SUBJECT: Re: Mandatory Vaccination Bill HB 3063

My name is Suzannah Doyle. I am a former writer/ educator in the health care field, and a current private music teacher in Corvallis, Oregon. I appreciate yesterday's hearing being available for view online, and am grateful for the respectful discourse you have facilitated on the topic of whether certain vaccine exemptions should be eliminated. I believe informed decisions are possible only when multiple perspectives and sources of unbiased information are considered, so thank you for welcoming input from multiple sources as you consider this legislation.
I am not for or against vaccines; I am a proponent of looking at all sides of an issue before making decisions. I oppose this bill, for these reasons (citations/ links to supporting evidence included):

1. HEALTH CARE CONCERNS BASED ON MANUFACTURER'S PRODUCT INFORMATION:

- According to information in vaccine product inserts, many of the potential side effects a vaccinated child might have include the same ones which can potentially occur in a small number of some non-vaccinated children. (e.g. encephalitis caused in a small number of people by either the measles vaccine or in naturally-acquired measles).

- some vaccine ingredients (in the CDC excipient list) include allergens such as peanut oil, albumin, and potential DNA fragments from aborted human or animal fetal cells. For children allergic to peanut oil, for example, a mandated vaccine with that ingredient could cause them great harm or death. Same with egg allergy and albumin. For those with pro-life or animal rights beliefs, fetal cells from humans or animals used to culture live virus vaccines can present an ethical dilemma. Please see the link below to the Center for Disease Control's list of Vaccine Excipients:

---> CDC Vaccine Excipient List (Ingredients in vaccines)
https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf

- For those with the MTHFR or HLAB27 Gene (both of which are present in those with a tendency towards autoimmune conditions and can create an over-reaction to the immune-stimulating action of the aluminum adjuvant) serious auto-immune conditions could be caused by the cumulative level of aluminum in the 76 mandated vaccines. See the above CDC vaccine Excipient list link to see how many vaccines currently contain aluminum adjuvants.

I believe individual circumstances (as noted above) are important to consider when making decisions about vaccines (or any health care issue), and that a "one size fits all" approach to vaccinations isn't consistent with science-based medicine.

2. HERD IMMUNITY MISUNDERSTOOD

1. The herd immunity theory was formulated based on observations during the early 20th century of how an infectious disease appeared to lose its capacity to infect and spread after more than half of the people in a community had been infected with the disease and developed *natural*, life-long immunity to that disease.
https://academic.oup.com/aje/article-abstract/17/3/613/144482

2. **Vaccine Manufacturer's inserts state that live vaccines can be shed by some for up to 2 weeks or more.** In the recent Measles outbreak in Washington, I have seen no discussion about what strains of the virus were involved, which strains might have been caused by shedding from vaccinated children, and which might have been caused by wild strains, either from unvaccinated children or vaccinated children for whom immunity failed (which, the manufacturers' inserts state is possible). This information would be essential to fully assess so that responses to the outbreak can be made on accurate information instead of assumptions.

Here is a link to the vaccine manufacturer package inserts. Individuals and health care professionals who oppose mandatory "one-size fits all" vaccines cite this information as an important part of their decision-making process.
http://www.immunize.org/fda/

3. A Harvard-trained immunologist explains herd immunity:
An Open Letter to Legislators Currently Considering Vaccine Legislation from Tetyana Obukhanych, PhD
"The herd-immunity concept is based on a faulty assumption that vaccination elicits in an individual a state equivalent to *bona fide* immunity (life-long resistance to viral infection)."
1. The antibody production resultant from a live attenuated virus is of lesser capacity and for lesser duration.

2. Secondary to individual biochemistry and genomics, a significant percentage of those vaccinated will not mount an anticipated antibody response. Repeatedly revaccinating these non-responders does not improve the efficacy of the vaccine intervention – second, third, and fourth boosters will not bring these individuals into the herd.

