

HB 3063 Paul Thomas MD – Response

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RE: HB 3063

Dear Representatives and Senators:

I am sometimes characterized as not mainstream when it comes to vaccines. I am a Dartmouth trained board certified pediatrician who owns and runs a Medical Home full service clinic in Portland Oregon called Integrative Pediatrics. To those who might suggest that my approach of informed consent (the only ethical thing in my opinion to do before a medical procedure like recommending a vaccine) is wrong, I say the following:

I have fully complied with the standard of care expected of reasonably careful pediatricians in providing information to pregnant women, when asked, and to parents in caring for their children with respect to vaccines. The Centers for Disease Control (“CDC”) is not licensed to practice medicine and does not practice medicine. The American Academy of Pediatrics (“AAP”) does not put itself in the position of practicing medicine and certainly does not prescribe care and treatment to the patients of a physician. What the CDC and AAP have done is develop a schedule of vaccinations that they have recommended to be administered to children. That schedule has been used by the State of Oregon and most states in setting certain vaccination requirements in order to allow the child to be enrolled in school. There is an exemption process that is available that I will endeavor to explain hereafter.

I am a board-certified pediatrician. Upon completion of residency I moved with my family to Portland in 1988 to begin my pediatric practice in Oregon. A copy of my Curriculum Vita is enclosed. I opened my pediatric clinic called Integrative Pediatrics in 2008 which is where I continue to maintain my office and my full-time practice of pediatric medicine. Since opening this clinic four other pediatricians have joined me. We are in agreement about how we provide information to the parents of the children to whom we provide care and treatment, particularly with respect to vaccinations. As outlined below our pediatric practice with respect to the immunization of children has been appropriate and successful.

I am a father to nine children, six by adoption. I am deeply committed to the welfare of my children, children in general and to my patients specifically. I have reached out in many directions to be well-informed and to distinguish truth from falsehoods

about vaccines, how they are made, how they have been tested and the responses of children who have received them. Unfortunately, the political climate surrounding this issue and the influence of costs and corporate profits have clouded what is and what is not known, about the risks and unattended consequences that have occurred.

I encourage you to read or review the book I authored with Jennifer Margulis, Ph.D., entitled “The Vaccine-Friendly Plan” that was published in 2016. Dr. Margulis is an Ashland resident who is a Cornell educated science journalist and Fulbright scholar who has been researching vaccines and vaccine safety for at least seventeen years.

The book addresses my background and life experience with vaccines, along with my training and the fact that to safely vaccinate children is a very important part of my pediatric practice. My philosophy regarding the vaccination of children is detailed in the book and clearly shows that I am a strong advocate for children being vaccinated. However, I have found that it must be done only after the parents are fully informed about the vaccines, their risks and a full assessment of the child, the family and the environment to which the child will be exposed. Only then can the parents make an informed decision about what they wish to do about the vaccination of their child.

OREGON LAW ON VACCINATION OF CHILDREN

Without going into a lot of detail, the State of Oregon through legislation and rulemaking by the Oregon Health Authority certain requirements have been imposed to the effect that certain specified vaccinations be given to every child through grade 12 as a condition of attendance in any school in the State of Oregon. The specified vaccinations are set forth in a CDC recommended schedule. The requirements are very specific but the law also provides a process for a parent to decline all, or a part, of the immunizations ordinarily required to be given to the child. To obtain what is called an “exemption” the parent and physician must follow a specified process. An exemption may be based upon a medical diagnosis or because of a philosophical belief that need not be disclosed. ORS 433.267. The point of this is that it is the parents’ choice on whether the child will or will not receive all or some part of the vaccinations recommended by the CDC schedule.

BACKGROUND AND EXPERIENCE IN VACCINES AND VACCINATION OF CHILDREN

During my medical training I learned a good deal about vaccines. It was amazing to me at that time how they clearly saved lives. Being raised in Rhodesia as a teenager and my mother being a nurse provided me with more experience relating to death from disease than what most people will ever see in a lifetime. The immunization of children proved to be a major lifesaving intervention. Unfortunately, those good outcomes evolved into something different that has become very hard to explain and a political nightmare.

The book that I authored with Dr. Margulis outlines the onset of a phenomena that appeared to me at least initially to be something of a mystery. By the late 1990's and thereafter immunization programs were going at full speed. The diseases that they were designed to address seemed to indicate that the vaccination process was working well. However, there was an insidious onset of new and different problems and chronic diseases not previously seen. While such things as measles outbreaks came to be rare, children nonetheless seemed to be sicker for other reasons. They were things that only appeared rarely but were suddenly appearing more often. I asked myself and others why is it that they were seeing increasing numbers of children with such things as food allergies, attention deficit disorders, childhood anxiety, childhood asthma, childhood depression, headaches, neurological disorders, sinus and lung infections (like pneumonia), various forms of infections and viral strep throat to name a few.

