

Measles Outbreak Declared Over Yet Special Interests Drive Spread of Misinformation Around Capitol



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For Immediate Release

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While the Vancouver-area measles outbreak has been [declared over](#), with only [14 cases](#) in total reported to Oregon (with only four linked to the Clark County outbreak), misinformation has been rapidly spreading throughout the Capitol and into town hall meetings as special interests spread inaccurate information to distort support for [House Bill 3063](#). If passed, HB 3063 would remove personal belief exemptions for vaccines currently on the recommended schedule. The bill would ban access to any child aged six weeks through 12th grade from attending a licensed childcare facility, preschool, public, private or charter school, even if the child is missing just one of the more than 30 doses of vaccines. Children currently on Individualized Education Plans (IEP's) and students with disabilities, who require additional services, would also be denied free and appropriate education if not up-to-date on all vaccines.

Under HB 3063, children would also be barred from all after-school sports, extracurricular activities and per the bill language would not be allowed to be in the same space as "other individuals" which remains unclear with poorly written language for the intent of the bill.

HB 3063 would negatively impact 38,000 children and create undue hardship for families—including single and low-income households—across the state of Oregon who will be denied access to childcare and the ability to receive a public or private education with their peers and neighbors unless they comply. Instead, families would be forced to homeschool, attend an isolating and also home-bound online public

school or move out of state. For single parent households and those who are self-employed, this bill leaves little room to exercise choice and forces coercion to comply or the loss of potential income, jeopardizing housing and important expenditures to maintain stability.

Currently, there are 47 states that allow for a religious or personal belief exemption to a vaccine in addition to medical exemptions. If HB 3063 passes, Oregon would become the fourth state to eliminate all ability to make personal belief and religious choices about vaccines, leaving parents who need their child to attend school or daycare no choice unless they qualify for the very narrowly defined medical exemption. The coercive nature of holding a child's education hostage removes a family's full right to free and informed consent over private medical decisions that should be made individually with their physicians. Under the -53 amendment, the American Council on Immunization Practices (ACIP) is the governing body that defines the [guidelines](#) for determining what qualifies as medical exemption parameters.

- Misinformation that there is a statewide emergency in Oregon and HB 3063 warrants an emergency clause for the "preservation of the public peace, health and safety" in order to remove access to education when real crises go on without much public notice or adequate attention:

- 1) **Youth suicide rates:** in 2017, [107 youth ages 10 to 24 years died by suicide in Oregon](#), making suicide the second leading cause of death (behind unintentional death) among youth in that age bracket.

- 2) **Youth homelessness:** each year, thousands of youth across Oregon are homeless and unaccompanied, struggling to survive without a safe, stable place to live. Youth homelessness is a significant problem, but, according to an [Oregon Department of Human Services Homeless Youth Advisory Committee review](#), the issue remains largely below the radar of public concern or legislative action and has large gaps in information, resources, capacity, and political will that have contributed to this growing crisis.

- 3) Oregon lacks **adequate emergency mental health care services** for youth and adults. Oregon lawmakers are considering granting \$3.3 million of taxpayer money to [study the problem](#) with SB 140, which appropriates all funds to the General Fund to OHA to administer and provide grants for the Emergency Department Boarding Pilot Project, with "no plans to solve it" [according to an article](#) in the *Salem Reporter* last week.

- 4) The **grave treatment of children under state custody**, which has resulted in a federal [class-action lawsuit](#) alleging that Oregon's Department of Human Services has sent kids to homeless shelters and juvenile detention centers and failed to protect them from dangerous situations in known abusive or neglectful homes.

- Misinformation about what constitutes as a "safe" and appropriate catch-up vaccine schedule as was shared in testimony (not under oath) by Dr. Paul Cieslak of the Oregon Health Authority (OHA), as exposed by investigative journalist Daniel Forbes in his article, [State Vaccine Doctor Feeds Oregon Lawmakers Bunk; CDC, Experts Argue For Longer Intervals For 21 Forced Shots](#).

