

From: [Ken Reese](#)
To: [HHC Exhibits](#)
Subject: HB 3063
Date: Thursday, February 28, 2019 7:53:31 PM

To the Oregon House Health Care Committee,

I am a Washington County resident who is writing to express my concern over the fast-track proposal to remove vaccine exemptions from the Oregon citizenry. While I can appreciate the desire of lawmakers to ensure public safety and wellness, I also strongly believe that we should use solid evidence when making decisions that can have potentially serious, and life-long health impacts.

By nature I am an evidence seeker, as my 38-year career as an Intel engineer schooled me in the discipline of cause-and-effect analysis in my daily work. So, when the subject of vaccine safety came around I, like many people, assumed that all the work had been done and the safety question was settled. However, when I began to observe an alarmingly high prevalence of autism spectrum disorders in my uncle's family I suspected that something was amiss. Over 25% of the grandchildren in that family have autism-related conditions, and while the general rationale is "environmental causes", that answer doesn't seem to fit since the families are scattered across multiples cities and states. I definitely suspect that there is a genetic pre-disposition to "environmentally-induced" cognitive disorders for this particularly family.

As I researched these cognitive issues the topic of vaccines and their ingredients came up, and I discovered that for many the science behind it wasn't truly settled, with enough evidence suggesting that the incidences of vaccine-suspected injury weren't being shared publicly. Just one of the discrepancies I discovered was that so-called "safe" levels of aluminum adjuvants used in vaccines contradicted safe levels set by other federal agencies. Aluminum is a neurotoxin as freely stated by the National Institute of Health. By way of example, some published research states that an acceptable level of aluminum intake for infants is 5 micrograms per kilogram of body weight per day. For a 10 lb. infant that equates to roughly 110 micrograms. Yet, a single dose of DTaP vaccine can administer anywhere between 170 to 625 micrograms of aluminum. An even more startling statistic is that when using the CDC's recommended 2-month vaccination schedule an infant would receive a total of 1225 micrograms of aluminum in a single doctor visit, which is roughly 7 times the "safe" dose for a 15 lb. infant.

There is clearly a discrepancy in published research, CDC assurances, and statements by other government health agencies in regard to an agreement on "safe levels". I am familiar with empirical studies that that use less-aggressive vaccination schedules that have demonstrated to reduce autism-spectrum incidences in families who may be at greater genetic risk as evidenced by familial autism occurrence.

I implore our lawmakers that as they make regulatory decisions regarding public health that they would take time to truly research the issues, and not make rush decisions when there is clearly competing evidence on the matter. Work with the medical community to develop programs that protect all children, regardless of the politics.

Ken Reese

Portland

503-644-4270