care of him, he did-- he did do OK and did not have to have kidney transplants, which was one of the things that was going to be on the table. And they directly stated it was either from a virus or the vaccination and he had not had a virus. So I'm assuming it was the vaccination. They are not safe. Do not mandate that our children are exposed to these. Let adult parents make these decisions. Thank you very much.

ARCH: Thank you for your testimony. Next opponent for LB447.

RAEGAN HAIN: Say good evening. My name is Raegan Hain, R-a-e-g-a-n, last name Hain, H-a-i-n. Thank you for those of you who are here in person this evening. I was hoping it would be afternoon, but I appreciate seeing your faces and I hope you appreciate seeing mine. I'm a resident of Seward County, Nebraska, and I am here in response to LB447. As a parent of two small children, I am adamantly opposed to this legislative bill for multiple reasons. Sorry, I might get a little choked up. I've read this about a million times. As a parent, it is my responsibility to be an advocate for my children. That

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responsibility comes with many daily decisions that affect their future. As a parent, one of my many duties is to make responsible decisions related to their health and wellness. It is my right as their parent and as a United States citizen to determine what should and should not enter their bodies. We live in a democracy where parents are given the choice to vaccinate their children. I would like to make it clear that I am not anti vaccines, but I am pro choice when it comes to allowing parents to make those choices for their children based on their own personal beliefs and their value systems. The health department and the government should not be able to implement policy that forces us to vaccinate our children if that is against family's wishes. It is deeply concerning to me that the following statement was originally removed from LB447, Section (c), a written statement that the parent or guardian does not wish to have such child so immunized and the reasons therefor. My understanding is that there has been an amendment made to this bill stating that I could provide a religious exemption. That's not sufficient. Religious exemption or not, I am my children's parent. I should be able to make that choice for them. The statement is horrifying to me as a parent. It also says that other diseases the department may from time to time specify based on then current medical and scientific knowledge. This is loose wording and would allow health departments and medical professionals the ability to make those decisions for my family based on current medical and scientific knowledge. I'm a huge proponent for scientific research as I work in the medical field. I read research articles for best practice on a regular basis in order to advocate for my clients and their families. I understand how research is conducted and what makes a research study valid or invalid. I also understand that current research on many vaccines takes years to fully understand the side effects and implications that they have on the health and wellness of humans. In light of the COVID-19 pandemic, the vaccines that have been approved for emergency use and the current list of side effects, I would not accept any of these vaccines for myself and I certainly would not accept them for my children.

ARCH: Sorry to stop you. The red light-- the red light has come on. Thank you very-- thank you very much for your testimony.

RAEGAN HAIN: Thank you.

ARCH: Next opponent for LB447.

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RAEGAN HAIN: Am I allowed to stay and listen or do I need to exit the room?

_____: You're going to have to exit. We have more people coming in.

RAEGAN HAIN: OK. Thank you.

LEAH JOHNSON: Hello, my name is Leah Johnson, L-e-a-h, last name, Johnson, J-o-h-n-s-o-n, and I would like to thank everybody for the opportunity to speak today. I am a former teacher in Omaha Public Schools. I have a degree in elementary education, endorsement in early childhood. I'm a mother of two and a business owner. I will be honest and say that when I had my son 14 years ago, I had absolutely no idea that I was going to be smacked in the face with this vaccine decision. My mom had taught natural childbirth for 26 years, but I didn't know that when we were in the hospital I was going to be asked to be injecting my child with vitamin K, hepatitis B and on and on and on. And it caught me really off guard. While I would like to echo what everyone has said before me, and everyone knows that vaccines can cause harm and damage, I'm not here today to share my personal experience with vaccines. When I heard just a couple of days ago that LB447 was coming to committee, I was absolutely shocked. I began to analyze why a bill like this would be important. How would it make our society better and benefit the citizens of Nebraska? I asked myself, why is changing the current law so important? Have we seen major childhood outbreaks with childhood diseases-- the bill-- like the ones listed in the bill: measles, mumps, pertussis? And the answer is no. We have not seen any major outbreaks of any of these diseases. Now, I was born and raised in Millard. I graduated from Millard South and my two children will graduate from Millard North. And never once in 38 years have we seen a massive outbreak that is a threat to the lives-- and lives. OK? Getting a virus is not detrimental. We've not seen a massive outbreak that is a threat to the lives of our children. So if we can logically answer that massive outbreaks of childhood diseases have not prompted the change of law, could it be in COVID or could it be because of COVID? Could our situation with COVID be prompting us to relook at the laws? But honestly, it can't be that either. See, where I live in Millard, there are 28,000 teachers, students and staff who have been in school all year and never one time have we been above a 1 percent infection rate. In fact, you guys, I can tell you we have been below a half a percent all year long. So there's no way that COVID

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could have prompted Miss Cavanaugh, who I'm sorry, what a horrible embarrassment that she is not even here to listen to this, but that we all know that with a disease, with a 99.7percent survival rate, we're all going to be fine. So now here we sit with a bill that wants to remove the rights of parents to make the best decisions for our children based on no data, reason, or logic. We all know that vaccines come with consequences. We all know that it's a gamble. And we all know that not all children react the same. I would like to-- I'm running out of time here, but please go to the federal website. The federal government has spent out over \$4 billion in vaccine injury and where there is injury or risk, there must be choice. I'm asking everyone on this committee and even you, Miss Cavanaugh, even though you are not here, to recognize that this bill is not about solving a current problem. It is not about the safety of our kids. It is about our current way of handling immunizations is obviously working just fine. It is about control and the removal of medical freedoms. It is about giving power to an entity that has absolutely no right having that power in the first place.

ARCH: Thank you. Thank you for your testimony. I'm sorry the red light has come on.

LEAH JOHNSON: That's OK. Thank you.

ARCH: Next opponent for LB447.

BETHANY SOFLIN: Hi, I'm Bethany Soflin, name is B-e-t-h-a-n-y S-o-f-l-i-n, and I live in Seward, Nebraska, and it's an honor to be here today. There are many reasons LB447 is not good for Nebraska and I'd like to speak about three of them. Number one, this bill would remove parents from the decision-making process in the healthcare of their child. Number two, vaccines carry risk, and where there is risk, there must be informed consent. Number three, requiring citizens to violate their conscience will not create a healthier state. To number one, parents know their children best. Every parent is not a healthcare expert, but children are holistic beings and most every parent is an expert on their individual child. The vast majority of parents care more about their children than any healthcare worker or government ever will-- ever will. And parents are the ones who will bear the consequences, the medical bills, the sleepless nights, and the emotional toll if there is a vaccine reaction, injury, or death,