● Misinformation about the bill's allowance for broader reasons to simply allow doctors to write Medical Exemptions under the adopted [-53 Amendment](#) that has been stated by many legislators publicly and privately as to why they would vote yes for the bill. However, the same stringent and narrow parameters still apply and do not include protections for Oregon's most vulnerable, including for children whose families have already suffered from vaccine injury, have predisposed genetic conditions that make them more susceptible to vaccine injury, for children who hold Independent Education Plans (IEPs) or who have a disability, conditions with which doctors may wish to write medical exemptions for, but, despite Governor Kate Brown saying in a [press conference](#) held Monday afternoon with Oregon Attorney General Ellen Rosenblum, "that it's critically important for physicians and the medical community to be able to provide advice to their patients, and 3063 does not restrict that," what Brown is not communicating with the press is that Amendment -53 ADDED burdensome steps to the current medical exemption process, placing greater difficulty, not less, on families requiring them to file annually and schools required to submit them bi-monthly. **Steps one through three below are the current medical exemption steps, with -53 adding an additional four steps (*) to the process WITHOUT changing current statutes on exemptions:**

- 1) Requires Doctors to write MEs based on *ACIP guidelines.
- 2) Schools to send MEs to Public Health **-53 requires every two weeks.*
- 3) Public Health to review MEs and can rescind or sends to OHA for tracking.
- 4) OHA sends MEs to pertinent medical boards for ND, MD or NP. *HB 3063 requires tracking doctor now.
- 5) Medical Boards review MEs and "grant" based on reasonable interpretation to ACIP's narrow guidelines. *Medical Boards to report to OHA.
- 6) OHA to send annual ME reports to Legislature.
- 7) HB 3063 would require families start the ME process all over again from steps 1-5 EVERY SINGLE YEAR.

Obtaining an ME will take significant resources, time and effort for families to find a doctor who is willing to write a medical exemption with the added scrutiny. The outlined process requires resources many of our most vulnerable citizens lack. Will the Oregon Health Plan (OHP) pay for the necessary screening and reimburse doctors for work associated with screening and yearly medical exemption appointments?

	CURRENTLY	HB3063 -53
1) REQUIRES DOCTORS TO WRITE BASED ON *ACIP GUIDELINES.	✓	✓
2) SCHOOLS TO SEND TO PUBLIC HEALTH *-53 REQUIRES EVERY TWO WEEKS.	✓	✓
3) PUBLIC HEALTH TO REVIEW AND CAN RESCIND OR SENDS TO OHA FOR TRACKING.	✓	✓
4) OHA SENDS TO PERTINENT MEDICAL BOARDS FOR ND, MD OR NP. *HB3063 REQUIRES TRACKING DOCTOR NOW	✗	✓
5) MEDICAL BOARDS REVIEW AND "GRANT" BASED ON REASONABLE INTERPRETATION TO ACIP GUIDELINES. *TO REPORT MONTHLY TO OHA	✗	✓
6) OHA TO SEND ANNUAL REPORTS TO LEGISLATURE.	✗	✓
7) HB3063 MAKES FAMILIES START ALL OVER AGAIN FROM 1-5 EVERY SINGLE YEAR	✗	✓

* AMENDMENTS MADE DID NOT CHANGE THE CURRENT STATUTES ON EXEMPTIONS. THEY ARE THE SAME.

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- Misinformation that HB 3063 not impact schools financially or negatively. Wrong, this bill will create financial strain and cause students to disenroll in private schools, charter schools as well as public schools across the state. This massive drop in enrollment will cause small private schools to close, defund school budgets and teachers and staff members will lose jobs. As [reported in the LA Times](#), the Los Angeles Unified School District enrollment dropped even more than anticipated in 2017, exacerbating existing budget problems beyond the anticipated enrollment drop of 2.1% to an actual drop of 2.55%, the same year that California Senate Bill 277—the mandatory vaccine bill that passed—went into full effect. The article reports that the small percentage difference translated into the loss of an additional 5,400 students, with the decline representing an unexpected loss of \$17 million more removed from district funding.

- Disinformation: the Oregon Nurses Association (ONA), one of the largest lobbying efforts pushing for the passage of HB 3063, [disseminated a fraudulent email](#) on Tuesday, April 30th that lied their members that “this bill DOES NOT take away a parents’ rights to make decisions about their children’s healthcare— it only requires that children be vaccinated against measles in order to attend school to protect the health of other students, teachers, staff, and our community.” OFMF sent a [Cease and Desist letter to](#)

[ONA](#) Thursday demanding (1) for an immediate cease and desist disseminating any such false statements and/or misstatements of material fact regarding the Vaccine Mandate; (2) that ONA issues a public retraction of the April 30, 2019, e-mail communication; and (3) that ONA publicly apologizes to Oregonians for Medical Freedom and the other opponents of the Vaccine Mandate.

FACT: House Bill 3063 would require students to be fully compliant with 5 DTaP vaccines, 4 Polio vaccines, 1 Varicella vaccine, 2 MMR vaccines, 3 Hepatitis B vaccines, and 2 Hepatitis A vaccines as a condition to attend school, online school-related functions, and school-related sports and other school-related activities.

