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First Do No Harm

Oregon State Legislature sent this bulletin at 03/12/2019 05:05 AM PDT

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First Do No Harm

Tech giants like Facebook, Google, Pinterest and others are out to stop the so-called anti-Vaxxers. They are actively **removing and demoting** information simply because people are voicing honest disagreements with policy mandates.

I, too, am against the mandatory vaccine legislation and I think there has not been enough testing on the various vaccine-combinations. I hope you will see the validity of my assessment as I explain my position.

I realize there are **pragmatic difficulties** in staging realistic epidemiological studies due to the **outrageously unique and utterly complex nature of our God-given humanness**. Not to mention that we daily experience innumerable outside variables woven through the places, times and circumstances of our lives.

Intuitively, we are all well aware of these details because we each know of friends or family members who different from us. They each react differently to any number of food, drink, lotion, or medicinal items. Additionally, when you visit the doctor's office, they **invariable hand you a clipboard** where they want you to describe allergic reactions that you may have experienced. This includes, common things like, eggs, fish, milk, tree nuts, peanuts, shellfish, wheat and antibiotics.

Take a second and **count the people** that you are aware of that have some sort of adverse reaction, possibly even anaphylactic shock, from various conditions. Second,

consider the simplistic claim that, “all vaccines are proven safe.”

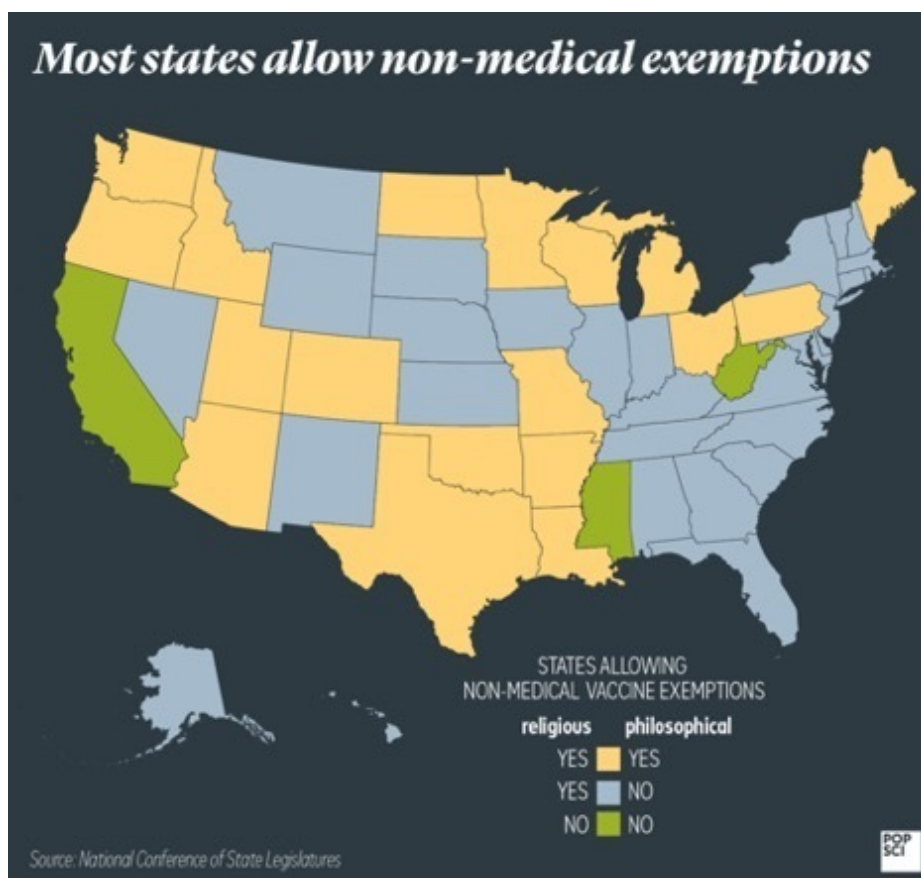
Right! **Peanut-butter is perfectly safe**, too; except when it isn't.

However, no one is mandating that you eat peanut-butter and jelly for lunch (today.)

In the same way that the tech giants are demoting what they consider to be misinformation, they are promoting stories that are crafted to help the vaccine mandate crowd. Their web-crawlers are out looking for **old pro-vaccine news** that can be put to good use.

The Associated Press (AP) is digging up any tidbit of vaccine news so that a story can be twisted to fit **today's statist agenda**. Like putty in the hands of a master-scaremonger these stories provide great fodder for promoting **unfathomable governmental intrusions** into our private lives.

