

**To: House Committee on Health Care
and Oregon Legislators**

Re: House Bill 3063

To Whom It May Concern;

February 28, 2019

I urge you to vote NO on HB 3063 as it currently reads.

I am not anti-vaccine, and I have, in fact, vaccinated my child for Diphtheria, Tetanus, Pertussis, Measles, Mumps, and Rubella. I did so on a delayed schedule, and based upon risk to the community from current pertussis and measles outbreaks.

I believe the most successful outcome would narrowly tailor your bill to include some or all of the following elements:

- 1. Ensure the greatest amount of parental rights possible by limiting the number of included non-exempt vaccines.** Include only vaccines necessary for current outbreaks such as the recent measles and pertussis outbreaks in the north-west. Or perhaps limit philosophical exemptions to polio (the United States has been polio-free since 1979), Hepatitis A (fecal - oral spread versus contagious in the air), Hepatitis B (blood and semen transmission), and Varicella (not a very serious disease—caused 115 deaths out of 120,624 cases in 1995, the year of vaccine introduction, in a total population of 266.3 million people—meaning you had a .004% chance of dying from chickenpox in 1995). This would drop the total number of shots from 17 to 7, likely ensuring greater compliance and preserving the greatest amount of parental rights.
- 2. Allow blood titer tests that show antibodies as an accepted means to comply with measles and chickenpox vaccine requirements.** In this case, the child receives 1 shot each for measles and chickenpox (or contract the disease, ensuring lifelong immunity), and a blood antibody test proves that they do not need a second shot (or first shot, in cases where disease was already contracted).
- 3. Allow adequate time for parents and their children to comply.** In a place like Ashland, Oregon where many kids are partially vaccinated or unvaccinated, it will cause mass panic and disruption to the school system if this bill becomes law for the upcoming 2019-2020 school year. It is unlikely that parents with concerns will all of a sudden get 17 shots in 3 months. Please allow a roll-out that allows parents to potentially have just one DTaP and one MMR shot at the beginning of the year, and one or two years to fully comply.
- 4. Grandfather in the kids that are already in school until the next “vaccine checkpoint.”** This means that if a child is already in first grade, they have until 7th grade to fully comply. A child in 7th grade would have until 9th grade. California included this in their roll-out.
- 5. Ensure that doctors can consider family history in their consideration of medical exemptions, and without any threat or harassment.** Currently, medical exemptions would usually mean that the child in question has had an adverse reaction to a vaccine; However, if a family has a history of autoimmune disease or a sibling who has had an adverse reaction, the doctor should be able to use his or her professional judgment to authorize a medical exemption.

Most parents I know who don't vaccinate their kids aren't anti-science or anti-vaccine, and they don't consider themselves “anti-vaxxers.” They have come by their decisions because of a fear of risk to their child. These fears center around the potential that vaccines and their adjuvants/ingredients may trigger autoimmune diseases such as Guillain-Barre syndrome and inflammatory bowel disease, often because of a family history of autoimmune disease. In my family, I have Hashimoto's disease, asthma, and allergies, my nephew has autism, and my niece has ulcerative colitis, which is why we chose to delay. With 17 shots necessary for kindergarten, there is also concern about the sheer volume of shots in a child under 40 or 50 pounds.

Thank you for your time and consideration,
Pam Kuhn
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