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LB447 would essentially eliminate the party who is the most invested and informed in the child's health and holistic well-being from being a part of the decision-making process. This seems quite counterproductive if the health of children is the goal. The insights and perceptions of an invested parent are an essential part of the healthcare of a child. I am a mother of four children. As you can imagine, in my nine years of parenting, I have had to engage the services of a healthcare professional. I have no medical degree, but typically, before taking my child in, I have some idea about what is going on with my child. Twice when I've explained my child's situation to the healthcare worker, they have told me I was certainly wrong about my hypothesis or about what I had seen with my own eyes. Both times after a few tests or sometime exploring, they told me, what do you know? Your child is dealing with the very issue I had mentioned to them on arriving in their office. Now I knew what I had seen, whether a healthcare professional believed me or not, because I knew my child. Healthcare workers do not have to believe each parent's opinion at face value. But for the sake of the child, it is foolish to ignore the observations and perceptions of the people who are the most invested in the child and around-- around whom the child spends much of their time, the parents. Parents are the best at keeping their children safe and picking up on the subtle signs that something is off about a particular treatment. By the time a medical professional agrees with them, it can be too late to avoid further injury to a child who experiences a vaccine reaction. Number two, vaccine do-- vaccines do cause injuries and deaths for some and manufacturers and doctors have no liability. The United States government has paid out more than \$4.5 billion to vaccine victims through the National Vaccine Injury Compensation Program. Where people-- where there's risk there must be informed consent. This bill will create revenues for drug companies that bear absolutely no responsibility for the products they produce. And lastly, many widely distributed vaccines carry tissue samples from aborted babies or abused aborted babies for vaccine testing. This bill would, in fact, force pro-life Nebraskans who morally object to the methods or the ingredients of a particular vaccine to be a part of the demand for something that they find ethically objectionable. And I believe that's even with the amendment because this is a moral issue, not religious specifically. People switch makeup brands over testing on animals or change laundry detergent if a product might harm a

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rainforest. It is wrong to insist that a parent inject their baby with a product derived in a manner they find to be unethical.

ARCH: I'm going to have to ask you to end your testimony. Thank you.

BETHANY SOFLIN: OK. Thank you.

ARCH: Next opponent for LB447.

BEN STANGL: Members of this committee, Senator Cavanaugh, my name is Ben Stangl, B-e-n S-t-a-n-g-l and I'm a mechanical and nuclear engineer from Fort Calhoun. Thank you again for hearing, for listening to us. I oppose LB447. In general, the population does not know you're working on this legislation. And even more so, they don't know that I'm here and those of us here are trying to hold the line for myself and others. For the general public to keep an eye on legislative changes is not easy since we're rarely informed. I would challenge you to routinely ask yourself if everyone knew what I was legislating, would I still do it? Simply put, Senator Cavanaugh, you know this bill is overtly oppressive. Don't pull a fast one on us. Having addressed that and regarding the amendment with respect to the amendment as well, I'm going to need to move quickly onto my point and it has to do with existence. Imagine for a moment a real physical child enrolled in a program as defined in part (2) (a) of Nebraska Revised Statute 71-1910. In an environment where you expect to find any child, they are there along with everyone else. They're present, laughing, playing, existing. They are their physical selves, their own flesh and blood. They're a person, they exist. However, this bill proposed that existence in a program afforded to every child be either justified by a vaccine or excused by a doctor and now subsequently excused by a religion. Let me make myself clear. No man, woman, or child should need a justification or an excuse to flesh and blood exist in a program or otherwise. To exist without a vaccine is not a crime and should not invoke exclusionary treatment. That disregards the authority of their autonomy and transfers that authority to a doctor or a faith even. When I have to stay alert to legislation so I can know when to take vacation from my employment to come here and protest a bill that would legislate requiring an excuse from a doctor for existing as a flesh and blood person in public, you have lost your mind. How audacious. This temperament is exactly why we need Senator Hansen's bill. Let me repeat myself. When I have to stay alert to

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legislation so I can know when to take vacation from my employment to come here and protest a bill that would legislate requiring an excuse from a doctor for existing as a flesh and blood person, you have lost your mind. Members of the committee, don't lose your mind. Regarding the amendment, it's unfair to our preparation and especially to those of us who-- who can't be present to hear the amendment to change it last minute. Don't play us for fools. The programs we're discussing are often private institutions, unlike public schools. Restore the original strikethroughs and don't limit private institutions to require a religious exemption.

ARCH: Thank you for your testimony. Next opponent for LB447.

JORDAN FREEMAN: Hi, my name is Jordan Freeman, J-o-r-d-a-n F-r-e-e-m-a-n. I'm here to oppose LB447. I know there's been a recent change to what has-- what was originally in the bill when we first saw it two days ago. But let me ask you this, and I know you can't respond: If you remove the right for a parent to submit a letter for why they're not vaccinating their children, what does it leave you with? It leaves you with two options. It leaves you with the option to either have a medical exemption, which is nearly impossible to get or it leaves you with the option to vaccinate your kid fully on the CDC schedule. Otherwise, those childcare facilities cannot take your children. The child-- the CDC schedule requires that a two-month-old child receive six vaccines at once. If I don't want my child to receive six vaccines at once, and instead I want them to receive one every month for a while or one every two weeks on a decision I make with my doctor, I can't do that now and send my kids to childcare. We need the option to have a philosophical and religious exemption because a religious exemption tells me that I don't believe in vaccines at all. I don't want any vaccines. But for my child, I want one here. I want one there. I don't want the hepatitis B vaccine because my child's not having sex at the age of four years old. Those should be allowed to be denied. And when you take the philosophical exemption away, I can no longer choose to vaccinate my child not on a schedule that is in accordance with C-- that isn't in accordance with CDC, but may be something I agree upon with my doctor. But my doctor won't write a medical exemption because I'm not exempting myself from vaccines. We need the philosophical exemption for the age of zero to five years old until they're in school so that parents can vaccinate

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on their own schedule. We need to maintain the language as it is today without the amendment. Thank you.

ARCH: Thank you for your testimony. Next opponent for LB447.

SAMMIE GARTON: Hello again, my name is Sammie Garton, S-a-m-m-i-e G-a-r-t-o-n. And you guys have heard a lot of really tragic stories today and you've had a lot thrown at you about vaccines and all of that you could look up anywhere you want. So today I'm going to bring to you a couple of questions that I think are really important and I think bring a different perspective to the-- this bill, LB447. Today I want to talk about money. Today we are here discussing a bill that affects 2.5 percent of incoming kindergartners, 2.5 percent of five-year-olds, not 2.5 percent of the population, 2.5 percent of five-year-olds. That's what we're talking about right now. OK. So let's say LB447 we decide, yep, we're moving forward. Who-- let's talk about how much it's going to cost. I'm assuming half a million at least in staff alone to review and approve and reject exemptions. That's including probably a couple of full-time staff, maybe a doctor. I would hope you put a doctor on this board. That doesn't include the cost to maintain the database. That also doesn't include the cost for looking at appeals. And I can assure you that anybody who has bothered to get an exemption in the first place is going to appeal and appeal and appeal again. Bill, there's number one. Second, technical lawsuits. At the very-- at the most, this is an egregious violation of our basic rights, at the very least violates HIPAA. Liability-- you have heard people say there's to you and you have heard people say that over \$4 billion has been paid out to vaccine injured children and their families. OK. Here's my-- my questions for you. If children are vaccinated against their doctor's recommendations and injured, what is the fiscal impact? Who is liable? The state? You? Public health departments? If they're vaccinated against doctor's recommendations and injured, what is the fiscal impact to schools? I am a public school teacher. The cost that we have to spend on our special needs students is astronomical. I'm not saying it's right or wrong, but I'm saying it's over \$16,000 a year more for children with special needs. OK. Are you prepared for the medical malpractice and wrongful death lawsuits that come from passing this bill? And the last thing I want to mention is forcing and coercion never work. People who disagree will not comply. My children are too important. I will not comply. This could pass and I would build a yurt and I will dig a well and I

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will live off the land. I will not comply. And I can almost assure you that every person that you've heard speaking today will not comply, Forcing somebody to do something against their will that is a personally held belief and something that we all feel so passionate about, it won't work. So those 2.5 percent stays the same. And now you've opened up a can of worms and now the liability all rests on you. So I would really like you guys to take that into consideration. Thank you.

