Chairman Wiggam, Vice Chair Stephens, and Ranking Member Kelly, thank you for the opportunity to testify in opposition to Senate Bill 311. My name is Dr. Bruce Vanderhoff, and I am the incoming Chief Medical Officer at the Ohio Department of Health.

ODH opposes SB 311 because this legislation stops our ability to prevent the spread of a deadly disease. The legislation takes away public health’s ability to be nimble in the response to the COVID-19 pandemic and will limit the ability of public health officials to respond to future infectious disease outbreaks and potential acts of bioterrorism.

The world is in crisis. Our country is in crisis. Ohio is in crisis. As you know, for the past eight months, we faced a challenge of unprecedented scale. President Donald Trump signed a Proclamation declaring a State of Emergency. In part, his Proclamation reads:

“The spread of COVID-19 within our Nation’s communities threatens to strain our Nation’s healthcare systems. As of March 12, 2020, 1,645 people from 47 States have been infected with the virus that causes COVID-19. It is incumbent on hospitals and medical facilities throughout the country to assess their preparedness posture and be prepared to surge capacity and capability. Additional measures, however, are needed to successfully contain and combat the virus in the United States.”

He then declared that the COVID-19 outbreak constituted a national emergency.

On March 9, 2020, Governor Mike DeWine signed Executive Order 2020-01D that declared a State of Emergency in Ohio. Under the leadership of Governor DeWine, the Ohio Department of Health has been at war. The 113 local health districts that work closely with you in your districts have been at war. Today, we ask this committee and the legislature not to take away our means to fight that war. We ask that you oppose this legislation in the interest of Ohioans -- who are counting on us to give them the guidance and tools they need to protect themselves, their families, and their communities against this enemy.

Make no mistake. We are facing a global enemy not seen in a century -- one that threatens our lives, our livelihoods, and our futures.

But there is good news. We know a vaccine is right around the corner. And we know vastly more today than we knew when COVID-19 first arrived in Ohio in early March. The science has evolved as the virus spread across the world, and we now have a more informed picture of how the disease progresses.

What we know now is that the disease is spread mostly through the air by respiratory droplets and aerosols. When we cough, sneeze, talk, sing, or even breathe, we send viral droplets into the air. And if we have COVID-19, those viral droplets place anyone near us at risk of infection.

The science has also shown – and the science is very clear -- that social distancing and wearing masks protect against transmission of those droplets. It is also very clear that you can be infected with the virus that causes COVID-19 and spread it to people around you without ever knowing you are sick. Many infected people never show symptoms, or only develop symptoms after they have been contagious and have already spread the virus. COVID-19 will spread from one Ohioan to another and then to another, and ultimately to another who may die.

That’s not all we have learned. We have seen how large gatherings pose a high risk. In our state, couples holding wedding receptions have been devastated to learn that COVID-19 was transmitted at the event and led to illnesses and deaths. Those joyous events will forever be footnoted with the pain of a loved one’s death.

These are not mere stories. These are lives of Ohioans, and we must have the tools to help protect them. They must know we are doing everything in our power to save lives, maintain our economy, keep our nursing homes safe and our schools open.

The role of public health, first and foremost, is to protect the health and safety of our residents, to ensure they have the opportunity to thrive. If we cannot do that, we fail them.

Now, more than ever, more than at any other point in our lifetimes, it is our responsibility to do everything we can to protect Ohioans. There is no other option.

There is no other option because there is no relief valve — there is no place where the virus isn’t transmitting at a high rate. It has reached every corner of our state.

Over the course of this pandemic, Ohio has seen almost 319,000 cases, over 23,000 hospitalizations, and over 4,000 ICU admissions. On Tuesday, more than 7,000 new cases were reported, and in recent weeks we have seen daily reports of more than 8,000 new cases. And 5,772 Ohioans have died. That’s 5,772 families grieving a loved one as the holidays approach. This is no small loss.

And it is not sustainable. Hospitalizations, ICU admissions, and ER visits are each at an all-time high. A month ago, we had about 1,000 people in the hospital at any given time. Today, that number is more than 3,600 and growing considerably. Hospitalizations are doubling every 2 to 3 weeks.

