Anton L. Alder, ND February 27, 2019 In opposition to HB 3063 – Removing philosophical and religious vaccine exemptions

Esteemed Health Care Committee Members,

My name is Anton Alder. I am a naturopathic physician practicing in rural eastern Oregon. I want to be clear that vaccines are a legitimate choice for the prevention of disease. Vaccines are particularly effective in regions where poor nutrition and poor healthcare access leave populations at greater risk for severe complications. However, I must emphasize the word choice. Just as with any other medical intervention vaccines come with risks. These risks, though relatively rare include permanent body damage and even death. For this reason, I find this bill an affront to the core ethical practice of informed consent by which medicine is and has been guided since its inception. Parents must be allowed to determine if they are willing to subject their children to those risks in hope that it may improve their health and those around them in the future. We cannot forget that this is an intervention being performed on healthy individuals and any subsequent decline in health is doing harm. I understand there is considerable fear that continuing to allow parents their freedom to choose may increase the risk of preventable outbreaks, especially considering the current measles outbreak.

I believe that this bill will only further the atmosphere of distrust and exacerbate the issue. It is important that the data regarding vaccination rates be thoroughly examined, as a closer look shows that there is already a high rate of vaccination for each individual vaccine currently required. The overall vaccination rate is incredibly inaccurate as it lumps together individuals who have 22 of the 23 vaccinations in with those who have 0 of the 23 vaccinations. This also includes individuals who simply may have delayed for one reason or another but are otherwise willing to be vaccinated. Additionally, we should look at US data on adverse effects of vaccines and compare them to the rates of serious outcomes from the correlating diseases. Thanks to our improved understanding and practice of nutrition, hygiene, public health and rapid access to healthcare the most severe outcomes for diseases such as measles has decreased significantly. In some cases, the adverse reaction rate from vaccines outpace the serious complications of the diseases they prevent. So, I posit a very important question, are we afraid of the diseases or are we afraid of the severe outcomes from these diseases?

As you may or may not be aware there are approved contraindications and precautions for each of the vaccines. For your convenience I am providing a link to the ACIP guidelines provided by the CDC here: https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html I would like to provide two examples that further demonstrate how medical exemptions alone as currently defined may be inadequate to decrease real risks of adverse vaccine reactions. In the first example, a young mother took in her first child to be immunized. In an attempt to be diligent, the mother looked up information regarding the contents of the vaccines to be administered that day and noticed that it contained yeast which had recently been established as an allergy in the child by another provider. That allergy had been responsible for forming a rash and severe vomiting. The mother did not have the documents to show the doctor that day and as the rash and vomiting were no longer present the physician brushed it aside as not warranting precaution. Trusting that the physician knew best and feeling pressured to do the right thing, the mother caved. The vaccines were still administered and within the hour the child began projectile vomiting which lasted for several hours. Thankfully, a more severe allergic reaction such as anaphylaxis was not induced by the vaccine. According to the ACIP guidelines this physician acted correctly. What if the reaction had been more severe? Its possible that medical intervention could have been too little, too late and I would have one less son. You read that

right, this example is from my own child. Even more frustrating is the fact that many of these early allergies clear up as is the case with my son, who no longer has a yeast allergy. The sensible thing to do was to wait on that vaccine, even though that would have placed him in the unvaccinated category temporarily. My wife was coerced into going against her better judgement and while the outcome was bad, it could have been much worse.

Another example I am aware of from a friend is the severe reaction that their brother had to the Pertussis vaccine. While I do not have all the details, I do know that their condition quickly deteriorated to a degree that they were life flighted to a regional hospital and very nearly lost their life. Again, fortunately, they did eventually recover. Their physicians acknowledged in this case that the vaccine was in fact the cause and subsequently recommended that he be exempt from future vaccinations of that type. Additionally, due to the nature of his condition, the physicians also recommended that close family members be cautious in receiving that vaccination. If this were you and it had happened to your brother or your son, what would you do? ACIP guidelines suggest that family members may not necessarily qualify for a medical exemption but have good reason to exercise caution and their right to refuse a medical intervention.

Religious and philosophical exemptions are in place for a reason. To remove them in the way this bill does is in direct violation of accepted informed consent practice. Being immunized due to fear of being kicked out of a medical practice or excluded from receiving a public education is coercion and inherently wrong. Education, not force and fear are needed. I believe that if HB 3063 is passed, we will see a number of unintended consequences including but not limited to increased unnecessary harm and distrust. In protection of informed consent I humbly request you oppose HB 3063.

Sincerely, Anton L Alder, ND