

Dear Oregon Legislature,

I write to you with all due respect in regards to Oregon Vaccine Ruling HB 3063.

I am a Mom and a I am a physician.
I have one fully vaccinated child AND I have one child who had a vaccination reaction that left him with neurological tics which began within hours after his 2nd DtaP vaccination.

I believe in vaccines for MOST children. I WISH I could vaccinate my oldest son but I cannot cause his body further harm. I also believe in CHOICE.

As I said, I believe in vaccinations for some children and I know that herd immunity at a certain percentage is needed to keep many communicable diseases at bay. I also know we are in the range of herd immunity percentages in Oregon.

I also know vaccines are NOT a one size fits all approach. Many children have genetic polymorphisms which create reactions to the aluminum, an adjuvant and neurotoxin to some that is found in many vaccines today. There are also many other additives in vaccines that cause harm in SOME children.

What I ask of you if you is to consider CHOICE.

If this bill goes through, I ask that it is modified to include a similar flow to vaccinating as took place in California. The California law narrows down the "necessary" vaccines for school aged children depending upon their age. Certain vaccines are not applicable to a 10 year old as they were when the child was 2 years old. The ruling as currently written is harsh, extreme and in my opinion dangerous for the bodies of so many children who cannot handle the adjuvants in vaccines.

I also ask that you work with OHA to broaden medical exemptions. I have lab work and many specialized tests on my non-vaccinated son to show his immune system is in a state of TH2 dominance and vaccines further kick the immune system in this direction which creates neurological and auto immune symptoms. My son has auto immune hypothyroid, Tourettes syndrome and low grade PANDAS (pediatric autoimmune neuropsychiatric disorder associated with strep). I would only hope this would be considered adequate for a medical exemption according to the OHA. If I were not granted an exemption I would to then home school my son which would not be ideal for either of us.

I could not live with myself if I further vaccinated him and created more immune and neurological issues which in my role as a physician I have seen many times.

As I said, I am not anti-vaccines. I am actually pro choice when it comes to vaccines.

I have a fully vaccinated healthy 6 year old boy and a 9 year old boy who is doing well and thriving in school despite having issues with his nervous system and immune system. Another vaccine could hurt him and create irreversible damage.

Please be open to making modifications if you choose to pass this bill and opening the gates to allow for medical exemptions for children with obvious nervous system and immune system disorders which can potentially be worsened irreversibly by vaccinations.

Please for a moment put yourself in the shoes of a parent who has a child with issues who can be harmed by vaccines.

I am happy to provide you with a great deal of scientific research on the topic.

Thank you for hearing me!
Cara Phillippo

Mom of a fully vaccinated child and Mom of a child who had a vaccine reaction with neurological and immune system complications.

INFORMATION AND LINKS

CALIFORNIA VACCINE LAW SB 277 MANDATES - this makes more sense and was well researched. Giving children the whole CDC slew of vaccines despite age makes no sense.

Vaccines required by SB 277 for daycare or preschool are:

4 DTaP, 3 Polio, 3 Hep B, 1 Hib for infants 15 months or older), 1 MMR, 1 Chicken pox.

Vaccines required for kindergarten entry in a previously unvaccinated child:

4 DTaP, 3 Polio, 3 Hep B, 1 HIB, 2 MMR, 2 Chicken pox. (Notes: For children already 5 no Hib vaccine is required as Hib is only FDA approved for use before 5 years of age; most children will develop antibodies after only 1 dose of MMR and chicken pox so titers can determine this.)

Vaccines required for children 7-11 years old in a previously unvaccinated child:

1 TDaP*, 3 Hep B, 3 Polio, 1 MMR, 1 Chicken pox. (Children 7 and older cannot receive DTaP but must receive TDaP which is single dose.)

Vaccines required in children 12 and older, previously unvaccinated:

1 Tdap, 3 Polio, 1 MMR, 1 Chicken pox.

Aluminum Dangers

Aluminum experts have stated that aluminum has no biological use or need and is toxic to all life forms. According to renowned aluminum expert Chris Exley of Keele University,

“the combined adjuvanticity and antigenicity of aluminium probably means that we are all ‘allergic’ to aluminium exposure it is simply that in some individuals the response can be significantly more severe. It is knowing which individuals might show the most acute response which eludes us at present.”

See Exley’s papers:

- 1) [The immunobiology of aluminium adjuvants: how do they really work?](#),
- 2) [A role for the body burden of aluminium in vaccine-associated macrophagic myofasciitis and chronic fatigue syndrome](#),
- 3) [Aluminium adjuvants and adverse events insub-cutaneous allergy immunotherapy](#)
- 4) [Aluminium in Medicine](#)

In “[Aluminum vaccine adjuvants: are they safe?](#)” Lucija Tomljenovic and Christopher Shaw state:

“Aluminum is an experimentally demonstrated neurotoxin and the most commonly used vaccine adjuvant. Despite almost 90 years of widespread use of aluminum adjuvants, medical science’s understanding about their mechanisms of action is still remarkably poor. There is also a concerning scarcity of data on toxicology and pharmacokinetics of these compounds. In spite of this, the notion that aluminum in vaccines is safe appears to be widely accepted. Experimental research, however, clearly shows that aluminum adjuvants have a potential to induce serious immunological disorders in humans. In particular, aluminum in adjuvant form carries a risk for autoimmunity, long-term brain inflammation and associated neurological complications and may thus have profound and widespread adverse health consequences. In our opinion, the possibility that vaccine benefits may have been overrated and the risk of potential adverse effects underestimated, has not been rigorously evaluated in the medical and scientific community.”

Autoimmune Disease

Vaccines are an acknowledged cause of a variety of autoimmune diseases including, but not limited to: 1) MS and demyelinating diseases, 2) rheumatic disease, 3) asthma, 4) allergy, 5) Autoimmune/inflammatory syndrome induced by adjuvants (ASIA), 6) Macrophagic myofasciitis, 7) Immune dysregulation.

See respective studies at links below:

- 1) [Recombinant hepatitis B vaccine and the risk of multiple sclerosis: a prospective study](#)
- 2) [Chronic Arthritis after Rubella Vaccination](#)
- 3) [Infection of human B lymphocytes with MMR vaccine induces IgE class switching](#)
- 4) [Delay in diphtheria, pertussis, tetanus vaccination is associated with a reduced risk of](#)

childhood asthma

- 5) ASIA: A New Way to Put the Puzzle Together
- 6) Macrophagic myofasciitis: characterization and pathophysiology
- 7) Vaccines and autoimmunity