I was also seeing more cases of autism. In my residency, that being a three-year period, I saw only a couple of autism cases. That changed dramatically in the late 1990's and early 2000's. In my private practice I was seeing and referring a child almost monthly for evaluation of clinically apparent neurological disorders with autism being among them. I found it impossible to ignore this rather dramatic change in the presentation of children. Why was this happening with children who were being followed in ways that historically made them very healthy and well?

In 2003 while listening to multiple presentations at a medical conference on autism, I was struck with the fact that the children they were talking about had received vaccinations with Thimerosal, a preservative that contained a significant concentration of mercury. Mercury is a metal that is known to cause bad things to those exposed to it. It is a toxin and is poisonous. To a child who cannot take very much when compared to that of an adult, the potential for harm was significant. Similar observations have been made with other metals like aluminum that is currently found in several childhood vaccines.

The issue that I confronted, much like other physicians, is what should be shared with patients about the possible ramifications associated with following the CDC vaccination schedule. There are no absolutes explaining why a sizable group of vaccinated children experience autoimmune disorders, neurodevelopmental problems and other conditions not experienced by children who were not vaccinated in accordance with the CDC schedule. Safety for the child of these parents is of critical importance to them.

I see these possibilities to be risks that I am ethically obligated to share during my informed consent discussion with parents who will be deciding on whether their child will or will not be exposed to all or some of those risks. The parents, as the decision makers, are entitled to that kind of information. That information includes what a vaccine is and what it does, the CDC recommended schedule that is tied to

the law for school attendance, the risk associated with each and the alternatives that may be available.

As an example, are the possibilities and rules associated with vaccines that use mercury or aluminum as adjuvants in several vaccines. The publications of Neil Z. Miller, a medical research journalist, have gathered together a multitude of peer reviewed medical literature pieces on this subject and are particularly insightful. One of his articles entitled “Aluminum in Childhood Vaccines is Unsafe” was published in the Journal of American Physicians and Surgeons (Vol 21, No. 4 Winter 2016).

This article makes it quite clear that according to well-respected authorities and medical studies, aluminum containing adjuvants can be detrimental to health and can be the explanation for autoimmune and neurological disorders developing in young children. There is also evidence to establish a connection between aluminum containing adjuvants and autism. The risks associated with aluminum in vaccines is compounded by the fact that several different vaccines that are also on the CDC recommended schedule contain aluminum. As such, the cumulative dosage being given in some cases is much more than a very young child can be expected to tolerate. The same concerns exist with respect to mercury containing adjuvants that are similarly used in vaccines. Despite this evidence, the CDC continues to promote and recommend these vaccines as being safe without any meaningful definitive studies supporting its representations.

In his book entitled “Miller’s Review of Critical Vaccine Studies” published in 2016 the author identifies and summarizes 400 scientific studies that report on the findings made incident to research of the many vaccines that are available and recommended as part of the CDC schedule. Some of the studies are reported in very prominent and well-respected peer review journals and others, while not so prominent, come to similar findings. All are deserving of being considered and evaluated. Several pages from that collection of studies are enclosed that provide some measure of insight into the risks associated with vaccines that are routinely given because they are listed on the CDC schedule. These pages reflect what are tantamount to abstracts of the studies and their outcomes.

ROLE OF PEDIATRIC PHYSICIANS

The current role of a pediatric physician in dealing with issues relating to the vaccine of children is perplexing. The CDC takes the position that the vaccines it recommends on its schedule are safe. Put in context, even the CDC recognizes and publishes the fact that there are risks associated with each of them. Some of them have serious implications.

In 1983 the CDC vaccine schedule listed eight separate vaccine injections to be given to a child during the first 18 months of life. The CDC vaccine schedule used in 2016 listed 30 separate vaccine injections to be given to a child during the first 18 months

of life. Several are to be given during the same visit. Each of these vaccines have a number of ingredients with some variations that include the antigen (the disease virus or bacteria), a preservative like thimerosal and an adjuvant to stimulate the autoimmune system to respond to the vaccine. For the list of ingredients in each of the vaccines recommended on the CDC schedule, see Appendix D in the book that has been sent with this letter.

The CDC contends that there is no substantial connection between the vaccines on the CDC schedule and autism, along with a number of other autoimmune and neurological disorders. Admittedly, there is no credible study that has absolutely proven that causal link nor the absence of that link. Instead, it is characterized as a possibility. How is a parent expected to fully appreciate a possibility of serious side effects when making decisions for their child?

