To the Legislature:

I'm writing to voice my opposition to HB-3063.

I am a physician in private practice in Portland serving over 3,000 families.

While this bill has good intentions of protecting our kids, I fear that important information has been left out in its consideration.

First, the expression that vaccines are "safe and effective" fails to acknowledge that vaccines are the only medical product that are not held to the same safety standards as all other medical devices and products. There have not been double-blind placebo-controlled studies on vaccines, nor has the development of this product advanced enough to look at the long-term effects the current CDC recommended schedule has on the health of our children and the role genetics and immunobiology play in their safety.

Today's children are the sickest generation this country has seen. Asthma, food allergies, autism, learning disabilities, developmental delays, sensory processing disorders, and autoimmune conditions are all on the rise. As a practicing physician, I, along with many of my colleagues, am concerned that it is no coincidence that our children's health has declined as the number of recommended vaccines has increased. We require three-fold more vaccines than when I was a child.

The science must look at how all these factors interplay. I have seen firsthand that vaccines can cause injury. My family members have been injured and my patients have been injured.

We do not yet know the precise reason certain individuals are susceptible to vaccine injury, but to say vaccine injury doesn't occur is incorrect. Yet the pharmaceutical companies cannot be held liable for these injuries. Where is the justice in that? Making tax payers pay millions of dollars for these injuries is wrong. How can we mandate the administration of a product that may cause harm all the while making the public pay for the damage? What other industry is exempt from litigation when things go wrong?

Perhaps most importantly, we must acknowledge that government is overstepping its boundaries here and interjecting itself into the private relationship of a doctor and her patient. Knowing a patient's full medical, family and social history puts the doctor in the best position to determine how to care for her patient. Individualized medicine is what will heal our nation. To believe that everyone's detox pathways and immune system act the same is a fallacy. The human body is a complex and intricate system and must not be treated as a machine.

Furthermore, this bill (HB-3063) is discriminatory and deprives children of their right to an education. The parents of children who vaccinate on an alternative schedule or not at all are well educated and informed and are quite convicted in their decision. These people are not going to change their minds if this bill becomes law and take their kids to the doctor to get "up to date" on shots. Rather, these families will move out of the state and Oregon schools will lose money.

We can look to California for an example of this predicament: after California passed a law to mandate vaccines for entry into school (SB-277), hundreds of thousands of families left. Many California families who opposed medical mandates came to Oregon. Many of them, in fact, are in my care. What this translates to, in a state where the public-school system is already underfunded and underperforming, is a loss of \$400,000,000+ annually, as there are more than 31,000 exemptions on file, with each student estimated to cost \$13k (source).

It's also important to mention the data here:

Vaccination rates in Oregon have not changed over the last few decades. In 2018, 95.8% of Oregon children K-12 had two doses of MMR. And that's why we are not seeing outbreaks of measles in Oregon schools. Seeing fewer than 60 cases of measles in an unvaccinated community in Clark County has not even translated to a single case of measles in an Oregon public school or even to a single case of community acquired measles. That's because the current Oregon laws, which allow for medical, philosophical, and religious vaccine exemptions, work well.

According to the CDC's National Immunization Survey, there has been no change in the percentage of children who received one or more MMR

vaccines from 2013 through 2017, holding steady at around 91.5% with no statistically significant changes for the past 5 years. Children who are unvaccinated make up less than 1% of all children and pose no threat to achieving herd immunity.

I find that clear communication and transparency are the best approaches to vaccines. Individualizing the child's vaccination schedule to respond to their child's exposures and vulnerabilities actually makes parents feel less hesitant and less fearful about vaccines.

I encourage you to focus your desire to protect kids in a different fashion: demand true vaccination safety studies, make manufacturers liable, and take big pharm lobbyists out of the government.

Thank you for your time.

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