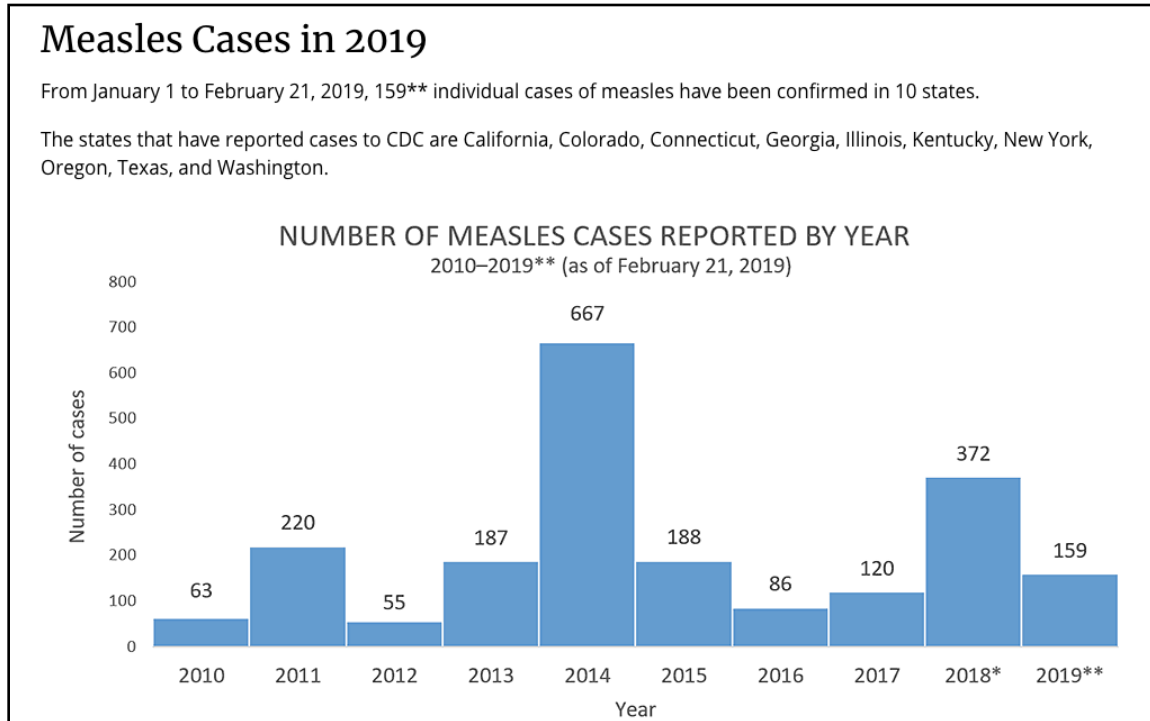


Public Testimony Submission for HB 3063

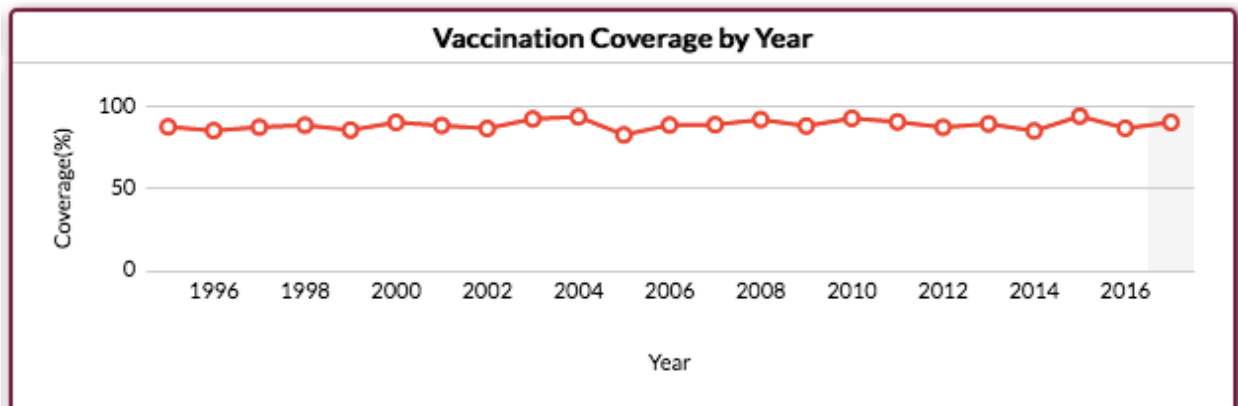
This bill has been introduced because there is a local “emergency” due to a Measles outbreak. But what evidence supports that?

The CDC says we get a few hundred cases every year:



So far 2019 looks normal. No emergency here. (Source: <https://www.cdc.gov/measles/cases-outbreaks.html>)

Has the rate of vaccinations dropped in Oregon? Not per the CDC. (Graphic is for MMR rate for children ages 19-35 months - the rate for older children is even higher, as many parents who don't vaccinate at that age do so later). Source: <https://www.cdc.gov/vaccines/imz-managers/coverage/childvaxview/data-reports/mmr/trend/index.html>



Is the problem that we don't do a good job of counting, tracking, and understanding vaccination rates among our schoolchildren? In Oregon we count those who "haven't received all their vaccines."

Let's take my son as an example. He has a philosophical exemption, because we aren't going to do all the recommended doses. I am cautious about all drugs, and this is no exception. But we also recognize the importance of herd immunity, so he has gotten vaccinated for diseases that spread easily through casual contact - like pertussis and measles. He is one of many students counted as "unvaccinated" even though he has been vaccinated for Measles, the disease credited with this "emergency." So we cannot rely on that data to make public policy, as it doesn't give us accurate information.

There is no national emergency which warrants building a wall, and there is no Oregon emergency regarding Measles. Politicians should not be declaring emergencies just to get their way. I expect better from Oregon.

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