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----- Original Message -----

On Saturday, March 9, 2019 7:52 PM, adam.finnegan555 <adam.finnegan555@protonmail.com> wrote:

Dear Oregon Senators & Legislators,

I am a resident of Massachusetts and I was hoping to at some point go to Oregon, but i shall now reconsider that decision. I have a good friend in Oregon that I care very much about, and she is stressed out to the max over this bill. Her son is very sick from tick-borne diseases, and yet he can't get an exemption, and he will not mount the proper response, because it suppresses the immune system. Failure to understand this key aspect of immunology is costing untold suffering and incorrect approaches in medicine. You should not get a vaccine if you have immune dysfunctions, that is agreed upon unanimously, yet most of these people who need the exemptions are being denied, and that is a liability, something that could have been avoided but simply wasnt.

I am rather taken by surprise that you are moving so swiftly to remove our ability to make educated health decisions, ones that could potentially harm and even kill us. This cannot be denied. While the numbers and statistics will be debated, it can be said in all honesty that you are forcing someone into a position whereby they run a possibility of permanent injury and even death.

You are asking us to hand over our health, and our children's livelihood. They have to bear the weight when vaccines fail, for the rest of their lives, and it robs so much potential from them, and yet they dont necessarily stop the disease, but can make them more widespread. German scientists and pioneer in immuology and virology, E. Traub, noted this phenomena in animals:

Criticism of the different immunization methods in animal v

The immunization with fully virulent virus, which can produce a useful immune response, should be made for epidemiological reasons only in extreme emergency cases, in highly contaminated areas. In such cases, the process has contributed to reducing the spread of the disease by certain epidemics. The same applies to multivalent vaccination, which can be used only if provided the necessary care is taken to manufacture and treat the vaccine virus and the serum. This point is often missed. Epidemiologically, the method must be discarded because multivalent vaccinated animals with strong vaccination reactions can be used on other animals and it is often virtually impossible to effectively segregate the vaccinated animals. The polyvalent vaccination against swine fever in the United States seems to have failed because it has succeeded in significantly reducing the economic losses caused by the disease but the disease has not been stopped. On the contrary, it seems as if it has become more widespread through the multivalent vaccination; because there is today in USA, hardly any area in which the disease does not occur. The multivalent vaccination should therefore be used only in already heavily contaminated countries or areas. Germany has refrained from introducing multivalent vaccination for good reasons. Another disadvantage of multivalent vaccination is the high cost of

And this is overall still reflected in the science today in humans:

Vaccine strain of Measles goes virulent

JOURNAL OF VIROLOGY, Oct. 1999, p. 8791–8797

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Altered Virulence of Vaccine Strains of Measles Virus Prolonged Replication in Human

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Received 28 April 1999/Accepted 24 June 1999

Spread of virulent Polio vaccine viruses causing paralysis:

Spread of Vaccine-Derived Poliovirus from a Paralyzed Immunodeficient Child: an Insight into the Nature of Oral Polio Vaccine

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Chicken pox contracted by shedding of virus by vaccinated individuals

Chickenpox Attributable to a Vaccine Virus Contracted From a Vaccinee With Zoster

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ABSTRACT. Five months after 2 siblings were immunized with varicella vaccine, 1 developed zoster. Two weeks later the second sibling got a mild case of chicken pox. Virus isolated from the latter was found to be vaccine type. Thus, the vaccine strain was transmitted from the vaccinee with zoster to his sibling. Vaccinees who later develop zoster must be considered contagious. *Pediatrics* 2000;106(2). URL: <http://www.pediatrics.org/cgi/content/full/106/2/e28>; varicella-zoster, zoster, vaccine, transmission, rash, PstI.

ABBREVIATION. VZV, varicella-zoster virus.

METHODS

Clinical Observations

Five months after receipt of varicella vaccine a 3-year-old boy who was otherwise normal was noted to have thoracic zoster. Fourteen days later, his healthy normal brother, who had been immunized at the same time as he was, developed a mild case of varicella. On the second day of his illness, he was observed to have ~50 vesicular lesions in a generalized distribution on the trunk and scalp. He was playful and did not seem to be very ill. Their mother had not had varicella during her pregnancy and the brothers had no known exposure to varicella except for contact 3 days before their immunization with a child who had the onset of rash 3 days later.

OPEN

Faecal shedding of rotavirus vaccine in Chinese children after vaccination with Lanzhou lamb rotavirus vaccine

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Jin-song Li¹, Bing Cao², Han-chun Gao¹, Dan-di Li¹, Lin Lin¹, Li-li Li¹, Na Liu¹ & Zhao-Jun Duan¹

Lanzhou lamb rotavirus vaccine (LLR) is an oral live attenuated vaccine first licensed in China in 2000. To date, > 60 million doses of LLR have been distributed to children. However, very little is known about faecal shedding of LLR in children. Therefore, faecal samples (n = 1,184) were collected from 114 children for 15 days post-vaccination in September–November 2011/2012. Faecal shedding and viral loads were determined by an enzyme immunoassay kit (EIA) and real-time RT-PCR. The complete genome was sequenced and the vaccine strain was isolated by culture in MA104 cells. Approximately 14.0% (16/114) of children had rotavirus-positive samples by EIA for at least 1 day post-vaccination. Viral loads in EIA-positive samples ranged from $< 1.0 \times 10^3$ to 1.9×10^6 copies/g. Faecal shedding occurred as early as post-vaccination day 2 and as late as post-vaccination day 13 and peaked on post-vaccination day 5–10. One LLR strain was isolated by culture in MA104 cells. Sequence analysis showed 99% identity with LLR prototype strain. Faecal shedding of LLR in stool is common within 15 days of LLR vaccination, indicating vaccine strains can replicate in human enteric tissues.

The tick epidemics that are exploding today, are also putting people at serious risk, because the tick disease can blunt the immune system and cause vaccine viruses to reactivate and go virulent, and you will have a political nightmare on your hands, when this starts happening. Its going to be much more of a headache when this thing goes south, than to fix this now.

In contrast to the neurotrophic yellow fever virus in monkeys, the neurotropic horse intracerebrally-vaccinated horse caused only a febrile temperature increase, but not producing in mice always fatal encephalitis. The virus circulates in the blood of fever period, which may be a drawback in that the horse sickness is most like blood-sucking insects; and because it is not guaranteed that the vaccine virus presumed transferor cannot be transformed back into the original agent. However, be lessened by the fact that the vaccinations are carried out in a season in which do not occur or only in small numbers.

Look, I know you you have a very strenuous job, and there is a lot of pressure on your from many sides, some may seem overbearing, but we depend on you just to have our most basic liberties and freedom of choice, religion, and health, and I know at the end of the day, you are all still human beings. We all have our flaws and what not, but I see the good in you, and I know you can stop this disaster waiting to happen. I dont want to see your names dragged down by this stuff when it goes south. I want your names to be praised for averting this disaster situation. integrity and good character is so much better than temporary comforts and material things. I believe in you all and I know you each can be the person we depend on you for. We depend on you to upkeep our livelihood and our future. Please reconsider H.B 6036 and restore our dignity and health choices.

Thank you,

Adam F.
Cape Cod, Massachusetts

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