The following peer-reviewed scientific research papers duplicate Dr. Wakefield’s original findings in five additional countries, including the US, Italy, Venezuela, Canada and Poland:


The following research citations support the findings of Wakefield and colleagues original findings:


Peer reviewed research studies that support the importance of recognizing and treating gastrointestinal symptoms in autistic children:


Peer reviewed research studies providing further support for gastrointestinal disturbances involving the immune system in autism:


**Peer reviewed published research studies relating vaccines to autoimmune conditions:**
February 18, 2015

Senate Committee on Health Care

Dear Senator Monnes Anderson and Members of the Committee

RE: SB-442, In Opposition

The Oregon Chiropractic Association (OCA) strongly opposes SB-442 which would remove the recently established State of Oregon online vaccine educational exemption-voucher system and in so doing removes informed consent/informed choice for Oregon parents. We support safe and effective vaccines hence the OCA is not anti-vaccine but rather pro-informed consent.

The OCA recognizes that all drugs are associated with some risks and adverse reactions. Because vaccines represent a unique category of drugs, primarily given to healthy infants and children, contemporary medical ethics demands that vaccinations must be carried out with the parent’s full and informed consent. This necessitates an objective and full disclosure of the known or foreseeable benefits and risks of the vaccine. The way in which childhood vaccines are often promoted and discussed in the medical pediatric setting indicates that such disclosure is not always given. The “risks” of vaccination are often only discussed in the context of the known risks associated with childhood infectious disease if the parent elects not to have their child vaccinated.

Vaccines are known to have side effects including rare but serious adverse reactions causing serious injury and even deaths. Below is a statement from the vaccine adverse events reporting system (VAERS) web page,

**Number of Reports VAERS Receives**

VAERS receives around 30,000 reports annually, with 13% classified as serious (e.g., associated with disability, hospitalization, life-threatening illness or death) (CDC VAERS Master Search Tool, April 2, 2008). Since 1990, VAERS has received over 200,000 reports, most of which describe mild side effects such as fever. Very rarely, people experience serious adverse events following immunization. By monitoring such events, VAERS helps to identify any important new safety concerns and thereby assists in ensuring that the benefits of vaccines continue to be far greater than the risks.

Many different types of adverse events occur after vaccination. About 85-90% of the reports describe mild adverse events such as fever, local reactions, and episodes of crying or mild irritability. The remaining reports reflect serious adverse events involving life-threatening conditions, hospitalization, permanent disability, or death, which may or may not have been caused by a vaccine.
To date some 3,937 individuals or family members have now been compensated via the vaccine injury court some $2.8 billion (exhibit submitted) for serious vaccine injuries or deaths, vaccines are not always benign but indeed come with risks, hence the need for parental informed consent/choice. During the 2013 legislative hearings on SB-132 which established the new online vaccine educational voucher system, when asked, public health officials repeatedly testified the proposed legislation would not take away a parent’s right to informed consent and could exempt their child. During the February 19, 2013, Senate Committee on Health Care and Human Services, Senator Tim Knopp repeatedly stated concerns that he could not support SB-132 if the religious exemption was removed. Senator Knopp also voiced concerns that if the intent of SB-132 was to remove the religious exemption, this might conflict with Oregon’s Constitution. This question again arises with SB-442 as it appears to remove religious exemptions. Public health officials e.g. Ms. Loren Duncan and other officials repeatedly testified that the intent of SB-132 was not to take away the religious exemption and stated parents could exempt their children for any reason (e.g. religious, philosophical) provided they had completed the online educational program to be produced by the Oregon Health Authority (OHA). The OCA did not oppose SB-132 with that understanding. It should interest the committee members the assumption that parents who choose to exempt their children from a vaccine(s) tend to be disadvantaged, uneducated, or poorly educated, relying primarily on the lay press and/or non-evidence-based lay articles found on the internet, are erroneous they have in fact studied the science. According to a survey in Pediatrics, unvaccinated children in the US have a mother who is at least 30 years old, has at least one college degree, and an annual household income is at least $75,000.

