

Chairman Lipps, Vice Chair Holmes, Ranking member Russo, and members of the House Health Committee,

Let me begin by thanking you all for the opportunity to speak here today. I would like to voice my support for the proposed legislation, HB 248. As a practicing infectious disease physician, I recognize the importance of shared decision making between clinicians and their patients. Indeed, the American Medical Associations' list of patients' rights codify the importance of self-determination. Section B of HB 248 merely restates what we all know to be true. Patients make the best choices for their health when they are informed and empowered, as opposed to coerced.

This legislation was crafted in response to, among other reasons, ideas being discussed at various levels of government and in various sectors of society concerning the need for a form of vaccine identification for COVID-19. I would like to mention three reasons why I disagree with the public identification of vaccination status. The first is that, to my knowledge, there is no mandatory intervention placed on the citizenry in regards to the top causes of death (this includes diabetes, heart disease, and influenza). Instead, in the context of a trusted physician-patient relationship, people generally make decisions that are best suited for their unique situation. I see no reason to deviate from this tried and true formula.

The second reason is that vaccine status alone provides an incomplete portrayal of herd immunity. The threshold to obtain herd immunity is based on how many people can be potentially infected by a single case of the disease. Most data seems to indicate that this reproductive number, as it is called, falls between 2.5 – 3. This puts the herd immunity number at 67 – 70%. Unfortunately, the message that has been made public is that immunizations are the only path to this ideal. In truth, this number is arrived at by adding together both people who are in receipt of a COVID vaccine and those who have recovered from disease. To date, according to state of Ohio data, about 53% of the populace has either recovered or received at least one dose of vaccine. Importantly, this statistic does not include all of the patients who have had asymptomatic COVID-19. This could be upwards of 20% of all cases, which would put the actual percentage of currently immune Ohioans at significantly higher than 53%. If these numbers do portend an attainable immunity goal, there would be no need to foist a vaccination upon an unwilling member of society.

The third reason actually concerns the length of immunity one appears to obtain by either acquisition of COVID-19 or receipt of a vaccine. The latest data indicates that people who have recovered from COVID-19 harbor immunity that lasts for at least 8 months. Indeed, the trend of immunity over time seems to indicate that they will have immunity for longer. In a similar fashion, those that have received a COVID vaccination have evidence of immunity that lasts for at least 6 months and, again, likely longer. If this is indeed the case, it would obviate the need to delineate those who have received a vaccine from those who have not.

In closing, vaccines have been a boon to societies around the globe. They have helped to save millions of lives. However, I would echo the words of the writer and philosopher George Santayana. "Those who cannot remember the past are condemned to repeat it." In 1813, the Federal government passed the Act to Encourage Vaccination. Unfortunately, the landscape of society was changing and the public

was becoming more distrustful of credentialed professionals. The Act was repealed in 1822. Today, polls seem to indicate that less than 50% of the citizenry trusts local and state health departments. I have worked to build relationships with my patients, some of whom come from sectors of society which do not have high levels of trust with the medical profession. I would be loathe to see any of their private medical decisions made public or they be discriminated against for having chosen a path of care that was best for them. I believe that this bill is timely in that it will send a message that we do believe in the fundamental right to autonomy.

Thank you.