I am an Oregonian resident. As a parent, I do not take lightly the decision to either vaccinate or not. I research/choose carefully which vaccinations my family receives and the timeline to do so or not. I believe it is a person's fundamental right to have the choice when it comes to what medical procedures/protocol I accept for my family. You will be doing Oregon families harm by taking that right away.

Please see below detailed reasons to not mandate vaccines or limit the right to refuse vaccinations, out of recent hysteria from the measles outbreak going on in WA:

To: Members of the House Committee on Health Care & Wellness

From: Eric Ranger, 2004 United States Naval Academy Graduate, Washington (WA) resident of 10 years

Subj: Written Testimony for HB 1638 – 2019-20 Madam Chair and members of the committee,

I am Eric Ranger from Vancouver, WA. The following is my written testimony for the public hearing in the House Committee on Health Care & Wellness for HB 1638 – 2019-20 on vaccine preventable diseases. I am not representing other citizens or a separate group. The purpose of this testimony is to explain how, after researching the topic of vaccines for over 1,000 hours, I am still left questioning the risks and benefits of the MMR-II vaccine for my children.

I do not support HB 1638 – 2019-20, as it would recall a fundamental right of Washington parents, who seek to enroll their children in schools and state and licensed day care centers, to have legitimate personal or philosophical reasons in choosing to not vaccinate their children for measles, mumps, and rubella. As we all know, the supreme law of the U.S. protects the people's right to free speech. Hurtful, infectious, or reckless as it may be, it is only *language.* I am dumbfounded how free speech is considered sacrosanct, but a parent's hesitation for their child to have a preemptive medical procedure using a highly suspect vaccine and vaccine manufacturer, is not something universally respected and safeguarded by law with the utmost zeal. After all, such reservations shared by these parents are not baseless—not in the slightest. The following are my personal and philosophical reservations regarding Merck's MMR-II vaccine and the act of vaccinating my children with it. Please note that white papers, of equal length and detail, without duplication of many sources, could have been provided for the other eleven vaccines on the CDC's childhood immunization schedule. I hope you will respect the time it took

for a full-time working Dad with two kids under three to write this testimony, in just three days, by reading it entirely and reviewing my 186 citations (listed at the end).

1. Safety science regarding the MMR-II is surprisingly sparse. In 2011, the Health Resources and Services Administration (HRSA) contracted the Institute of Medicine (IOM) to conduct an assessment regarding vaccine safety.[1] The IOM Report reviewed available science with regard to the 158 most common vaccine injuries claimed to have occurred from vaccination for varicella, hepatitis B, tetanus, measles, mumps, and rubella.[2] Out of the 158 most common serious injuries reported to have been caused by the vaccines under review, the evidence supported a causal relationship for 18 of them, and rejected a causal relationship for 5 of them. For the remaining 135 vaccine-injury pairs, over 86% of those reviewed, the IOM found that the science simply had not been performed."[3] This list of vaccine-injuries includes conditions such as:
    - Encephalitis, Encephalopathy, Infantile Spasms, Afebrile Seizures, Seizures, Cerebellar Ataxia, Acute Disseminated Encephalomyelitis, Transverse Myelitis, Optic Neuritis, Neuromyelitis Optica, Multiple Sclerosis, Guillain-Barre Syndrome, Chronic Inflammatory Demyelinating Polyneuropathy, Brachial Neuritis, Amyotrophic Lateral Sclerosis, Small Fiber Neuropathy, Chronic Urticaria, Erythema Nodosum, Systemic Lupus Erythematosus, Polyarteritis Nodosa, Psoriatic Arthritis, Reactive Arthritis, Rheumatoid Arthritis, Juvenile Idiopathic Arthritis, Arthralgia, Autoimmune Hepatitis, Stroke, Chronic Headache, Fibromyalgia, Sudden Infant Death Syndrome, Hearing Loss, Thrombocytopenia, and Immune Thrombocytopenic Purpura.[4]

The lack of clear safety data on the MMR-II vaccine was summed up in an article published in *Vaccine* in 2003 by the Cochrane Collaboration (now known as Cochrane), one of the world's most respected mainstream research organizations. The group examined twenty-two research studies done on the MMR-II vaccine and concluded that "*the design and reporting of safety outcomes in MMR-II vaccine studies, both pre- and postmarketing, are largely inadequate*."[5] I realize this statement is not saying the MMR-II vaccine is not safe. However, it is stating that the safety research could be a lot better.

2. Merck's MMR-II vaccine has questionable ingredients. For example, the MMR-II vaccine contains DNA and protein fragments from cell lines of ****aborted**** human fetuses (RA 27/3 and WI-38), as disclosed in the manufacturer's package insert. I personally have a problem

with the ethics of using aborted fetuses to grow the viruses used for this vaccine. The story of the very questionable ethics and greed involved in the development of these human diploid cells is quite disturbing indeed.[6]

From a purely scientific perspective, there are other reasons, too, for caution in this realm. Dr. Theresa Deisher at the Sound Choice Pharmaceutical Institute in Seattle, WA has been studying the effects of DNA from human embryonic cells for many years. She is an inventor on 23 issued U.S. patents, and her discoveries have led to clinical trials of FGF18 for osteoarthritis and cartilage repair, and for Factor XIII for surgical bleeding. She was the first person to discover adult cardiac-derived stem cells.[7] Dr. Deisher's research has discovered some alarming possibilities: (1) Human DNA injected into the body can trigger autoimmune reactions, and (2) same-species foreign DNA easily inserts itself into the genes of test subjects and can alter their genetic function.[8,9] Helen Ratajczak, a former senior scientist for a pharmaceutical company, published a review that also discusses this troubling phenomenon.[10]