ARCH: Thank you for your testimony. Next opponent for LB447.

ANN PENAS: Hi, my name is Ann Penas, A-n-n P-e-n-a-s. As I said earlier, I wasn't prepared to talk today, so this is all just off the cuff. Again, I have five children ages 13 to 26. And I-- they're all fully vaccinated so it's not like I'm against vaccination, but everybody has a right to have their own feelings. My children were very fortunate that I've had no problems when they got vaccinated. But I do know several friends and I've-- I've heard a lot of people here today explain that they have had really awful experiences with vaccines, and that's very tragic. Moving forward with this bill, I definitely oppose it. I do not think that that is something that should be-- I believe it's government overreach. I do not believe that the government is going to tell me better how to raise my own children than I birthed and breastfed and diapered and wipe tears away than, you know, somebody, you know, and the government. I feel bad for the young parents today. They have a lot facing them. And to even having to be here to think about having to stand up for our rights as parents to not have vaccines forced on us is just another hurdle that these parents who are, you know, when you have children, it's-- it's-- takes quite a bit of your time. And it's just another thing that they have to face and they have to worry about daycare. And I can tell you, all five of my children have been around children who have not been vaccinated all their life. And they haven't-- they haven't gotten any illnesses. They haven't gotten any sicknesses. So I do not see the danger in having to force the vaccine on-- on young children. I don't see any benefit in that. I really, honestly believe it should be parental personal choice. We all parent slightly different. And for those who would like to get their children vaccinated, they should have that choice. But also those who do not want to get their children vaccinated should absolutely have that choice as well. Thank you very much for your time. I know it's been a long evening. Thanks.

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ARCH: Thank you for your testimony. Next opponent on LB447.

SCOTT STANGL: Hello. My name is Scott Stangl, S-c-o-t-t S-t-a-n-g-l. Thank you for the time given to us to express our concerns here. A little bit of a curve ball with the amendment at the last minute. So kind of rethinking what I want to or feel I need to say. You know, the original-- the original document was really throwing parents, kind of throwing them under the bus. Eliminate-- eliminate their-- their put at all into a child's well-being. And it seemed like there was pressure there to-- to vaccinate more. That through-- through that there would be more vaccination because there wouldn't be ways to-- to get out of it. Now, with this this amendment and, you know, I don't know why the amendment was put in. I don't know what kind of feedback, but, you know, maybe let's throw some-- some religion in there, some God in there to appease some-- some-- some of us. Nice, but, you know, God was already in it because the government didn't give me my children. My church didn't give me my children. God gave me my children. So I had that. I was involved as a parent and God was already involved because that's-- that's the way he set things up. I watched Senator Cavanaugh introduce the bill to-- to you all. And I thought, you know, it was heavy on-- on, you know, it's just about bookkeeping. We're going to do better bookkeeping in this. And I appreciated your clarifying questions to-- to get understanding. And, you know, if it's about bookkeeping, then-- then the verbiage should be about bookkeeping and not about who has authority in making decisions for-- for the children. I really think-- I really think it's not about bookkeeping, but I think it's about cooking the books, if you will. Thank you.

ARCH: Thank you for your testimony. Next opponent for LB447.

UYEN TRAN: My name is Uyen Tran, U-y-e-n T-r-a-n. I'm a mother of a healthy, vibrant five-year-old girl. First of all, thank you for allowing me to be here and to speak. First and foremost, I want to give honor and glory to my lord and savior Jesus Christ of Nazareth. I'm here today to share why LB447 would violate my constitutional rights as a Vietnamese American citizen and my religious freedoms protected under that constitution. My convictions point to LB447 as a blatant example of overreach of government into what should remain the private, preferred, and informed health decisions of Nebraska citizens. My deeply held convictions are based on ten years of

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research about the health risks of vaccines, which a lot of my colleagues have touched on. I'm not going to go through it, but I hold in my hand testimonies from parents whose children have sustained long-term disabilities and in extreme cases even died from adverse reactions of vaccinations. In my quest for truth, I found a scientific documentation irrefutable evidence that neurotoxins such as mercury, which is one of the most toxic chemicals, aluminum, formaldehyde, monosodium glutamate, as well as aborted fetal tissue and foreign animal proteins can be found in the vaccinations that have both been approved and recommended by the FDA. And knowing these neurotoxins are present in vaccines, why in the world would I allow my child to be injected with them? Additionally, I believe in the sanctity of life in the womb and it grieves me to know that there's over 23 vaccines are grown on and contain aborted fetal tissue cell lines. One ingredient is called human diploid tissue, which you can find on insert of ingredients in many vaccines. The practice of using fetal tissue to profit the pharmaceutical industries as they produce vaccines is barbaric. Just this month, CNN Business News stated, and I quote, Wall Street analysts are projecting Pfizer and Moderna will generate \$32 billion dollars in COVID-19 vaccine revenue next year alone. Please listen. I come today to represent many who are against a powerful multibillion dollar industry which does not make money off of healthy people and therefore seeks to undermine those of us who seek healthy alternatives to their controlled regulations. I stand firm here today declaring that I will not submit to the laws of men that go against my God-given unalienable rights, rights guaranteed to me under the Constitution. Senators, I honor each of you and the position that you hold, as I do believe that government is instituted by God and a servant under God's sovereignty. Therefore, it is my obligation to God and the thousands of families to stand for truth and liberty and to cry out to you to prevent LB447 from passing. Yours is a weighty responsibility before God that you have as a public servant. It is a responsibility, according to our Constitution, that requires you to consider both moral law and natural laws of God and the consent of those being governed by you.

ARCH: I'm sorry. I'm sorry.

UYEN TRAN: As such, you are accountable for each vote you cast and I pray for each of you as you stand up against greed and for civil liberty and the well-being of children, that you may one day stand

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against your-- stand before your creator and the righteous judge and hear the very words well done, you good and faithful servant. Thank you.

ARCH: Thank you for your testimony. Next opponent LB447.

