

## **Ben O'Donnell Written Testimony**

I would like to thank the committee members for the invitation to this hearing today. To be able to tell part of my story and help keep other's safe is an honor. This pandemic and virus are still affecting so many people and if my story and ideas can help others, I am more than happy to provide that help.

My story starts in Feb 2020. I had a 2-day physical at the Mayo Clinic to ensure I was in good health before I started intensive training for my second Ironman Triathlon. I was given a completely clean bill of health. Five days later, I went on a business trip where I contracted COVID-19. I started showing symptoms on Feb 29. On that day there were less than 1000 total cases reported in the US. I was admitted to the hospital on March 9 and spent the next 28 days in the ICU before being discharged and over half of that was on a ventilator. I was the first critical case in the state of Minnesota.

There are multiple reasons that I have the opportunity to be here today. One of those is privilege. I was able to be treated at one of the top ECMO centers in the world at M Health Fairview at the University of Minnesota. I was privileged to be the only COVID-19 patient in the hospital and that all of their resources were dedicated to me for that first week. I had the privilege to have a wife with a PhD in chemistry who could have data driven discussions with the medical staff. I had the privilege to have a care team that was willing to take chances and experiment. I had the privilege to have a body strong enough to survive until a treatment was found that worked. I was also extremely privileged to have insurance and a job that had disability pay so that I was not affected financially by this ordeal. I did not lose significant income or my home due to this. I know I speak from a place of privilege.

That is the first theme of my story. Privilege. The other main theme of my story is science. When I was put on ECMO, it was thought that ECMO would not work for treatment of COVID-19 patients. My doctors felt that it was my only shot at survival. There were no known treatments for COVID yet, so my care team searched the literature and found the best treatments they could find at that time. If my family or doctors waited until there was something 100% proven, I would not be here today. If I did not believe in science, I would not be here today. As it is, I was the first person in North America to be put on ECMO while suffering from COVID to survive. I was able to be the case that showed a treatment was possible. Many thousands of people are alive today because my doctors thought ECMO could work and proved it could work so that others could follow. Dr Melissa Brunsvold and Dr. Salma Shaker are two amazing physicians who took a chance on me and allowed me to survive. I was able to be the scientific experiment showing what was possible.

Since this day, I have done what I can to talk about my story and help others to follow the science and figure out what barriers exist for them to follow that science. I donated my antibodies, which the University of MN used to create its first diagnostics test to determine if a person had COVID-19 antibodies. I have signed up for numerous clinical studies and shared my blood to help determine why I was affected a much as I was. I have raised funds through the Ironman Foundation and IRON AID so that people who did not have the privilege that I did can get help and treatment they so desperately need. On top of this, I was able to complete another Ironman Triathlon on May 23, 2021. It was just 14 short months after coming off of life support and a ventilator that I was able to swim 2.4 miles, bike 112 miles, and run 26.2 miles in just over 16 hours to complete this race.

I could spend long minutes talking about the primal fear I had when my intubation tube blocked and needed to be removed and then deprived me of oxygen for what felt like an eternity, twice. The hallucinations while sedated that almost 2 years later are still crystal clear in my memory and will likely never go away. I could spend my time talking about this and it would not benefit us. Fear will never

help us in this situation. We cannot use fear as a tactic to get people to vaccinate or persuade them that it is necessary. What we need is proper discourse without fear. We need to address people's concerns with the vaccine, not their decision making process. We need to enter these conversations with empathy and not judgement. We should not judge people for the decision they made, but rather challenge how they came to that decision. There are many reasons for the decisions that have been made. There are those that cannot afford to take the time away from work to get vaccinated. Some may not be able to take a day off if there are side effects. When the consequence of vaccination means not being able to pay rent or put food on your family's table, the decision is no longer a simple science and fact-based decision. Instead, these are impossible decisions. When we bring empathy to the table of the discussion, we discuss the barriers and how to overcome them. I look at these barriers and revert back to my professional life as a continuous improvement and change management practitioner.

Change happens on an individual level. Each person has to make the decision to change and for the change to be possible, we have to identify the needs of the individual. If we try to solve problems or paint entire groups of people with too broad of a brush, we miss the opportunities for real change.

My overarching message when I have these discussions are that we need to trust in the science. We have plenty of information and misinformation. We have plenty of people blaming or pointing fingers at others in order to get their point across. The one phrase we throw around too much is to "Do your own research". This is dangerous. My background is that of a scientist. I have a Master's Degree in Organic Chemistry from the University of Notre Dame. I know science and research very well. I spend the first decade of my career developing and manufacturing in-vitro diagnostic tests. I even helped a colleague develop one of the tests (IL-6) that identified the cytokine storm that was killing me. I have spent my entire career in science, but I am not a COVID-19 expert. I had the honor of speaking after a COVID-19 expert at a conference on ECMO, Dr Michael Osterholm, who was a member of President Biden's Coronavirus Advisory Board. I am not an expert in COVID-19. Perhaps I am an expert in surviving it, but I have no qualifications to do any research on this topic myself. I have no capability to "do my own research".

One thing my background does allow me to do is read and understand fully the research of experts. I also have a talent for taking scientific information and being able to explain it in a way most audiences would understand. My wife, Dr Deanna O'Donnell PhD, is a former college professor that has this amazing talent as well. The two of us are able to take fairly complex scientific concepts and make them digestible for the audience we have. Whether it was explaining COVID to our 3 year old daughter by using animals to explain the different types of germs (COVID-19 being tiger germs that would aggressively attack the body and a common cold being something like puppy or squirrel germs) or being able to take a scientific subject and translate it to business needs or a classroom of college students.

Too often, a single line or a research article is taken out of context and used to declare the entire article or research study really meant something contrary to its original findings. The world has a large number of people that are creating and sharing misinformation. What we don't have is enough people who are translating the research in full so that it can be consumed by more of the general population.

Since I have recovered, I have spent a significant amount of my time trying to speak to whomever will listen about the facts of the research and discuss in a civilized manner what apprehensions they may have towards the research and vaccination. I have had a film crew following me for a year working on a documentary of my recovery from this virus. Almost every interview I try to stress the importance of following the science. Science changes as it learns more. As we collect more data, our conclusions will

change. That is not a failing of science, that is a failing of not having enough data. We make decisions on the best information available and openly correct ourselves when that data proves otherwise. This is not flip flopping or changing due to political or outside pressures. This is learning. I have spoke to different news organizations. From NBC Nightly News to CTV Atlantic to ABC News in Minneapolis. My message has not changed from day 1. It has always been to follow the science. I was able to be one of the people that scientists used to experiment and find solutions and treatments for those going through this today. I feel privileged that all of humanity has the data to save lives. I also stated in a Star Tribune Interview in April 2020 that I would go through what I went through all over again if it would keep another person from getting sick and dying. We had less than 700,000 cases at that point. We are over 45 million today. I will state unequivocally again. My agenda here is to prevent another single person from having to endure what I went through. If I have to drive door to door in this great nation to help convince people of my sincerity and help them get vaccinated so that they do not have to go through what I did, I will do it. I have been on that hospital bed. I have been there unable to move, stand, or talk. I have felt the fear. I do not want anyone else to feel those same things if we can prevent it.

Let's find a way to allow everyone to follow the science and get the vaccine.

Thank you.