



Opponent Testimony HB 435
Kristin Englund, MD
President, Academy of Medicine of Cleveland & N. Ohio
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Chairman Stein, Vice Chair Johnson, Ranking Member Lepore-Hagan, and members of the Ohio House Commerce and Labor Committee, thank you for the opportunity to provide testimony today in opposition of House Bill 435. My name is Kristin Englund, MD, and I am President of the Academy of Medicine of Cleveland and Northern Ohio (AMCNO). I am also a practicing infectious disease physician and Director of a clinic for long-haul COVID-19 patients at a major health system in Cleveland.

The Academy of Medicine of Cleveland & Northern Ohio (AMCNO), founded in 1824, is the region's professional medical association, and the oldest professional association in Ohio. We are a non-profit 501(c)6 representing physicians and medical students from all the contiguous counties in Northern Ohio. We are proud to be the stewards of Cleveland's medical community of the past, present and future.

The mission of the Academy of Medicine of Cleveland & Northern Ohio is to support physicians in being strong advocates for all patients and promote the practice of the highest quality of medicine. On behalf of our 4,000 physician members and their patients, we ask you to oppose HB 435.

We are proud members of the Ohio Champions for Vaccines (OC4V) coalition established by the Ohio Chapter of the American Academy of Pediatrics. OC4V members are a coalition of medical and public health groups, parents and caregivers, and other invested stakeholders to reduce barriers to vaccines, distribute accurate, science-based immunization information, and encourage evidence-based vaccine policy.

There is no question that vaccines are the greatest public health invention of our time. They have allowed us to diminish and, in some cases, eradicate the threat of fatal infectious diseases. There is also no question that routine childhood immunizations have helped save lives.

The World Health Organization¹ estimates that vaccines annually prevent almost 6 million deaths worldwide. And in the United States there has been a 99% decrease in incidence for the nine diseases for which childhood vaccines have been recommended for decades.

Vaccines not only protect the immunized but can also reduce disease among unimmunized individuals in the community through “indirect effects” or “herd protection.” Vaccines are most effective when a substantial percentage of the community is vaccinated. In the last 50 years alone, vaccines have helped to nearly wipe out measles, diphtheria, and polio.

And as we have devastatingly experienced over the past two years, life without even one vaccine, in the face of a contagious disease, can have incredible moral and economic consequences. As of October 6, 2021, 43.8 million Americans have been diagnosed with COVID-19, and over 703,000 have died. And as I have seen in my practice, nearly 1/3 of COVID-19 survivors are still experiencing symptoms of long-haul COVID-19. If we are to stop this trend of mortality and morbidity and end this pandemic, we must vaccinate enough Americans to achieve herd immunity. And, it has become clear in the age of rampant misinformation, that vaccine mandates are needed to get there.

And while many may question the need for mandates, vaccine mandates are as old as the country itself—in 1777 George Washington ordered his troops to be inoculated against smallpox.

It is also important to note that there is substantial oversight of vaccines in the United States by the U.S. Food and Drug Administration (FDA). FDA’s mission is to protect and promote the public health, both in the U.S. and globally, by ensuring the safety and effectiveness of drug products including ensuring the quality, safety, and effectiveness of vaccines.

In addition to this oversight, it is important to note that Ohio’s existing laws in this space already provide families with medical, religious, and philosophical exemptions to opt out of vaccinations.

It is for all these reasons that we stand in opposition of HB 435. Thank you for the opportunity to testify on this important issue. I am happy to answer any questions.

¹ <https://www.who.int/bulletin/volumes/86/2/07-040089/en/>