JULIE RALSTON: Hello. My name is Julie Ralston. It's J-u-l-i-e R-a-l-s-t-o-n. I was born and raised in Lincoln and I'm a wife and mother of five children ages 17 down to 3 years old. And I play violin with the Lincoln Symphony here, and I'm strongly opposed to LB447. And I oppose it because I think parents have the right to follow their conscience and I also oppose it to avoid unnecessary doubling of the records with invasive tracking. As a resident of Nebraska, I claim the-- the ability to pursue life, liberty and the pursuit of happiness. And I believe each person here should have that freedom and that right. And when I look at this bill, I see that because it's for childcare facilities for infants and preschoolers, it's impacting not only those who don't choose to vaccinate, but it's also impacting a broader range of people who choose to vaccinate on that altered schedule. And these people aren't people who just they're-- they're not people who are just following conspiracy theories or doing wild things. They are researching, they're reading-- they're reading research from the studies and from medical doctors. And they are discerning for themselves what would be wise and what would-- what would be unwise. And many of these people, they're concerned about the cumulative toxicity of multiple vaccines at one time, especially at the two months, four months and the six months. They're getting eight different types of vaccines at those times, and that's when they have very, very underdeveloped immune systems. And if these people need to go back to work, they're sending their child to childcare. And they're-- they are held accountable to have all the vaccines at that time. And that does include the hepatitis vaccine. And that's one that you are really only protected against hepatitis B because of the need of people who are being sexually active. This is not-- that's not helpful for small children. And so the question is, do we leave this in the hands of the parents to research and discern or like in this bill, do we lump all the vaccines together and say everyone has to get all of them or you can't go to childcare? Which childcare is not public. It's private. So there are many I mean, there's some public, but there are many private childcares and it would-- this law would apply equally to all of them. And I don't believe that that's fair or

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right. Finally, in the addition of this tracking system, it's completely unnecessary. Each licensed childcare program in Nebraska is already required to keep vaccine records and send in a report annually on November 1 to the Nebraska immunization program. There are plenty of people who don't want their child's vaccination status tracked in a centralized database where they can then be discriminated against in the future. This doesn't protect a parent's right to informed consent. Rather, every parent's consent is assumed. And once again, this supports the blind acceptance of all vaccines from parents like robots, rather than discerning and thinking people who have the right to life, liberty, and the pursuit of happiness. This is not acceptable. To sum up my position, I'm strongly opposed to LB447 and I oppose it to protect the Nebraska parents' right to follow their conscience and to avoid unnecessarily doubling of records with invasive tracking. Thank you for your time.

ARCH: Thank you for your testimony. Next opponent for LB447.

NATASHA GALL: Good evening. My name is Natasha Gall, N-a-t-a-s-h-a G-a-l-l. I strongly oppose LB447. I am a mom to six kids, three biological, one about to be adopted, one adopted, and one foster love. I have been an in-home childcare provider and have also been the director of a daycare and let me tell you, there are much bigger issues inside of daycare facilities than vaccinations and keeping track of those. My children have never attended a daycare without me being the owner or operator. My oldest is 16 and my youngest right now, Lord willing, is 3 and they never will, not because of vaccinations, but because I've seen how horrible those places can be. To give some background, my three biological kids are almost fully vaccinated. They never receive the flu vaccine and I made sure they never got the HPV after all the press that one got. I even gave them extra vaccines when they went to the Dominican Republic on a missions trip, because I was led to believe it was required to leave the country and enter another country. I apologize to them almost daily for not being more informed. I did this on the premise that my grandpa almost died of polio and was one of the first in the state to receive Salk's vaccine. I now know, however, that it wasn't likely polio. It was DDT poisoning, which our government did to them. I vaccinated out of displaced duty to God and country. I vaccinated because I still thought it was true that it was just an inoculation similar to the last 1700s smallpox inoculations. I was a teenage but married mom with

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no Internet accessibility as we lived way below the poverty line for several years. I also know that the year I turned two was the year our government made the vaccine manufacturers no longer liable for whatever adverse effects happened to my children, to your children on account of a vaccine. Looking back on my almost 17 years of parenting, I can see the adverse effects on my children and foster children. When we speak of the-- when we all speak of the over \$4 billion paid out, I've heard that said quite a bit, there is a cap on that. And I believe, I could be wrong as I just threw this in there back there, I believe it's \$250,000. So when you think about the \$4 billion and each family only gets \$250,000, that makes that \$4 billion go a lot further. But let's move on to the religious aspect. My God, the God of Abraham, Isaac, Jacob, the God who sent his only son to die on the cross for my sons, to conquer hell and death and was raised three days later so I can have eternal life, that God tells me murder is wrong. And even with the amendments, how long before Christianity isn't a valid religious exemption? Look at the political climate we're in. Why do I bring that up? Because WI-38, MRC-5, and numerous other ingredients in vaccines are murder babies. Whether the aborted baby was elective-- abortion was elective or not, it is murder. And you are wanting to take away my right or make me validate my right to not participate in any way in a murder. There are constantly new babies being harvested and murdered for this. And the getting them for the lions is not successful right away. But in conclusion, murder is wrong. Forcing someone to partake in a murder is in any way is wrong. And making them sign a paper they don't want to participate in a murder in any way is wrong. And this is a slippery slope that will soon impact my ability to homeschool. And I promise there will be a big fight there. This is sneaky doing it for childcare because most of us homeschoolers don't use childcare. But when you come for us, you better be ready for a fight because we homeschoolers, well, we teach life, liberty, and the pursuit of happiness and we teach to fight for our rights. Thank you.

ARCH: Thank you for your testimony. Next opponent for LB447.

DARYL HACKBART: Hi, I'm Dr. Daryl Hackbart again, D-a-r-y-l, Hackbart, H-a-c-k-b-a-r-t. Again, it's been a long afternoon and thank you for listening. I wanted to question a little bit about the statistics that Senator Cavanaugh brought up. Two reasons why I question them is, is I know she said it saved so much money and so many injuries and

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different things from these different diseases. And I don't know how you would get that, because it's-- these people never got the disease. So if they never got vaccinated, what they have gotten the diseases in the first place? Because a lot of kids that have gotten the vaccinations got the diseases anyway. And how do you know they would even get it if they would never got the vaccines? Plus, you know, in 1986, the liability was taken away from the pharmaceutical companies so they can produce these vaccines without any kind of liability. So there's an accountability there. So if they produce a drug and there-- causes cancer, pretty soon there's lawsuits against them and they have to pay out, they stop using the drug. Well, that doesn't happen to vaccines. It just keeps on going and keeps on going. So the only recourse these people have is they can't sue the people that pass the bill and they can't sue Senator Cavanaugh. They can't sue the pharmaceutical company. They have to go to the United States government, which is very difficult to do. When they get \$250,000, that's probably what they spend in attorney's fees to do that. And it takes probably several years to do that. But the research that you guys get and then she gets comes from the pharmaceutical company. So the very people that are producing these vaccines are actually the ones that are producing the research. That seems like a conflict of interest to me. I mean, the very people that are gaining from-- financially from the vaccines are actually the ones that are producing the research. And that just seems wrong to me. But so you go on and these people, you know, in these schools, this bill in general, I just I would ask that you would kill it in committee because you add a-- an amendment at the last second and you're trying to make it somewhat attractive or something like that. And it just seems like it should be redone. And I would ask that you would put in there philosophical reasons, because there's not too many churches and religions that you can actually see it in their doctrine. But there's a lot of philosophical reasons why people do not vaccinate, including the abortion tissue and that kind of thing. But that's all I have. Thank you.

