House Committee on Health Care:

My name is Tanya Bae from Portland, Oregon. I am writing to voice my opposition to HB-3063 to remove religious and philosophical exemptions of vaccines. Every single vaccine carries a risk of side effects, injury, and death. These warnings are clearly listed on each of the vaccine package inserts. Where there is medical risk, there needs to be choice. Coercion to "force" people to vaccinate will not change the concerns of these families who have seen the injuries first hand or the families with religious beliefs against the vaccines. Vaccines are not safe and effective for all which is why there is a Vaccine Injury Court that has paid out $4 Billion in claims. I have several concerns and have attached all references from the CDC, FDA, OHA, or peer reviewed scientific studies. Please take the time to review the below information that is provided by these same agencies that say that vaccines are safe and effective because what they say to the public and the information that is available on their websites do not match. Especially important is a report referenced below that is given by the CDC as proving safety. However, the report actually says quite the opposite. Please read below!

Instead of using coercion, consider addressing the need for vaccine manufacturers or neutral researchers to determine the subset of people who are vulnerable to adverse effects. Also, an improvement by using less toxic ingredients in the vaccine will reduce concern. Most vaccine hesitant are not concerned about the virus in the vaccine. We are concerned about the intensive vaccine schedule for a child growing up today. We are concerned about the ingredients in the vaccines that have been shown to cause adverse effects or have religious objections to these ingredients. We are concerned that the makers of the vaccines have no liability and no incentive to improve the vaccines. If we do not know what populations are at risk for injury from a vaccine then how can we force parents to vaccinate their children blindly. Why is there not more focus in mandating the types of studies that would answer these questions of who is at risk for adverse events?

I urge you to vote no on Senate Bill 3063. Please support medical freedom, rights to education, parental rights, freedom of religion and informed consent.

Immunocompromised are vulnerable in all public places and from all variety of bacteria and viruses

Advocates of mandating vaccinations for children in school will say it is to protect babies, elderly and immunocompromised students. However, there are not babies or elderly at school and the immunocompromised student would be taking a great risk in any school/public setting for getting other common viruses and bacteria, such as, flu, RSV, strep, norovirus, adenovirus, rhinovirus, parainfluenza, viral pneumonia, hand foot mouth virus, influenza, bacterial pneumonia, etc. There are a lot of other serious communicable diseases with no protection which would be equally deadly for any immunocompromised student, babies, and elderly. And one might respond with they are concerned that the healthy student will bring home the vaccine preventable disease to a

vulnerable population at home but if vaccines work how they are supposed to then vaccinated family members would not bring home a vaccine preventable virus. Why is the community, government and medical profession only concerned about not spreading the vaccine preventable diseases? The same populations are at great risk from all these communicable diseases that can be found in school settings not just the vaccine preventable diseases.

The school setting also does not eliminate all possible exposures to viruses and bacteria, such as the neighborhood, grocery store, movie theaters, playgrounds, restaurants where even adults do not have the current recommendations of the vaccine schedule. Vaccine immunity wanes over time. I am sure not 95% of adults are up to date and have checked their blood titers for the antibodies of all the vaccines possible. This is arbitrary to force students to be fully vaccinated when there are other people who also are not fully vaccinated due to waning antibodies or not being fully up to date as an adult. This bill is not a safety measure. It is coercion. Will adults be next? Will adults not be allowed to go to work unless they are fully vaccinated and caught up? And regardless of vaccines, there are still other dangerous bacteria and viruses in all public places. Mandatory vaccines for students will not eliminate the risk for the immunocompromised.

This bill is an open book that does not account for changes that may come later for the school required vaccines. It also does not allow for public online school which has no threat to the public which again turns this into coercion rather than a public safety measure. It also does not allow for private school that may allow less vaccination. Either way, taking away all possible rights to an education is again coercion and will still not change the concerns that people have about vaccines.

CDC refers us to a report regarding safety that clearly says it does not determine safety and cannot determine populations at risk for vaccine effects.

