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To the Oregon Senators and Legislators:

I am a physician practicing in Northern California, just south of Oregon. I am a surgical subspecialist, dual boarded in general and vascular surgery, with additional graduate and post-graduate training in immunology and surgical pathology. I am writing to you today because I **oppose HB3063** and I wanted to share with you why I am against vaccine mandates of any kind.

There is no state of emergency in Oregon or Washington, though a number of people have gotten sick with the measles in recent months. If we search literally across continents and years of time, one can produce a handful of measles deaths in developed nations, or a rare case of a child whose outcome was worsened because loving parents failed to recognize signs of deterioration.

But for each of those cases there are hundreds of thousands—or more likely hundreds of millions—of cases of unintended harm and iatrogenic deaths from an overzealous, profit-driven medical system. Medical error remains the 3rd leading cause of death for Americans.

There is a small but barely quantifiable risk of contracting and dying from a vaccine-targeted childhood illness in the U.S. During the 2015 measles “outbreak” that started in Disneyland and resulted in mandatory vaccination in my state of California, **38% of the reported measles cases came from vaccine strain viruses from a recently-vaccinated children.**\*\* The truth is that the odds of dying from measles in the United States are so negligible as to functionally approximate zero.

Asthma alone kills 4,000 Americans per year. Why are we expending gigantic sums of valuable healthcare resources battling against the small minority of people who weigh risks and benefits and choose to decline one or all vaccines?

Many doctors, including myself, are concerned that we may have traded the modest risks of childhood illnesses for dramatic increases in debilitating, life-span-shortening chronic diseases. The potential association of our aggressive burgeoning vaccine program with chronic illnesses has not been adequately scientifically explored.

For these reasons, the public should not be mandated into compliance with our current vaccination policies. As past president of the Tuolumne Medical Society, I feel I can speak for my medical colleagues in our united opposition to vaccination mandates. Furthermore, if it is accepted that persistence and expansion of vaccine programs is a worthwhile goal, then authentic research and education—not laws that force children to be vaccinated—are the only realistic approach.

Sincerely,



Meredith McBride, MD

\*\* “During the measles outbreak in California in 2015, a large number of suspected cases occurred in recent vaccinees. Of the 194 measles virus sequences obtained in the United States in 2015, 73 were identified as vaccine sequences.” Source: “Rapid Identification of Measles Virus Vaccine Genotype by Real-Time PCR,” Felicia Roy, Lillian Mendoza, Joanne Hiebert, Rebecca, J. McNall, Bettina Bankamp, Sarah Connolly, AmyLüdde, Nicole Friedrich, Annette Mankertz, Paul A. Rota, Alberto Severini, in *Journal of Clinical Microbiology* Feb 2017, 55 (3) 735-743; **DOI:** 10.1128/JCM.01879-16.  
<https://jcm.asm.org/content/55/3/735>