Truth in science matters, continually reports of research misconduct, biased reporting, conflicts of interest, and outright fraudulent activity by pharmaceutical companies who produce the ever growing list of vaccines, bringing into question the accuracy of the vaccine manufacturers claims of safety and efficacy. This current situation further validates the absolute need for informed consent (a.k.a. taking a philosophical exemption). For example Merck & Co., Inc., the pharmaceutical company who produces the MMR (measles, mumps, and rubella) vaccine is currently accused of fraudulently lying about the efficacy of its mumps vaccine for the purpose of continuing to secure governmental contracts worth $ millions. In 2012, two former Merck virologists, a group of doctors, and direct payers filed two whistleblower law suits in the Pennsylvania federal court. Merck’s attorneys were unsuccessful in their attempts to block the case from going to trial with U.S. Federal District Judge C. Darnell Jones II, recently clearing the case for trial. Judge Jones ruled the whistleblowers and direct purchasers produced enough evidence to establish that false statements could have helped give Merck a monopoly. In 2011, Merck agreed to pay a fine of $950 million related to the illegal promotion of its painkiller Vioxx, which was finally withdrawn from the market in 2004 after studies found the drug increased the risk of heart attacks. Merck pled guilty to having promoted Vioxx as a treatment for rheumatoid arthritis before it had been approved for that use. The settlement also resolved allegations that Merck made false or misleading statements about the drug’s heart safety to increase sales. Ghostwritten studies appear to have been relied upon to support Merck’s claim that Vioxx was safe and effective. A 2008 editorial published in the Journal of the American Medical Association (JAMA) questioned whether Merck might have deliberately manipulated
dozens of academic documents published in the medical literature in order to promote Vioxx under false pretenses. It has been estimated that more than 60,000 deaths were caused by the drug before being pulled from the market.

More recently senior scientist with the Centers of Disease Control and Prevention (CDC) William W. Thompson, PhD, has apparently also turned whistleblower alleging he and co-workers at the CDC omitted key research data in their study published in 2004 that concluded there was no connection between the MMR vaccine and autism. According to Dr. Thompson the omitted data revealed an almost three fold increased risk for autism in African American males who had received the MMR vaccine before the age of 36 months. Apparently Congressional hearings will soon be scheduled to address the issue of possible research misconduct by a governmental agency (CDC) and whether the MMR vaccine may indeed cause autism. Original research by Dr. Andrew Wakefield gastroenterologist and surgeon formerly of the UK, now living in Austin, Texas and his co-investigators published two well-known peer-reviewed papers reporting their research findings in 1998 in Lancet 351(9103):637-41 and 2000 American Journal of Gastroenterology, 95:2285-2295). It has recently been said that Wakefield “…admits he faked all the data,” however Dr. Wakefield and co-investigators stand by their methodology and the results that called for more research into possible environmental triggers causing gastrointestinal disease and developmental regression. It has now been suggested these two papers from the Royal Free Hospital in the UK were withdrawn for political reasons. Dr. Wakefield and co-investigator’s original findings have now been duplicated in peer-reviewed papers in five additional countries including the United States, Italy, Venezuela, Canada, and Poland (scientific citations attached). Several other scientific studies now support the importance of recognizing and treating gastrointestinal symptoms in autistic children and the association of gastrointestinal disturbances involving the immune system in autism (citations attached). The hope is the coming Congressional hearings will finally uncover the truth as per vaccines contributing to autism spectrum disorders.

In summary, indigenous to the contemporary bioethical principle of informed consent/choice (philosophical exemption) is the right of the individual or parent to refuse a medical procedure and its inherent risks. Central to informed consent for adults and their perfectly healthy children is the inviolability of a right to autonomy and self-determination. Modern medical bioethics has rejected the notion that we can treat another individual(s) as a means to an end, regardless of how honorable or alluring that end may appear to be. The Nuremberg Code and subsequent Helsinki Declarations clearly reject the moral argument that the creation of benefits for the many (herd immunity by vaccinations) justifies the sacrifice of the few. Considering the well documented corporate malfeasance by vaccine makers such as Merck Co., Inc., combined with the substantial body of scientific evidence of harm from mild skin reactions to lifelong disabilities and even death, Oregon parents must continue to make the final decision for their children.
Respectfully submitted,

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Oregon Chiropractic Association
Member, State of Oregon Health Evidence Review Commission (HERC)
HERC Subcommittee on Evidence-based Guidelines Development and Coverage Guidance
Oregon Board of Chiropractic Examiners, Chiropractic Practice and Utilization Guidelines Advisory Committee