We are constantly told, vaccines are “safe and effective.” In regards to safety of vaccines, the CDC refers us to this report, Adverse Effects of Vaccines: Evidence and Causality (2012), The National Academies of Sciences Engineering and Medicine. (link to this report can be found at the bottom of this CDC page: https://www.cdc.gov/vaccinesafety/research/iomreports/index.html)

The authors explain, “In 2009 HRSA requested that the IOM convene a committee of experts to review the epidemiological, clinical, and biological evidence regarding adverse health events associated with specific vaccines covered by the VICP.” (Chapter 1, pg. 30, https://www.nap.edu/read/13164/chapter/3#30) CDC summarizes the report by saying, “The findings indicate that these vaccines are very safe and that serious adverse events are quite rare.” (end of page at https://www.cdc.gov/vaccinesafety/research/iomreports/index.html) HOWEVER, consistently through this report, the authors report the limitations to this report and the limits to the evidence they reviewed. The authors even say that this report does not provide an answer if vaccines are safe or not.

In Chapter 2 of this report it states the limitations of the study, including, 1) limits to determine the risk to the population of an adverse effect, 2) limits in determining the level of risk that is small of an adverse effect ("unless studied in a very large population or vaccinated vs unvaccinated"), and 3) limits in identifying the individuals who are at risk of an adverse effect. If we do not know what populations are at risk for injury from a vaccine then how can we force parents to vaccinate their children blindly.

> "The focus of this particular committee is only on the question of what particular vaccines can cause particular adverse effects.
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> The framework also had to accommodate known strengths and limitations of both types of evidence. Mechanistic evidence can only support causation, but epidemiologic evidence can support a causal association or can support the absence of ("rejection of") a causal association in the general population. Mechanistic evidence, particularly that emerging from case reports, occasionally provides compelling evidence of an association between exposure to a vaccine and an adverse event in the individual being studied, but it provides no meaningful information about the risk to the population. Epidemiologic analyses are usually unable to detect an increased or decreased risk that is small, unless the study population is very large or the between-group (e.g., vaccinated vs. unvaccinated) difference in risk is very high (e.g., smoking increases the risk of lung cancer by at least 10-fold). Epidemiologic analyses also cannot identify with certainty which individual in a population at risk will develop the condition." (pg. 17, Adverse Effects of Vaccines: Evidence and Causality (2012), The National Academies of Sciences Engineering and Medicine. https://www.nap.edu/read/13164/chapter/2)

The same report that the CDC refers us to offers concluding comments to clarify its findings and again state the limitations of their review. A few of these statements are quoted below. This statement from the authors does not support the CDC statement that vaccines are safe.

> "This report is not intended to answer the question 'Are vaccines safe?' The committee was not charged with answering that question. Other bodies make that determination and contribute to ongoing safety monitoring, including governmental agencies, care providers, and industry, as they determine the benefits and risks of marketing a product. At all levels, policy determining vaccine use requires a balancing of risks and benefits. As described in Chapter 1 and the Preface, that is outside the bounds of this committee's assignment. It should also be noted that where the committee has found evidence of a causal relationship, it does not make conclusions about the rate or incidence of these adverse effects." (p. 629, https://www.nap.edu/read/13164/chapter/15#632)

The report also says that for the majority of adverse events, the authors were unable to make a conclusion that the adverse event was caused by the vaccine or not. This does not say it is safe as the CDC implies. It says they did not have adequate information:

> "For the majority of adverse events the committee was asked to examine, the committee concludes that the evidence is inadequate to accept or reject a causal relationship. Some might interpret that to mean either of the following statements:
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> - Because the committee did not find convincing evidence that the vaccine *does* cause the adverse event, the vaccine is safe.
> - Because the committee did not find convincing evidence that the vaccine does *not* cause the adverse event, the vaccine is unsafe.
>
> *Neither of these interpretations is correct.* 'Inadequate to accept or reject' means just that—inadequate." (pg 632-633, https://www.nap.edu/read/13164/chapter/15#632)

FDA and Pharmaucetical Companies cannot always be trusted.

