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STATE REPRESENTATIVE • 52nd ASSEMBLY DISTRICT

Limitations on Requiring and Requesting the Influenza Vaccination

by Representative Jeremy Thiesfeldt

The debate over the mandatory influenza vaccinations of employees is worthy of a vigorous public airing. Much controversy has been growing nationwide as to the plight of employees, particularly healthcare workers, being dismissed from their jobs due to their refusal to accept such an unwanted intrusion into their personal healthcare decisions.

I fully recognize this argument pits two groups advocating a position based on rights against each other. Employers, primarily healthcare providers, have begun to demand flu vaccinations of employees, with extremely limited exceptions, as a fundamental right of an employer. Individuals who object will fall back on individual liberties with the choice to make their own personal healthcare decisions without the threat of dismissal.

While both arguments have merit, I fall on the side of personal liberty.

The history of vaccinations in the US has been one filled with controversy. The strongest argument in favor has been the high degree of effectiveness of many common vaccinations that reaches 90% or higher. The influenza vaccine does not enjoy this success. The Center for Disease Control (CDC) reported that for the 2012-13 season the vaccine had a 38% fail rate. This is consistent with all the evidence from previous years putting the fail rate at anywhere from 30-50%.

Another documented fact is each year individuals nationwide have been severely harmed by submitting to the influenza vaccination, and in some cases death has resulted.

The influenza vaccine is easier than ever to obtain. Not long ago, it once required a visit to a doctor, but it now seems to be readily available in many locations. This is not necessarily a bad thing, but it has resulted in the largest proportion of the population in history being vaccinated against the flu.

Do we have any less incidence of flu because of it? Not appreciably. The largest declines in incidence and deaths from influenza came prior to 1980, which is around the time the flu vaccine became widely used. In fact, a 2005 US National Institute of Health study of over 30 influenza seasons could not find a correlation between increasing vaccination coverage and declining mortality rates in any age group.

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The US Occupational Safety and Health Administration (OSHA) recommends against mandatory influenza vaccinations of employees. They state, “At this time, [OSHA believes] there is insufficient evidence for the federal government to promote mandatory influenza vaccination programs that may result in employment termination.”

For those of us concerned with the increasing erosion of personal freedoms, one must pose the question of where does this end? Which will be the next employer to mandate the flu vaccine for its employees? Schools, daycares, restaurants, grocery stores—the list could be endless. What vaccine will be next?

The flu vaccine is different each season. It is an educated guess as to what strains of the virus will be most prevalent in coming months. In spite of best efforts, often these predictions are wrong. Because of these variations, hospitals are already filled with both patients, employees, visitors and varying vendors who have been ineffectively vaccinated.

As is often the case, the financial aspect of this cannot be ignored. I take the word of healthcare professionals and administrators that their overriding concern is for patients under their care. This is as it should be. But everyone should also be aware of the powerful influences that play a role in this as well.

Threats of liability have hospital administrators spooked. The requirements of Obamacare will likely eventually push healthcare employers to reach a required plateau of immunizations of their workforce in order to receive certain bonuses or reimbursements. Pharmaceutical corporations have obvious financial interests in the mandate as well.

The solution to this dilemma is for continued work to be done to improve the effectiveness of the flu vaccines. If this is not possible, it is up to the community of health professionals to convince their colleagues that their view is the correct one. It is also clear that those opposed to the vaccine have alternative suggestions for ways to increase immunity that are worthy of exploration.

There is not likely to be a retreat from these mandates once they become fully implemented and entrenched. Qualified, experienced and excellent healthcare workers are being dismissed from their positions or simply quitting to avoid the confrontation. Many are afraid to speak out for fear of retribution. Before we simply start waiving our personal freedoms aside for “communal benefit”, it would be important for us to have this serious discussion in the light of day with all the facts on the table.

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