- Missing information: OHA confirmed in a response to an [April 22 press release](#) sent from Senator Dennis Linthicum, R-Klamath Falls, that they have not conducted lab testing on measles cases in Oregon to distinguish vaccine-strain and wild-type measles infection, despite the first cases being reported months ago. Genotype lab testing measles cases is important since we've had at least two reported cases of children with measles in the United States this year that [lab testing confirmed were vaccine-strain measles virus](#). If any reported cases in Oregon were vaccine-strain measles, then that means the vaccinated could be contagious and spreading measles.

- Misinformation that physicians can simply "write a note" for a medical exemption. On Sunday, Oregon mother Tkeisha Wydro posted a [video clip to Twitter](#) from Corvallis Democratic state Sen. Sara Gelser's town hall event that included these recorded statements: "I talked to the sponsors of the bill, that amendment will allow a physician to make that decision, they will not have to go justify that to the health authorities, local or state, that physician would make that decision. It should not be hard to find a physician who will look at the child's needs and write a medical exemption or look at the child's sibling had a bad reaction to a vaccine. Or children who have a medical diagnosis to not be able to get one."

Jennifer Margulis, Ph.D., award-winning science journalist wrote a response to Gelser, "*Honorable Senator Gelser: you are being completely misled and you are inadvertently [lying to your constituents](#). You wrote something that is verifiably FALSE in regards to HB 3063 amendments on Twitter and FB. 'Question: Can a medical practitioner consider a child or a child's sibling's prior bad reaction to a vaccine? {to write a medical exemption} Answer: Yes. The Advisory Committee on Immunization Practices lists prior bad reactions of a child or a child's sibling or family member as a precaution that may be considered by a medical practitioner.'* FALSE. This is completely wrong. [ACIP](#) does NOT consider sibling reactions to a vaccine a precaution. Nowhere does a family history of a vaccine reaction get discussed. There's some 'family history' of immunosuppression or seizures, but NOTHING about a family member having a vaccine reaction as a valid contraindication. Senator Gelser, you are sadly and dangerously mistaken, which is why the amendment referencing ACIP guidelines makes what was already a bad bill even ****WORSE.**** If your sibling dies from a vaccine, ACIP says you still get vaccinated. What parent or physician on planet Earth would do that?"

- Misinformation about how the law would be interpreted for partially or unvaccinated siblings or peers who would "share space." In Wednesday's hearing at the Subcommittee on Human Services hearing Elizabeth Steiner Hayward, D-Beaverton, said it was "never meant to be interpreted that way," however,

State Rep. Cedric Hayden, R-Roseburg, points out that even Legislative Counsel testified on February 28 that it would in fact seek to prevent children who are not fully-vaccinated from attending a school choir performance, play or sports game for their fully-vaccinated siblings.

- Misinformation that vaccine injury is “rare” and “one in a million.” A [2011 Harvard Pilgrim Health study commissioned by the CDC](#) found that less than 1% of vaccine adverse events were ever reported to the Vaccine Adverse Events Reporting System. [VAERS](#) data reports for Oregon in 2018 that there were 579 total adverse reactions reported including four deaths, 16 disabilities, four life-threatening reactions and 19 hospitalizations. Taking into account the Harvard Pilgrim Health study, the total number of reactions could be under reported by as much as 99%. To date, the National Vaccine Injury Compensation Program (VICP) has paid out over [\\$4.1 billion](#) in settled cases for vaccine injury and death since 1988, including over \$131 million to vaccine injury victims from January 1, 2019, to April 1, 2019.

- Misinformation from state Rep. Mitch Greenlick, D-Portland, that thousands of Oregon parents, educators, physicians, professionals, grandparents and citizens obtain their research from “[Russian bots](#)” for information used to make judicious choices alongside their family physicians on vaccination decisions for their children. Saying that millions of parents nationwide who do their own research and may decide to delay or forgo some vaccines are influenced by “Russian bots” is incredulous.

- Misinformation that online schooling is an appropriate replacement for traditional schooling for all students: online schools in Oregon have an average graduation rate of 48 percent for students at online charters who graduated on time in [2016](#). That’s nearly 30 points below a state average. Additionally, there is an existing three percent cap rate for the percentage of students per county that can attend an online school, and in many counties there is already a long waiting list for students. A [2011 report](#) published by the Center for Research on Education Outcomes looked at eight online charter schools in Pennsylvania and found that students performed worse in reading and math than did their peers at traditional schools.

