

TESTIMONY OF GWENDOLYN BARLOW, DISTRICT 17, BEAVERTON

FEBRUARY 18, 2015

Thank you for this opportunity to testify in opposition to SB 442.

The debate over this bill boils down to one question: To convince parents to vaccinate on schedule, should Oregon use persuasion or coercion?

Responding to a corporate media-inspired push to promote coercion, there is now talk of amending this bill in order to tell Oregon parents to shut up and do as they're told. Here are some common misperceptions fueling this agenda.

• **Isn't there a "growing trend" of parents not vaccinating their children?** No, news media is dead wrong on this one. The CDC's own data demonstrate that today's vaccination rates are at their historically highest and most stable. Indeed, we didn't even see vaccination rates in the 90th percentile until the mid-1990s. I was a third grader 1985, when national vaccination rates were 63.5% for DTP, 53.6% for polio, and 61.2% for MMR. These figures account for all doses of each vaccine.¹

Today, 93.2% of Oregon children, including my own, enter Kindergarten with two doses of the MMR vaccine. Compare that to the 86.9% in Kansas, a state with much stricter vaccine exemption laws and a non-medical exemption rate of only 1.8%.²

• **But what about clusters of under-vaccination?** Taking away the right to vaccine choice may well *create* these clusters. There will inevitably be parents standing up to state coercion who will homeschool or move. If all 50 states had the right to conscientious exemptions, there would be more flexibility in where exempting families could live and work, allowing the 1.8% of non-medically exempting parents to spread out geographically.³

• **Won't this measure protect Oregonians from infectious disease?** If you remember nothing else from my testimony today, remember what Dr. Matt Willis, health officer for Marin County, California, told NPR news in a recent interview: “There's little evidence that excluding unvaccinated children from a school where there's no evidence of measles transmission would be an effective public health strategy for limiting the spread of disease.”⁴

Given that the American Medical Association's Code of Ethics states that physicians should be allowed the right to refuse vaccines on philosophical or religious grounds, and given that the CDC wants to see adults receiving between 4 and 15 vaccines, do you believe that the same right to refuse should apply to you?^{5,6} Or would you be willing to subject yourselves, as policy-makers, to the same standards of vaccine compliance that you seek to impose on Oregon families?

One proponent of coercion, Representative Knute Buehler in Bend, told The Oregonian: “The role of government is really to protect our most vulnerable citizens.”⁷ But this is incorrect. Your job is not to protect us. Your job is to *represent* us. As a former non-vaccinating parent, I can lay out concrete steps that this nation can take to restore citizen confidence in the vaccine program. Cleaning up medical research ethics and restoring liability to vaccine manufacturers are key components. But please take it from a parent who once never vaccinated. Oregon has no public health emergency, and strong-arming parents in this act of medical militarism will only lose their trust. *Coercion is not the answer.*

Links

1. <http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/G/coverage.pdf>
2. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6341a1.htm>
3. For the figure of 1.8%, see: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6341a1.htm>
4. <http://www.npr.org/blogs/health/2015/02/03/383324228/a-boy-who-had-cancer-faces-measles-risk-from-the-unvaccinated>
5. <http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion9133.page>
6. For the CDC's Adolescent and Adult Vaccination Quiz, see: <http://www2.cdc.gov/nip/adultimmsched/>
7. http://www.oregonlive.com/politics/index.ssf/2015/02/nonmedical_vaccination_exempti.html