ARCH: Thank you for your testimony. Next opponent for LB447.

DANNA SEEVERS: Hi. Danna Seevers back again, D-a-n-n-a S-e-e-v-e-r-s. I'm not going to say a whole lot, but I do want to say I am opposed to this bill and the Nebraska Statute 79-221, which I'm passing around, contains the exemption options for parents. So you can see it in front

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of-- see it in front of you real quick, I-- I don't-- I'd like to believe that Senator Cavanaugh didn't put these things in or didn't remove that intentionally. And I appreciate that she's given you an amendment to add it back. But I just want to caution you that if when she read it, I'm not sure I heard the whole thing, but I don't think she included the "or". So if she is adding back this number 2, the affidavit signed by the student or if he's a minor by legal, blah, blah, blah, make sure that this amendment includes this entire statement because otherwise it's going to stop with religious exemption that requires some kind of a statement from a church that that is part of their tenets. So if it's not part of your tenets, then you can be declined the exemption. So the "or" this sect-- this last part where it says or that immunization conflicts with personal and sincerely held religious beliefs of the student. So if you do-- if you have, I mean, I'm opposed to it. But if you have to do it, take that-- make sure the whole thing gets put back in there. And then lastly, I just wanted to say to all of you, and I'm going to get out of here because we're all tired. Tuesday night in Omaha, one of the councilmen questioned Adi Pour, who is the health director for Omaha, and they said, you know, all these people came in and testified about the PCR. And when I heard Senator Cavanaugh sounding so fearful, I feel terrible for her. I feel terrible that she actually fears COVID enough that she won't even be in this room. And how sad is that? And so Tuesday night, the senator asked Adi Pour, what is it with this testing in the PCR? I keep hearing about this false positives and how this whole pandemic is being overblown because there's too many false positives. And what is it with the cycle threshold and the amplification? The councilman 12 months in, this councilman did not understand what was going on with the PCR testing. And so I'm begging you, make sure you understand cycle threshold. Adi Pour explained to him that we have multiple labs across Nebraska who are-- who are running these tests. Each lab has their own cycle threshold. Some might be 40, some might be 35, some might be 30. But they don't tell us what their cycle threshold is. It's not reported. So you have no way of knowing how sensitive is this test? How likely is it it's a false positive? I challenge you, find out. If there's only a handful of labs that are running these, find out what the cycle threshold is. And I-- and mark my words today that you're going to find out that cycle threshold was too high. And I'm challenging you now to find out what it is, make them report on it, especially if there's varying

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cycle thresholds from the different labs. And then I also challenge you to demand that this cycle threshold be dropped. And I have a feeling it's going to be dropping soon anyway from the administration because we're going to see this sudden lifting of all these cases. But-- but, yeah, I know this doesn't involve this bill here, but when I saw how fearful she was, I really feel bad. And as the Health and Human Services Committee, I would think that you guys would want to know that and understand how these cycle thresholds work and why this-- why they have this grip over us, because it's-- it's really overblown. So all right, see red, thank you. Appreciate it.

ARCH: Thank you for your testimony. Next opponent.

CRYSTAL STARA: I'm Crystal Stara, C-r-y-s-t-a-l, Stara, S-t-a-r-a, and I oppose this bill. I am one of the less than 3 percent that uses the religious exemption every year for our four children to go to school. Regarding the amendment, thank you, but this bill still infringes on my personal freedom that I'm guaranteed through our Constitution. So I'm still here. I've been here all day long, drove an hour through these bad roads, and I'm here to oppose LB447. Once again, politicians who think they have our best interest by what they think come up with endless ways to take we, the people's, choices and rights away. We, the people, are tired of this nonsense. I do not want my vaccines on a database. It is not your business. It's nobody's business except for between me, my child, and their doctor, their personal doctor that I got to choose. Nor do I need to prove my church doctrine exempts vaccines. That's not your choice. LB447 takes the conversation and decision away from my personal medical doctor and me regarding vaccines that have aborted fetal tissue in them. Or maybe my husband and I just want to wait to see what the vaccine does. I don't want to be a guinea pig and I certainly do not want my children to be a guinea pig. These decisions are not taken lightly. My husband and I make a very conscious decision with each vaccine that is pushed out from Big Pharma. These vaccine companies have zero liability when they are possible-- when there are possibilities of lifetime side effects. Any medical doctor that talks about these vaccine reactions are censored, or they could lose their medical license. And we have seen extreme, extreme censorship. So we have four children and we are very protective of what goes into their bodies. Please make a new bill that protects parental rights with philosophical reasons such as moral, religious, and medical. Let the parent make that decision with this

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doctors-- with their doctors' medical advice. We are losing rights daily to one side of medical tyranny owned and operated by the biggest legal mafia drug cartel in the world. Information can always be bought to make people rich. Follow the money. Unfortunately, doctors can and have become computers, spitting out information they receive from big corrupt pharma medical advice. Doctors get their advice from only one source. That source is pharmaceutical companies. And I am alive today because of a second opinion. It wouldn't have happened from that one source. You are trampling out our second and third medical opinions by these laws you are trying to sign in. Everyone's bodies react differently and you, politicians, are not my doctors. Medical choices belong to the patient and their own personal doctor and me, the mom. I know what's best for my child. Medical Ethics 101. I have two nursing-- daughters that are nursing school and they learned that in medical-- medical ethics class. These decisions need to be taken from the mom and the doctor and the parents get the final decision. Thank you. Where there is a risk, there must be a choice. Please kill this bill. Kill it. Thank you.

ARCH: Thank you for your testimony. Next opponent, please.

ROY METTER: Thank you for hearing me. My name is Roy Metter, R-o-u M-e-t-t-e-r. I feel like we're beating a dead horse at this point. The owner's gone, but we've got to make sure this horse doesn't come back to life. As I stated before, I'm here representing myself, my wife, my five little children. I rely on my wife and I for dang near everything. There is nobody on the face of this earth that puts in more time, energy, and affection and love into these kids than my wife and I. No matter what happens, good, bad or ugly, the responsibility of their well-being will always fall on our laps because we are the parents. If my kids get sick with one of these listed illnesses, many of which are treatable and/or temporary, it will be my wife and I that cares for them and nurtures them back to health. You won't be there, and neither will the private businesses whose hands you would be forcing. And if my kids get sick with an often untreatable and permanent vaccine-related illness such as autoimmune disease, allergies, autism, or even cancer, you won't be there. And neither will the private business whose hands you are forcing. But not only will you not be there, but if a vaccine injures or kills my child, you also won't help restore justice that the vaccine manufacturer owes my family. As I stated before, based on current science, the 2011 U.S.

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Supreme Court ruling, *Bruesewitz v. Wyeth*, has labeled these products as, quote, unavoidably unsafe, unquote, and therefore exempt from liability in the event they cause illness or even death. Now, just because these unavoidably unsafe products are products that my children will avoid, I wouldn't dream of supporting a bill that prevented other parents from using them. That is not my choice or the government's. It is the self-evident duty of the parents. The only circumstance where that would be lawful is if the parents were deliberately poisoning the child, as is the case with abortion-inducing drugs. Yet I don't see this department preventing that decision. The decision for a child's immunity to be natural or artificial belongs to the parents, not the government. And it is the government's duty to protect that God-given natural right, no matter what their religion or nonreligion. Considering LB447 serves to violate that natural law. I'm opposed. Thank you.

