

**Testimony of Michelle Cotterman, RN**  
**Support of HB 193**  
**Economic Development, Commerce, and Labor**  
***June 6, 2017***

Good day Chairman Young, Vice Chair DeVitis, Ranking Member Lepore-Hagan, and members of the Commerce and Labor Committee. It is a pleasure standing here before you today to share my testimony in support of HB193.

My name is Michelle Cotterman and I am a registered nurse. I take great pride in my profession, I love what I do, not many people can say that. Over the years I have fine-tuned my ability of being a patient advocate. Nursing is the application of caring for, advocating for, and meeting people where they are to assist them on their journey to health, no matter what. I believe in informed consent. I believe in medical freedom. I am pro-science. I am pro-health. I diligently defend the right of my patient to think critically, follow their conscience, and protect their body no matter what a doctor tells them to do with it.

As patients, we have the right to make voluntary decisions regarding medical risk-taking. We become patients when we accept medical procedures, whether it be for treatment or prevention. Right now in the state of Ohio existing employment policies discriminate against my peers for saying no to the annual flu shot. I have friends who have walked away from a career they love because their right to bodily integrity is more important to them than a paycheck. When did it become acceptable for corporations to make policies that mandate medical procedures?

Some of you may feel that the employer has the right to define safe working environment. But does their right extend into my skin? Do they have the right to coerce and persuade their employees into accepting a medical procedure with known risk, including paralysis and death? Is the employer held accountable for injuries sustained as a result of these mandates? Is the vaccine manufacturer? Who has the ultimate risk in this exchange?

These are very complicated questions and for many of us the topic of vaccination is black and white.

“vaccines are safe and effective”.

I used to think that too. Until I learned that vaccines are not safe for everyone and they do not protect everyone.

In 2006, influenza vaccines were added to the table of injuries eligible for compensation through the Vaccine Injury Compensation Program. ***Influenza vaccine now is named in the majority of all the VICP petitions, almost ⅔ of all paid injury claims.***

How effective are flu vaccines? The CDC **estimates** vaccine efficacy, they **estimate** because the studies necessary would entail deliberate exposure to influenza virus and this sort of efficacy test is unethical. For this flu season the CDC **estimated** the vaccine was 48% effective at preventing MEDICALLY ATTENDED influenza. They followed a little over 3,000 adults and children with Acute Respiratory Infection, 24 out of 100 had lab confirmed influenza. 45 out of 100 of the lab confirmed cases were vaccinated (1). The efficacy rating does not mean that it is preventing infection or transmission but rather that **flu vaccine reduces a person's risk of developing flu illness that results in a visit to the doctor's office or urgent care provider, in this case for 48 out of 100 people** (2).

In 2013 a collaborative study including the CDC published in the journal Clinical Infectious Diseases found that:

“Substantially lower effectiveness was noted among subjects who were vaccinated in both the current and prior season. There was **no evidence that vaccination prevented household transmission once influenza was introduced**; adults were at particular risk despite vaccination.” (3)

The Cochrane Collaboration completed a review of the scientific evidence surrounding Healthcare workers and influenza vaccination:

“review findings **have not identified conclusive evidence of benefit** of HCW vaccination programmes on specific outcomes of laboratory-proven influenza, its complications, or all cause mortality in people over the age of 60 who live in care institutions.” (4)

A new study published early in 2017 found:

“recalibration based on actual patient data shows that **at least 6,000 to 32,000 hospital workers would need to be vaccinated before a single patient death could potentially be averted.**”

“The impression that unvaccinated healthcare workers place their patients at great influenza peril is exaggerated. Instead the healthcare worker attributable risk and vaccine preventable fraction both remain unknown and **the number needed to vaccinate to achieve patient benefit still requires better understanding.**” (5)

Are these mandatory vaccination policies built on the back of estimations and unclear science? How does coercion and persuasion fit into the Informed Consent law in Ohio? Do individuals have the capacity to make informed medical decisions free from coercion and persuasion? As individuals do we have the right to bodily autonomy?

If the purpose of these policies are to protect patients, wouldn't it make more sense to adopt mandatory 'stay home from work when you are sick' Or 'Mandatory masking' policies for ALL employees during flu season?

I am standing before you today as a nurse who refuses to abandon my right to informed consent to medical risk taking, just as I respect the right of my patient to make voluntary decisions about medical risks.

I am asking for your support of HB193, because in light of mandatory flu shot policies Ohio workers need exemption rights.

Resources:

(1) ***CDC Reports This Season's Flu Vaccine Reducing Risk by Nearly Half***

<https://www.cdc.gov/flu/spotlights/flu-vaccine-reducing-risk.htm>

***Interim Estimates of 2016–17 Seasonal Influenza Vaccine Effectiveness — United States, February 2017***

[https://www.cdc.gov/mmwr/volumes/66/wr/mm6606a3.htm?s\\_cid=mm6606a3\\_w](https://www.cdc.gov/mmwr/volumes/66/wr/mm6606a3.htm?s_cid=mm6606a3_w)

(2) ***Vaccine Effectiveness - How Well Does the Flu Vaccine Work?***

<https://www.cdc.gov/flu/about/qa/vaccineeffect.htm>

(3) ***Influenza vaccine effectiveness in the community and the household.***

<https://www.ncbi.nlm.nih.gov/pubmed/23413420>

(4) ***Influenza vaccination for healthcare workers who care for people aged 60 or older living in long-term care institutions***

[http://www.cochrane.org/CD005187/ARI\\_influenza-vaccination-healthcare-workers-who-care-people-aged-60-or-older-living-long-term-care](http://www.cochrane.org/CD005187/ARI_influenza-vaccination-healthcare-workers-who-care-people-aged-60-or-older-living-long-term-care)

(5) ***Influenza Vaccination of Healthcare Workers: Critical Analysis of the Evidence for Patient Benefit Underpinning Policies of Enforcement***

<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0163586>