Notwithstanding, the CDC opinion and promotion, the data it publishes provides compelling circumstantial evidence that contradicts that opinion and strengthens the possibility of that causal link. The CDC funds the Autism and Developmental Disabilities Monitoring Network (ADDM) which has published data that it has accumulated with respect to the presence of the autism spectrum disorder (ASD) among children age eight years.

As the number and variety of the new vaccines have joined the CDC recommended schedule over the years has increased, there has been a noteworthy increase in the autism prevalence rate. This has gone unexplained by the CDC. This trend in the prevalence of ASD, as noted below, is obvious and should be a cause for significant concern:

1. 1 in 150 children in 2000
2. 1 in 150 children in 2002
3. 1 in 125 children in 2004
4. 1 in 110 children in 2006
5. 1 in 88 children in 2008
6. 1 in 68 children in 2010
7. 1 in 68 children in 2012
8. 1 in 59 children in 2014 (the latest report from the CDC as of 2018).

More recent data coming from the American Academy of Pediatrics (AAP) actually demonstrates that the prevalence rate to be one in 45 children that now experience signs and symptoms of autism spectrum disorder at, or before, the age of eight years. Not very reassuring to say the least.

This data does not absolutely prove or disprove the causal link between the CDC recommended vaccinations and autism. What it does demonstrate, however, is that a relatively rare disease just eighteen years ago is now alarmingly prevalent. Further, the issues surrounding the vaccination of children has become so

politicized that it is hard to know where the truth about vaccines and the risks associated with them have come to rest.

The CDC itself has been caught up in the ongoing controversy. Dr. William Thompson was a senior vaccine safety scientist at the CDC. In August 2014 he publicly revealed data underlying a CDC vaccination study that demonstrated a causal link between the vaccine and autism symptoms, despite the CDC claims to the contrary. In other words, the data gathered for purposes of that particular study had been suppressed and not made a part of the report. The findings he disclosed included the fact that there was a biologically plausible connection between a thimerosal/mercury containing preservative in several vaccines and the presence of autism-like features in children receiving that vaccination. He was granted whistleblower status for his own protection. Unfortunately, what he disclosed and what was later done with it at the congressional level has seemingly disappeared into the political abyss. One might ask why did it disappear and who caused it?

The US Congress enacted legislation called the National Childhood Vaccine Injury Court of 1986. It contained provisions that provided no-fault compensation to those injured or harmed by vaccines in an effort to stabilize the vaccine market adversely affected by increasing vaccine related tort litigation. The trade-off for this compensation system was to give the manufacturers of vaccines a form of legal immunity from tort liability for vaccine-related injuries or death.

The immunity provision contained in that enactment reads as follows:

“No vaccine manufacturer shall be liable in a civil action for damages arising from a vaccine-related injury or death associated with the administration of a vaccine after October 1, 1998, if the injury or death resulted from side-effects that were unavoidable even though the vaccine was properly prepared and was accompanied by proper directions and warnings.” 42 USC Section 300 aa-22(b)(1)

While I am not a lawyer, the US Supreme Court looked at this provision of the act in the case entitled *Bruesewitz v. Wyeth, LLC*, 131 SCt 1068 (2011) which has been circulated among those who work with vaccines. In that case, the child was given a DTP (diphtheria, tetanus, pertussis) vaccine at about six months of age. Within twenty-four hours of the administration of that vaccine, the child started to experience significant seizures. The child was ultimately diagnosed with residual seizure disorder and developmental delay which persisted.

The same legislation created what came to be known as the “vaccine court” which appears to be the only meaningful legal remedy that provides compensation for vaccine-related injuries. It is not against the manufacturers. The Supreme Court decision was to the effect that the legislation preempted claims against vaccine manufacturers for injury or death caused by vaccine “side-effects that were unavoidable.” So it was that with respect to the DTP vaccine the onset of a residual seizure disorder and developmental delay was placed in the category of unavoidable

side-effects. To me the decision is not at all reassuring about the safety of certain vaccines.

Since 1986 when the “vaccine court” system was implemented there have been approximately 20,000 claims filed and of those approximately 6,358 have been settled with a payment of money to or for the benefit of the injured claimants. The amount paid to settle those claims has now reached nearly \$4 billion. I have been confronted with questions relating to the vaccine court and have to wonder about how other physicians answer a question from a concerned parent if the vaccines are as safe as the CDC claims, how is it that nearly \$4 billion has been paid to people injured by those vaccines? I have found this to be a very difficult issue to explain and it raises significant concerns in my mind about the credibility of the CDC promotion of its scheduled vaccines as being safe. To not have this kind of concern ignores a very important patient risk and one about which the parent must be told if a truly informed consent to vaccinating their child is to be given.

