

Senator Monnes Anderson, Senator Linthicum, Members and Support Staff for the Senate Committee on Health Care:

I am writing to share my enthusiastic support for SB649.

As a physician in practice for over 40 years, most of that time in Oregon, I witnessed and was actually a participant in the evolving U.S. vaccine “culture”. I have watched the addition of more and more inoculations to the childhood vaccine schedule and the increased “mandating” of adult vaccination. As an adult internist and critical care specialist, I have seen patients and colleagues with vaccine-associated damage, including shoulder injury, Guillain-Barré syndrome, disabling Meniere’s disease, and malignant sarcoma adjacent to the injection site. I have also developed, taught, and practiced the principle of informed consent and find it inexcusable that such consent is not required prior to administration of vaccines. It is disturbing that my hospital here in Bend lacks an informed consent process for administering influenza vaccines to employees, even though they require those deciding against vaccination to sign an “informed declination” form.

I would not argue with the public health benefit of vaccines, and benefit probably exists for most at the individual level as well. However, just like other pharmaceutical agents with proven benefit, vaccines do carry a certain level of risk. Most of the time, if adverse effects occur, the harm is minimal, transient, or even undetectable. Nevertheless, for some, especially a minority of individuals who are uniquely susceptible, the damage may be devastating and permanent.

As you know, federal legislation currently exempts the pharmaceutical industry as well as those administering vaccines from liability for any harm to individuals that may have been caused by vaccination. This policy has facilitated the introduction of vaccines without the randomized controlled trials typically required to rigorously demonstrate efficacy, as well as risk, prior to FDA approval. The prevailing belief among the general public (including most physicians) is that the lack of demonstrated vaccine risk implies proof of safety. The fact is, there are many, many examples of people who have suffered vaccine injury, the most devastating being those with neurological impairment.

SB649 is clearly a step in the right direction, even though my opinion is that it does not go quite far enough to protect patient rights. The bill is logical and non-controversial. It is similar to legislation currently being considered in other states. It brings the informed consent policy for vaccines in line with other pharmaceutical products. Finally, it assures that not only consumers but also the providers who prescribe and administer vaccines will become better educated about vaccine composition, benefits, and potential for harm.

I applaud your good work and wish you luck moving this legislation forward.

Richard J. Maunder, M.D.    Bend