



**Testimony submitted to the Joint Committee on Public Health
In Support of H.2151/S.1458, An Act Promoting Community Immunity
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The League of Women Voters Massachusetts (LWVMA) supports H2151/S1458, An Act Promoting Community Immunity. We urge the Joint Committee on Public Health to report it favorably. This act is a comprehensive legislative solution that aims to strengthen infectious disease prevention efforts in Massachusetts. It also supports vaccine access and acceptance while addressing the anti-science tenets that threaten public health in the Commonwealth. We must urgently seek innovative solutions that draw on guidance and expertise from multiple areas.

Massachusetts healthcare providers overwhelmingly support vaccinations.

During the pandemic, thousands of healthcare providers worked tirelessly in MA to educate and provide vaccines to anyone who wanted one. We offered them in homes, large vaccination sites, and rural areas, driving hours to provide vaccines. Ultimately, we were the third-highest state in the US for COVID-19 vaccinations. We saved thousands of lives and showed the importance of giving vaccines and educating the public. Aggregated data available online has been used to provide policy changes to affect health equity. I personally vaccinated and prepared vaccines for thousands across different state regions, had many twelve-hour days over a year and a half, spent hours educating others on the importance of vaccines, and received immense gratitude from the vaccinated.

As public health crises increasingly reveal, a health program should protect the health of its most vulnerable populations, urban and rural, to protect the health of everyone.

The implications of the politicized distrust surrounding COVID-19 vaccines have manifested into high public distrust in government and public health officials and have affected vaccination rates for other vaccines [1]. During the height of the pandemic, COVID-19 vaccination rates were lower among Black and Hispanic people, leading to a higher rate of deaths in these populations. Having the data to track COVID-19 vaccinations in MA allowed us to change our focus and education and vaccination efforts in Massachusetts to vulnerable populations.

Preventative medicine, individual responsibility for health maintenance, and rigorous monitoring protect the health of everyone.

Hospitals rely on state vaccination data to properly assess and treat patients. It's important to note that the lack of vaccines can disproportionately affect the health and

death rates of certain minority groups, mainly Black and Hispanic populations [2], [3]. In 2018, many urban schoolchildren were exempted from vaccinations. This led to over 1000 measles cases in the US in 2019, the first time since 2000 [1]. Therefore, we must proactively ensure all communities have access to necessary vaccines.

We must keep track of childhood vaccinations and notify healthcare providers and citizens about outbreaks of life-threatening illnesses due to a lack of herd immunity.

The LWMVA supports H2151/S1458 policy changes and emphasizes the following:

- Improving vaccine equity for populations with poor access to vaccines.
- Enhancing vaccine communication and delivery.
- Developing and evaluating interventions to increase vaccine uptake in Massachusetts.
- Targeting populations at risk of vaccine hesitancy through interventional educational and public health campaigns.
- Addressing the key reasons for not accepting approved vaccines in educational campaigns.
- Informing policymakers and stakeholders about the reasons for non-uptake and potential vaccine barriers to combat the spread of misinformation on social media platforms.

LWVMA, comprised of 43 local Leagues from Cape Cod to the Berkshires, supports this bill and urges you to report it favorably.

Thank you for your consideration.

References

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- [2] Brumbaugh, Kaitlin (Quirk) MPA; Ornelas, India J. PhD; Casas, Francisco Rios MS; Mokdad, Ali H. PhD. Achieving Equity in Childhood Vaccination: A Mixed-Methods Study of Immunization Programs, Policies, and Coverage in 3 US States. *Journal of Public Health Management and Practice* 30(1):p E31-E40, January/February 2024. | DOI: 10.1097/PHH.0000000000001844
- [3] Hill HA, Chen M, Elam-Evans LD, Yankey D, Singleton JA. Vaccination Coverage by Age 24 Months Among Children Born During 2018–2019 — National Immunization Survey–Child, United States, 2019–2021. *MMWR Morb Mortal Wkly Rep* 2023;72:33–38. DOI: <http://dx.doi.org/10.15585/mmwr.mm7202a3>
- [4] Matthews, Kirstin R.W. and Rekha Lakshmanan. 2022. Vaccine Hesitancy and Resistance in Texas: An Analysis of Testimony from the 2021 Texas State Legislative Session. Issue brief no. 09.19.22. Rice University's Baker Institute for Public Policy, Houston, Texas. <https://doi.org/10.25613/NE2G-HK67>.