The FDA has made mistakes before and has to come back and correct them after outside scientists and concerned parents/consumers have made years of reports of adverse events. Then with no consequence, they change their approval or recommendation or add a black box warning. For example, the opioid crisis is well known and should not need explanation on how the pharmaceutical company misled doctors and paid doctors to keep prescribing opioids. The last report was 312 opioid related deaths in Oregon in 2016. This is a public health concern created by the pharmaceutical companies, doctors, and FDA. Another example is Singulair which is a widely prescribed asthma/allergy medication. For years, parents have been reporting concerning side effects and adverse events. It was denied by the FDA and the manufacturer that there were any related adverse effects such as were being described. Parents and consumers persisted with their reports and demand for answers. Finally, the FDA agreed and added a warning. "Psychiatric disorders: agitation including aggressive behavior or hostility, anxiousness, depression, disorientation, dream abnormalities, hallucinations, insomnia, irritability, restlessness, somnambulism, suicidal thinking and behavior (including suicide), tremor." (pg 7. Singulair package insert https://www.accessdata.fda.gov/drugsatfda_docs/label/2012/021409s036lbl.pdf) Our pediatrician is well known, well liked, extremely smart, loves children and truly cares about them. However, she continues to prescribe this medication and gives no warning about it. I chose to research before giving to my child and chose another product. Unfortunately, there are no options to choose from with the vaccine. Vaccine makers get their income regardless and have no legal or financial consequence for poor products.

Significant Adverse Effects/Events stated clearly in the vaccine package inserts produced by the manufacturer and approved by the FDA.

One example of a vaccine package insert is for the MMR which can be found here from the FDA: https://www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM123789.pdf Patients do not receive this package insert like they do with every other medication they would receive. Patients are also not told of these risks ahead of being given the vaccine, despite the package insert that says, "The health-care provider should inform the patient, parent, or guardian of the benefits and risks associated with vaccination." (pg 5, package insert) The nurse gives the CDC flyer that states some of these things after the shot has been given. Did you know, in this package insert it says women who are child bearing age should not become pregnant for 3 months after receiving the vaccine (pg. 5, package insert). It also says, "As for any vaccine, vaccination with M-M-R II may not result in protection in 100% of vaccines." (pg. 5 package insert) Also, there is a **two-page list of potential Adverse Reactions, including death,** associated with the MMR vaccine (pg 6-8, package insert). Vaccine inserts for other vaccines can be located here: https://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm093833.htm

Concerning Ingredients

There are a variety of concerning ingredients used in vaccines. The cells used to grow the virus is from aborted human fetus, cow, chicken, and monkey cells. For example, this study discusses the development of a new cell type from aborted fetal cells. It discusses how the other cell culture methods that are used for vaccines could potentially cause tumors or expose the patient to "exogenous agents." Human Vaccines & Immunotherapeutics. 2015 Apr; 11(4): 998–1009. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4526020/?fbclid=IwAR2k9h88ItrIWvBjIyFYWmz2pEc9AB-vnuzplbMoDSap3J3exEGcAbJ6EQ4

Here are some concerning statements from this report:

> "the vast majority of viral vaccines still adopt the traditional cell substrate culture method. Three cell substrates, human diploid cells, continuous cell lines and primary cell lines, are always used for developing vaccines.[3] However, continuous and primary cell lines used for vaccine production suffer from the limitation of being potentially strongly tumorigenic. Additionally the primary cell lines, which are obtained from animals, introduce potentially risky exogenous agents." (Intro)
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> "Walvax-2 was derived from a fetal lung tissue, similar to WI-38 and MRC-5, and was obtained from a 3-month old female fetus aborted" (Results)

> “further screening of human-derived viruses needs to be conducted, especially for tumorigenic DNA viruses, retroviruses et al.” (Discussion) (Human Vaccines & Immunotherapeutics. 2015 Apr; 11(4): 998–1009)

There are also other concerning ingredients which are listed on the CDC website. https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf

Medical Exemptions:

One might say that if you have a concerning medical background then just get a medical exemption. It is not easy to get a medical exemption. Even if a doctor believes a patient, they do not want to put their medical license on the line for giving someone a medical exemption. There is not a comprehensive list of requirements for a medical vaccination. Therefore, more official studies need to be done to determine what subset of people are vulnerable to vaccine injury and death. This would increase the confidence of the vaccine hesitant and would give a guide for the medical field to reference for guiding parents and for necessary medical exemptions.

I urge you to vote no on Senate Bill 3063. Please support medical freedom, rights to education, parental rights, freedom of religion and informed consent. Please support more official studies.