



Public Health - Dayton & Montgomery County

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March 23, 2021

Hon. Mike DeWine, Governor
State of Ohio
Riffe Center, 30th Floor
77 S. High Street
Columbus, Ohio 43215

Dear Governor DeWine,

Public Health – Dayton & Montgomery County and our Board of Health express our appreciation for your commitment to protecting the health of all Ohioans. We are especially thankful for your support of Ohio's 113 local health departments and their respective Boards of Health and **we commend you for vetoing Senate Bill 22.**

Senate Bill 22, which proposed ill-advised changes in public health authority in the state of Ohio, would have undermined scientific and public health principles proven to be incontrovertibly true for communicable disease control. Most disturbing, this reactionary legislation would have far reaching negative health consequences beyond the COVID-19 pandemic. The provisions aimed at removing local Boards of Health authority were especially troubling and demonstrated ignorance and a complete disregard for the public's health and safety.

Isolation and Quarantine

By statute, local Boards of Health are charged with acting for the good of all citizens by preventing the spread of diseases, promoting healthy behaviors, and protecting the environment. These actions are aimed at ensuring that all Ohioans live in healthy, safe, and thriving communities.

The COVID-19 pandemic has certainly elevated the public's understanding of case investigation, contact tracing, isolation, and quarantine. These historical public health control measures are now part of the public's daily vernacular. But they do not just apply to the SARS-CoV-2 virus. Boards of Health are required to conduct these actions for all reportable, infectious diseases. The list is comprehensive, encompassing diseases with the potential for epidemic spread. Examples include botulism, hepatitis A-B-C, HIV, measles, meningitis, mumps, novel influenza virus, pertussis, plague, rabies, tuberculosis, and viral hemorrhagic fevers such as Ebola virus.

Stripping local Boards of Health of their authority to prevent the spread of disease through the proven actions of isolation and quarantine would violate the principles of the ethical practice of public health. These actions work because Boards of Health adhere to the foundational tenet of investigating and identifying confirmed and probable cases of disease. Cases self-isolate and close-contacts self-quarantine. Waiting for a medical diagnosis for confirmation of disease prior to action

Health Commissioner - Jeffrey A. Cooper, M.S. • Medical Director – Michael Dohn, M.D. MSc

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would be irresponsible and is counter to best-practice public health and medical principles adopted globally. And yes, although Boards of Health have the authority to order isolation and quarantine, it is rarely needed because rational people understand the logic and do not want to harm others. Local Boards of Health do not abuse this authority and it is critical to maintain for those situations where non-compliant individuals risk the health of others and are dismissive of the greater good. Our legislators in favor of Senate Bill 22 would expect Boards of Health to implement these measures if a situation personally affected them or their loved ones.

Schools, Public Gatherings and Board of Health Orders

During an epidemic or pandemic, local Boards of Health must have the authority to make policy decisions such as closing schools and prohibiting public gatherings. History teaches us that communities which implement population-level disease control measures early such as closing schools and prohibiting public gatherings record less burden of disease and better protect the public's health. That is the role of the Board of Health. The Senate Bill 22 provision aimed at limiting a Board of Health's authority to only closing specific school buildings with confirmed cases of disease demonstrated a lack of understanding of the mode of disease transmission. Further, local government officials appoint Board of Health members to their positions because they have confidence that those serving will always work toward the greater good and will always do what is right. Just because the SARS-CoV-2 virus did not severely affect children during this pandemic does not mean the same will be true for future pandemic viruses and infectious agents.

Additionally, specifying that a local Board of Health may only issue orders and regulations that apply to specific individuals or businesses is shortsighted. Future epidemics may affect air quality, food safety, and/or water quality. Such was the case with a multi-jurisdictional Chipotle outbreak (*E. coli*) in northeast Ohio, a Delaware County Mexican Grill outbreak (*Clostridium perfringens*), a Mahoning County rabies outbreak, a South Bass Island groundwater contamination (sewage) and a multi-county measles outbreak. The Boards of Health in these jurisdictions acted promptly by statutory authority to prevent the spread of disease. Senate Bill 22 would have prevented such preventive orders or regulations from being issued by a local Board of Health.

Health Equity

Ohio's White population enjoys a longer lifespan, has more economic stability, experiences less burden of preventable disease and violence, and benefits from better access to healthcare. Ohio's Black, Asian, Native American and other minority populations and individuals of Hispanic and other ethnicities fare much worse and have less opportunity to be healthy. Minority and low-income communities and marginalized populations suffer years of productive life lost and excess burden of disease and death attributable to heart disease, cancer, diabetes, HIV/AIDS, STDs, infant mortality, and violence. These inequities have been exacerbated during the COVID-19 pandemic. The reality is that Senate Bill 22 would have perpetuated these long-standing inequities in health and disparities in health outcomes among races because it would have prevented local Boards of Health from enacting population-level disease control measures to promote health equity. Proposing such legislation is shameful.

Senate Bill 22 demonstrated a willful neglect of scientific evidence, a disregard for the knowledge and expertise of medical and public health professionals and would have been a colossal misstep in protecting the health of all Ohioans.

There will be time for careful consideration of legislative changes that will strengthen our ability to respond in future public health emergencies. Senate Bill 22 was the wrong course of action because the Ohio General Assembly alone does not have the knowledge and expertise to determine the necessary changes. A collaborative effort including key stakeholders from many sectors is paramount to making wise decisions on changes to public health authority in Ohio.

Sincerely,



Jeffrey A. Cooper
Health Commissioner