

Submitter:

Jennifer Gibbs

On Behalf Of:

Committee:

Senate Committee On Health Care

Measure, Appointment or Topic:

SB1598

I am writing to express my concerns regarding SB 1598. They are as follows:

Emergency Powers and Separation of Powers

As currently structured, Oregon law allows a governor to declare a state of emergency and exercise broad authority with limited checks and balances until that same office declares the emergency over. This concentration of power in a single office, without meaningful legislative oversight or objective standards, raises serious separation-of-powers concerns. Regardless of party, US citizens are opposed to such authority.

Liability Protections and Medical Authority

The bill's provisions granting physicians or public health officials the authority to order medical interventions without civil or criminal liability are deeply concerning.

Accountability is a cornerstone of public trust. When government grants sweeping authority without clear liability standards, it ultimately erodes confidence in both medical professionals and public institutions, as we have recently seen across the USA. All humans who are granted any type of authority should be held accountable to citizens, including safeguards, transparency requirements, and avenues for redress.

Public Health Data and Youth Outcomes

I have already provided reported the exponential increase in mortality among youth and elderly in the years following the COVID-19 vaccine rollout. These trends deserve thorough, transparent, and independent investigation. Before expanding emergency medical authority, lawmakers should ensure that all relevant safety data is publicly examined and clearly explained to Oregonians. If that is not done, then to actually protect citizens you have an obligation to vote no.

Bodily Autonomy and Informed Consent

Many Americans across the political spectrum value bodily autonomy and informed consent. Policies that could result in coercion, whether direct or indirect, regarding medical interventions risk undermining that principle. Even in emergencies, public health measures should prioritize voluntary compliance supported by clear evidence and open communication. Many people now see physicians as trained pharma foot soldiers, good people with good intentions, but who have no idea what they are injecting and prescribing to people. My body my choice should be universal because no person nor institution can possibly truly understand the complexities of the human body.

Influence of Large Institutions

Public skepticism toward large medical, pharmaceutical, and multinational institutions has exploded in recent years, with good reason. Until we solve the problem of undue influence on institutions, on advertising, on politicians, and on medical journals by large pharma lobbies and investors, no emergency powers should be granted to people or institutions. Physicians today take top-down orders. They are not doing diligent research on their methods. Whether an emergency exists or not is subjective because no one truly knows what is causing the problem. For example, Covid hospital protocol was in large part to blame for the surge in deaths early on. Human beings are fallible, yet we are scared to self reflect and accept blame.

Below are the concerning sections. I respectfully ask that you oppose the bill or work to amend it accordingly.

AUTHORITY TO ISSUE STANDING ORDERS:

5(B) " The Public Health Officer or the physician described in subsection (2) of this section is not required to solicit input under paragraph (a) of th