

February 27, 2019
Testimony in opposition to HB3063

Dear Members of Oregon House Committee on Health Care,

I thank you for your service and for bearing with me; I have struggled to make this testimony as short and cogent as I can. It feels like trying to shove a years worth of meals into a teacup. I had to leave a lot out. I hope it's enough to shed some light or clarity on why there is opposition to HB3063.

“The Science is settled; Vaccines are Safe,” is a policy promotion slogan. It is not a scientific fact. United States law has defined vaccinations as “Unavoidably unsafe.” It behooves public health policy makers to apply the precautionary principle. This principal applies to a policy whose ultimate effects are disputed or unknown, due to scientific uncertainty and/or incomplete evaluation. The precautionary principal applies to preventing harm, not determining how much harm is acceptable.

Another principle, the informed consent principle is a basic principal of medical practice. It means that an adult or parent of a minor child must be given complete and accurate information about the benefits and risks of a medical procedure, be free to make a voluntary decision about whether or not to take the risk, and to not be subjected to harassment, coercion, or sanctions for their decision.

Parental concerns have arisen as they have researched and/or experienced children's adverse reactions to vaccination. Since vaccine manufactures and providers have been granted zero liability for the injuries or deaths that their products cause, the list of federally recommended and state mandated vaccinations has skyrocketed, and so have these concerns.

Over \$4 billion dollars has been paid out for injuries and deaths under the Federal Vaccine Injury Compensation Program, despite barriers in the system that prevent most injuries and deaths from being compensated.

In 2016 alone, the Vaccine Adverse Event Reporting System (a passive, largely unknown, and voluntary reporting system), received 59,117 reports. They included 432 deaths, 1,091 permanent disabilities, 4,132 hospitalizations, and 10,274 emergency room visits. The 2006-2009 Harvard Medical School/Pilgrim Healthcare Datalink study identified that 2.6% of vaccinations were followed by an identifiable adverse event. In other words, fewer than 1% of vaccine adverse events are reported to VAERS.

If HB3063 passes, we will remove the informed consent ethic while not addressing the paucity of evidence that this bill will improve herd immunity, nor addressing the current huge, heartbreaking crises of infant mortality and chronic childhood diseases.

Why mandates won't ultimately stop outbreaks:

They ignore the fact that the morbidity and mortality of infectious diseases were in steep decline in developed countries before the implementation of vaccination, largely due to improvements in sanitation, nutrition, general living conditions, and access to health care.

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Before vaccination campaigns, **measles, mumps, rubella, and chicken pox** had become generally mild, routine illnesses of childhood (when these diseases are most benign), and they resulted in permanent immunity of the adult and maternal population which in turn protected infants who are more susceptible to complications. We are now losing this permanent wall of “herd” immunity as this population diminishes.

*There have occurred, and are expected to continue to occur, outbreaks of **measles** in highly or fully vaccinated populations. This is partly due to the estimated 4.7% of nonresponders to vaccination, and also to the temporary nature of vaccine-induced immunity. Cyclical outbreaks of measles are to be expected regardless of vaccination rates, although there have been only 11 reported measles-related deaths in the United States since 2000.

*The **pertussis** vaccine does not prevent colonization and transmission of *B.pertussis*.

In 2012, the NEJM reported findings that the protection from the vaccination series wanes soon after the 5th Kindergarten-age vaccine dose, and declines an average of 42% a year after that.

In addition, under vaccine pressure, we now are encountering more parapertussis and pertussis variants that are not susceptible to the vaccine. This is similar to the phenomena we have observed with antibiotics.

*The **IPV (Inactivated poliovirus vaccine)** cannot prevent transmission of poliovirus.

***Tetanus** is not contagious.

***Hepatitis B** is a blood-borne disease; it is not contagious in a community setting and children are not normally involved in high risk behaviors such as needle sharing or sex.

*The **H.influenzae** vaccine covers the type b (**Hib**) strain, and dominance of other H.influenza strains cultured from infections are emerging since the use of Hib.

Our current crises of infant mortality and chronic childhood disease:

In 2016, nearly 6 out of every 1,000 babies born alive in America died before their first birthday. A 2013 report on global infant mortality ranked the U.S. highest for first-day infant death rate of all industrialized countries in the world.

A 2011 study of the top 34 developed nations in the world revealed that the United States ranked worst in first year infant mortality rates and highest in the number of required vaccine doses. Furthermore, there was a significant linear link among all 34 countries: increases in vaccine doses correlated with increased infant mortality rates. In third world countries where there is lack of clean water, proper nutrition, sanitation, and health care, infant mortality rates remain high despite high vaccination rates.

We also have a current epidemic of chronic disabling diseases affecting our children. These include asthma, atopy, arthritis, allergies, diabetes, eczema, colitis, autism, tics, learning disabilities, seizure disorders, developmental disorders, and others. The Pediatrics Journal reported in 2011 that over 54% of children are diagnosed with at least one chronic disease.

While we must be concerned about the role of environmental factors contributing to these conditions,

we cannot overlook the synergistic effects of the biologicals, stabilizers, adjuvants , preservatives, and contaminants that are injected via vaccines.. These include mercury, aluminum, glyphosate, squalene, polysorbate 80, formaldehyde, animal and human tissue residue. There are myriad independent studies that correlate vaccines with clusters of harm, that reproduce the diseases in animal studies, and that explain the biologic mechanisms behind them.

However, the industry studies behind CDC vaccine recommendations and mandates tend to be short term studies that have never been conducted with true inert placebos. There have never been studies investigating the safety of combining multiple vaccines in a single visit. The CDC and FDA have a collusive relationship with the pharmaceutical companies. HHS has not conducted the oversight it was assigned to do.

The Institute of Medicine has pointed out the lack of quality scientific studies to support the CDC recommended numbers of doses and timing of vaccinations on the children's 0-6 years old schedule, stating that there are large knowledge gaps, especially about children with biological susceptibility to vaccine reactions and injuries.

Dr. Bernadine Healy, former head of the National institute of Health, has admitted that public health officials have intentionally avoided researching whether subsets of children are susceptible to vaccine side effects, afraid that the answer will scare the public.

Please reject HB3063. Do not coerce parents to inject their child with every one of the present and future Oregon mandated vaccine doses when they have legitimate deeply held concerns and personal ethics about any or all of the mandated vaccines. Do not deprive a child of public education and extracurricular programs when they are no more likely to spread disease than a vaccinated child. I am grateful for your attention and concern, and would be happy to address any questions you have or provide documentation.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ann Durrant', with a long horizontal flourish extending to the right.

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Cases of measles in infants on the rise

Knight-Ridder News Service

A generation ago, doctors routinely began vaccinating every child against measles. The unexpected result has been a surge in cases of measles among infants because their mothers fail to pass on the strong resistance to measles at birth that an eternity of women before them had done.

More than one-quarter of all U.S. measles victims are under a year old, an age when this disease was once almost unheard of, says the Centers for Disease Control and Prevention.

Not vaccinating girls isn't the answer, vaccinating infants is.

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