ARCH: Thank you for your testimony. Next opponent for LB447.

JEFFREY COLLINS: My name is Jeffrey Collins, J-e-f-f-r-e-y C-o-l-l-i-n-s. I'm here to oppose LB447. My wife and I have had the blessing of having nine children given to us by God. And that's quite a chore, of course, but it's a-- it's a joy to-- to raise them. And they were given to us. They weren't given to the state. They were given to us to take care of. Where the spirit of the Lord is, there is liberty. Our Constitution affirms personal liberty. The First Amendment protects the right of freedom of religion and the freedom of expression from government interference and overreach. It prohibits laws to establish a national-- national religion, impede free exercise of religion, deny freedom of speech, infringe upon freedom of the press, interfere with rights to peaceably assemble, or prohibit citizens from petitioning for a governmental redress of grievances. Our freedom to refuse dangerous mRNA vaccines is being threatened by this bill, LB447. We demand that the very concepts of viruses and viral contagion be put on public trial for all to see. It is time for truth to prevail. It is time for liberties and rights that Americans have long enjoyed under the United States Constitution, Bill of Rights, and federal Civil Rights to be honored. If the mere concept of an invisible enemy can strip the people of freedoms, liberties, and rights, then that concept must be challenged. It must be proven to be valid or invalid. We as Americans must stand up for our personal rights and religious beliefs. The Declaration of Independence

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powerfully states the principles on which our government and our identity as Americans are based. Abraham Lincoln called it, quote, a rebuke and a stumbling block to tyranny and oppression, unquote. It inspires people to fight for freedom and equality. Please consider evidence confirming the lack of confidence in these controversial vaccines and purposed legislation. Nebraskans need to protect their families and communities. They need to be well aware of the voices of opposition who are shedding light and providing truth, which must not be ignored. This bill comes down to this. It would take away our God-given rights of parents to make medical decisions for their children. Thank you for your time.

ARCH: Thank you for your testimony. Next opponent for LB447.

JULIE COLLINS: My name is Julie Collins, J-u-l-i-e C-o-l-l-i-n-s. Thank you for being here today. I know it's been a long day and I appreciate you're representing us here in Nebraska. Thank you very much for sitting and listening attentively, not just with your ears, but with your heart. And this is something that I say to my children almost every day. If you listen, you'll hear. And if you hear, you'll understand. And that's what all these people are here today for. They want you to understand our heart. I want you to listen to the heartbeat of Nebraskans. It echoes the heartbeat of Americans. And that's what we all are. We are Americans who love liberty. Where the spirit of the Lord is, there is liberty. My husband, who just testified here, we both have been blessed with nine beautiful children. They're a gift from God. And we have been given the responsibility to care for them, to love them. And I want to tell you, we love them more than anyone on the face of this earth could ever love. There's one person, there's one who can love them more. And that's God Almighty. We all know that. We all know that the Lord loves our children more. But while we're here, he has given us that responsibility. I want to ask you this question. Why are we here today? Are we here to talk about vaccinations? I don't think so. LB447 is not talking about vaccinations. It's talking about removing the rights of parents. And I am opposed to that. I'm strongly opposed to that. Please listen to our-- our voices and you'll understand. Another question that I'd like to ask you is COVID-19 a vac-- is that a vaccine at all, the vaccination that they're proposing? I would say that it is not. It is not a vaccine. They want to call it a vaccine, but it is a treatment. If you would-- I'll just-- I don't know how

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much time I have, but Dr. David Martin, he spoke for two hours online on January 5, and he said that it is not a vaccine. This is an mRNA packaged in a fat envelope that is delivered to a cell. It is a medical device designed to stimulate the human cells into becoming a pathogen creator. It is not a vaccine. Vaccines are actually a legally defined term and they are legally defined term under public health law and they're a legally defined term under CDC and FDA standards. And a vaccine specifically has to stimulate both the immunity within the person receiving it, but it also has to disrupt transmission. And that is not what this is. They have been abundantly clear to say that the mRNA strand that is going into the cell and it is not to stop the transmission, it is a treatment. But if it was discussed as a treatment, it would not get the sympathetic ear of the public health authorities because then people would say, well, what other treatments are there out there? And I sent you ten pages of another way to look at these things. There's other treatments for vaccinations. And I have one. God has given us all immunities. I mean, just talking about our own God-given way of having an immune system. And I think that's the best [INAUDIBLE] of all.

ARCH: I'm sorry. The red light-- the red light has come on.

JULIE COLLINS: Excuse me.

ARCH: The red light has come on so--

JULIE COLLINS: OK.

ARCH: --so thank you.

JULIE COLLINS: Thank you for listening. And that's it.

ARCH: Thank you for your testimony.

JULIE COLLINS: God bless you and I am praying for you.

ARCH: Thank you.

WILLIAMS: Don't forget your purse.

JULIE COLLINS: Yeah. I was trying to remember where I put it.

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ARCH: Next opponent for LB447.

ELIZABETH ZWIEBEL: I gave these materials earlier. I'm going to reference those. My name is Elizabeth Zwiebel, E-l-i-z-a-b-e-t-h Z-w-i-e-b-e-l. Thank you for being here, really appreciate it. A couple of points I want to make based on some of the testimonies I've heard, the \$250,000 payout from the NVICP, sorry, VICP, that is for a death. So if your child dies from a vaccine and you can prove it, only if you can prove it, there's a \$250,000 cap. It's my understanding that that-- that payout can be more if a person is dealing with lifelong disability. So just to clarify that. A couple of other points on that, because the awards have been pretty big. I will also note, if you look at the data from the results on those cases, it's interesting that there-- the numbers are pretty even when it comes to compensable versus dismissed or noncompensable; 158 versus 126; 42 versus 57; 16 versus 39; 92 versus 87. So these dismissed or noncompensable cases are all-- it's my understanding people that go through the court system trying to get compensated for injuries that have occurred and they get dismissed so that they're fighting the federal government for those compensation. So we, unfortunately, don't have access to a lot of that information to be able to judge for ourselves whether that was right or wrong. So I-- I ask anyone who's interested in that to kind of look into that and see what you think about it. Why do we need religious belief exemptions to-- to deny injections for our children? Is that-- are we living in a free country? We should be able to say no just because we want to say no. I mean, based on these are unavoidably unsafe products. They carry with them risks of serious injury, seizure disorders, deaths. Why you would have to claim a religious doctrine in order to defend that position is beyond me. That's not freedom. My personal story, like I said, I vaccinated my children and I didn't realize until later on that I actually had a child who was likely affected by a flu shot. Five days after we got a flu shot, I posted to one of my mom groups about asking for advice on why my child was banging her head on the floor. In 2019 to 2020, I made a note of the vaccinations that are on the requirements for LB447. These are serious events. DTaP: 53 events; deaths, 3. MMR: 106 events; deaths, 1. Polio: 17 events; deaths, 1. the Hib: 131 events, lots of deaths, one who's, you know, a two-month-old male and, sorry, a young child in California who had pulmonary-- cardiopulmonary arrest four days after

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vaccinations and his grandmother had to take him off life support. The papers are--

ARCH: Sorry, the red light has come on.

