

Chairman Young, Vice Chair DeVitis and Ranking Member Lepore-Hagan and members of the Economic Development, Commerce and Labor Committee, thank you for affording me the opportunity to provide testimony in favor of House Bill 193. Having been an active Ohio pharmacist for 25 years, I have given presentations on immunotherapy and vaccinations to other healthcare professionals and presented drug bioavailability data during an internship at the Food and Drug Administration many years ago. I have worked for the same pediatric hospital for 18 years and have been directly impacted by this issue of employer-mandated flu vaccines. In light of Ohio's current employment and discrimination laws, or lack thereof, Ohio needs HB193 to put a stop to these business practices and have legislation in place similar to other states that allow employees the ability to opt out of flu vaccines and keep their jobs and thus support their families.

This issue of employers mandating flu shots as a condition of employment is a relatively new one. For years, at least for as long as I had been in training and practice, hospitals would standardly make the flu vaccine available to employees, but always left it up to the worker if they wanted to get it or not. Usually the employee health nurses would come around with their flu carts or have a table at an annual health fair and those employees who wanted the vaccine, got it, and those who didn't, didn't, and their employers never demanded that they get it or hounded them about it. This personal medical choice was kept in the hand of the worker, not their employers or hospital administrators.

Then in 2010, the federal government got involved, and launched a federal initiative entitled *Healthy People 2020*, in which the CDC and vaccine industry representatives **recommended** arbitrary flu vaccination rates of 90% or higher, and then the Center for Medicare and Medicaid Services began to financially penalize hospitals if they didn't report their staff vaccination rates. That demanded a lot from Ohio hospitals. Not only would hospitals have to supply the flu vaccine for "free" to employees, but they also had to begin annually tracking and documenting thousands of workers' personal medical choices. Then to make matters worse for hospitals, The Joint Commission, which is a group that gives the required accreditation to operate Ohio hospitals, expanded the CDC and CMS **recommended** goals for not only healthcare professionals, but also for any hospital-employed person, even outside contracted non-employees that serviced hospitals. So now we have a situation whereby a federal agency has been effective at implementing their autocratic policy at hospitals not only across Ohio, but across the country, and thereby denying each person's ability to make their own medical decision about flu vaccination and keep themselves healthy according to their own lifestyle, culture, conscience, and religion.

Despite **not** tracking cases of **hospital-acquired** influenza prior to these mandates, hospitals nationwide began claiming they "have to do this for patient safety." They claim they have to mandate the flu vaccine to protect their most vulnerable, immunocompromised patients, but the reality of how we protect those patients (how we place them in isolation, how we diligently wash our hands, how we wear protective gabs and masks when we are in direct care of those patients) is a completely separate issue from how a flu vaccine actually works. I hate to burst everyone's bubble, but **flu vaccines do not stop the transmission of any virus outside the body.** Both vaccinated and unvaccinated people can spread viruses and bacteria by coughing on or touching a contaminated door knob or surface and then touching hospital equipment or the patients themselves. Flu vaccines do not stop the transmission of any of the 200+ viruses that can cause influenza-like illnesses or any other virus that could be detrimental to our patients. **Flu vaccines attempt to protect only the vaccinated person** by activating their individual immune system against 3 or 4 flu strains in the hopes that a person will develop enough temporary, protective antibodies if they do happen to encounter those particular strains of flu. That's the reality and intent of these biological products. They don't somehow magically stop disease transmission. We presently have well-established mechanisms in place to prevent that.

So for about the first 20 years of my career, none of my employers had asked about my flu vaccination status, but then after what was about 14 years of service with my current employer, they

changed their conditions of employment and initiated the same nationwide broad-sweeping program that **all employees, volunteers, students, medical staff, residents, fellows, interns, non-employee allied health professionals and non-employee contracted staff** must receive an **annual** mandatory influenza vaccination. Only specific CDC-defined medical exemptions, reviewed by “hospital leadership,” would be accepted, and failure to satisfy the policy’s requirements would result in “corrective action,” “up to and including termination of employment.”

So why the sudden change? It wasn’t because hospitals were having some type of surge in **hospital-acquired** flu cases, because Ohio hospitals had no tracking or data to support that this was happening, and with our issues of escalating healthcare costs, clearly Ohio hospitals themselves are being arm-twisted under threat of lost federal reimbursement dollars. They themselves need HB193, if only to have some law in place, like other states do, to stand up against this federal directive. But the single most disturbing thing about this situation is the on-going violation of a person’s right to informed medical consent by holding their job over their head if they don’t comply. When confronted with vaccination, or any elective medical procedure, the employee becomes a patient, and we as healthcare professionals are morally obligated to respect the autonomy and dignity of each patient, to promote their right of self-determination and recognize their individual self-worth, and to respect personal and cultural differences among them, even when they differ from our own. Mandatory flu vaccination violates all of these ethical principles, and now these personal medical decisions are being determined by “hospital leadership” and policy administrators.

When this occurred, I was surprised to find that Ohio does not have state legislation in place to protect a worker when flu vaccination is put forth as a condition of employment. Other states already have personal and religious exemption laws or regulations in place in regards to flu shots, but Ohio is silent. However, until some type of employee protections are put in place, this matter will not end any time soon.

I myself had to hire legal counsel to protect my religious beliefs regarding vaccination using federal civil rights law to keep my job through the U.S. Equal Employment Opportunity Commission. This arduous process consumed an enormous amount of personal time and financial resources, and it placed a massive strain on my family and my personal health. I was subjected to an in-person interview by my employer’s attorney and human resources personnel in which they scrutinized my religious beliefs, and under policy time constraints, they requested that I provide a statement from my church’s clergy, which violates my rights to conscience and religious freedom under the Ohio Constitution, but since flu vaccination is defined a “condition of employment,” I have no recourse under Ohio law. I had to submit documentation of my sons’ school vaccine exemptions, which what does that have to do with my work performance? And despite having complied with all this and other time-constrained questions from my employer, I have to make a request every year and then sign their letter reviewing the documentation and informing me that I will have to yet again resubmit another request for the following year. I’m heading into my 5th year now. I ask you, is my employer, their hospital leadership and policy administrators, now my medical power of attorney? Are they in charge of my medical decisions? Or am I freely choosing to decline it? Is that how informed consent looks?

HB193 is vital to preserve informed consent to flu vaccination for all Ohioans, regardless of where they work, and to protect our rights of conscience and religious liberties. No person should be coerced or discriminated against or threatened with the loss of one’s livelihood or career based on their choice to accept or decline a flu shot. Let’s do the right thing, let’s pass HB193, and let’s end this debate in Ohio. I respectfully thank you for your time and attention.

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