HB 248: To Prohibit Required Vaccination Status Opponent Testimony: Ryan Miller, DO Ohio House Health Committee June 15, 2021

I appreciate the opportunity to provide opponent testimony on House Bill 248. I am gravely concerned by this legislation, as it would significantly weaken the robust public health framework that protects us from the devastation of many vaccine-preventable diseases. HB 248 does much more than prevent mandatory COVID-19 vaccinations, as it would actually apply to ALL vaccinations. This bill would decimate our progress in public health in the past century and hinder our efforts to fight communicable diseases in the years to come.

You likely have seen the templated versions of this letter from other physicians around the state. I wanted to give you a different perspective which does not focus on the fact but focuses more on our moral obligations to each other. One would argue that it is our duty as Americans and humans to strive for the greatest good; the most good that we can achieve in any given situation. The objective of any governing body is to help enable and achieve this in their citizens. HB 248 will be a stride backwards in this objective. Vaccines have eased a significant amount of potential suffering. It is hard to measure their true effect looking forward because they are a preventative matter but looking backwards we can see the devastation the disease can cause and why we need the vaccine.

Polio, for example, is a rare disease in the present day. In the not-so-distant past, however, Polio wreaked havoc on children causing paralysis or permanent nerve damage. Measles has been mostly contained despite the outbreaks in unvaccinated populations such as the outbreak in the Amish community in 2014. 383 people contracted the virus in nine counties in Ohio. 89% of those indivduals were unvaccinated (1). Thankfully, no reported cases of subacute sclerosing panencephalitis (SSPE) occurred in these individuals yet but it tends to occur years after the people has measles and seems to recover from it. This disease causes significant brain damage and can be a fatal complication of measles that has almost been forgotten given the effects of vaccines.

As you can see in the above example, 11% of the people were vaccinated. This highlights the fact that even though vaccines work on the majority of people, a small population does not respond to them and make immunity. This is related to several factors including their physiologic state at the time of vaccination, an underlying undiagnosed immune disorder, or a known disorder requiring immunosuppression. For these people, no matter how many times we give them the vaccine, they will not become immune. We will be sacrificing their freedom to grocery shop, complete errands, and socialize if we remove the protective barrier that is herd immunity. This wouldn't be a choice for these individuals and mandatory vaccinations is a small price to pay to help the most vulnerable among us.

Lastly, you have seen the effects of a novel respiratory virus in the last year. A significant amount of our elderly population has been affected with widespread nursing facility infections. Most of us have lost a loved one to this virus. To anticipate future pandemics, we need to lay the groundwork now for preparedness. If we vote to allow HB 248 to pass, then we lay the foundation for returning or novel infections to run out of control which will affect not only our health but also our economic prosperity as well as worldwide credibility. Please do your part in ensuring the safety of Ohioans so that we can continue to grow and prosper.

Thank you for your consideration of my concerns, and once again, I urge the committee to reject HB 248 to keep Ohioans safe and avoid dangerous consequences for our state.

References:

 Gastañaduy PA, Budd J, Fisher N, Redd SB, Fletcher J, Miller J, McFadden DJ 3rd, Rota J, Rota PA, Hickman C, Fowler B, Tatham L, Wallace GS, de Fijter S, Parker Fiebelkorn A, DiOrio M. A Measles Outbreak in an Underimmunized Amish Community in Ohio. N Engl J Med. 2016 Oct 6;375(14):1343-1354. doi: 10.1056/NEJMoa1602295. PMID: 27705270.