ELIZABETH ZWIEBEL: OK, the paper I gave you earlier is specific to Nebraska, a young child that died following vaccinations. And I do ask that you read that and I hope that we find justice for that child and his family.

ARCH: Thank you for your testimony.

ELIZABETH ZWIEBEL: Thank you.

ARCH: Other opponents for LB447.

BROOKE SHEPARD: Officially now good evening. Brooke Shepard again, B-r-o-o-k-e S-h-e-p-a-r-d. And again, I'm a mother and a doctor of nursing practice and also a family nurse practitioner. I provide my testimony as a person, parent, and practitioner first after moving the vaccine exemption or removing vaccine exemptions is discriminatory against those with sincerely held religious and conscientious beliefs against vaccination. Personal religious beliefs are included in the rights granted by the Nebraska Constitution, stating all persons have a natural and indefensible-- infeasible right to worship Almighty God according to the dictates of their own consciences. LB447 is in violation of the Nebraska Constitution. I urge you to uphold the stated duty of the legislator to pass suitable laws to protect every religious denomination in the peaceable enjoyment of its own mode of public worship and to encourage schools in the means of instruction and especially uphold the statement, nor shall any person be incompetent to be a witness on account of his religious beliefs. God makes it pretty clear through the story of Abraham that human sacrifice to demonstrate allegiance is never appropriate. Why should I, even as a practitioner, have the power to ask more of a parent than God has asked of Abraham in that story in the Bible? Vaccines can and have caused injuries and death. And the first principle of the Nuremberg Code is the voluntary consent of the human subject is absolutely essential. And it also states they 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, overreaching, or other

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ulterior form of constraint or coercion, and should have sufficient knowledge and comprehension of the elements of the subject matter involved as it is, or as to enable him to make and understand enlightened decisions. LB447 is in direct contradiction of this code. It is very hard for people to trust government officials who track and force mandatory vaccination laws. Ask that you reflect on what will enforcement of vaccination look like in our society? As a parent and other parents, we very well know we love our children better than anyone else. By U.S. law, we actually are given the right through a larger moral-- moral imperative, given guardianship of our children until they're old enough to make life and death decisions for themselves. We're responsible for their welfare-- welfare, and we're the ones who bear the grief and the burden when they are injured or die from any cause. We are their voice and we should be allowed to make a rational, informed, voluntary decision about which diseases and which vaccines we are willing to risk their lives for. The handout that I had gave you all is the current CDC vaccine schedule, which ultimately is 69 doses of 16 vaccines by the age of 18. Parents are really put up to a lot of self-research or trust and-- in that alone and also just in general with any type of healthcare decision. So thank you for listening.

ARCH: Thank you for your testimony. Next opponent for LB447.

MARK BONKIEWICZ: Good evening, Senators. My name is Mark Bonkiewicz, M-a-r-k B-o-n-k-i-e-w-i-c-z. I'm originally a farm boy from Sidney, Nebraska. I live in Omaha now. On behalf of all of the citizens of the state of Nebraska, I thank you for your long day here for the second house to be able to participate in the legislative process. This is really a key step in the entire process for you. I'm here to oppose LB447, the mandatory vaccinations for licensed daycare. My reasons for opposing this bill are, number one, Almighty God sent each child to his or her parents as you've heard from many other people who've testified previously. Parents have an inalienable right for the rearing and education of their children. Inalienable rights are fundamental rights for the parents. Vaccinations always have health risks, and therefore the parents must be involved and make all of the medical decisions for their children. And finally, LB447 does not align with nor support the conscience clause in Article I, Section 4 of our Nebraska Constitution, which guarantees that citizens can make decisions in the public square based upon their religious principles

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and beliefs. It has been my observation that more information is constantly being released about vaccines that prove they are always carry the risk of injury, significant health complications, and even death as several of the people just testified recently. Therefore, vaccine administration cannot be mandatory. It must always be subject to the decision of the parents. I urge you to not vote LB447 out of the committee for floor debate. It needs to die a quick death. Thank you.

ARCH: Thank you for your testimony. Are there other opponents to LB447?

KRISTYN HANQUIST: Hello again. My name is Kristyn Hanquist, K-r-i-s-t-y-n H-a-n-q-u-i-s-t. You may remember my story is the one where my husband and I struggled with infertility for years. That's when we really learned that there were other ways to go about medicine. I want to share a few things, though, from my experience as a manager of financial reporting for a large, publicly traded company here. I worked with-- I worked on Sarbanes-Oxley compliance was that-- which was as a result of Enron and WorldCom scandals if you remember those. I remember talking to my boss one time and we were talking about whistleblowers and he brought up to me that whistleblowers are not treated well. This blew my mind. I was completely naive to the fact that people that come out in opposition to what the-- what the norm believes are treated horribly. I have since learned that that is absolutely the case. I decided right then and there that I was going to be somebody that was going to listen to the people who are the minority. So after our experience with our health, I really started opening up my ears and listening to the minority and listening to the doctors and the-- the-- there-- which there are many. There are many doctors out there who have, you know, kind of a little bit different beliefs than the norm. And they're intelligent and they're kind and they're loving. And I have learned so much from them. So there are-- I could list-- I could list names of doctors that I've learned from Dr. Suzanne Humphries, Dr. Paul Thomas. The list goes on and on. I would encourage you to check out these people. So that has been a big part of my journey. I know that one of the proponents for this bill kind of made some comments that were a little derogatory towards the types of moms that were here in front of you tonight. You know, basically that they are intelligent enough but they don't have, you know, that sort of capacity to be making these decisions. But I will tell you, and I

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think that you've probably experienced it, that the moms that are looking into this are doing this out of their-- out of their heart. They're doing it in their spare time. They're listening to doctors. They're listen-- they're reading books that are written by medical professionals. They're reading the vaccine inserts. They are looking at the medical literature. They are not looking at Facebook. They might be sharing the information on Facebook because it needs to be shared. But they are very intelligent people. And I will leave you with I know you've heard a lot about abortion and the aborted tissue being in the vaccines. But if we think of both ends of the abortion spectrum, on one end, you have my body, my choice. And if that's what you believe, then you know what to vote for this bill. And on the other end, you have my bod-- my baby, my choice. And if you're on that end, then you know what to vote for this bill. So I am very much in opposition to LB447. And I ask that you please vote against it. Thank you.

ARCH: Thank you for your testimony. Are there other opponents to LB447?

