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. Susan Koletar. I have been a practicing Infectious Diseases physician for more than 30 years and have studied important infections, such as HIV and most recently COVID-19 that have impacted not only individual but public health. I am the director of the Division of Infectious Diseases and at The Ohio State University College of Medicine, but I am here today as a citizen of the state of Ohio, not as a representative of the university.

As COVID-19 cases spike across the state, what we really need to address the threat are data and facts. Since the beginning of this pandemic, the Ohio Department of Health has been the keeper of data for the state, as evidenced by the extensive amount shared daily on the state’s coronavirus website.

Among other things, this data gives public health officials information about the rate, incidence, and prevalence of COVID-19 across the state, and by region and ZIP code, placing the agency in a unique position to make informed decisions about the best way to mitigate risk.

And Ohioans all across our state are at risk. COVID-19 is not the flu. “The CDC states that while COVID-19 and flu viruses are thought to spread in similar ways, COVID-19 is more contagious among certain populations and age groups than flu. Also, COVID-19 has been observed to have more superspreading events than flu. This means the virus that causes COVID-19 can quickly and easily spread to a lot of people and result in continuous spreading among people as time progresses”.

What we are facing is a once-in-a-lifetime pandemic, a global health crisis that can lead to dire consequences for any one of us, with some populations disproportionately impacted -- such as the elderly, people with underlying health conditions, and racial and ethnic minorities. Because COVID-19 can be silent, it is more difficult to identify everyone who has been exposed or may be positive. Asymptomatic individuals may be unknowingly transmitting the virus to vulnerable, high-risk people.

Who is at risk, how the disease is transmitted, and proven mitigation strategies are important science-based facts. These facts are placed in medical context alongside real-time data, and reviewed by experienced analysts, to give the Ohio Department of Health a unique vantage point. With this knowledge, public health officials are equipped to make decisions for the greater good - decisions about the best strategies to risk spread and when they will be most effective. All of this

1 https://www.cdc.gov/flu/symptoms/flu-vs-covid19.htm#:~:text=Both%20COVID%2D19%20and%20flu%20can%20result%20in%20complications%2C%20including,syndrome%20(i.e.%20fluid%20in%20lungs)
is done in a considered way to make recommendations to protect the health and well-being of all Ohioans.

We learn something new about this virus every day. We now know it lives in our nose, throat, and lungs and is transmitted through the air. We know that distance and masking can reduce spread, and we know that people can experience symptoms anywhere from two to 14 days after becoming infected.

We also know that close contact increases transmission – if you live with someone with COVID-19, your likelihood of getting sick is pretty high. If you stay away from others when you are sick, or when you have been exposed, you can minimize further spread.

It’s hard to believe that it has been less than a year since COVID-19 began its trip around the world. Science is moving things forward at a rapid pace to inform treatment and develop a vaccine. We should appreciate that. There is light at the end of the tunnel. The tunnel is not as short as we would like, but there has been phenomenal progress, and the science of public health plays an important role. Please oppose any attempt to limit the work of public health professionals that have been working hard for months to protect the public.