In light of the recent push for, what I'll refer to as, the "**coerced injection act**" ([HB 3063](#)) and the formidable campaign against the "**consensual vaccine information act**" ([SB 649](#)) the AP dug-up an older story about an unvaccinated child. The child was “hospitalized for two months for tetanus and almost [died] of the bacterial illness after getting a deep cut while playing on a farm.”



47 States Allow non-medical exemptions

The AP article proceeds to quote Dr. William Schaffner, **an expert in infectious diseases, as being “flabbergasted.”** The story highlights the **exorbitant costs** and

the **near-death experience of this young boy** in an effort to persuade readers that **mandatory vaccines will save the “herd.”**

Except, *C. tetani* is **not an infectious disease**. Tetanus **isn't transmitted person-to-person by sneezing, coughing**, or unsafe sexual practices but instead comes from bacterial spores that exist nearly everywhere in the soil.

Those inoculated with the **DTaP (Diphtheria, Tetanus, acellular Pertussis)** combination vaccine **cannot impact the safety for schools** or other public spaces. This is because the vaccine **only provides personal protection**. This vaccine does not rid our planet of rusty nails, old farm machinery or *C. tetani* spores. It only provides protection to the individual who receives the injection.

In an [open-letter to legislators](#) considering vaccine mandates, Dr. Tetyana Obukhanych, who earned her Ph.D. in Immunology at the Rockefeller University in New York and did post-graduate work at Harvard, writes, “People who have not received the vaccines [...] **pose no higher threat to the general public** than those who have.”

For example, with a **95 percent vaccine compliance rate** a school of 1,000 children, would have 950 vaccinated students and 50 unvaccinated students. If the vaccine had a **90 percent effective rate**, then potentially **95 fully vaccinated students would be susceptible** to an outbreak compared to 50 unvaccinated students.

This also creates an interesting concern for those in compliance – Why didn't the vaccine protect these children? Were they sold a product that didn't work or is the result due to variations in important cellular processes, metabolism or genetic makeup?

However, my real question is, why are we experiencing this all-out barrage against consensual free-choice?

A foundational tenet in clinical medicine is – **first do no harm**. This means, when physicians face choices between uncertain benefits and possible harm, they must **err on the side of safety**.

This is similar to the “precautionary principle,” in the environmental sciences. Arising from concerns for environmental safety, the “precautionary principle” asserts that when faced with suspected harm, or uncertainty, the **prescribed course should be caution**. By implication, proceeding without caution might lead to long-term cumulative environmental damage. Or, it might not, but caution dictates that those natural resources will still be available for others in the future.

All vaccines should be **carefully evaluated**, both **individually and** in long-term studies, and then, **synergistically, for toxicity with other vaccine** combinations.

The Center for Disease Control's (CDC) childhood vaccine schedule recommends all children receive **69 doses of 16 vaccines** with 50 doses of 14 vaccines given between the day of birth and age 18. In the U.S. today, the majority of children receive **3X as**

many vaccinations as children received in 1983, when Diane and I started having children.

The Institute of Medicine (IOM), National Academy of Sciences, concluded there was not enough scientific evidence to determine whether vaccines are associated with **health problems in premature infants** or the development of **chronic brain and immune system disorders** that affect a child's **intellectual development, learning, attention, communication and behavior**, learning disabilities and **autism**.

I realize there are real difficulties associated with performing extensive tests of this magnitude but aren't our children worth it? Doesn't it bother you that food allergies have increased by 20 percent in the last 20 years? Don't you find it troubling that the number of **Ritalin prescriptions has risen over 150%** in the last ten years? Haven't you wondered about the **inexplicable increase in autism in our lifetimes**?

Lastly, are we willing to call the **228 measles cases, across 12 states**, within a total U.S. **population of 310 million**, an epidemic? If so, then what term will we use to describe the more than **50,000 children** who will exhibit autistic tendencies before this year is over? Are we brave enough to face an epidemic when we see one?

In closing, my concern is that Oregon's **legislators will be adopting a policy that will ostracize those who don't have the correct paperwork** or pox mark on their arms. Is this really the policy we want to adopt in our fight for freedom and tolerance? Is this what we mean when we praise our schools for being free from discrimination? Will we resort to **feeding our collective fear and appetite against our neighbors** who are faced with protecting their families with free-choice and the comfort of being true to their consciences?

Our inability to muster the political courage to demand more thorough testing is our failure. However, this has nothing what-so-ever to do with **negating peoples' rights to control their own destinies and the destinies for their children**. We must ensure government **defends and protects parental rights** and their freedom to make their own family's medical choices.

Remember, if we don't stand for rural-Oregon values and common sense – No one will!



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