- Misinformation that legislators are listening and taking constituent concerns seriously or feel that parents should have the right to make private medical decisions together with their physicians for their families. Despite public commentary to the contrary, Rep. Tiffany Mitchell, D-Astoria, rejected flowers from vaccine injured families on March 7, when Oregonians for Medical Freedom encouraged families with vaccine injuries to go and talk to supporters of this bill and members of the House Committee on Health Care. During the work session for HB 3063 on [March 14](#), Mitchell, in the same breath said, “*I apologize and feel bad that it’s going to be particularly burdensome for some folks, but this is about making sure that we [lawmakers] protect the health of everybody.*”

- Misinformation that town halls are places where the public is welcome for all, because when mothers and fathers showed up to a town hall this past Saturday Sen. Chuck Riley, D-Hillsboro, disallowed them from speaking about HB 3063 and opened his town hall declaring that he would talk about any other issues, just not vaccines. Out of 30 people who wanted to speak about HB 3063, only three wanted to talk about issues other than the bill, the other 27 were blown off, according to Carssa Bonham and other who took to doing [Facebook Live video](#) after their direct experience of being silenced.

- Misinformation about what true informed consent really is, according to [Cornell University Law's legal definition](#): an agreement to do something or to allow something to happen, made with complete knowledge of all relevant facts, such as the risks involved or any available alternatives. For example, a patient may give informed consent to medical treatment only after the health care professional has disclosed all possible risks involved in accepting or rejecting the treatment. A health care provider or facility may be held responsible for an injury caused by an undisclosed risk. In fact, OHA's Patrick Allen and Dr. Cieslak testified *against* an earlier introduced Senate Bill ([SB 649](#)) "Relating to ingredients in vaccines" that would improve access to information and support patients with more complete informed consent that would have required OHA to publish all vaccine manufacturer information online and accessible from a simple QR code on a handout provided to patients.
- Misinformation that homeschooling families will not be impacted by HB 3063. This is false: homeschooling families that utilize homeschooling co-ops will not longer be able to utilize them, as co-ops are in fact declared as part of the restrictions placed in HB 3063.
- Misinformation that vaccine manufacturers can be sued: in 1986 Congress agreed to indemnify vaccine manufacturers from and against civil liability for injury or death related to a vaccine as part of the [National Childhood Vaccine Injury Act](#) (NCVIA).
- Misinformation that vaccine manufacturers should not be scrutinized: all four pharmaceutical companies who manufacture the 72 childhood vaccine doses are convicted felons who have collectively paid over \$35 billion over the past decade in civil and criminal penalties for bribing, extorting, and lying to doctors and defrauding regulators to promote other pharmaceutical products.

Given the hypocrisy that mothers and fathers across America who hold deep concerns for a one-size-fits-all vaccination schedule for their children are painted as "misinformed," "uneducated" or "hysterical" "anti-vaxxers" it's hypocritical when lawmakers are not themselves seeking out additional, non-industry supplied information on such a contentious issue that has such far-reaching impacts.

"Lawmakers should never, ever vote to pass industry-written laws, especially when they are based on deliberate misinformation campaigns spread by those either complicit or even unknowingly carrying out the bidding of convicted corporatists and corrupt special interests," said Charissa Hatten, a Bend mother who says she is outraged and disgusted with the way constituents have been shut out of the legislative process. *"Sen. Steiner Hayward and Rep. Cheri Helt represent the worst of both parties. We should be their priority, and not have our families kicked to the curb at the behest of Pharma."*

"I'm a Democrat, I'm a mom and I hate this bill. They are attacking our choice, they are waging a war on our children. I shouldn't have to come to the Capitol and beg for my child's life like we're on some dystopian film," said Suzanne Monaco, another mother who has been at the Capitol frequently to plead with proponents of the bill. *"People keep saying 'from what I've been told,' or 'the intention of the bill,' but that's not how we legislate. That's like a cult. Blind acceptance of peddled disinformation. This bill has caused me to leave the Democratic Party. I changed my voter registration last week after walking out of the work session as I was so disgusted by the lack of not caring. If they genuinely cared, they would support measures for better vaccine safety, not push bills that sweep vaccine injury under the rug. There are just*

too many legislators who are only listening to industry-conflicted proponents and not to the will of people who actually elected them!"