Our healthcare industry is desperate for every tool possible to help reduce cases of COVID-19. In the spring, we focused our efforts on conserving PPE and building physical capacity for our healthcare system. We now face a different kind of crisis. It’s a people crisis. Our caregivers are in a precarious situation. They are at risk of illness because of their exposure, or their families’ exposures, outside the hospital. As a result of these exposures, some may be quarantined, and
others may become ill themselves. Many of them have been treating COVID-19 patients since March. They are exhausted, and many are discouraged by the tidal wave of people needing treatment for COVID-19.

That is why we must continue in this battle. Now is not the time to handcuff the State. It would be akin to the U. S. Congress passing a resolution placing limits on our troops as they fight the Global War on Terrorism. That would be unconscionable. This War on COVID-19 has been long, and the troops are tired. But we must all keep fighting. Most Ohioans have stepped up and worn masks, socially distanced, washed their hands more often, changed family plans to ensure safety, cancelled vacations, and more. Ohioans have saved lives.

Ohio’s businesses also have risen to the challenge and have become partners with public health. They risked their own welfare to shut down in the spring. During the Responsible Restart, they implemented new safety measures to keep employees and customers safe. They required masks; outfitted buildings, offices, and assembly lines with plexiglass barriers and hand sanitizing stations. They established special hours for Ohioans at risk, expanded service models, and made investments in systems that allow many Ohioans to work safely from home.

Ohio’s schools and colleges have also risen to the challenge, partnering with local health departments to keep students safe, at times operating remotely, and implementing social distancing and masking protocols to keep students safe when they are in the classroom. Colleges and universities have instituted testing and other creative protocols to protect faculty, staff, and students.

Business owners, schools, and Ohio workers all turn to the state and their local health departments for guidance in making the changes needed to protect themselves and one another. But public health has been functioning with reduced funding for decades. It was not a surprise that, when health professionals around the country began to fight this virus, existing systems were strained, protective and medical equipment were in short supply, and public health was understaffed. The Ohio Department of Health team began working around the clock in January to prepare for what was being seen around the world. The department of health team engaged with other emergency management agencies around the state to distribute the PPE they could get our hands on to nursing homes, hospitals, and first responders. When COVID-19 tests received FDA Emergency Use Authorization (EUA) approval, the health team worked quickly to distribute those tests and increase testing around the state.

Within a matter of days, the Ohio Department of Health launched a dedicated website, coronavirus.ohio.gov, and has been incredibly transparent and forthcoming with data during the past several months. The state reports the latest daily case numbers, fatalities, hospitalization data, ICU admissions, demographics, and wastewater readings, to name a few. The department continues to provide more and more data at the fingertips of Ohioans in easy-to-view charts, graphs, and maps, allowing every resident to know what is going on at the state level and in their local community. Most recently, the department released COVID data by zip code.

Governor DeWine has always stressed the importance of getting as much data as possible to the public as soon as possible. And it is shocking to hear opponents of public health allege that
making data available for the public is done to instill fear. This is not “fear mongering.” It is providing Ohioans with the information they need to keep their communities safe. And it is disheartening to hear Ohioans question the honesty of public health and elected officials as more data becomes available.

As a medical professional, I never expected the public not to believe the science. We all know that there are factions who believe this virus isn’t real. But let me tell you – it is very real. I have been on the front lines of this pandemic. I speak directly with colleagues in healthcare around the state every single day. These doctors, nurses, emergency responders, and healthcare professionals statewide are begging Governor DeWine, the Ohio Department of Health, and local public health officials to keep using the public health tools at our disposal to cut COVID-19 off at the knees.

These tools must continue to be at the disposal of Governor DeWine, the Ohio Department of Health, and local health districts to accomplish this goal. The end is in sight. There have been encouraging reports from Pfizer and Moderna about highly effective vaccines. And, once the FDA approves these vaccines, states, including Ohio, will be able to execute their vaccine distribution plans to make these vaccines available. The COVID-19 vaccine, while not required, is the end to this virus that we are all so desperately seeking. Continuing to follow the non-pharmaceutical interventions of wearing a mask, social distancing, limiting gatherings and ensuring proper ventilation provide the bridge we need to get to the vaccine.

Any legislation like SB 311, that places restrictions on public health, will reduce our ability to respond to this pandemic, leading to an increase in cases, more lost lives, and more tragedy.