LESLIE OTTEMANN: All right. Hello, my name is Leslie Ottemann, L-e-s-l-i-e O-t-t-e-m-a-n-n, and I'll be really quick. I know we're all needing to get home to our families. I'm a graduate of UNL here in town, and I was a public school educator. I had a lot of opportunities being educated around vaccines, through the public school system. I became a mother of four. I have two fully vaccinated children. I have one partially vaccinated child. And the reason for that is because I want the one child that's partially vaccinated, she had an injury when she was at her six-month appointment. We spent thousands of dollars and lots of time, my husband and I, going to specialists. We went to all sorts of different doctors who educated us on the different things that could happen when you are putting vaccines into a baby's body. And it just really surprised me because this was not always-- this was not the education I had received. And it-- it took a long time for us to come to terms with this. And so I do oppose this bill, specifically the amendment that would take away our religious exemptions, because I've learned the hard way just what-- just what it is like to go through the experience that we have gone through with our child. And I think, too, just about delaying even like parents-- the parents' right to-- you know, we have a fourth child after that. And I think about sending a child to a daycare that would need to be fully vaccinated.

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It would take away, you know, his-- for him to be even partially vaccinated. I wouldn't even have that choice. And so anyways, that's been our experience. And I am just prayerfully hoping that you consider all these great testimonies today and-- in making your decision tomorrow. Thank you.

ARCH: Thank you for your testimony. Are there other opponents for LB447 that would like to speak? Seeing none, are there any that would like to testify in a neutral position?

TOM VENZOR: I think I might be the one thing standing between all of you and getting out of here soon. Tom Venzor, T-o-m V-e-n-z-o-r. I'm the executive director of the Nebraska Catholic Conference. And so kind of coming in neutral today. I understand there's an amendment that's been offered that I have not had a chance to look at. So kind of using this as an opportunity to just sort of as a placeholder to be able to have a review of that amendment. I kind of was able to hear what the amendment was about a little bit in the opening, although I was listening out there on my iPad so that was kind of tough. Anyways, just to lay the foundation just for us from the Catholic Church's position, the Child Care Licensing Act applies to-- it would apply to early childhood education centers, childcare centers, and school-based basically care programs that we all run with our Catholic schools. And of course, we already, you know, currently comply with those compulsory vaccination laws, as well as the K-12 compulsory vaccination laws that our schools comply with. So we had initial concerns with the removal of the exemption insofar as it would strike out a religious exemption, because that would make it inconsistent with the current K-12 compulsory vaccination laws. So my understanding is there's an attempt to basically reinstate some sort of religious exemption. The only sort of concern I would raise at this point, just not having seen the amendment, but basically that it sounds like the exemption is written in a different way than the K-12 exemption is written. And so that might just be a matter of some inconsistency there when we're dealing with a school that's got to meet sort of an exemption requirement in one way over here, but then for K-12 it has to meet it in a different way over here. So that's more just sort of a practical concern, but otherwise just kind of wanted to put some of those things on the neutral testimony at this point. So-- and, of course, some of the other things that have been raised, obviously with the-- with the exemption, basically with some of the concerns,

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obviously with tainted ethical vaccinations that use aborted fetal tissue. The church recognizes that those vaccines can be used more-- it's morally permissible to use those vaccines because the recipient, although you've got a really serious issue over here with the use of aborted fetal cells, the recipient is not so much culpable by receiving the vaccine. Nevertheless, the church recognizes that some would basically choose not to take that vaccine because of the derivation of the aborted fetal cell. And of course, we allow that exemption in our schools as it would be allowed under state law. So just want to get those things on the record for all of you so.

ARCH: Thank you for your testimony.

TOM VENZOR: Yeah. All right. Thank you very much.

ARCH: Anyone else want to testify in a neutral capacity? Seeing none, Senator Cavanaugh, you're welcome to close. As you come up, I would-- I would tell you that we have received in written testimony this morning two proponent testimonies: Julie Erickson on behalf of the Nebraska Child Health and Education Alliance; Cora Schrader on behalf of Children's Hospital and Medical Center. We also received three opponents in written testimony: Becky Wisell, Department of Health and Human Services; Jessica Vogel; and Stacey Skold. We received no neutral written testimony. We also received in letters, 40 letters regarding LB447 and they were in opposition. Senator Cavanaugh.

M. CAVANAUGH: Thank you. Thank you all for sticking it out today. I did want to read into the record a little bit of Dr. Michelle Walsh's testimony that she didn't quite get to so this is from her testimony earlier. After discussion with several childcare providers, a statewide organization representing childcare facilities, we learned that currently several childcare providers have voiced their concern for the need to report the data when they do not see the point in accurately reporting immunization data because they are under the impression that DHHS does not currently do anything with those records. They also stress that they do not like that parents can simply write a note to say they choose to not vaccinate their children and submit it to the HHS. Childcare providers do not want their businesses closed down because of a preventable disease outbreak, nor do they want other children exposed to them when they have medical reason-- medical reasons preventing them from getting the vaccines.

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Therefore, childcare facilities would benefit greatly from this bill, knowing that they are providing a safe place for children. OK, so to Mr. Venzor's comments, if we need to make any technical changes, we'll certainly work with that. And I'll follow up with him, have my office follow up with him tomorrow on that. This bill, contrary to what many have said today, is about data collection. It is about making it easier for childcare facilities to communicate with the Department of Health and Human Services. And while we were doing that, the Nebraska Medical Association thought it would behoove us to make the language harmonized with what you have to do when your kids go to school. Some schools, some childcares are also preschools. And so there's a pipeline there that your child is going to begin going to school afterwards. Most child-- most childcares have people vaccinating. At my childcare, everyone vaccinates their children and they submit the records to DHHS. This, however, does not take away parents' rights. This-- this requires that if you want to put your children in a specific setting, that you must follow specific rules and guidelines. I don't-- I don't want to diminish the concerns of any parent. Every parent should make the choice that is right for them, right for their children. But in making those choices, you have to take into consideration the-- the needs of others. We have herd immunity for numerous of these diseases: polio, measles, mumps, rubella because people vaccinate. And for that percentage of people, mostly who we heard from today that choose not to vaccinate, it is because the rest of us vaccinate that we have that herd immunity. This does not take away your choice as a parent to not vaccinate your child, but it does protect other children and childcare workers and society as a whole. When we saw a drop in vaccinations for measles, we saw an outbreak in measles in this country. And we had a child who was in Florida who contracted measles and came back to Nebraska. And I talked to one of the pediatricians in my child's practice and he told me that he had never seen measles in person and now he had to start dealing with treating it. To maintain herd immunity, we have to be diligent. I don't want to take away anyone's rights. I don't want to take away any parents' rights. I'm not trying to make anyone's life harder. This is about recordkeeping. It is about making things clear and transparent for everyone. And you still have options as a parent to do what you think is right for your child. And if that is to not vaccinate, you still have options as a parent. A lot of people talked about the personal exemption versus the religious exemption and not appreciating

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that. A religious exemption has history. It has documentation. It has mores and context. And a personal exemption to be able to say that you just philosophically disagree with something is just not adequate enough for you to put your child in a setting with other children. It needs to be-- there needs to be rule of law and this is rule of law. I appreciate everyone coming today and sharing their testimony. I have been listening to everyone. Whether I agree with you or not, I have listened to you. And I want the people that came today to understand that-- that I am listening. Even if you're insulting me, I am listening. I care about you. I care about your children. I care about all of our children. And I thank you, my committee, for your time tonight.

ARCH: Thank you. Are there any questions for Senator Cavanaugh? Seeing none, this will close the hearing on LB447 and we'll close the hearings for the day.