

Greetings,

Children in Oregon deserve to have both their health and an education, and stripping them of this option on the basis of "protecting public health" is not just wrong, it's fallacious as I will explain scientifically. Mandating that every child is injected with a pharmaceutical product that has never been through proper safety testing, and is itself exempt from liability is what is dangerous to public health. The AAPS agrees:

"The Association of American Physicians and Surgeons (AAPS) strongly opposes federal interference in medical decisions, including mandated vaccines. After being fully informed of the risks and benefits of a medical procedure, patients have the right to reject or accept that procedure. The regulation of medical practice is a state function, not a federal one. Governmental preemption of patients' or parents' decisions about accepting drugs or other medical interventions is a serious intrusion into individual liberty, autonomy, and parental decisions about child-rearing."

<https://aapsonline.org/measles-outbreak-and-federal-vaccine-mandates/>

As the meeting was rescheduled on such short notice I will mostly focus on the MMR vaccine and measles, and briefly touch on DTaP and Tdap.

The vaccine inserts clearly state the very serious injuries and possible death that can occur. We should not be forced to take the risk and play Russian roulette with our children's lives. Until proper scientific studies have been conducted, we are all just taking the vaccine manufacturers word that vaccines are "Safe and Effective". Vaccine injuries can be serious and deadly, and we as parents should be left to carefully weigh the risks and benefits ourselves. Our concerns about the risks are scientifically valid.

For a rational perspective, here are some statistics:

"By 1989 the vaccination rate was still less than 40%.<sup>[16]</sup> In that year, there were 3 deaths attributed to measles, which is a rate of .005 per 100,000 or 1 in 19.37 million (**Figure 9**). Again, to put this in perspective by comparing it to National Safety Council statistics, you were more than 3 times as likely to be killed by being hit by lightning (1 in 5,506,120) than dying from measles in France in 1989 (1 in 19,370,000) when the vaccination rate was well below what would be considered as sufficient for "herd immunity."

<https://www.foreignpolicyjournal.com/2015/07/31/measles-the-new-red-scare/>

It is unclear how many vaccine related adverse events and deaths there are annually when admittedly only about 1% are reported to VAERS according to our federal health agencies. It is easy to see that the natural disease death rate statistics are lower than the 1/50 brain damaged cases that we call "autism". The CDC statistics reveal that only 440 annual deaths occurred by 1962.

MMR vaccinations (and other live virus vaccines like Varicella) are capable of causing those diseases, and no one is screening properly prior to vaccination for immune system problems that would contraindicate their use, we only find out after it is too late. In fact, such screening tests do not even exist leaving our children unknowingly vulnerable to serious vaccine injury. Paul Auwaerter, Clinical Director of the Division of Infectious Diseases at Johns Hopkins (Pediatrics is also listed in his Departments/Divisions), published about how this occurs in children with undiagnosed immunodeficiencies. The vaccine strain was found in the brains of the children who died.

“...Our data suggest that the adverse outcomes associated with immunization of patients suffering from congenital and acquired immunodeficiency syndromes are due to the emergence of an MV strain with increased virulence in a host unable to mount a sufficient immune response to clear the originally inoculated vaccine virus. This situation is mimicked in the SCID-hu mouse. Sequence analyses of pMor-1 H and M and other isolates derived from immunodeficient patients demonstrate that these human tissue-passaged vaccine isolates are highly related to parent vaccine strains (1, 15).

“...However, fatal infections have been documented in immunodeficient children vaccinated with these strains (1, 12, 14, 15). The symptoms of infection occur many months after immunization, and the viruses isolated are similar to the original LA vaccine (1, 15), suggesting that in the absence of an effective host immune response, persistent infection with the vaccine strain can lead to fatal disease. Viruses isolated from these children could potentially represent virulent revertants of the original LA vaccine.”

<https://www.ncbi.nlm.nih.gov/m/pubmed/10482633/>

DTaP has been shown to make disease worse and leave our kids more vulnerable. Adults who get DTaP have been found to become silent carriers and able to spread the disease to vulnerable babies rather than protect them:

"Because of linked-epitope suppression, all children who were primed by DTaP vaccines will be more susceptible to pertussis throughout their lifetimes, and there is no easy way to decrease this increased lifetime susceptibility."

<https://academic.oup.com/jpids/advance-article-abstract/doi/10.1093/jpids/piz005/5359449?redirectedFrom=fulltext>

“Local mucosal immunity is not induced by the current vaccination regimens, which is likely the main reason why pertussis vaccination fails to control B. pertussis infection and only induces at best modest herd immunity.”

