Members of the House Health Committee,

I write you as a Mother, a Registered Nurse and concerned resident of Oregon. NO parent risks disease frivolously or on an impulse. The choice to vaccinate, or not, or to have the ability to partially and selectively vaccinate is one most parents make after careful consideration, education, research and even religious conviction (aborted fetal cells, monkey and pig are used to create vaccines). I write to request you vote NO on HB 3063, as you represent my family and our medical freedom and religious freedom. There is RISK in vaccination. There are INJURIES from vaccination. Permanent and devastating injuries. The National Vaccine Compensation Program has paid \$4,000,000,000.00 to claims as of February 2019 to families who have a child injured from vaccination. (see, <u>NVCP</u>) Understand we want safety from deadly disease and epidemics, however we also want to reduce our risk of injuring our children. Discussing the risks and dangers should not be taboo, nor censored from the public. Thousands of families have the same stories regarding vaccines. "The science is not settled."

We KNOW children with mitochondrial disfunction (MD) have adverse reactions to vaccines. Unfortunately, we do not know these children by simply looking at them or having a pediatrician look at them. If your Doctor cannot discern without a doubt that your child will/will not be injured, how can the government? My example: Your first child was vaccinated according to the CDC schedule (2012). They developed a seizure disorder post vaccination which increased in severity with each set of vaccines. your child is now unable to attend public school because of uncontrollable seizures. It is believed your child had MD prior to vaccination and that caused their unfortunate adverse reaction. Now you have had 3 more children, and do not know if they also have MD, (very likely) but currently are all healthy and seizure free. At this time, you have the choice and freedom to opt out of vaccines as you know they may harm more of your children. You do not know how severe or at which dose injury may occur, but you have the option to give the most prudent vaccines on an alternate schedule or none at all. With Government mandating vaccines for all, HB 3063 that choice is taken until the child becomes severely injured (either anaphylaxis or hospitalization requiring interventions). Now you must have 4 injured children in order to get medical exemptions for all of them regarding vaccines. At this point who is helping you raise and care give for your injured children? Who pays for that, who hires the lawyers to get aid and relief for the family? Ironically, these children would not be able to use the very public system they were vaccinated for. The family now has a lifetime of marital stressors, financial stressors and a life of medical interventions for their children. Please understand, the choice to not vaccinate, or vaccinate with an alternate schedule is not one made impulsively, or out of privilege for many. It is survival, and terrifying. Families, Parents, Children, deserve this right. If HB3063 passes, I fear many Oregonians will be forced to leave their state seeking medical freedom for their vulnerable children regardless of the major disruption of their lives to find housing and employment elsewhere. For many of those vaccinating alternatively it is necessity.

Are you aware that aluminum hydroxide is a known neurotoxin? If so, do you know the dose found to be most clinically safe to administer via injection? No? Neither do the rest of us, including the CDC because we have not established it. Why? because it is inhumane to test such toxins on living humans, namely infants. However, nearly all of our current vaccines are created with this ingredient at varied amounts to stimulate the immune system to respond. The immune system is not the only thing that may be responding to aluminum hydroxide, which when studied has been proven to be toxic and accumulate in infant developing brains. (see, <u>aluminum hydroxide</u>) We are even injecting pregnant women with vaccines that HAVE NOT BEEN TESTED IN PREGNANCY! See <u>FDA admits no testing for safety done.</u> Passing vaccine mandates puts many at risk.

Merck, the manufacturer of Gardasil is currently in court for their fraudulent studies on the safety on their vaccine. (See, <u>Court hears science</u>)

Our vaccine schedule has increased from 24 doses to 72 doses for children in the last 30+ years without epidemics prompting this change. If you are 35 or older, you have had fewer vaccines in your lifetime than the average 6 month old baby has had this year. Pharmaceutical companies were granted immunity in 1986 for any injury that occurred via vaccine when it was discovered children were being injured. (see, act of 1986) The agreement directs the promotion of the development of safer vaccines, it created record keeping and reporting guidelines for accountability, however we now know that did not occur. Robert F. Kennedy Jr. has sued and obtained the records and safety improvements. They do not exist. They have not done ANYTHING agreed upon for 30 + years. The court documents are public and speak for the children, <u>Court Documents, Act of 1986</u>.

Please recognize the decision to vaccinate is deeply personal and should remain a freedom to each and every Oregonian. The pursuit for health and safety has more that one answer. Thank you,

Hannah Unze, RN BSN

1962	1983 TUTAL DOSES: 24	2016 Tutal 0555: 72	
TOTAL DOSES: 5			
Polio Smallpox DTP 25 doses b *In 1986, Pha manufactures vaccines were liability resultin injury or death haed Vaccin With this, vacc MGH4Y profita 271 vaccines is and mandatory children — and A pushed in m	rs producing Irred Jrom ALL g from vaccine to y the Child- e Injury AcL sines became ble. There are a development accine laws for BUCS — being	Influenza (pregnancy) DToP (pregnancy) Hep B (birth) Hep B (2 months) Rotavirus (2 months) PCV (2 months) PCV (2 months) PCV (2 months) IPV (2 months) DToP (4 months) DToP (4 months) HEB (4 months) PCV (4 months) IPV (4 months) Nep B (6 months) IPV (4 months) PCV (4 months) IPV (4 months) PCV (4 months) IPV (4 months) PCV (6 months) IPV (6 months) PCV (6 months) IPV (8 months) Influenza (6 months) Influenza (6 months) Influenza (6 months) Influenza (6 months) Influenza (7 months) MMIR (12 months) MMIR (12 months) Hep A (12 months)	Influenza (18 months) Hep A (18 months) Influenza (30 months) Influenza (30 months) Influenza (42 months) ITAP (4 years) IVY (4 years) MMR (4 years) Varicella (4 years) Influenza (5 years) Influenza (5 years) Influenza (7 years) Influenza (8 years) HPY (10 years) Influenza (10 years) Influenza (10 years) Influenza (12 years) Influenza (12 years) Influenza (13 years) Influenza (13 years) Influenza (13 years) Influenza (13 years) Influenza (15 years) Influenza (15 years) Influenza (15 years) Influenza (15 years) Influenza (16 years) Influenza (16 years) Influenza (16 years) Influenza (16 years)
pushed in m te US gives 2-3x more it we have some of the her countries. Things sod leckemia, develop	e vaccines to children that highest rates of childron dis needs delays, tics, ADHO	Varicella (12 months) Hep A (12 months) DTaP (18 months) most developed countries, d issues that are NOT seen in abeles, food allergies, child-	Moningococcal (16 years) Influenza (17 years)