

Comments re: HB3063 and proposed amendments:

- 1) ORS 433.267 section 2b allows an exemption "...because of an indicated medical **diagnosis**" but should be changed to read "...because of a necessary medical exemption."

When parents have autoimmune diseases, administration of vaccines to their children (who may not yet have a specific "medical **diagnosis**") can be contraindicated, as described in Merck's MMR insert under "**contraindications**": "**Individuals with a family history of congenital or hereditary immunodeficiency, until the immune competence of the potential vaccine recipient is demonstrated.**" (<https://www.fda.gov/downloads/BiologicsBloodVaccines/UCM123789.pdf>)

- 2) ORS 433.267 section 2b indicates the following may provide an exemption because of a medical diagnosis: **physician or a representative of the local health department**

Why would representatives of local health departments be qualified to provide an exemption because of a medical diagnosis? Surely there is no definitive list of appropriate vaccine-exemption-worthy medical conditions? ...And surely not all employees of local health departments are medical doctors? Why would they be qualified to make these determinations?

- 3) SECTION 8 –What is the emergency? Is acquisition of a vaccine preventable disease the emergency? If so can Oregonians expect if there is a cluster of mumps or pertussis among many fully-vaccinated individuals (as occurred in Arkansas in 2016 or in Florida in 2013 respectively) that additional health emergencies will be declared?

Re: Proposed Amendments to House Bill 3063 –

Public education needs less barriers to it, not more.

If the motivation of HB3063 is to coerce people (who would not otherwise mindfully choose) to vaccinate their children, why should more advantaged families (from a financial and time-commitment standpoint) get to take advantage of public taxpayer vouchers for private or home schooling wherein they do not need to be vaccinated? ...Why would they get to make choices that are more consistently in line with their philosophical and religious convictions but public school children's families cannot? And why would public schools have to suffer decreased enrollment because of it?

Some argue you are at a higher risk of being struck by lightning than to having a severe reaction to a vaccine. But the state does not force us stand outside in the middle of a thunderstorm and just hope we are not one of the few unlucky ones that gets struck – that would be an obscene thing to do.

Vaccines help prevent vaccine preventable disease. Yes. But it is also true they are NOT without risk (<https://www.cdc.gov/vaccines/vac-gen/side-effects.htm>). ~ \$6 billion has been paid from the National Vaccine Injury Compensation Fund since the late 1980s. The Health Resources and Services Administration indicates by for every 1 million doses 1 individual was compensated.

From my experience with my son having a life threatening reaction to a vaccine, those numbers are grossly underrepresented because doctors do NOT report significant adverse side effects to the Vaccine Adverse Event Reporting System (VAERS) as they are required to do. But using those statistics –the CDC recommends 29 doses of vaccines between birth and 6 years of age

(<https://www.cdc.gov/vaccines/schedules/easy-to-read/child-easyread.html#table-child>). 1 million doses would be 29 doses to 34,483 individuals, with 1 child having a major compensable reaction.

So 1 in 34,483 could have a major reaction - and that does not take into consideration that the CDC recommends many more vaccine doses be given between the ages of 7-18.

Is the risk of acute compensable injury to 1 in 35,000 children acceptable to you? How about 1 in 100,000? What exactly is the acceptable risk? Would you readily sit across the table from a parent with a vaccine injured child and explain why the state (instead of the parent) had a right to mandate that risk for their child? What if that parent was you