

To all sponsors of HB 3063 and House Health Care Committee:

I am writing to express my strong opposition to HB 3063.

Vaccinations are medical interventions, and as with any medical procedure, it is unethical and dangerous to mandate a series of medical procedures in a one-size-fits-all fashion. Vaccine adverse effects can and do happen to susceptible individuals. Vaccine inserts, provided by the manufacturers list many possible adverse events.

Over \$4 billion has been paid out for vaccine injuries and deaths by a fund paid into by tax payers. HHS estimates less than 1% of adverse events are reported to the VAERS database – a passive reporting tool, and there is nothing in our health system that actively tracks vaccine adverse effects, so the true magnitude of those is unknown. Vaccine manufacturers, unlike manufacturers of any other pharmaceutical or medical device have no liability, should their products cause permanent damage or death to vaccine recipients. Mandating any procedure involving such risks is simply unconscionable. HHS has failed in its congressional directive to study vaccine safety for 30 years as admitted in court just last year:

<https://icandecide.org/wp-content/uploads/whitepapers/Stipulated%20Order%20copy.pdf>.

Removing non-medical exemptions and mandating vaccines for an ever expanding vaccine schedule under such circumstances, where the manufacturer has zero consequences for safety and quality issues of their products is unacceptable.

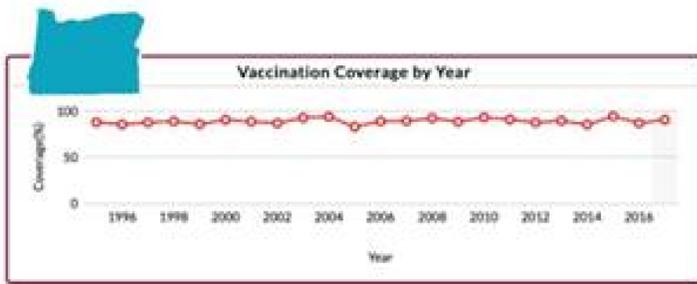
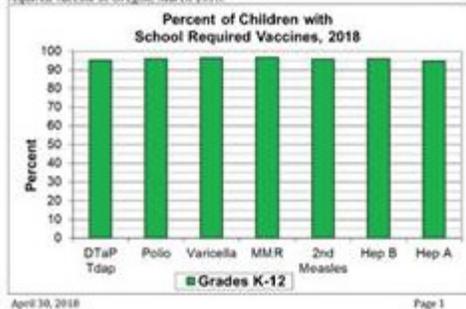
Of the 7.5% K-12 students with non-medical exemptions in Oregon, only 2.6 % are 100% unvaccinated, not 7.5%. The rest are partially vaccinated, with EXEMPT status in Oregon meaning not having ALL 31 vaccines of 31.

Non-medical vaccine exemptions are crucial, because obtaining a medical exemption is nearly impossible. The child has to first be in a life-threatening situation due to a previous dose of the same vaccine before that child is deemed at risk for receiving another dose (<https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html>). This does not exempt the child from other vaccines that frequently have the same ingredients, some of which are proprietary and not listed (for example, same adjuvant), which may be what caused the catastrophic reaction in the first place. While the relative number of such children who are prone to vaccine injury is small within the population, does that make their lives and the lives of their families have less importance and value than the lives of other members of society in this state?

Mandating vaccination for all students in Oregon for school attendance will impact 31,521 students that have filed a non-medical exemption.

As per OHA, Oregon has consistently high vaccination rates:

Figure 1. Percent of children in kindergarten through 12<sup>th</sup> grade complete for each school-required vaccine in Oregon, March 2018.



Source: Centers for Disease Control, Measles, Mumps, and Rubella (MMR) vaccination coverage among children 19-35 months by state, HHS region, and the United States, National Immunization Survey-Child (NIS-Child), 1995 through 2017.

MMR vaccination rate is well above the herd immunity-required rate (90-95% per Oxford vaccine group).

These data show that there is no decline of vaccination rate in the state of OR.

Please consider these things during this hearing.

Sincerely,  
Anna Pavlova, PhD  
Hillsboro, OR