

To the House Health Committee,

I fully understand your desire to protect children in the state of Oregon and I fully understand you're concerned about the safety of unvaccinated children in school. I believe we can agree on the nobility of this motivation. The spark of this recent bill seems to come from the recent 4 cases of measles in Portland which has rounded out the confirmed cases in Oregon to less than 30 in the last 15 years. While none of these cases have been school exposure the safety concern arises nonetheless. Yes, I am concerned with their safety. I am concerned that they are safely maintaining their right to an education without coercion. I am concerned with the safety of unvaccinated children who have already experienced great harm and injury due to vaccinations yet are denied medical exemptions by OHA. I am concerned that the only choices you are leaving them with are: submit to more harm, possible brain damage or death (since these are the only post-vaccine contraindications recognized by OHA) or give up your education. I am concerned for the safety of their deeply held religious beliefs. They are a minority (2.6% who are fully unvaccinated), yes, but a minority that still deserves your acknowledgement and protection.

My son is one of those injured but unprotected children. He experienced 105+ degree fever for 3 days immediately post DTaP, was unable to move from his bed, screamed in pain any time the injected limb was moved or touched. Subsequent to the adverse event, he experienced immediate speech regression, sensory processing disorder, anxiety, OCD and tics. He was labeled "unlucky" by his pediatrician. His adverse event is a manufacturer precaution not to continue vaccination yet because it doesn't fall under the contraindication he cannot obtain a medical exemption. He and his siblings deserve the right not to be further harmed yet to preserve that right all 4 would be pulled out of their online charter school if this bill were to pass. I am deeply grieved that their educational right is being withheld because one of them was "unlucky" enough to be harmed by these products. We are not casual exponents. We did vaccinate and it proved to be dangerous for my child.

I have heard that these adverse events are rare but perhaps you weren't told that the only adverse events under that umbrella were anaphylaxis or death. Even so, if 1 in 1,000,000 is rare, then measles is equally as rare if not more so. There have been higher numbers of vaccine injury in our state than cases of measles in the past 2 decades. Where this level of risk arises, there must always remain choice without coercion, or holding their education hostage. Oregon's overall exemption rate to all vaccines is at 2.6% which is well above the herd immunity goals. What that also means is that the majority of the exemptions are held by families who do vaccinate but may have a delayed or selective schedule for their child's best health. However, Oregon's medical exemption rates are one of the lowest in the nation and do not reflect the national average regarding vaccine contraindication which leads me to believe that OHA is undereducated on the various adverse events following immunization and the underlying genetic triggers (1). These are the children who are depending on their non-medical exemptions. Children like mine are the unvaccinated school children that you should be concerned about protecting not segregating.

The hypothetical straw man of the immunocompromised or too young to be vaccinated entirely ignores the actual children of vaccine injury who attend these schools. According to OHA's site,

in the last 15 years there have been no school related outbreaks and only a single child below vaccination age to have contracted measles (due to international travel) and all have recovered (2). I have been told that vaccines are “safe and effective” which is the faith statement from the pharmaceutical companies. There have been no safety studies done in the past 3 decades (3). To say they are “safe and effective” is to assume that the science is settled but the science is never settled. There is always more to learn and understand in the way the body assimilates the toxins which are entering the body. Science has been exploring further the genetic predisposition to adverse events but the science of vaccines has not been pacing with the science of genetics. There are greater percentages of adverse event than there are percentages of measles cases, let alone fatal outcomes (4). What has proven effective is the diagnosis and containment of infected individuals as we saw in the 4 Portland cases this year, and exclusion is already the measure taken to prevent school outbreaks. What has proven safe is allowing families and their medical practitioners to make the decisions about vaccination together based on family history and health, which has already produced high compliance and a mere 2.6% exemption from all vaccinations (5). To demand the removal of non-medical exemptions for school and childcare entry is to further victimize the victims of vaccine injury. This is neither safe nor effective legislation.

I also mentioned religious exemptions which were promised to be protected by the constitution and were guaranteed to be protected when they were swept under the non-medical exemption. Religious segregation should never be allowed or entertained in our great state yet that is precisely what this bill would do for many of us whose religious beliefs do not coincide with the use of these vaccines.

I am asking that you would oppose HB 3063. Oppose the strong arm tactics being used to take medical and educational freedom away from Oregon’s most vulnerable citizens. Oppose the insertion of the government into the patient-provider relationship and decision making. In doing so, you are protecting the freedoms and rights of all Oregonians. In doing so you are representing those children whose voice needs you to protect them most.

Sincerely,
Charlotte Lee

THE NUREMBERG CODE

1. The voluntary consent of the human subject is absolutely essential.

This means that the person involved should have legal capacity to give consent; should be so situated as to be able to **exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion;** and should have sufficient knowledge and comprehension of the elements of the subject matter involved, as to enable him to make an understanding and enlightened decision. This latter element requires that, before the acceptance of an affirmative decision by the experimental subject, there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonably to be expected; and the effects upon his health or person, which may possibly come from his participation in the experiment. The duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs or engages in the experiment. It is a personal duty and responsibility which may not be delegated to another with impunity.

<https://history.nih.gov/research/downloads/nuremberg.pdf>

(1) <https://www.cdc.gov/vaccines/imz-managers/coverage/schoolvaxview/data-reports/exemptions-trend/index.html>

(2) <https://www.oregon.gov/OHA/PH/DISEASES/CONDITIONS/COMMUNICABLEDISEASE/DISEASESURVEILLANCEDATA/ANNUALREPORTS/Documents/2016/2016-Measles.pdf>

(3) <http://times-herald.com/news/2018/08/government-not-requiring-vaccine-safety-studies>

[http://law.emory.edu/elj/content/volume-67/issue-3/articles/liability-vaccine-injury-united-european-world.html?](http://law.emory.edu/elj/content/volume-67/issue-3/articles/liability-vaccine-injury-united-european-world.html?fbclid=IwAR0VbNgNwD4HEyZ8RL8TeM77NwBkBx5FpdxiepYDyBzKH2HrT8Is-o5RI5M)

[fbclid=IwAR0VbNgNwD4HEyZ8RL8TeM77NwBkBx5FpdxiepYDyBzKH2HrT8Is-o5RI5M](http://law.emory.edu/elj/content/volume-67/issue-3/articles/liability-vaccine-injury-united-european-world.html?fbclid=IwAR0VbNgNwD4HEyZ8RL8TeM77NwBkBx5FpdxiepYDyBzKH2HrT8Is-o5RI5M)

(4) <https://www.ncbi.nlm.nih.gov/pubmed/26275795>

<http://www.health.gov.au/internet/main/publishing.nsf/Content/cda-cdi3004d.htm>

<https://ieet.org/index.php/IEET2/more/maynard20150205>

<https://www.ncbi.nlm.nih.gov/pubmed/6878995>

https://www.ncbi.nlm.nih.gov/m/pubmed/30793754/?fbclid=IwAR3ov44U3gzR9-G4VT0i8UpaKFGNKgPdFG3tgDtc9dJp5RIk4iPk4_yp1FY

(5) <https://www.oregon.gov/.../GETTINGI.../Pages/SchRateMap.aspx>