

Testimony to the Education and Cultural Affairs Committee

in Support of LD 798

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Thank you Senator Millett and Representative Kornfield and members of the Committee. My name is Tony Owens from Cape Elizabeth. I am an Emergency Medicine physician practicing in Portland. I have been a physician for 43 years.

My story, however, begins in 1954 when at the age of 5, I contracted polio. Hurricane Hazel had devastated the mid-Atlantic causing severe flooding. My family was on vacation in the Pennsylvania mountains and we were cautioned not to drink the water. The public health officials thought that was the most likely source of my infection, but within a week's time I was in a hospital in New Jersey that was full to capacity only with children with polio.

I spent a month there getting therapy and remember vividly being pushed in a wheel chair and entering a large room on my floor about the size of this room. It was full of children in "iron lungs", paralyzed and unable to breathe on their own. They weren't as lucky as me.

Polio was epidemic in those days, no treatment existed and no way to prevent infection. It spread like wildfire, especially in the summer. My wife's family would leave suburban Boston and retreat to Downeast Maine every summer in the early 1950's to escape exposure, returning for school in the fall and counting the new cases in their neighborhood.

A year after my infection the Salk polio vaccine was introduced and within no more than a couple of years, polio was nearly eliminated from North America. Today polio only exists in a few spots in the world where extremists prevent vaccination, telling the population it is an imperialist plot.

As a young practicing physician I came in frequent contact with the ravages of Hemophilus influenza infection. It was the most dreaded pediatric infection, afflicting otherwise healthy young children with devastating and often fatal infections. Beginning as an innocuous ear infection a child could be beyond our help within hours with meningitis, a simple skin infection would become a life threatening blood infection, and most dreaded of all was the sore throat that spread to the voice box strangling the child in hours.

HIB vaccine was introduced in 1985 and has all but eliminated these dreaded infections. The residents and medical students I teach will fortunately likely never see them.

Finally, there is a small but very vulnerable population whose own immune systems are suppressed with chronic illness and are especially susceptible to these infections. Effective vaccination strategies not only protect those that are vaccinated but also those with these unique vulnerabilities.

The science on the safety of vaccination is clear and compelling. I know of no other therapy I offer to patients in my daily practice that is as effective and safe as our current vaccination regimen. In discussing with patients and families the risks and benefits of various medications and diagnostic tests I order, few come close to the efficacy of vaccination.

For these reasons I encourage your support of LD 798.