3. Those who have been vaccinated can manifest "modified" versions of the infective illness, but remain undiagnosed because of their vaccinated status, may transmit to contacts. This has also been demonstrated, notably, in the case of pertussis.

4. As those who are naturally infected and sustainably protected begin to die off, and the vast majority of our communities undergo immunologic manipulation by the vaccine schedule, we are priming a population for large epidemics of likely more treatment resistant strains – "it is not vaccine-exempt children who endanger us all, it is the effects of prolonged mass-vaccination campaigns that have done so."

To prevent an outbreak, 70-95% of the population, according to very-broad theoretical estimates, has to be truly immune – that is, *resistant to viral infection*, not just protected from developing the full range of symptoms that conform to the accepted clinical definition of the disease. However, even 100% vaccination compliance can at best make only a quarter of the population become resistant to infection for more than ten years. **This makes it apparent that stable herd immunity cannot be achieved via childhood vaccination in the long term regardless of the degree of vaccination compliance.**
http://vaccineimpact.com/2017/harvard-immunologist-to-legislators-unvaccinated-children-pose-zero-risk-to-anyone/?fbclid=IwAR0WjZFYfPq1AEGn5dpuJBWKjk5xT-ubcckXVzQIhwVwLY-fOI3dgex1Jws

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3. HERD IMMUNITY & INCIDENCE OF OUTBREAKS IN VACCINATED VS. UNVACCINATED INDIVIDUALS

1. A study published in the journal *Clinical Infectious Diseases*, whose authorship includes scientists working for the Bureau of Immunization, New York City Department of Health and Mental Hygiene, and the National Center for Immunization and Respiratory Diseases, Centers for Disease Control and Prevention (CDC), Atlanta, GA, found that the 2011 New York **measles outbreak affected individuals with prior evidence of measles vaccination and vaccine immunity**. Although vaccination with 2 doses of MMR vaccine is highly effective and is a proxy for immunity to measles, cases of measles have occurred among persons despite receipt of 2 doses of MMR vaccine. **When measles is introduced into a highly vaccinated population, there are fewer cases of measles; however, among the cases that occur, the relative proportion occurring in vaccinated individuals increases.**
https://academic.oup.com/cid/article/58/9/1205/2895266

2. A controlled study published in BMJ (British Medical Journal) of school age children showed that of all the whooping cough that was diagnosed, **over 86% of the children were fully vaccinated and up to date for the whooping cough vaccine**
https://www.bmj.com/content/333/7560/174.full

3. Poland & Jacobson (1994) reports on 18 different measles outbreaks throughout North America, occurring in school populations with very-high vaccination coverage for measles (71% to 99.8%). In these outbreaks, vaccinated children constituted 30% to 100% of measles cases.

4. UNINTENDED CONSEQUENCES

1. At least one researcher suggests that autoimmune disorders have increased in almost direct inverse relationship with the decline in infectious diseases. Might some of the factors in this (my question, not his) be related to expansion of the vaccine schedule? This is an important idea to explore further.
https://onlinelibrary.wiley.com/doi/pdf/10.1002/art.38796

2. Over-vaccination?The overuse of antibiotics brought with it the unintended consequence of antibiotic resistant organisms developing. Viruses and bacteria adapt and mutate in response to their environment. How might the change from 5 childhood vaccines in the 1960s to the current recommended schedule of 76 affect the adaptation and strength of disease organisms, and of immune system development in humans?

I think these are important issues to consider and study further before making decisions about making any part of the vaccination schedule mandatory for all.

5. CIVIL LIBERTY VS. INDUSTRY INFLUENCE

1. Informed consent is possible only when people are presented with unbiased information from sources free of profit-based influences. Fear and coercion does not make for informed medical or lifestyle choices, yet is increasingly being used when discussing vaccinations in particular.

2. The pharmaceutical industry is one of the top 5 lobbyists in Washington D.C., and they have convinced the national legislature to allow them to advertise directly to consumers (which used to be illegal), and to be released from liability for vaccine injury lawsuits (since 1986). If vaccines are as safe and effective as their manufacturers claim, then it doesn't make sense for them to not be accountable for those harmed by their product as is the norm with other medical procedures. Accountability is an essential part of counteracting the possibility of corruption.

