

## **6-5-17 (PROPONENT) TESTIMONY FOR HB193 – Ravi Kulasekere PhD, DABR**

Chairman Young, Vice Chair DeVitis, Ranking Member Lepore-Hagan and members of the Economic Development, Commerce and Labor Committee, thank you for allowing me to provide testimony on House Bill 193.

My name is Ravi Kulasekere PhD, and I am a Medical Physicist, board certified by the American Board of Radiology in Therapeutic Radiation Oncology Physics. I am also a Certified Radiation Expert in the State of Ohio, and a soon to be Doctor of Naturopathy. I was previously employed at the Metro Health Medical Center in Cleveland, OH and am fully aware of employer forced flu vaccine mandates and was one of the reasons I chose to leave a hospital based job to pursue a new career in holistic preventive healthcare.

I fully support the legislation proposed by the bill HB 193 because widespread flu vaccine mandates that have been implemented in healthcare settings have adversely affected many individuals in Ohio with their employment status, career advancement and in some cases even jeopardizing their health. Hospitals started to implement mandatory flu vaccines as a condition of employment based on the recommendation of the National Vaccine Advisory Committee (NVAC) Report of February 8, 2012 that resulted from a directive from the U.S. Health and Human Services Assistant Secretary to develop recommendations and strategies for the annual goals of a program known as the Healthy People 2020 Initiative. In addition the Centers for Medicaid and Medicare services attached a financial penalty of up to 2% to those hospitals not reporting a 90% vaccination rate annually. This I believe was the catalyst for the mandates being imposed.

Soon after Hospitals using patient protection as a reason implemented the vaccine mandates violating not only the code of ethics of the AMA but also blatantly infringing on the religious, philosophical and in some instances even the medical freedom of employees. Allow me to explain why such freedoms are absolutely necessary when it comes to vaccination and especially the influenza vaccination.

Hospitals have not routinely keep track of clinically identified influenza infections acquired and/or transmitted by employees nor do they keep track of patients who come in and get influenza from a hospital stay. Therefore the primary assumption that was used to impose the flu vaccine mandate was not evidence or science based medicine but based purely on a belief and was driven by financial incentives. There is also enough evidence that vaccinating healthcare workers with the seasonal flu vaccine Does NOT reduce or prevent hospital acquired infection or transmission of the flu among patients<sup>1-3</sup>

The flu vaccine is one of the vaccines that carry the risk of serious injury up to and including permanent debilitating neurological conditions and even death. This fact is well documented in the Vaccine Adverse Event Reporting system. On top of that the flu vaccine is at best 60% effective in healthy adults and much less in the populations that it is needed most (the elderly and the very young). On some years when the circulating flu strain does not match the vaccine strains, such as the past year, the effectiveness can be as low as 10-25%.

Many people also have health conditions that clearly warrant staying away from a vaccine that can cause these conditions to worsen. One such instance is people who have auto-immune conditions. It is well documented that the flu vaccine can cause these conditions to worsen<sup>4</sup>. At present even these people are forced to keep vaccinating in order for hospitals to achieve the vaccination goals. Requests for exemptions are routinely turned down by committees set up within the hospital system itself.

The flu vaccine also contains foreign proteins and cell cultures (known to science to be carcinogenic and mutagenic<sup>5</sup>), chemicals, antibiotics and known neurotoxins such as Aluminum and Mercury (thimerosal) which are directly injected into the blood stream. There are some people who sincerely hold a belief, be it religious or philosophical, that they should not inject themselves with these toxic substances and such beliefs MUST be respected and should not be challenged or dismissed in order to promote an unproven vaccination agenda as it is done today.

The flu vaccine mandate also summarily disregards any and all alternative methods of preventing the infection. There is documented evidence that higher than normal doses of Vitamin D3 coupled with good hand hygiene and proper diet can provide a safe and alternative method to prevent the flu<sup>6</sup>.

It is clear that the flu vaccine mandate for healthcare workers is a poorly thought out process that is not backed by solid science. Therefore employers should not be allowed to discriminate against people who have religious or philosophical beliefs or medical conditions to refuse a vaccination. No one should lose a job or be unable to seek employment for refusing an invasive medical procedure with known risks.

In closing I would also like to take this opportunity to thank Rep. Christina Hagan and the co-sponsors of this bill for understanding the importance of individual rights in the workplace and the dangerous precedent that is being set by mandatory vaccinations to obtain or retain employment. I sincerely urge you to support this bill and withhold the fundamental rights of the people of Ohio.

<sup>1</sup> J M Orient MD, (2012), *Mandatory Influenza Vaccination for Medical Workers: A Critique*. Journal of American Physicians and Surgeons; 17, #4, Winter 2012

<sup>2</sup>Thomas RE, Jefferson T, Lasserson TJ. (2010): Influenza vaccination for healthcare workers who work with the elderly. *Cochrane Database of Systematic Reviews*; Issue 2. Art. No.: CD005187. DOI: 10.1002/14651858.CD005187.pub3.

<sup>3</sup> Z H Abramson, (2012), *What, in fact, is the Evidence That Vaccinating Healthcare Workers against Seasonal Influenza Protects Their Patients – A critical Review*: International Journal of Family Medicine Volume 2012, Article ID 205464, 6 pages, doi:10.1155/2012/205464

<sup>4</sup> N Agmon-Levin et. Al, (2012), *The spectrum of ASIA: ‘Autoimmune (Auto-inflammatory) Syndrome induced by Adjuvants’*. LUPUS 21, 118-120

<sup>5</sup> Fowler L., Lewis Jr. A. M., Peden K.. (2009): *Issues Associated With Residual Cell-Substrate DNA in Viral Vaccines - Biologicals*; 37 (3):190-195.

<sup>6</sup> Urashima M, Segawa T, Okasaki M, et al. (2010): *Randomized trial of vitamin D supplementation to prevent seasonal influenza in school children - American Journal of Clinical Nutrition*; 91:1255-1260.