

Dear Joint Ways and Means Sub Committee on Human Services.

My name is Sarah Bacon and I am the Executive Director of Oregonians for Medical Freedom, representing over 6,000 Oregon families that believe that the Important Safeguard Principle of Medical Ethics, Informed Consent, should be respected and upheld by the law in all policy making decisions. Informed consent is the right for all people to receive all information on the risks and benefits of any medical intervention or procedure prior to the procedure and for the ability to accept or decline the medical intervention based on all the information provided to them. HB 3063 violates this important medical ethics principal on two levels:

- 1) The Oregon State Legislature has not moved forward either SB 649 or HB 2745, that would support informed consent related to vaccinations by making more easily available to consumers and patients the vaccine package insert for each vaccine, which contains manufacturer information on potential side effects and safety testing limitations (commonly that the vaccine has not been tested for its ability to cause cancer, mutate genes or impair fertility), a list of the CDC Media Summary and Excipient list (that note that, for example, foreign animal and human protein and DNA fragments are present in some vaccines) and a list of which recommended (or proposed to be mandated) childhood vaccines contain any of the State of Oregon previously identified High Priority Chemicals of Concern for Children's Health per the 2015 Toxic Free Kids Act. Currently Vaccines are the only drug or pharmaceutical product that patients are not fully informed on the risks and benefits product by the manufacturers package insert due to the 1986 National Childhood Vaccine Injury Act, which indemnified vaccine manufacturers of any liability for injury or death, including failure to warn consumers of the products potential for injury or death. Not a single sponsor or supporter of HB 3063 has stood behind the vaccine product to ensure that consumers have all the relevant product information that they would for any other product. HB 3063 mandates a product that has no legal liability, and the members wanting to mandate it do not support informing the recipients of it of the ingredients or manufactures warning or side effect and safety profile.
- 2) Informed consent is violated when you are not allowed to decline a medical intervention, without coercion, in this case the threat of being removed from both public and private schools and extracurricular activities.

Please ask the bill sponsors or those wanting passage of this bill for the following information so you can make rational and wisely emotional decisions based in facts:

1) Please provide all safety testing of the CDC recommended schedule or the Oregon Recommended Schedule in the combination it is recommended both for the recommended schedule and for the proposed "catch up schedule." Please also include all long term safety studies of the schedule. Also please provide all double blind placebo controlled safety trials of the individual vaccines and what those results are.

- The results of these are important because in my 10 years of vaccine safety research I have not found any long term health outcome studies, and I have found that Vaccines, as classified as "biologics" and not "drugs" do not undergo double blind placebo controlled safety testing. And the institute of medicine (IOM) stated when they went to review the safety of the schedule in 2013 they actually found no science to review. So it seems entirely

irresponsible as a State to mandate a vaccine schedule that has never been tested and individual vaccines that do not undergo placebo controlled testing for safety.

2) Please provide the meeting minutes from each time the Oregon Health Authority has presented on the Vaccine Adverse Events reported for Oregon through the National Vaccine Adverse Event Reporting System (VAERS). What I am finding is that OHA, who has organizational goals and benchmarks of increasing vaccine uptake, have failed to report to the legislature the other considerations of the vaccine program which is how many Oregonians experience a vaccine adverse event, injury or death. Because of this failure to ever address or discuss vaccine adverse events most legislators are unaware of the prevalence of injury. If Oregon Mandates a vaccine schedule without maintaining the current available exemptions, they are mandating a product that is not safe for everyone who uses it. And research shows that VAERS data captures less than 1% of adverse events and in this study 9.4% of those given a vaccine experienced a reaction, evidenced by the number of people give the vaccine, 376,452 and the number of possibly reactions which is 35,570. <https://healthit.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf> Quoted as "1.4 million doses (of 45 different vaccines) were given to 376,452 individuals. Of these doses, 35,570 possible reactions (2.6 percent of vaccinations) were identified. This is an average of 890 possible events, an average of 1.3 events per clinician, per month. These data were presented at the 2009 AMIA conference"

And consider the following:

Supporters of this bill are saying that this needs to be done to protect immunocompromised children in school.

From a philosophical argument it looks like this: Is it ethical to force one child to undergo a medical procedure that can cause physical harm to theoretically protect another child from potential illness?