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6339907/>

FHA antigen causes immunosuppression (opposite of a vaccine).

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2193600/>

Boosters don't work, either (esp. when originally vaccinated with DTaP.)

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6118631/>

Pertussis vaccination is creating mutant strains. “I think pretty much everyone agrees pertussis strain variation is shaped by vaccination.”

<https://www.quantamagazine.org/how-vaccines-can-drive-pathogens-to-evolve-20180510/>

There are issues with storage that allow the growth of harmful pathogens like we just saw happen in Kentucky.

MOUNT STERLING, Ky. (WKRC) - "The vaccine you received for the flu, whooping cough or hepatitis A might not work. And on top of that, it might have actually infected you.

Kentucky's health department sounded the alarm Friday night about a vaccine made in Mount Sterling. Location Vaccination started providing vaccines for businesses in Kentucky, Ohio and Indiana in September. Shortly after, some people started noticing swelling and lumps at the injection site.

The health department says the vaccine was contaminated because it wasn't stored properly. The company is stopping its distribution.

However, symptoms can show up three months after getting the vaccine, so you'll need to pay attention." <http://local12.com/news/local/contaminated-vaccines-distributed-in-kentucky-ohio-and-indiana>

The number of patients affected: 23,000. For additional information see: <https://www.nbcnews.com/health/health-news/vaccine-storage-too-often-fails-meet-standards-n970566>

There are issues with contamination during the manufacturing and storing process that lead to vaccine failure or worse, possible permanent disability and death.

Vaccines have not been proven to be safe, as there have never been any placebo based safety studies- the holy grail of scientific consensus. HHS has not fulfilled their duty for the last 32 years for their annual safety reports. Live virus vaccines can actually cause outbreaks if the recipient gets the disease instead of the protection. Say a child with an undiagnosed immune deficiency gets MMR and then contracts the disease, they can then shed the vaccine strain of the virus, endangering the lives of the other immune suppressed people and cancer patients that they come into contact with. This same concept goes for all live virus vaccines.

Unvaccinated children pose absolute zero risk to anyone, as outlined here for Legislators by Tetyana Obukhanych, who has a PhD in Immunology from Harvard:

<http://blog.pathwaystofamilywellness.org/pathways/an-open-letter-to-legislators-currently-considering-vaccine-legislation-from-tetyana-obukhanych-phd/#sthash.bKxpCFtB.mNdehy7k.dpbs>

We have whistleblowers who are being ignored while the autism rate climbs to 1:50 kids. Our children have never been sicker, 54% of them have a chronic disease.

Dr. William Thompson, lead CDC scientist has provided 10,000 documents outlining fraud that was committed to do with the Autism-MMR study. You can download those documents here: <https://www.wisconsinforvaccinechoice.org/download-cdc-autism-mmr-files-released-dr-william-thompson-cdc-whistleblower/>

Dr. Andrew Zimmerman, who was the expert witness for the governments vaccine court for over 20 years, has provided an affidavit in September 2018 regarding his stance on the Autism-vaccine connection.

"a respected pro-vaccine medical expert used by the federal government to debunk the vaccine-autism link, says vaccines can cause autism after all. He claims he told that to government officials long ago, but they kept it secret."

Dr. Zimmerman was fired after he expressed his concerns about vaccines.

See the whole story here: <http://fullmeasure.news/news/cover-story/the-vaccination-debate>

In a recent deposition under oath, the "Godfather of Vaccines", Stanley Plotkin, admitted that as a scientist he cannot say that vaccines (DTaP specifically) does not cause autism. The Institute of Medicine (IOM) also conceded that there is not substantial scientific data to establish whether there is or is not a connection between vaccines and autism. You can watch his entire deposition here: <https://www.youtube.com/watch?v=rGDNsgk0KR0&list=PL1YEOqhXrSRdkrPjy4InpquMkIZ84n2>

The government, who accepts money from pharmaceutical companies, should not be interjecting itself and discriminating against children, ultimately depriving them of their right to an education depending on whether or not they have received a vaccine. The assumption that families who do not vaccinate or vaccinate on a delayed schedule are not educated or properly informed is false, those of us who have chosen to exempt our kids are well researched and confident in our science based decision. We have done our due diligence.

Again, I urge you to OPPOSE HB-3063. The decision on what vaccines our children receive should be left to us, the parents. Our children should not be excluded from attaining an education with their peers because the pharma funded media has created a hysterical atmosphere around diseases that were once common and a rite of passage.

Thank you,  
Jena Blair