

**From:** [Chanda Costello](#)  
**To:** [HHC Exhibits](#)  
**Subject:** 3063 testimony- NO  
**Date:** Thursday, February 28, 2019 8:25:28 PM

---

My name is Dr. Chanda Costello and I am a dentist in Portland, Oregon and I am here in opposition to this bill. This bill declares an emergency due to the recent measles outbreak in Washington state and seeks to remove parental choice in regards to vaccine exemptions. In my effort to understand the reason for this emergency I sought information from the Centers for Disease Control's website, which I have included in your packet. According to the CDC's website the MMR vaccination rate for Oregon state has remained steady from 1995-2017, with little variation in the past 22 years. A stable MMR vaccination rate over the past 22 years is no cause for an emergency, nor should a bill declaring it so be rushed through a house committee.

As a practicing clinician I deeply value the role that science plays in preventing disease. As much as I value the many benefits vaccines have given modern medicine, I am also keenly aware that there is considerable evidence that our vaccination policies are actually increasing our risk of outbreaks of diseases such as measles and pertussis. Two studies I have included in your packet evaluated the persistence of measles antibodies years after MMR vaccinations were given, and both found that the antibodies produced by vaccinations waned sharply as years progressed, leaving aging populations completely unprotected. Another study (also included in your packet) was published just last week. This study looked at pertussis vaccinations and found that these vaccines cause a phenomenon called "linked-epitope suppression" The study states, "Because of linked-epitope suppression, all children who were primed by DTaP vaccines will be more susceptible to pertussis throughout their lifetimes, and there is no easy way to decrease this increased lifetime susceptibility." This study explains why pertussis outbreaks persist, even in highly vaccinated environments. In Los Angeles, CA, a state without non-medical vaccine exemptions, there is currently a whooping cough outbreak in a private school. Over 30 students have been sickened, every single one of them fully vaccinated. None of the unvaccinated children with medical exemptions were sickened. A likely reason for this is found in this study- those children who received pertussis vaccines are now more susceptible to pertussis once antibodies wane.

Another significant concern that the text of bill 3063 fails to address is the issue of vaccine safety at the individual level. The immunogenetics of vaccine adverse events are only beginning to be fully understood, thanks in part to recent discovery of the MTHFR mutation which leaves affected individuals at a higher risk of adverse vaccine reaction. The study included in your packet on Adversonomics states "Clearly more comprehensive studies are needed to determine if there are associations between genetic variations among individuals and susceptibility to serious adverse events in response to vaccination." One size fits all health care simply does not exist, nor should it ever be mandated.

The debate of vaccine safety and effectiveness is far from over. The medical decision to vaccinate should remain in the hands of parents in consultation with their pediatricians, using our informed consent process, and NOT be coerced or mandated by the state as a condition for a child to obtain their education.

Thank you for your no vote.

Studies cited: <https://jamanetwork.com/journals/jamapediatrics/fullarticle/569784>

<https://www.ncbi.nlm.nih.gov/pubmed/30793754>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2843136/>

<https://www.ncbi.nlm.nih.gov/pubmed/18454680>