"I've uncovered total corruption and collusion through FOIA requests and I'm disgusted. Sen. Steiner Hayward lied. Her colleagues were specifically told that the medical exemption strict guidelines were going to be amended. They were not. This is known to the public and we have emails from constituents and others who have contacted these legislators showing that they were told incorrect information and by whom. Sen. Steiner Hayward did not expand the medical exemption process, instead she's changed the substance and created even more burdensome steps to get a medical exemption requiring it to be done annually. Her employer, OHSU is currently in the process of making their own vaccines. This legislation is a clear conflict of interest for her and we have yet to see her disclose that—we need the truth," said children's advocate Brittany Ruiz, who has helped save children from the state's broken foster system. *"We are being subjected to cruelty with our state lawmakers pursuing legislation not to protect people, but to protect profiteers. We must separate Pharma and state."*

Last Friday, HB 3063, with the [-53 amendment](#) was passed out from the Joint Committee on Ways and Means and will be voted on in a House Floor vote on Monday after it's third reading. While the bill, as it is amended currently, does include the allowance for naturopathic doctors to write medical exemptions, it DOES NOT broaden the actual criteria for medical exemptions. **The bill creates new sections of law which authorizes the Medical Board, Nursing Board, and Naturopathic Board to review medical exemptions, it does NOT DELETE the existing sections of law that require the local health department to provide a secondary evaluation of the records to determine compliance with section 1 of ORS 433.267. Sections 4,5,6,7 and 8 of ORS 433.2676 remain unchanged.**

VOTE NO ON HB 3063

"Using the ACIP guidelines as the standard basically means no medical exemptions will be possible." – Bend-based Pediatrician

"This guts the patient-doctor relationship. You only get an exemption if the vaccine nearly killed you, family history or sibling reactions be damned." – Portland-based N.D.

The currently drafted medical exemption language for HB 3063 is dangerous for Oregon's children.

15 "(3) Each board shall review the documents described in subsection
16 (2) of this section that are signed by licensed health care practitioners
17 regulated by the board to determine whether exemptions described in
18 ORS 433.267 (1)(b) are granted in compliance with a reasonable inter-
19 pretation of recommendations by the Advisory Committee on Immu-
20 nization Practices, or its successor organization, as adopted by the
21 board by rule.

A recent Amendment 53 to HB 3063 is highly problematic for the safety of Oregon's children, and also serves to gut the patient-provider relationship. Rather than allowing qualified physicians to make vaccine medical exemption decisions for their patients, Amendment 53 invokes a set of guidelines established MORE THAN 15 YEARS AGO* by the CDC's Advisory Committee on Immunization Practices. Medical exemptions that do not adhere to this stringent, and dated, set of guidelines will not be allowed under the proposed language. (As one simple example, a sibling having an extreme reaction to a vaccine is NOT considered a valid reason for a medical exemption by the ACIP Guidelines.)

Consider:

1. Experienced physicians who know their patients best will be held to an outdated set of contraindications that are almost exclusively backward-looking: "Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component" is one of the few criteria allowed by the ACIP guidelines.
2. A litany of more recent published research explores much more sophisticated ways to screen children at risk from adverse events, below are just a few of the titles of recent published studies on the topic of vaccine adverse event prevention.

"Adversomics: The Emerging Field of Vaccine Adverse Event Immunogenetics", *Pediatric Infectious Disease Journal*, May 2009

"Predicting post-vaccination autoimmunity: Who might be at risk?", *Pharmacological Research*, September 2014

"Vaccination and autoimmune diseases: is prevention of adverse health effects on the horizon? *EPMA Journal*, August 2017

Why is the DISCRETION to do what is best for their patients being removed from doctors? Why aren't doctors being given the latitude to follow both NEWLY PUBLISHED science and their own clinical experience?

*ACIP guidelines for vaccine contraindications were established more than 15 years ago in a study published in *Pediatrics* titled, "Standard for Child and Adolescent Immunization Practices" in April 2003

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About Oregonians for Medical Freedom (OFMF)

Oregonians for Medical Freedom is a grassroots non-partisan organization comprised of medical professionals, educators, parents, and citizens concerned with upholding the medical ethic of informed consent for all medical procedures and practice, including vaccination. While the topic of vaccine mandates is a very sensitive and emotional issue for many, OFMF wishes to make it very clear that our organization does not and will never tolerate harassment, discrimination, or threats of violence or death towards parties who disagree with our stance, be they politicians, professionals, or citizens.

For more information about Oregonians for Medical Freedom, visit www.OregoniansforMedicalFreedom.com or contact info@oregoniansformedicalfreedom.com or call (503) 406-2882. For media inquiries, please email media@oregoniansformedicalfreedom.com.

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