INFORMED CONSENT REGARDING VACCINATIONS

My approach in talking with the parents of children that come to my clinic for care on the subject of immunization through the use of vaccines is very straight forward. I am not against the use of vaccines with children and quite to the contrary I think they are very important in the overall care of children. In fact, I inform parents that the CDC schedule is what is recommended for the care of children with respect to vaccines. Where I may differ from the recommended immunization schedule for children up to eighteen years of age is on what, when and how much should be given. From my stand point virtually every child and the history of the child’s family are different and with each a different plan may be needed. As a physician endeavoring to provide ethical medical care, each patient is entitled to that kind of care and that is what I do under those circumstances. Although the order may vary slightly from one patient to another, I undertake an “informed consent” discussion relating to vaccinations as follows:

1. At the outset I ask for the medical history of the child and the family. Some medical conditions and prior treatment may influence what vaccines may be appropriate and those that would entail an enhanced risk for the child. This includes inquiry about where the family will be living because often there are environmental risks that will drive what vaccines should or should not be used.
2. I explain what a vaccine is and what it is designed to accomplish.
3. I explain the CDC vaccine schedule for children making it clear that it is what is being recommended. This explanation includes what vaccines are recommended and addressing each specifically and how often they are to be administered.

4. I explain the risks of the vaccinations recommended and also the fact that despite years of use there are still things about those risks that are not known or are uncertain.
5. I explain the vaccination rules in Oregon about what needs to be done in order for the child to attend school. In essence the child must receive the vaccinations set forth in the CDC recommended schedule or take the necessary steps to obtain an exemption. The child may be exempt from all or part of the schedule because of a medical diagnosis contraindicating the vaccine or because of personal, religious or philosophical reasons. I further explain the process to obtain an exemption and I have forms available to accomplish that end.
6. The informed consent discussion that I have with the parents includes the alternatives. Certainly all, or some, of the CDC scheduled vaccinations are among the alternatives. However, I also explain the plan that I developed and what I recommend according to that plan. It is called "The Dr. Paul Approved Vaccine Plan," and my book covers this in detail.
7. I then listen to and answer questions posed by the parents to enable them to choose how they wish to proceed with respect to the vaccination of their child. It is the parents' choice.
8. Once the choice is made, I cause the vaccines to be administered in keeping with that choice.

WHAT REAL WORLD DATA HAS DISCLOSED

The request was recently made to me to provide peer-reviewed literature regarding vaccines supporting my approach which I have found to be problematic. We can provide hundreds of peer-reviewed articles that will show issues with vaccine safety or the ingredients in vaccines. There are no studies on the safety of the CDC schedule in its entirety. To date, I do not have a published study on the safety of the approach at Integrative Pediatrics. I do have my hands-on experience with my patients.

To answer the concerns raised, I commissioned a thorough expert quality assurance analysis of the data in my practice with a focus on those patients born into my practice since we opened June 1, 2008. Dr. Michael Graven, M.D., is not only a pediatrician and neonatologist, but is perhaps the most respected health records informatics expert in the world, who has set up health information systems in forty-five countries around the world. His Curriculum Vita and report are enclosed. You will see that using real world data (which he says is far more powerful than any "study") the patients born into the Integrative Pediatrics practice have fared far better than the rest of the state or country.

The quality assurance data that was used showed that there are 3,345 patients born into the Integrative Pediatrics practice since June 1, 2008. There were 715 unvaccinated with one case of autism/ASD found in this group for an Autism/ASD prevalence rate of 1/715. Of the remaining selectively vaccinated 2,630 patients there were six cases of Autism/ASD found in the analysis for an Autism/ASD rate of 1/440. When compared to the AAP reported rate of 1/45 it can easily be seen that the care given at Integrative Pediatrics and specifically the vaccine approach seemed to be resulting in a far more positive health outcome.

I would urge you to seriously consider what this data actually reveals which could very well be a gold standard on how pediatricians and physicians should vaccinate the children in their respective medical practices. When the practice of medicine is relying on a standard of care that may be causing greater harm than good, there is always a challenge in how to educate physicians about a new and better way to take care of patients. New approaches are always met with skepticism if not frank rejection at first.

CONCLUSION

When thinking about what I say to parents about the vaccination of their children and carrying out their chosen plan, it is my goal to give them enough information about the benefits and the risks of vaccines that will enable them to make informed choices. The prudent approach to vaccines that I have used and recommended has produced much better outcomes than those that are said to be in compliance with the CDC/AAP recommendations.

HB 3063 seems to be inclined to blindly follow the CDC/AAP recommendations and fails to take into account the demonstrated downside of those recommendations. Knowledge and accurate information about vaccines are critically important to the health and welfare of the children that I see and care for in my medical practice.

If there are questions about what I have outlined above, or there is a need for additional information, please let me know and I will be responsive.

Sincerely,

Paul Thomas