Chairman Wiggam, Vice-chair Stephens, Ranking Member Kelly and Honorable Members of the Ohio House State and Local Government Committee thank you for allowing me to speak today in support of House Bill 624.

My name is Michelle Cotterman and I am a medically trained registered nurse. I am also a student at Trinity School of Natural Health working towards my certification as a Natural Health Practitioner. Data accuracy and transparency is very important to me. In fact, having accurate and complete information is paramount to informed decision making.

Currently the extent of information the Ohio Department of Health (ODH) is providing is not a complete or concise picture of risk related to COVID-19 and has shown to be an obstacle to timely and appropriate recommendations and decision making. As Representative Grendell pointed out in her testimony last week, missing from the dashboard are valid and important information that include: the number of confirmed cases that did not require any medical care; the number of patients who were treated and released from the hospital; the number of deaths that did not involve nursing home residents or prison inmates; Number of individuals with contributing factors such as Diabetes, Heart Disease, High Blood Pressure, etc. I would also like to add that documenting and tracking treatment protocols used can identify what is working from what is not working.

Having access to as much data as possible regarding an infectious disease is paramount in guiding direction in prevention. For example, it was reported recently in a news article that 70% of deaths related to COVID-19 are from nursing homes[1]. These kinds of statistics help shape policy and indicate that while the director was busy shutting down the lives of the least at risk, the ball was completely dropped in relation to protecting the most at risk.

As a medical professional who is also training in foundations of natural health, it cannot be understated that nutrition must be at the forefront of our conversation when it comes to public health policy and disease prevention. Consider that a recent study in New York City showed that out of 5700 COVID-19 positive hospital admissions 56.6% had hypertension, 41.7% were obese, and 33.8% diabetic. Of these admissions, 21% died[2].

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[1] Exner, R. (2020, May 21). Ohio nursing home patients account for 70% of total coronavirus deaths, state reports. Retrieved June 1, 2020, from https://www.cleveland.com/coronavirus/2020/05/at-least-1247-ohio-nursing-home-patients-have-died-with-coronavirus-70-of-total-covid-19-deaths-state-reports.html

[2] Richardson, S. et al. (2020). Presenting Characteristics, Comorbidities, and Outcomes Among 5700 Patients Hospitalized With COVID-19 in the New York City Area. *Jama*, *323*(20), 2052. doi: 10.1001/jama.2020.6775

In a recent article it was stated "The cost of avoiding pandemics will link to the overall cost of health care, but the bigger cost we should be looking at is the cost of poor nutrition, and how the current U.S. Dietary Guidelines are hurting our nation rather than helping it….Since the U.S. Dietary Guidelines were introduced, adult obesity rates have doubled, while childhood obesity has tripled."[3]

A 2019 report from Health Policy Institute of Ohio shows that 33.8% of adults 18 years and older in Ohio are obese.[4] Dietary and lifestyle choices are putting Ohioans at greater risk of infectious disease. Therefore, infectious disease prevention must include proper nutrition to prevent dietary and lifestyle diseases that increase risk of morbidity and mortality. Yet not once have we heard any guidance on preventing disease states that increase your risk of dying from COVID-19.

Providing information regarding the number of confirmed cases that did not require any medical care, the number of patients who were treated and released from the hospital, and the number of deaths that did not involve nursing home residents or prison inmates gives a better understanding to the general population about their personal risk profile. Early on we heard from Health Director, Amy Acton, that the r-naught of COVID-19 was 2.5 to 5.0, meaning more contagious than influenza. What is astonishing to me is the ODH data shows community spread as early as the beginning of January, yet mitigation policies were not instituted until 2 and half months later in mid-March. If the virus was so infectious and deadly shouldn't we have seen an explosion in deaths and severely sick people prior to the "stay at home orders"?

As someone trained in both allopathic and holistic healthcare, I find myself with a unique perspective. Overall public health policy would benefit greatly by consulting with experts trained in natural health. I want to lay caution to the idea of solely relying on medical trade organizations when shaping public health policy. It is an unfortunate situation where financial relationships between these organizations and the pharmaceutical industry are extensive and corruption rampant.[5]

Ohioans deserve accurate information and they deserve information that is free from bias and manipulation. They need this information to make decisions for themselves regarding, not only, disease prevention but health promotion. Passing HB 624 will be

[3] Volek, J. S. (2020, May 21). Nutrition policy must be at the center of the conversation. Retrieved June 1, 2020, from
https://thehill.com/opinion/healthcare/499083-nutrition-policy-must-be-at-the-center-of-the-conversation
[4] 2019 Health Value Dashboard. (n.d.). Retrieved June 1, 2020, from
https://www.healthpolicyohio.org/2019-health-value-dashboard/
[5] Moynihan, R. (2020). Financial ties between leaders of influential US professional medical associations and industry: cross sectional study. *Bmj*, m1505. doi: 10.1136/bmj.m1505

one step in the right direction towards data transparency and accurate information necessary for making these timely and appropriate decisions.

Thank you for your time, I am happy to answer questions to the best of my ability.