3. How much information is based on independent, unbiased information, and how much on marketing, influence campaigns, discrediting whistleblowers or "bought science?" A few examples:
- A May 2009 Australian Class action lawsuit against Merck reveals the company had a "hit list" to silence or discredit doctors or researchers who questioned their product; and that the company created a fake medical journal to promote their now discredited Vioxx drug.
https://www.cbsnews.com/news/merck-created-hit-list-to-destroy-neutralize-or-discredit-dissenting-doctors/

- In 2012, the pharmaceutical industry spent more than $27 billion on drug promotion— more than $24 billion on marketing to physicians and over $3 billion on advertising to consumers (mainly through television commercials). This approach is designed to promote drug companies' products by influencing doctors' prescribing practices.
https://www.pewtrusts.org/en/research-and-analysis/fact-sheets/2013/11/11/persuading-the-prescriberspharmaceutical-industry-marketing-and-its-influence-on-physicians-and-patients

- "Many doctors who consider themselves "pro-vaccine," for example, do not believe that every single vaccine is appropriate for every single individual."
http://vaccineimpact.com/2017/harvard-immunologist-to-legislators-unvaccinated-children-pose-zero-risk-to-anyone/?fbclid=IwAR0WjZFYfPq1AEGn5dpuJBWKjk5xT-ubcckXVzQIhwVwLY-fOI3dgex1Jws

- Small outbreaks of measles have sometimes been followed by concerted, fear-based pushes to get state legislatures to mandate vaccine use for all. Is this based on facts and science or something else? I think these questions need to be carefully considered before making decisions about taking away basic civil rights about health care decisions.

In particular, I would like to see more curiosity and conversation about what practices and lifestyle choices people who are extremely healthy follow. (And there is a lot of information available about this.) The human biome is an interactive system, and is affected (positively and negatively) by many things.

It seems to me that the most important place to begin any health care discussion is with what we put into our bodies (directly or indirectly) and how we can support the body's optimum health and ability to heal.

IN SUMMARY

I trust that most of us (across the spectrum of perspectives on this issue) have good intentions and want to do the right thing four ourselves, our families, and for our communities. I believe healthy decisions are best made from a place of being fully informed, free from coercion, bias, or pressure.

I appreciate your committee's work on creating a public forum for this conversation to happen, and for taking the time and commitment to thoroughly consider various facets of this issue (and for reading through this lengthy letter from me). Based on much of the testimony given yesterday, and on information I have presented in this letter, I believe there is insufficient safety information available to justify removing the non-medical exemptions for vaccines at this time.

Thank you for creating the space for civil and respectful consideration of this issue.
Sincerely,
Suzannah Doyle

SUGGESTED RESOURCES:

"Dissolving Illusions: Disease, Vaccines, and the Forgotten History" by Suzanne Humphries, MD and Roman Bystrianyk.

CDC Vaccine Excipient List (Ingredients in vaccines)
https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf

Vaccine Package Inserts
http://www.immunize.org/fda/

HARVARD IMMUNOLOGIST: UNVACCINATED CHILDREN POSE O RISK
http://vaccineimpact.com/2017/harvard-immunologist-to-legislators-unvaccinated-children-pose-zero-risk-to-anyone/?fbclid=IwAR0WjZFYfPq1AEGn5dpuJBWKjk5xT-ubcckXVzQIhwVwLY-fOI3dgex1Jws

HERD IMMUNITY
https://www.texansforvaccinechoice.com/online/challenging-what-youve-heard-about-the-herd/

LIST OF HIGHEST PAID LOBBYISTS IN D.C.:
https://www.opensecrets.org/lobby/top.php?indexType=s

LIST OF ADVERTISING CATEGORIES IN THE U.S.
https://www.statista.com/statistics/233755/leading-advertising-categories-in-the-us/

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