OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 30 – 2025

**Please note that this resolution has been updated (as of March 27, 2025) to incorporate the final version of the resolution as submitted prior to the resolution deadline as set forth in Section 16 of the OSMA bylaws. Through a clerical error, staff submitted for comments a non-final version. This error was recognized after Resolution Committee 2 reviewed comments and finalized its initial draft report. The author will speak to this updated version compared to what the Committee originally reviewed in the Committee 2 during the open hearing on April 5.*

Introduced by: Phillip Roholt, MD

Subject: Reasoned Approach to Vaccine Administration and Reporting

Referred to: Resolutions Committee No. 2

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WHEREAS, vaccinations are the only medical treatments in which pharmaceutical companies and healthcare providers are released from liability (1); and

WHEREAS, frequent and known adverse effects from all vaccinations are widely reported, both in the literature and anecdotally, and the VAERS (Vaccine Adverse Event Reporting System) reports are under-reported by 90% (2),(3),(4); and

WHEREAS, the National Vaccine Injury Compensation Program (NVICP) is supported by taxpayer funds, not pharmaceutical manufacturers, and requirements for acceptance are rigid, the funds are inadequate for remedy in most cases, and most injured patients are not accepted into the program. Notably, the application and award data for the C-19 vaccines are missing from Health Resources and Services Administration reporting (5), (6); and

WHEREAS, there has never been a vaccine accepted by the FDA that has undergone an independent, peer-reviewed, placebo-controlled study; that vaccine FDA approval is based on prior studies in which safety standards are set by already approved vaccines presumed to be “safe and effective” without baseline studies, and recent vaccine proponents have admitted (7), (8); and

WHEREAS, the C-19 vaccines were novel mRNA technologies, introduced under the EUA (Emergency Use Authorization), and had no product information sheet listing adverse effects, of which pharmaceutical companies, including Pfizer, were aware; and because of government policies and mandates, patients were encouraged to receive the vaccines, which neither prevented Covid nor decreased mortality or morbidity from Covid. As a result of the widespread use of C-19 vaccines, overall morbidity and excess mortality has increased (9), (10), (11); and

WHEREAS, alternative treatments, both prophylactic and therapeutic, were available as alternates to mandated, experimental vaccines during the recent C-19 pandemic, and FDA and CDC recommendations were driven by political, financial and commercial interests; (12),(13),(14); and

WHEREAS, physicians were incentivized to use the C-19 vaccines, which were approved under EUA (15); and

WHEREAS, childhood diseases such as diabetes, allergies, and autism have been increasing year by year, and many authorities are linking this increased morbidity to the childhood vaccine schedules which include 33 immunizations not including recommended influenza and Covid-19 vaccinations (16), (17); and

WHEREAS, gain-of-function research is ongoing, and can result in pathogenic strains released into the population (18): and therefore be it

RESOLVED, that OSMA encourages physicians to become familiar with vaccine adverse safety effects, in order to give full informed consent concerning the risks of any Vaccination, including references to VAERS; and be it further

RESOLVED, that OSMA supports encouraging AMA to lobby CDC to simplify the VAERS, allowing vaccine adverse events to be easily reported by health care providers; and be it further

RESOLVED, that OSMA supports liability for pharmaceuticals; and be it further

RESOVLED that OSMA opposes vaccine mandates for all citizens, including health-care personnel; and be it further

RESOLVED, that Policy 21-2017 be amended as follows:

Policy 21 – 2017 – Removal of Non-Medical Exemptions for Mandated Immunizations and Support of Immunization Registries

1. The OSMA supports the use of immunizations ~~to reduce the incidence of preventable diseases~~. <u>THAT ARE SUPPORTED BY PEER-REVIEWED, PLACEBO-CONTROLLED STUDIES.</u>

2. ~~The OSMA supports the removal of non-medical exemptions for required school immunizations.~~

3. The OSMA encourages the use of immunization reporting systems for patients of all ages;

and be it further

RESOLVED, that Policy -- 08-2019: HPV Immunization be rescinded; and be it further

RESOLVED, that Policy-- 07-2021 – Protection of Informed Consent and Patient Autonomy with Administration of COVID-19 Vaccinations be amended as follows:

Policy 07-2021 – Protection of Informed Consent and Patient Autonomy with Administration of ~~COVID-19 Vaccinations~~ ANY VACCINE

1. ~~The OSMA strongly encourages healthcare workers and first responders to receive the COVID- 19 vaccine.~~
2. ~~The OSMA supports the freedom of schools and public and private employers to require the COVID-19 vaccine, which is in the best interest of their employees, students and/or patrons, with reasonable religious and medical exemptions.~~
3. The OSMA strongly encourages protection of patient autonomy and informed consent with respect to COVID-19 vaccinations.
4. The OSMA AMA Delegation shall take this resolution to the AMA for consideration.

; and be it further

RESOLVED, that Policy -- 16-2022 – Allowing Mature Minors to Consent for Vaccination and Policy 17 – 2022 – Supporting Vaccination in Ohio be rescinded; and be it further

RESOLVED, that OSMA supports research and use of alternative therapeutics for diseases aside from vaccines, and opposes restrictions on physicians who recommend these alternatives for their patients; and be it further

RESOLVED, that OSMA oppose gain-of-function research without appropriate oversight and transparency.

Fiscal Note: 100 $ (Sponsor)
500 $ (Staff)

References:

1. National Childhood Vaccine Injury Act (NCVIA) of 1986 (42 U.S.C. §§ 300aa-1 to 300aa-34)
2. Electronic Support for Public Health–Vaccine Adverse Event Reporting System (ESP:VAERS)
3. VAERS Admits Fewer Than 1% Of Vaccine Adverse Events Are Reported | Armstrong Economics

4. Long-Term Prognosis of Patients With Myocarditis Attributed to COVID-19 mRNA Vaccination, SARS-CoV-2 Infection, or Conventional Etiologies | Cardiology | JAMA | JAMA Network
5. Insult To The Injured: The Case For Modernizing Vaccine Injury Compensation | Health Affairs
6. HRSA Data and Statistics February 2024
7. https://pmc.ncbi.nlm.nih.gov/articles/PMC4157320/
8. Funding Postauthorization Vaccine-Safety Science | New England Journal of Medicine
9. https://academic.oup.com/ofid/article/10/6/ofad209/7131292#google_vignette
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