

Testimony of Donna Jo Kazee, B.S. Biomedical Engineering
Opposition Testimony for SCR 10
Health, Human Services and Medicaid Committee
February 26, 2020

Chairman Burke, Vice Chair Huffman, Ranking Minority Member Antonio and honorable members of the Health, Human Services and Medicaid Committee:

I appreciate the opportunity to address my concerns with and opposition to Senate Concurrent Resolution (SCR) 10. I am a registered nurse and a mother to two school-age teenagers, one of whom is developmentally disabled and immunocompromised. I am opposed to Senate Concurrent Resolution (SCR) 10 based on my concerns of the content in Ohio Administrative Code (OAC) 3701-36-05.

OAC 3701-36-05 defines reportable public health measures, and SCR 10 ties funding to the success in meeting those measures. I take issue with some of the measures being compliance with uptake of a pharmaceutical product, vaccines specifically, for which there are significant risks including death and permanent disability, which is imperfect and for which there is primary and secondary failure, and for which the manufacturer has no liability for injuries and death. As the parent of a child who is immunocompromised and who experienced significant reactions to vaccines, I can tell you that we very much focus on protecting people from a handful of infections covered by vaccines when in reality there is a vast majority of infections not covered. We make people believe that the goal is not missing work or school, and people are out in public symptomatic thinking they are protected and not capable of transmitting infections.

There are public health measures which absolutely should be tracked, especially outcomes such as infant mortality (for which Ohio has 7.3 deaths per 1000 live births, compared to a national average of 5.9/1000,¹ and for which the United States ranks lowest among 20 developed nations²). We should be tracking outcomes, not compliance with taking a pharmaceutical product. With so much of our population being chronically ill and 54% of our children having one or more chronic health conditions³, I think we need to take a step back and evaluate how all the “health indicators” are really tied to outcomes?

As for publicly posting rates of vaccine uptake, I feel this puts the focus on compliance with a pharmaceutical protocol rather than preventing the spread of many infections and improving the health of the population. It also has the effect of making children like mine, who had significant reactions to vaccines, the target of public scrutiny and disdain. Instead of looking into why fully vaccinated people and populations are contracting mumps, why our influenza vaccine has been so ineffective, why individuals vaccinated against pertussis are getting and transmitting pertussis, we are instead pushing forward with assumptions about what is required for public health.

I respectfully request that the committee vote NO on SCR 10 for the above reasons.

¹ <https://www.statista.com/statistics/252064/us-infant-mortality-rate-by-ethnicity-2011/>

² <https://childrenshealthdefense.org/news/infant-and-child-mortality-in-the-u-s-nothing-to-brag-about/>

³ <https://childrenshealthdefense.org/too-many-sick-children/>

Sincerely,

Donna Jo Kazee