

8/19/2021

Chairman Lipps, Vice Chair Holmes, Ranking Member Russo, and Members of the House Health Committee:

I am reaching out in response to already shared proponent testimony for HB 248. I am a nurse and can attest to what my fellow nurses and medical colleagues have stated. I have and will continue to support any person or patients' healthcare decisions. I do not want the choice to care for oneself to become a point of discrimination. I feel strongly about being able to care for oneself without intervention. We tout --"*Prevention is the best medicine,*" but when this prevention causes other problems, sometimes more serious than that which is being prevented, is it really?

**The only way to prevent an unintended consequence of a medical intervention is the ability to decline such intervention.**

I, myself, experienced two episodes, after receiving the yearly flu vaccine. During these episodes, I was sick for at least 2 weeks with various cold and flu-like symptoms. This was challenging, not only because I did not feel well, but because I had to navigate disciplinary policies for calling off sick while trying not to alarm or infect patients with my coughing and congestion. The years that I did not receive the vaccine, I do not recall being as sick.

In 2011, I recall multiple co-workers that experienced pain, swelling and decreased mobility in their arms after receiving the flu vaccine. The reports of these side effects were downplayed. However, these co-workers had to undergo weeks of physical therapy before the full function of their arms returned. These side effects were not only experienced by these nurses, but also by our hospital unit. Staffing assignments had to be adjusted to accommodate their inability to perform certain nursing tasks, until they healed.

**Other unstated, adverse effects of vaccines are staffing call offs and staffing strain which inadvertently affect optimal patient care.**

As the years went on, we were informed about the increasing expectations of the hospital in order to be in compliance with outside influencing bodies, i.e. the Centers for Medicare and Medicaid Services (CMS). I recall the first flu season when our hospital expected 100% of employees to be vaccinated. This was not because of a request by CMS but because our Director of Infectious Disease made it the mission of our hospital. It did not matter if an employee had documented side effects to vaccinations. This particular year those employees with medical exemptions were sent to the allergy clinic for testing so the hospital could determine some manner, in which these employees could receive the flu vaccine. It didn't matter that our hospital had reached the CMS goal. It didn't matter that we were protected by the Ohio State laws to choose to decline a vaccine. The hospital was going to find some way to vaccinate these employees, AND to what end?

As I think back on the many years of caring for patients during flu season, most were extremely busy in the hospital. I did not notice any "let up" when the hospitals started requiring flu shots of employees. And before you question how employee vaccination status impacts the number

of sick patients we care for, please note that during this same period of recollection, the CMS was setting high standards to vaccinate all hospitalized and institutionalized patients. As well, other healthcare entities, the CDC, Advisory Committee on Immunization Practices (ACIP), and many others began the push to educate and vaccinate all Americans. Despite this push to vaccinate, the US death burden from influenza has NOT trended downward. During the 2010-2011 flu season, deaths from influenza were about 1.19%\* of the US population. Fast forward to 2017-2018, the influenza deaths were around 1.87%\* (Note that the population also significantly increased from 2011 to 2018).

Again, I am a proponent of HB 248. I would ask that as our state representative, you vote YES on HB 248 to preserve the rights of Ohioans to choose how they will or will not maintain their own health and/ or that of their loved ones. Place yourself in such a situation where your decision to accept or decline a medical intervention is denied. What if you were at the mercy of someone who did not share your same healthcare beliefs? What if declining the intervention was the only way to mitigate unintended consequences --consequences that would be worse than the intended benefit of the intervention? What if you or your loved one were the unlucky ones to experience an unintended consequence?

**History has not proven mandated vaccines or masks to be the solution to preventing death, as death comes in many forms.**

\*<https://www.cdc.gov/flu/about/burden/past-seasons.html>

\*<https://www.census.gov/data/tables/time-series/demo/popest/2010s-national-total.html>

<https://www.cms.gov/newsroom/press-releases/cms-proposes-expand-access-seasonal-influenza-immunization>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4927017/>

Sincerely,

Marilyn Percic, RN, BSN,

76th District