From a numbers argument it looks like this: The total number of medical exemptions in Oregon is roughly 780 in K-12 or .2% of total exemptions. It is extremely difficult to get a medical exemption. So if we are saying that there are immunocompromised children that cannot receive a vaccine, in school - the number of children we are talking about "protecting" is that 780. Compare that to the total number of children whose rights and beliefs and medical choices this law is violating per OHA 31,521 (5.2% of K-12 missing 1 or more vaccines of a total school enrollment of 604,725) and this number does not include day care or preschool, of which the law is also reaching into. And if all of those children went and got "caught up" on their vaccine schedule, research from Harvard shows we would expect a 9.4 percent injury/reaction rate so that would be $31,521 \times .094 = 2,962$. So you are essentially harming the health of more children (2,962) than the bill is theorizing it would protect (780). If we look at the effect on currently fully unvaccinated students, which potentially would suffer a more severe reaction due to family history, we have 15,722 children. For those children to get fully up to date they would receive 17 doses of 10 different vaccines. There is no study showing the effect of giving a child who has never received a vaccination in their life with 17 doses of 10 different vaccines in 12 months. These children would have a potentially higher reaction rate due to many having genetic susceptibilities to vaccine reactions which is why their parents have made this choice in the first place. Reactions ranging anywhere from mild to life threatening, permanently disabling and death. We know in Oregon reported to VAERS last year as stated above we had 4 deaths and 16 permanent disabilities. Conversely we have had zero deaths and permanent

disabilities from any vaccine preventable disease this year. And the spread is actually larger than that because based on research it would be 2,962 children actually experiencing an adverse reaction to a vaccine compared to the 780 that would then have to live in a community that was exposed to a disease we vaccinate for and herd immunity thresholds would have to meet the disease specific requirement to protect them. And we are not circulating diphtheria, polio, or even measles widely throughout our communities. There has only been small localized controlled cases of measles (4-6) in Oregon. The pertussis vaccine actually is not designed to prevent transmission so this vaccine does not help the immunocompromised and many of the other diseases, Tetanus, Hep A, Hep B are not airborne communicable diseases in the first place. Also, the community at large including adults are not up to date on these vaccines so even if the school children have 'herd immunity' the community may not, depending on the disease. Right now immunocompromised children are at no greater threat than they were last year, the year before or 20 years before. And unfortunately for the immunocompromised child, they bear a more realistic fear of widely circulating common illnesses such as croup, 5ths disease, roseola, strep, the flu and pneumonia to name a few, so force vaccinating thousands of children and subjecting them to the potential side effects of the vaccine doesn't quell the fear they live in...they also have to fear non vaccine preventable diseases.

This bill cannot be passed under the guise of protecting vulnerable children when it will also harm other vulnerable children.

In general, vaccines have shown to reduce many of these once common diseases. But this bill forces us to look closely at the minorities involved and the consequences both acute and the unintended. There is a small minority of immunocompromised children who can't get a vaccine and there is another small minority of children who don't have the vaccines and may experience a side effect or injury from the vaccine. And the number of children potentially harmed by the vaccine outweighs the number of children relying on the theory of 'herd immunity' in a school setting. Couple that with the fact that Oregon is actually above herd immunity thresholds for all vaccines in the school setting- there is no emergency to push through the potential harm of one group of children for the potential benefit of another group.

Also, Sen. Steiner Hayward passed SB895 in 2015 which shows school by school breakdown of vaccination rates so if a parent was uncomfortable with a particular school's vaccination rate they could move to a school with a higher rate, which is why she passed that bill to begin with. Overall though, Oregon is high on all vaccination rates. K-12 you have over 95% vaccination rates for MMR and Oregon exceeds herd immunity threshold for all highly communicable diseases vaccinated for.

It should be known as well that strict protocol is already in place in the event there is a case of a vaccine restrict-able disease in a school because OHA has implemented a very strict 21 day exclusion policy for all children not fully up to date with the vaccine for that disease and healthy children are already being excluded from school in the event of an outbreak should one occur. This has been an issue in the case of Pertussis and I'm happy to explain in more detail if that would be helpful but bottom line is if there is a 'case of measles' in a school (which there haven't been any in Oregon this year) they already exclude all kids who don't have a measles vaccine for 21 days.

Over all though- This bill should not be supported at all. MMR Rates in Oregon are high, we are above "herd immunity" on all communicable illness in K-12 Schools and the true number of unvaccinated in Oregon is only 2.6% not 7.5% as I have seen on some flyers

circulating in support of the bill. There is not an emergency warranting mandating a liability free drug that is not safe for everyone who receives it as referenced above. The majority of Oregonians (97.4%) Do vaccinate partially to full and the very small percentage who are unvaccinated have very strongly held religious beliefs against certain ingredients (aborted fetal cell lines and DNA Fragments) or commonly have an experience with a vaccine injury of another child, themselves or another loved one.

Please do not support this bill.

Sarah Bacon

Oregon Resident

Executive Director

Oregonians for Medical Freedom.